

Board of Directors Meeting - Cover Sheet

Subject:	Maternity Continuity of Carer Update	Date: 7 April 2022		
Prepared By:	Lisa Gowan, General Manager Gemma Boyd, Consultant Midwife			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Chief Nurse			
Purpose				
To update the board on our progress around continuity of carer action plan			Approval	
			Assurance	x
			Update	x
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	X	X	x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact	x			
Staff Impact	X			
Services	x			
Reputational	x			
Committees/groups where this item has been presented before				
Maternity Assurance Committee – 7 December 2021				
Executive Summary				
The purpose of this paper is to provide Trust Board members with an update on the progress being made towards the described key milestones in the new guidance released in October 2021 called “Delivering Midwifery Continuity of Carer at Full Scale”				
Background				
Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and available to all pregnant women in England. The guidance released described that only when safe staffing allows and prescribed “building blocks” are in place should the service implement this model at full scale. That said the aim remains that the plan should be achieved by March 2024 and every LMNS is required to submit a system wide plan for meeting the building blocks for MCoC by 15 th May 2022				

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Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services and available to all pregnant women in England. The guidance released described that only when safe staffing allows and prescribed “building blocks” are in place should the service implement this model at full scale. That said the aim remains that the plan should be achieved by March 2024 or in agreed timescales linked to essential recruitment of midwives as agreed at regional board.

What are the Building Blocks?

Appendix A is the developed plan that requires Trust Board sign off by 31 January 2022. This plan has been developed against the prescribed building blocks that are detailed in the guidance. Trust Board members should note that the key requirements that this plan covers are:-

1. Continuing with MCoC teams already in place and to roll out new teams as planned and where appropriate **On-going**
2. Undertake a Birth-rate plus assessment or equivalent to understand the current standard-model midwifery workforce required and following this through with recruitment – **Ongoing**
3. Co-designing a plan with local midwives, obstetricians and service users for implementation and MCoC teams in compliance with national principles and standards. This should be phased alongside the fulfilment of required staffing levels. **On-going**
4. The plan should also recognise the need for staff to recover from the challenges of the pandemic **On-going**
5. Priority for women who are most likely to experience poorer outcomes including BAME and those from the most deprived areas are placed on a MCoC pathway by March 2024 **On-going**
6. The Maternity Services Dataset (MSDS) should be developed to report electronically on these metrics **On-going**

Current Position

Initially, SFH had been able to run two MCoC teams and were delivering around 16% continuity to women. However, due to continued staffing gaps and, in particular, difficulty recruiting to the community midwifery team, this service was paused. Nationally, there is no requirement to report on continuity of carer and the focus now, is to develop this care pathway so it aligns with our teams and meets the expectations of the latest guidance.

Recent guidance sent to Providers on 23rd March 2022 from NHSE/I states that LMNSs should ensure all providers remain on track to offer MCOC as the default model of care, and are prioritising rollout to those most likely to experience poorer outcomes by

- a) Ensuring the building blocks for safe and sustainable transformation are in place as set out in Delivering Continuity of Carer at full scale
- b) By submitting a plan and quarterly trajectory for roll out of MCOC in line with the building blocks, so it is the default model for all women, and so that 75% of women Black, Asian and Mixed ethnicity and from the most deprived neighbourhoods are placed on pathways by March 2024, or to timescales linked to the essential recruitment of midwives, as agreed with Regional Boards
- c) Prioritising rollout of MCOC teams to the most deprived areas and those with higher numbers of women of Black, Asian or Mixed ethnicity.

Workforce Planning

There is a divisional workforce group in place that is chaired by the Consultant Midwife and the Divisional HR Business Partner which meets monthly. This group includes midwives, obstetric leads as well as Finance and OD and is currently focussing on exploring recruitment & retention initiatives to support safe staffing levels. The planning detail will be undertaken by this group and monthly flash reports will be shared at the monthly divisional transformation group which is chaired by the DGM for W&C. To ensure regular executive oversight of this key piece of work, the DGM for W&C ensures monthly updates to the Maternity Assurance Committee which is chaired by the Chief Nurse.

Key completed actions within this group in Q1 2022 include

- Secured funding from NHSE/I Maternity Support Worker Clinical Educator to support retention and development of Maternity Support Workers.
- Bid for funding from NHSE/I to extend secondment of Recruitment and Retention Midwife from 1 year to 2 years (awaiting outcome of bid).
- Agreed in principle standardised pay uplift of 4.5% for midwives who work in MCOC model to ensure midwives are not financially disadvantaged by working in MCOC model.
- Midwifery Recruitment Day planned for 3rd year student midwives in June 2022

Future Reporting and Key Lines of Enquiry (KLOE)

The guidance is very specific about reporting and the timelines around this. The table below describes the committees in which the various milestones will be updated.

