

Trust Board Report

Meeting Date:	25 January 2016
Title:	Midwifery Report
Executive Summary:	<p>This report covers the following key issues:</p> <ol style="list-style-type: none"> <u>1. A précis of the Local Supervising Midwifery officers (LSAMO) annual report 2014 -2015.</u> <p>The report provides an overview of Supervisory activity and Supervisor of Midwife / Midwife ratio, birth rates, midwifery establishment and key performance indicators across the Midlands and East Region, from 1st April 2014 to the 31 March 2015.</p> <ol style="list-style-type: none"> <u>2. Update of the Review of Midwifery Regulation by the NMC</u> <p>There are a number of significant reports which have impacted on the statutory function of Supervision of Midwives and on Maternity Services which include; The Parliamentary and Health Services Ombudsman (PHSO).</p> <p>As a result the NMC commissioned the Kings Fund to carry out a Review of the function of Supervision of Midwives and to consider making recommendations around public protection, proportionality and public confidence in the regulatory framework.</p> <p>The Department of Health also launched its own investigation into the events which had occurred at Morecambe Bay NHS Trust and the Kirkup Inquiry was published in March 2015.</p> <p>A framing document from the UK Chief Nursing Officer's, professional Midwifery officers, The Nursing and Midwifery Council (NMC), The Royal College of Midwives (RCM) and Local Supervising Midwifery Authority Midwifery Officers (LSAMO) has been circulated to inform and provide an update on the progress of the recommendations and review.</p> <ol style="list-style-type: none"> <u>3. NHS England Review of Maternity Services</u>
Action Requested:	To note the report
Report of:	Tracy Palmer, Acting Head of Midwifery
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Links to Trust Strategic Objectives	
Resource Implications:	Revenue: Capital: Workforce: Funding Source:
Risks: BAF/ TRR (describe risk and current risk score)	
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	W:\Division 1\Obstetrics and Gynaecology\O&G Directorate Meetings\O&G Directorate Admin\Claire\Tracy Palmer\2016\Midwifery Supervision Proposals December 2015.docx
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: <ul style="list-style-type: none"> ✚ 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:	<p>1.0 <u>A précis of the Local Supervising Midwifery officers (LSAMO) annual report 2014 -2015.</u></p> <p>The annual LSAMO report covers the Midwifery and supervision of Midwives' activities within the respective Trusts and Universities that provide clinical care and education for Maternity services in Midlands and East from 1st April 2014 to the 31st March 2015.</p> <p>1.1 Table 3 demonstrates the regional Supervisor of Midwives (SoM) ratios. The Royal Wolverhampton NHS Trust (RWT) current position is 1:13. 2 new Supervisors of Midwives have been appointed in July 2015 and 1 Supervisor of Midwives was inherited from University Hospital North Midlands (UHNM) keeping ratios within national standards of 1:15.</p> <p>1.2 Table 6 demonstrate the establishment breakdown of staff providing direct care by midwives, nurses and non-qualified staff working within the maternity services giving care to women and babies.</p> <p>1.3 Table 8 demonstrates the birth to midwife ratio across the region. Birth rate plus ratio was re-audited in April 2015 following the transfer of services from Mid Staffordshire Foundation Trust (MSFT) and RWT's current position remains at 1: 29.6. Table 9 demonstrates regional birth rates over a 3 year trend 2012 -2015 and table 10 gives the crude birth to midwife ratio over a 3 year trend. Midwifery staffing to birth ratios at RWT have seen an improvement following TUPE 2</p>

process of midwifery staff from UHNM and active recruitment at RWT. There has also been a steady rise in birth rates at RWT following the transfer of maternity services from (MSFT). (Table 14). At the end of calendar year 2015 there has been an increase of 257 mothers, however the full impact on activity will not be evident until the end of the financial year 2016. Extra capacity on the Delivery suite has now been completed to include, 2 extra birth rooms, 1 extra HDU room and a 10 bed Induction of Labour Unit to manage the expected extra activity.

