

## Board of Directors Meeting - Cover Sheet

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Subject:</b>  | Maternity Continuity of Carer Update                                  | <b>Date:</b> 6 January 2022                       |  |                                |
| <b>Prepared By:</b>  | Lisa Gowan, General Manager<br>Paula Shore, Head of Nursing/Midwifery |   |  |                                |
| <b>Approved By:</b>  | Julie Hogg, Chief Nurse   |   |  |                                |
| <b>Presented By:</b>   | Julie Hogg, Chief Nurse   |   |  |                                |
| <b>Purpose</b>   |   |   |  |                                |
| To update the board on our progress around continuity of carer action plan   |   |   | <b>Approval</b>                          |                                |
|  |   |   | <b>Assurance</b>                         | x                              |
|  |   |   | <b>Update</b>                            | x                              |
|  |   |   | <b>Consider</b>                          |                                |
| <b>Strategic Objectives</b>  |   |   |  |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>                    | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b> | <b>To achieve better value</b> |
| x  | X   | X   | x  |                                |
| <b>Overall Level of Assurance</b>  |   |   |  |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                           | <b>None</b>                    |
|  |   | x   |  |                                |
| <b>Risks/Issues</b>  |   |   |  |                                |
| <b>Financial</b>   |   |   |  |                                |
| <b>Patient Impact</b>  | x   |   |  |                                |
| <b>Staff Impact</b>  | X   |   |  |                                |
| <b>Services</b>  | x   |   |  |                                |
| <b>Reputational</b>  | x   |   |  |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |  |                                |
| <b>Maternity Assurance Committee – 7 December 2021</b>   |   |   |  |                                |
| <b>Executive Summary</b>   |   |   |  |                                |
| 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”  |   |   |  |                                |
| <b>Background</b>  |   |   |  |                                |
| 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 2023 and every LMNS is required to have these building blocks in place by 31 March 2022. |   |   |  |                                |

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## 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 2023 and every LMNS is required to have these building blocks in place by 31 March 2022.

## 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 - **Complete**
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 2022 **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.

At this stage, there has been no deviation to the requirement for the LMNS to sign off plans by the 31 January 2022. However, in light of the Omicron variant, it is highly anticipated that some of the below timescales will be adjusted in light of the current significant staffing challenges.

### **Governance and Accountability**

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.

### **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.

| <b>What</b>  | <b>By When</b>   | <b>KLoE</b>  | <b>SFH Assurance</b>  |
|--|--|--|---|
| Submission and agreement of plans                                  | January 2022 (submission)<br>Q4 (assurance)  | Has the plan been signed off by the trust board and subsequently the regional maternity board? | <b>Trust Board</b><br>6 January 2022<br><br>March 2022  |
| Delivery against plans: building blocks                            | Quarterly from Q4 2021   | Is the LMS on track against stated deliverables and milestones?                                | <b>Maternity Assurance Committee (MAC)</b><br>January 2022<br><br><b>Trust Board</b><br>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?          | <b>Maternity Assurance Committee from</b><br>January 2022<br><br><b>Trust Board</b><br>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?                                  | <b>Trust Board</b><br>March 2022  |
| Placing most Black, Asian and Mixed ethnicity women and women from | March 2022   | Rate eligible women reaching 29 weeks gestation in March                                       | <b>MAC</b><br>February 2022<br><br><b>Trust Board</b>   |

|  |  |   |            |
|--|--|---|------------|
| deprived neighbourhoods onto MCoC pathways |  | are placed on MCoC pathways (>51%)<br><br>Analysis of rates of placements using MSDS data | March 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 Band 6 Midwife vacancy position is as below:

|                     | <b>Vacant FTE</b> | <b>Vacant %</b> |
|---------------------|-------------------|-----------------|
| Acute Maternity     | 10.78             | 16%             |
| Community Midwifery | 11.08             | 29%             |
| <b>TOTAL</b>        | <b>21.86</b>      | <b>21%</b>      |

We do, however, have the following new starters in the recruitment pipeline who are at various stages in the onboarding process:

