The Royal Wolverhampton NHS Trust	NHS

Trust Board Report

Meeting Date:	25th July 2016
Title:	Six monthly Midwifery Report
Executive Summary:	This report covers the following key issues: 1. **Midwifery staffing and birth ratio.** The report provides an overview of Midwifery staffing to birth ratio at RWT. The report also provides an update on the annual and predicated birth rates for 2016/17. 2. **Better births – Improving outcomes of Maternity Services in England.** This report was published in March 2016 and was conducted by Baroness Julia Cumberlegde who acted as independent chair for the review. The national maternity review was asked to review international evidence and make recommendations on safe and efficient models of maternity services including Midwifery led Units (MLU). Seven key recommendations for action were identified within the report and RWT's plan outlined. 3. **Update on the Review of Midwifery Regulation by the NMC with regard to Modernisation of Midwifery Supervision.** There are a number of significant reports which have impacted on the statutory function of Supervision of Midwives and on Maternity Services which include; 'Midwifery supervision and regulation recommendations for change' (PHSO 2013), and 'Midwifery regulation in the United Kingdom' (The Kings fund 2015) The key principals identified within the reports were accepted by the Nursing and Midwifery Council (NMC) and agreed by the Secretary of State. They are: • Midwifery supervision and regulation should be separated • The NMC should be in direct control of regulatory activity. The development of a future model of Midwifery supervision in the United Kingdom (UK) is required following the publication of the above reports and recommendations. A cross-organisational, multi-stakeholder task force has been established by NHS England to oversee the development of a new model of Midwifery supervision.
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 National Maternity review (2016) Better Births - *Improving outcomes of Maternity services in England. NHS England* Parliamentary and Health Ombudsman (2013). *Midwifery supervision and regulation: recommendations for change. London.* The King's Fund (2015) *Midwifery Regulation in the United Kingdom.* London
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. Midwifery staffing and birth ratio** 1.1 Birth to Midwife ratio remains stable at 1:30. This figure meets the ratios agreed by the Local Supervisory Authority and regional Heads of Midwifery group and remains a positive position for Wolverhampton. 1.2 Annual birth rate has increased over 2015/16 to 4479. Maybe add in %s in table? *Annual Births:*

2011/12	2012/13	2013/14	2014/15	2015/16
4097	3967	4129	4121	4479

1.3 A service model between Wolverhampton and Walsall Health care Trust has been agreed in order to support Walsall Healthcare Trust's plan to cap births. RWT have agreed to take 500 births to support this plan. Transfer of births from Walsall Healthcare trust to Wolverhampton commenced on the 21st of March 2016.

The oversight of the changes is being led by NHS Walsall Clinical Commissioning Group, which has set up a Sustainable Maternity Services group that includes representation from RWT at operational and strategic level.
The approach to the identification of the appropriate women to transfer was agreed with the Commissioners and is based upon a geographic split of the catchment population with 6 GP practices in the Willenhall area advised to refer all new pregnancies to RWT. This is expected to account for 300 of the additional births.
There is also an exercise underway with South Staffordshire GPs to facilitate a similar referral redirection to RWT. This is anticipated to address the balance of 200 births.

1.4 It is anticipated that annual birth rate for RWT will equate to approximately 4900 births by end March 2017.

1.5 A robust process has been implemented by RWT to monitor transfers from the designated Willenhall GP practices.

1.6 Midwifery staffing / birth ratio are also being monitored closely and active midwifery recruitment is under way to sustain the 1:30 midwife to birth ratio.

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

2.1 Personalised care – centred on the woman her baby and family based on needs and their decisions where unbiased information and genuine choice is given.

2.2 Continuity of care - to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.

2.3 Safer care – professionals working together across boundaries to ensure rapid referral to ensure right care in the right place. Focus on leadership for a safety culture within and across organisations; investigate honestly and learn when things go wrong.

2.4 Better postnatal and perinatal mental health care. To address historic underfunding and provision in these two vital areas.

2.5 Multi- professional working – breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

2.6 Working across boundaries - to provide and commission maternity services to support personalisation, safety choice with access to specialist care when needed.

2.7 A payment system – that fairly and adequately compensates for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

2.8 The maternity unit has devised an action plan to incorporate these key recommendations and the directorate is working together with the CCG to determine an approach to implementation.

3 Update of the Review of Midwifery Regulation by the NMC with regard to Modernisation of Midwifery Supervision

3.1 The development of a future model of Midwifery supervision in the UK is required following the publication of 'Midwifery Supervision and regulation recommendations for change' (PHSO 2013) and 'Midwifery regulation in the united Kingdom' (The Kings Fund 2015).

The two key principals identified in the reports were accepted by the Nursing and Midwifery Council (NMC) and agreed by the Secretary of State. These are:

1. Midwifery supervision and regulation should be separated
2. The NMC should be in direct control of regulatory activity.

To implement these principals, the NMC required legislative change. It is estimated that the new law will be enacted via a section 60 order by spring of 2017.

3.2 A cross-organisational, multi-stakeholder taskforce has been established to oversee the development of a new model and framework of Midwifery supervision for England in preparation for when the recommended legislative changes to remove the regulatory aspect are enacted.

The taskforce will;

- Ensure readiness to implement a new model of supervision in England
- Oversee implementation on behalf of the Chief Nursing Officer (CNO) for England
- Work in partnership with the other 3 nations to ensure consistency for midwives working across the UK

3 .3 A number of work streams have been established by the task force group to identify priorities for the users of maternity services, develop a new model of clinical supervision for Midwives and an education work stream to identify priorities for the education and training of supervisors of Midwives.

3.4 The proposed model will be tested in shadow form from autumn 2016 until March 2017, in a number of test bed sites. It will be fully evaluated prior to its proposed launch in 2017.