1.4 Table 13 demonstrates the elective and emergency caesarean section rates across the region. RWT rate for 2014/15 is 27.9% of births. We have seen a fluctuating picture of rates through March – December 2015 and a multidisciplinary audit is presently being conducted to review indication for Caesarean section at RWT.

1.5 Local Supervisory Investigations during 2014-2015:
Any incidents that require supervisory investigation are notified to The Local Supervisory Authority (LSA). The notification then begins an audit process for each investigation by which each are monitored and quality assured by the LSA.

The LSA appoint Supervisors of Midwives to monitor, on behalf of the authority, the practice of midwives against the standards set by the Nursing and Midwifery Council (NMC) with the aim of ensuring safe practice for protection of the public.

From April 2014 to end of March 2015 there were 52 investigations.

Of the 52 investigation there were 59 recommendations of local action and 12 recommendations of a LSA practice programme. Of the 12 LSA practice programmes recommended, 9 were successful in completing the programme. 3 of the 12 Midwives who did not complete practice programmes were referred to the NMC.

2.0 Update of the Review of Midwifery Regulation by the NMC

2.1 There are a number of significant reports which have impacted on the statutory function of Supervision of Midwives and on Maternity Services which include; The Parliamentary and Health Services Ombudsman (PHSO) in England published a report in December 2013 into the review of midwifery regulation. PHSO scrutinised the arrangements for Supervision of Midwives as a consequence of investigating a number of maternity cases at Morecambe Bay NHS Trust. The PHSO made two recommendations: that midwifery supervision and regulation should be separated and that the NMC should be in direct control of regulatory activity.

As a result the NMC commissioned the Kings Fund to carry out a Review of the function of Supervision of Midwives and to

consider making recommendations around public protection, proportionality and public confidence in the regulatory framework.

This report was published in December 2014 and proposed that:

'The NMC as a health care professional regulator should have direct responsibility and accountability solely for the core functions of regulation. The legislation pertaining to the NMC should be revised to reflect this. This means that the additional layer of regulation currently in place for midwives and extended role for the NMC over statutory supervision should end.'

The report was presented to the Midwifery Committee at the NMC and also to the NMC Council and both bodies accepted the recommendations. It is anticipated that the statutory function of Supervision Midwives will cease at the end of March 2017.

The Department of Health also launched its own investigation into the events which had occurred at Morecambe Bay NHS Trust and the Kirkup Inquiry was published in March 2015. This report, again, made recommendations to the NMC to proceed without delay regarding the recommendations of the King's Fund Report.

2.2 A framing document from the UK Chief Nursing Officer's, professional Midwifery officers, The Nursing and Midwifery Council (NMC), The Royal College of Midwives (RCM) and Local Supervising Midwifery Authority Midwifery Officers (LSAMO) has been circulated to inform and provide an update on the progress of the recommendations and review.

2.3 Presently the key messages within the document surrounding the on-going review into the proposed changes to midwifery regulation are that a legislative process is required (Section 60 Order) to remove Midwifery supervision from statute. This process may take 12 – 24 months. The new legislation will need to achieve a number of changes across the UK which are:

- The local Supervising Authorities (LSA's) will be disestablished.
- The local Supervising Authority Officer (LSAMO) will cease to exist
- The statutory function of the Supervisor of Midwives (SoM) will cease.
- Midwives rules and standards will be revoked, processes specifically relating to statutory matters will cease.
- The statutory Midwifery Committee at the NMC will cease.

2.4 Following the change in law, the NMC will be assisting midwifery leaders in shaping a new non- statutory approach to supervision and the proposals are :

- An overarching system of midwifery supervision will be devised when statutory supervision is removed.