Band 5 NQ Midwives – 5 FTE  
Band 6 Community Midwives – 3 FTE

## 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 endorse the action plan for submission to the LMNS
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 a 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"> <li>• How many midwives required</li> <li>• How many in post</li> </ul> | Birth rate plus review (completed Sept 2020)  | PS/RS  |         | <br>Sherwood_Forest_Hospitals_NHS_Trust_F   | Blue  |
|                |   | Establishment review  | PS/RS  | Dec 21  |  | Green |
|                | Recruitment plan with timescales  | Recruitment and retention midwife in post to support early career midwives  | SP     | Nov 21  | <br>27.09.21 Sherwood MoU Midwifery retent | Blue  |
|                |   | Set up Maternity Workforce Transformation sub group to develop local workforce strategy that supports future planning for safe staffing | RS     | Nov 21  | Minutes and action log of meeting<br><br>Development and implementation of strategy  | Blue  |

|  |  |   |              |            |   |  |
|--|--|---|--------------|------------|---|--|
| Planning spread sheet – demonstrate safety from a staffing perspective |  | On-going recruitment  | PS           | On - going | Rolling job advert on NHS Jobs  |  |
|  |  | Introduction of PMA service to support staff and improve retention                | GB           | Oct 21     | <br>PMA model doc.docx     |  |
|  | <ul style="list-style-type: none"> <li>How many women can receive CoC –reviewing in and out of area and cross boundaries</li> <li>Where women are cared for at any given time, now and in CoC model</li> <li>Midwifery redeployment plan for CoC, including timescales and recruitment plan for a phased scale up to default position</li> </ul> | Complete spread sheet using template from NHS England and NHS Improvement toolkit | GB/LB/MJ /RS | Jan 2022   | Planning spread sheet using template from NHS England and NHS Improvement toolkit                             |  |
| Communication and staff engagement                                     | Provide evidence of staff engagement and logs/responses/counter responses  | Continuity of Carer as regular agenda item in meetings                            | GB           | On-going   |   |  |
|  |  | Continuity of Carer working group   | GB           | On-going   |   |  |
|  |  | Deep dive in CoC midwives experience of working in teams                          | GB           | July 2021  | <br>CoC team 1-2-1s.docx |  |

|                                       |   |  |          |                  |   |  |
|---------------------------------------|---|--|----------|------------------|---|--|
|                                       |   | Maternity Communication hub set up   | GB/AF    | 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<br> Update around Continuity of Carer fr |  |
|                                       |   | Open meetings for all staff groups to share vision with teams and to receive feedback                            | GB/LF/LB | On-going         |   |  |
| Review skill mix within whole service | Number of band 5s working in service  | 17 band 5 midwives in practice. 10 NQMs and 7 about to finish preceptorship                                      | PDMs     | Nov 21           | Health Roster   |  |
|                                       | Ensure there is appropriate support for these newly qualified members of staff, via preceptorship framework | Revised preceptorship package launched with wraparound support informed by evaluation of previous cohort of NQMs | PDMs/ JP | Oct 21           | Preceptorship package<br> NQM evaluation.pptx  |  |
|                                       |   | On-going evaluation of cohort of band 5 midwives through 1-2-1s and online questionnaire                         | PDMs/JP  | Oct 21-April 22  |   |  |

|                      |   |  |                          |            |  |  |
|----------------------|---|--|--------------------------|------------|--|--|
|                      | 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/RS                    | March 22   |  |  |
|                      |   | Quality improvement project to pilot MSWs in community setting   | SB                       | March 2022 |  |  |
|                      | Ensure preparedness of Band 7 delivery suite co-ordinators to support programme of change         | External OD support and leadership development package to support Co-Ordinators  | LG                       | TBC        | External OD Support started with Band 7's but paused currently due to current Covid position |  |
| 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   | SAS                      | TBC        |  |  |



|                       |  |  |                              |            |  |  |
|-----------------------|--|--|------------------------------|------------|--|--|
|                       |  | CoC teams into existing job plans  |                              |            |  |  |
|                       | SOP that includes referral process to Obstetricians  | Review and adapt existing guideline and develop SOP                                      | SAS/Clinical Governance 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/JM                        |            |  |  |
| 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 review 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   | Current work being undertaken to scope out a digital solution                            | CM                           | March 2022 |  |  |
| 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 |  |  |  |  |  |
|--|--|------------------------------------|--|--|--|--|--|

**RAG Key**

|  |                    |
|--|--------------------|
|  | Action not started |
|  | Delayed            |
|  | Update Required    |
|  | On Track           |
|  | Completed          |