What	By When	KLoE	SFH Assurance	RAG
Submission and agreement of plans	June 2022 (submission) Q4 (assurance)	Has the plan been signed off by the trust board and subsequently the	Trust Board March 2022 May 2022	

		regional maternity board?		
Delivery against plans: building blocks	Quarterly from Q4 2021	Is the LMS on track against stated deliverables and milestones?	Maternity Assurance Committee (MAC) from Jan 2022 Trust Board quarterly from March 2022	
Delivery against plans: provision	Quarterly from Q4 2021	Is the current level of provision on track against the planned phased implementation?	Maternity Assurance Committee (MAC) from Jan 2022 Trust Board quarterly from March 2022	
Workforce capacity surveys	October 2021 and March 2022 and on-going until providers are reporting provision on MSDS	What is the current establishment and caseload of MCoC teams?	Trust Board June 2022 following results of interim Birthrate plus report	
Placing 75% of Black, Asian and Mixed ethnicity women and women from deprived neighbourhoods onto MCoC pathways	March 2024 or to timescales linked to recruitment of midwives as agreed at regional boards	Rate eligible women reaching 29 weeks gestation in March are placed on MCoC pathways Analysis of rates of placements using MSDS data	Maternity Assurance Committee (MAC) Dependant on timescales agreed that are linked to recruitment of midwives - update May 2022 Trust Board Update on plans - June 2022	

Recruitment & Retention

As previously reported to Trust Board, the maternity team continue to have rolling adverts in place to both staff existing vacancies and the additional posts identified through the Birth-rate plus Review.

The current Midwife vacancy position is 14.43 FTE which is 12% vacancy rate

	FTE vacancy	FTE vacancy %
Community midwives	8.18	19%
Acute Midwives	6.25	8%
Total midwives	14.43	12%

In Q1 2022 we have recruited -

Band 5 NQ Midwives – 3 FTE
Band 6 Midwives - 3 FTE
Band 7 Midwife – 0.6 WTE

We have recruited a further 3 Band 6 midwives who are due to commence employment in early April 2022

We have also recruited 2 International Midwives who are currently working on a Band 3 while awaiting their UK NMC Registration.

LMNS System wide approach to MCoC

As an LMNS we have been supported by the Executive Partnership to take a system wide approach to the roll out of MCoC at full scale, with a plan to focus this year particularly on digital transformation, recruitment and retention and personalisation of care. This would support a standardised offer of pathways of care for women across Nottinghamshire as well as parity in ways of working for maternity staff across the system. This will mitigate against fluctuations of booking numbers across Trusts if women know they will have access to the same level of continuity across both Trusts.

Over Q2. The LMNS Workstream Lead for Continuity of Carer will work in partnership with NUH and the LMNS to develop our system plan ready for submission on 15th June 2022.

Conclusion

Trust Board are asked to note the development of the continuity plan against the new guidance.

Recommendations



1. Trust Board note the attached action plan which is aligned to the national guidance
2. Trust Board support that the development of the MCoC pathway will be undertaken jointly with NUH and the approach will be monitored at a system level
3. Trust Board note the on-going reporting requirements on a quarterly basis
4. Trust Board note the governance framework in place which includes executive oversight through MAC



Appendix A




Delivering Continuity of Carer at full scale: -




The plan is to ensure readiness to implement and sustain Continuity of Carer as the default model of care by putting the building blocks in place to support it as outlined in national guidance from NHS England

Each building block has been needs to be in place before we proceed with full scale implementation of Continuity of Carer

Building Block	Action	In Place	By Who	By When	Evidence	RAG
Safe Staffing	Agreed safe staffing levels for traditional model, proceeding only when safe to do so – using NHS England and NHS Improvement tool to support planning <ul style="list-style-type: none"> How many midwives required How many in post 	Interim Birth rate plus review that reflects current position	PS/R S	April 22	 Sherwood_Forest_Hospitals_NHS_Trust_F	
		Establishment review	PS/R S	April 21		
	Recruitment plan with timescales	Recruitment and retention midwife in post to support early career midwives	SP	Feb 22	 27.09.21 Sherwood MoU Midwifery retent	
		Set up Maternity Workforce Transformation sub group to develop local workforce strategy that supports future planning for safe staffing	RS	On-going	Minutes and action log of meeting Development and implementation of strategy	