	<ul style="list-style-type: none">• The new system will be employer led, professional model.• The NMC will focus on using its regulatory functions to protect the public.• The Chief Nursing Officer from each country will convene a task force to embed the principles within the document to bolster the preparation of Heads of Midwifery as leaders and stewards of quality, resolve the non-statutory risks created by removing the LSAMO function and oversee the transition from a statutory model of supervision to an employer led professional model. <p>2.5 In the meantime, statutory supervision as it is currently framed must continue until the law changes.</p> <p>3.0 <u>NHS England Review of Maternity Services</u></p> <p>3.1 The Kirkup enquiry and NHS England 5 year plan concurred with each other and recommended that there should be a National review of maternity services to review the quality and extent of variation between maternity services across England. This review was led by Baroness Cumberlege. This work has now been completed and included RWT Midwifery Led Unit as part of the review. The report should be released this month.</p>
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Appendix 1

Supervisor of Midwives and Midwives Ratio's

TRUSTS	Supervisor Head Count	Midwives Head Count	RATIO 2013	RATIO 2014	RATIO 2015
North Midlands					
Burton	13	152	12.5	12.0	14.0
Chesterfield	6	129	14	22.0	22.0
Derby	16	269	17	20.0	18.0
Nottingham	23	523	15	23.0	22.7
North Staffordshire	24	348	14.2	12.2	14.5
Sherwood Forest	9	146	16	16.1	16.2
Shropshire & Telford	19	308	16.3	14.5	16.2
Total	110	1875	15.6	17.8	17.04

TRUSTS	Supervisor Head Count	Midwives Head Count	RATIO 2013	RATIO 2014	RATIO 2015
West Midlands					
Birmingham Women's	20	414	17.05	18.0	20.7
City	19	277	14.05	12.6	14.5
Coventry	19	289	12.8	13.2	15.2
Dudley	16	189	12.0	10.29	11.8
Heart of England	29	523	17.03	17.6	18.0
Nuneaton	6	99	10.0	16.0	16.5
Walsall	11	197	20.0	14.2	17.9
Warwick	12	150	14.1	15.4	12.5
Wolverhampton	17	226	8.95	9.3	13.3
Worcester & Redditch	18	315	16.8	16.9	17.5
Wye Valley	10	127	13.7	11.1	12.7
Total	177	2806	14.4	15	15.8

GRAND TOTAL	287	4681	14.8	17.0	16.3
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Table 3: Demonstrates the ratio of Midwives per Supervisor with each Trust, and the ratio for the whole LSA. In addition provides numbers of midwives with Universities and the West Midlands Perinatal Institute.

TRUSTS	MIDWIVES W.T.E	NURSES WTE	HCA/MCA WTE
North Midlands			
Burton	113.53	0.00	30.99
Chesterfield	97.31	0.00	20.57
Derby	187.46	0.00	61.75
Nottingham	378.50	0.00	99.82
North Midlands	225.86	5.40	61.55
Sherwood Forest	110.63	0.00	32.74
Shropshire & Telford	171.32	0.00	87.57
Total	1284.61	5.40	394.99

TRUSTS	MIDWIVES W.T.E	NURSES WTE	HCA/MCA WTE
West Midlands			
Birmingham Women's	286.96	0.00	68.00
City	219.17	0.00	47.38
Coventry	186.46	0.00	50.90
Dudley	150.66	0.00	53.47
Heart of England	362.52	2.84	122.86
Nuneaton	74.55	1.00	16.57
Walsall	149.60	4.44	40.70
Warwick	94.20	0.00	23.80
Wolverhampton	138.87	4.40	50.62
Worcester & Redditch	211.98	0.00	56.97
Wye Valley	69.13	0.00	14.29
Total	1944.1	12.68	545.56

Grand Total	3228.71	18.08	939.43
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Table 6: Demonstrates the total staff of midwives, nurses and non-qualified staff working in Maternity services giving direct care to women and babies.

Workforce and Clinical Activity

TRUSTS	*MIDWIVES WTE FUNDED ESTABLISHMENT	DELIVERIES	CRUDE RATIO OF BIRTHS TO WTE MIDWIVES
		2014-15	2015
North Midlands			
Burton	113.53	3650	32.1
Chesterfield	97.31	2793	28.7
Derby	187.46	6225	33.2
Nottingham	378.50	9755	25.7
North Midlands	225.86	7332	32.1
Sherwood Forest	110.63	3429	30.9
Shropshire & Telford	171.32	4653	27.1
Total	1284.61	37837	29.3

TRUSTS	*MIDWIVES WTE FUNDED ESTABLISHMENT	DELIVERIES	CRUDE RATIO OF BIRTHS TO WTE MIDWIVES
		2014-15	2015
West Midlands			
Birmingham Women's	286.96	8154	28.3
City	219.17	5595	25.5
Coventry	186.46	6107	32.7
Dudley	150.66	4324	28.7
Heart of England	362.52	9846	27.1
Nuneaton	74.55	1932	25.9
Walsall	149.60	4687	31.3
Warwick	94.20	2625	27.3
Wolverhampton	138.87	4121	29.6
Worcester & Redditch	211.98	5676	27.0
Wye Valley	69.13	1727	24.9
Total	1944.10	54794	27.47
Grand Total	3228.71	92631	28.6

* This excludes Midwifery Management Teams and Midwives working in Neonatal Units

Table 8: Demonstrates the numbers of births in West Midlands against the numbers of WTE Midwives appointed to the Trusts. This then indicates the ratio of births to midwives for respective Trusts.

TRUSTS	2012-2013	2013-2014	2014-2015
North Midlands			
Burton	3623	3354	3650
Chesterfield	3068	2755	2793
Derby	5886	5891	6225
Nottingham	10319	9838	9755
North Midlands	5840	5885	7332
Sherwood Forest	3474	3252	3429
Shropshire & Telford	5154	5012	4653
Total	37364	35987	37837

TRUSTS	2012-2013	2013-2014	2014-2015
West Midlands			
Birmingham Women's	8218	8264	8154
City	6026	5514	5595
Coventry	6031	5913	6107
Dudley	4784	4545	4324
Heart of England	10785	10390	9846
Nuneaton	2361	2015	1932
Walsall	4678	4672	4687
Warwick	2926	2723	2625
Wolverhampton	3967	4129	4121
Worcester & Redditch	6185	5927	5676
Wye Valley	2007	1835	1727
Total	57968	55927	54794

Grand Total	95332	91914	92631
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Table 9: Demonstrates Births over a 3 year trend from 2012 – 2015.

TRUSTS	2012-2013	2013-2014	2014-2015
North Midlands			
Burton	30.2	28.0	32.1
Chesterfield	33.9	20.5	28.7
Derby	31.4	22.4	33.2
Nottingham	30.3	21.2	25.7
North Midlands	30.8	29.3	32.1
Sherwood Forest	30.4	23.0	30.9
Shropshire & Telford	28.6	24.6	27.1
Total	20.6	20.3	29.3

TRUSTS	2012-2013	2013-2014	2014-2015
West Midlands			
Birmingham Women's	31.8	30.5	28.3
City	29.6	24.4	25.5
Coventry	32.1	29.6	32.7
Dudley	36.9	36.7	28.7
Heart of England	29.7	29.7	27.1
Nuneaton	32.0	33.1	25.9
Walsall	32.7	34.1	31.3
Warwick	31.9	30.3	27.3
Wolverhampton	30.2	33.0	29.6
Worcester & Redditch	31.6	30.7	27.0
Wye Valley	28.8	28.2	24.9
Total	27.1	20.3	27.47

Grand Total	20.7	19.5	28.7
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Table 10: Table to demonstrate birth to midwife ratio over 3 year trend (Crude)

TRUSTS	TOTAL BIRTHS	CAESAREAN SECTIONS			
		Emergency	Elective	Total	% of births
North Midlands					
Burton	3650	488	283	771	21.1%
Chesterfield	2793	391	262	653	23.4%
Derby	6225	978	717	1695	27.8%
Nottingham	9755	1298	857	2155	22.0%
North Midlands	7332	1054	729	1783	24.3%
Sherwood Forest	3429	398	338	736	21.4%
Shropshire & Telford	4653	385	381	766	16.4%
Total	37837	4992	3567	8559	22.6