Planning spread sheet – demonstrate safety from a staffing perspective		On-going recruitment	PS	On -going	Rolling job advert on NHS Jobs Recruitment Event for 3 rd Year student midwives organised for June 2022	
		Introduction of PMA service to support staff and improve retention	GB	Oct 21- Full scale roll out commenced Feb 2022 as delayed due to redeploye nt due to Covid 19.	 PMA model doc.docx  PMA flash report March 22.docx	
	<ul style="list-style-type: none"> • How many women can receive CoC –reviewing in and out of area and cross boundaries • Where women are cared for at any given time, now and in CoC model • Midwifery redeployment plan for CoC, including timescales and recruitment plan for a phased scale up to default position 	Complete spread sheet using template from NHS England and NHS Improvement toolkit	GB/L B/RS/ PA/L W	Jan 2022.	Planning spread sheet using template from NHS England and NHS Improvement toolkit – awaiting Interim Birthrate plus report as baseline. Revised date May 2022.	
Communication and staff engagement	Provide evidence of staff engagement and	Continuity of Carer as regular agenda item in meetings	GB	On-going		

	logs/responses/counter responses	Continuity of Carer working group	GB	On-going		
		Deep dive in CoC midwives experience of working in teams	GB	July 2021	 CoC team 1-2-1s.docx	
		Maternity Communication hub set up	GB/A F	Nov 21	Estates issue – currently under review	
		Conversations with staff about CoC	GB	March 21- May -21	Monitored via MAC	
		Regular updates on closed Facebook group, email, and visual aids	GB	On-going	 Continuity of Carer-update on new guida  Update around Continuity of Carer fr	
		Open meetings for all staff groups to share vision with teams and to receive feedback	GB/L F/LB	On -going		
Review skill mix within whole service	Number of band 5s working in service	22 Band 5 midwives in clinical practice with 2 International midwives working as Band 3s, awaiting NMC registration	PDMs	March 2022	Health Roster	
	Ensure there is appropriate support for these newly	Revised preceptorship package launched with	PDMs / JP	Oct 21	Preceptorship package	

	qualified members of staff, via preceptorship framework	wraparound support informed by evaluation of previous cohort of NQMs			 NQM evaluation.pptx	
		On-going evaluation of cohort of band 5 midwives through 1-2-1s and online questionnaire	PDMs /SP	Oct 21-April 22	 RR Lead Midwife Feb 22 update.docx	
	Appropriate and planned use of MSWs, particularly in teams working in areas of greatest need	Developing workforce plan for MSWs within Maternity Workforce Transformation sub group	RW/R S	Ongoing	Minutes and action log from Workforce strategy working group	
		MSW clinical educator to support MSW development and retention.	RW/P atient Safety team	April 22	 Band 4 Clinical educator JD version 1	
		Quality improvement project to pilot MSWs in community setting	SB	March 2022	Project delayed due to Fellow being redeployed to support clinically – project recommenced and ongoing and supported by Deputy Head of Midwifery	
	Ensure preparedness of Band 7 delivery suite co-ordinators	External OD support and leadership development package	LG	TBC	External OD Support started with Band 7's but	

	to support programme of change	to support Co-Ordinators			<p>paused currently due to current Covid position</p> <p>Discussion on 30.3.22 to look at plan to re-commence conversation and agree approach</p>	
Training	Each midwife who will work in the team has a personal training needs analysis (TNA)	Once redeployment planned, each team member has 1-2-1 with PDM to develop personalised TNA with bespoke training package	PDMs	TBC	Completed training packages	
Team building	Time allocated for team building and softer development as midwives move into new ways of working	Protected time rostered in for midwives to support team development	Team Leaders –all areas	TBC		
		Training and support given to team leaders to support team building	OD team	TBC		
Linked Obstetricians	Obstetric involvement and link Obstetricians identified	Plan for how to incorporate link role to CoC teams into existing job plans	SAS	TBC		
	SOP that includes referral process to Obstetricians	Review and adapt existing guideline and develop SOP	SAS/ Clinical Gover	TBC		

			nance Team			
Pay	No midwife should be financially disadvantaged for working in this way. Each Trust needs to review and manage this	Review of payment structure and agreement around on-call	RS/P A	May 2022	Agreed in principle at Workforce Strategy Group – awaiting Birthrate plus report to establish costings.	
Estates and equipment	Place for midwives to see women	Quality improvement project to explore feasibility of hub working for community midwives	MJ	TBC	Due to current operational pressures, this work has been delayed	
	Equipment reviews to be undertaken once team structure has been confirmed	Funding from 2020/21 remains available for any equipment requirements	LB/JM	TBC		
Evaluation	MSDS to have reporting functionality to capture MCoC	New MIS procured for system that will support capture of data	CM	Nov 2022 for new system to be fully operational		
Review process	Date for initial plan to be reviewed by Trust Board.	Date in place for initial plan to be reviewed and quarterly	GB	Jan 22	Paper to Trust Board	
	Trust Board Quarterly review dates in place		GB	On-going	Oversight via MAC	
	Dates set for LMNS, regional and national review	Maternity Transformation Board monthly updates on progress and submission of local	GB	Jan 22		

		plan to LMNS to inform system plan					
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RAG Key

	Action not started
	Delayed
	Update Required
	On Track
	Completed