TRUSTS	TOTAL BIRTHS	CAESAREAN SECTIONS			
		Emergency	Elective	Total	% of births
West Midlands					
Birmingham Women's	8154	1365	925	2290	24.7%
City	5595	918	464	1382	24.7%
Coventry	6107	788	670	1458	23.8%
Dudley	4324	675	503	1178	27.4%
Heart of England	9846	1459	1291	2873	27.6%
Nuneaton	1932	213	211	424	21.9%
Walsall	4687	889	514	1403	29.9%
Warwick	2625	420	335	755	28.7%
Wolverhampton	4121	665	487	1152	27.9%
Worcester & Redditch	5676	760	833	1593	28.0%
Wye Valley	1727	275	214	489	29.2%
Total	54794	8427	6447	14997	25.6%

Grand Total	92631	13419	10014	23556	24.4%
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Table 13: Demonstrates Elective and Emergency Caesarean Section Rates

Annual Deliveries (Mothers) 2011 - 2015

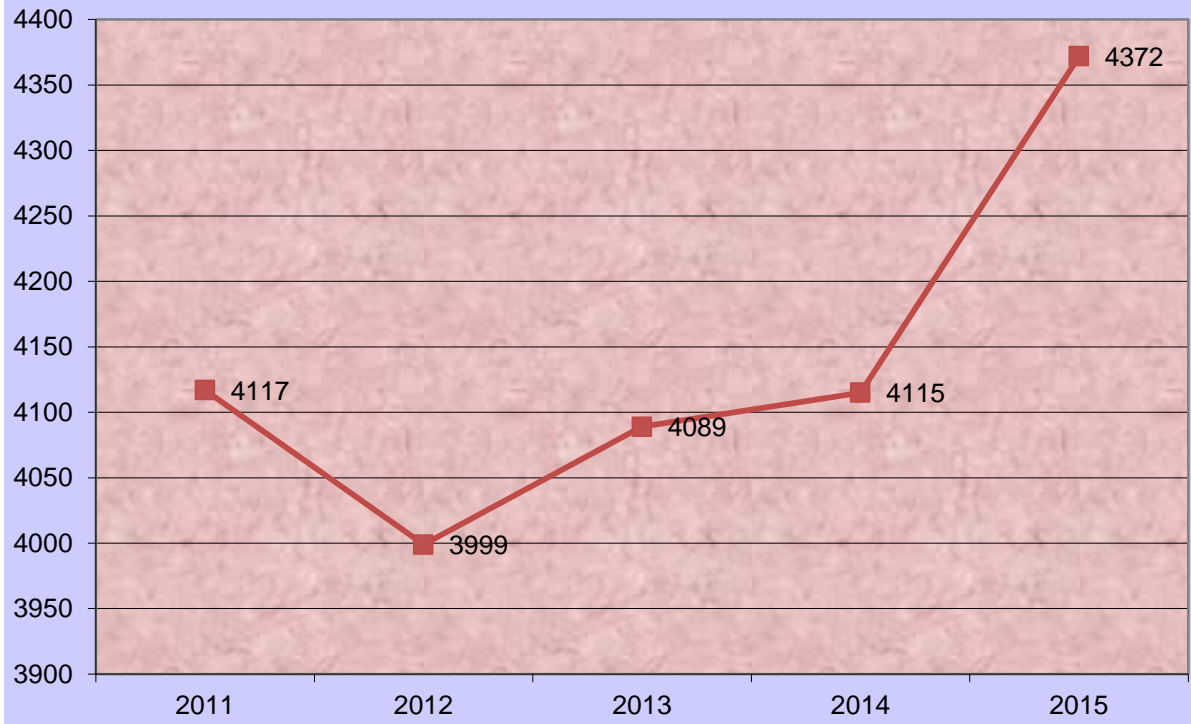


Table 14: RWT Annual Deliveries 2011 – 2015