	Cover page								
Meeting	Public Trust Board								
Paper Title	Continuity of Carer								
Date of meeting	6 <sup>th</sup> February 2020								
Date paper was written	25th January 2020								
Responsible Director	Director of Nursing								
Author	Director of Midwifery & Continuity Project Lead Midwife								
Executive Summary	y								

Better Births report of the National Maternity Review, the Five Year Forward View for NHS maternity services in England, set out a vision for maternity services in England which are safe and personalised. A vision that puts the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.

This continuity of care and relationship between care giver and receiver has been shown to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience.

The Maternity Transformation Programme was established to deliver the vision set out in Better Births, working through Local Maternity Systems (LMS) to deliver change locally.

In March 2017 NHS England published Implementing Better Births: A Resource Pack for Local Maternity Systems, which set an expectation on LMS to include details of how they will meet the ambition that 'most women receive continuity of the person caring for them during pregnancy, birth and postnatally by the end of 2020/21'.

The latest Maternity Incentive Scheme also includes an element of Continuity of Carer and an action plan to demonstrate how the service will progress towards achieving 51% of women booked onto a Continuity of Carer pathway by March 31<sup>st</sup> 2021

PreviouslyCare Group Boardconsidered byShared with DNMQ / Board Level Safety Champion 25/01/20

The Board (Committee) is asked to:											
Approve	Receive	Note	Take Assurance								
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place								

Link to CQC domain	ו:								
🔽 Safe	Effective	Caring	Responsive	✓ Well-led					
	Select the strategic o	bjective which this pa	per supports						
	PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare								
Link to strategic	□ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care								
objective(s)	□ HEALTHIEST HALF Choices' for all ou	MILLION Working wit	h our partners to pro	omote 'Healthy					
	LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions								
	$\square$ OUR PEOPLE Creating a great place to work								
Link to Board Assurance Framework risk(s)	1204								
Equality Impact	Stage 1 only (no n	egative impact identif	ied)						
Assessment		nded (negative impact hed for Board approva		lity impact					
Freedom of Information Act	• This document is	for full publication							
(2000) status	C This document inc	ludes FOIA exempt in	formation						
	C This whole docum	ent is exempt under t	ne FOIA						
Financial assessment									

The service is required to achieve the target of 51% of women booked onto a continuity of carer pathway by March 2021. There is a risk that this will not be achieved within the required timeframe due to multiple factors.

## Background

Better Births report of the National Maternity Review, the Five Year Forward View for NHS maternity services in England, set out a vision for maternity services in England which are safe and personalised. A vision that puts the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.

This continuity of care and relationship between care giver and receiver has been shown to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience.

Women who receive midwifery led Continuity of carer are:

Less likely to experience Preterm birth - 24% Less likely to lose their baby - 16% Less likely to lose their baby before 24 weeks - 19%

However, safety cannot be considered solely in terms of perinatal or maternal mortality and morbidity, it must also be considered that safety includes emotional, psychological and social safety. Continuity of Carer can support a model of care whereby these aspects of safety are integral to the care of women and families.

The Maternity Transformation Programme was established to deliver the vision set out in Better Births, working through Local Maternity Systems (LMS) to deliver change locally. The implementation of a model for delivering Continuity of Carer is one of the key priorities of the LMS.

In March 2017 NHS England published Implementing Better Births: A Resource Pack for Local Maternity Systems, which set an expectation on LMS to include details of how they will meet the ambition that 'most women receive continuity of the person caring for them during pregnancy, birth and postnatally by the end of 2020/21'.

The latest Maternity Incentive Scheme also includes an element of Continuity of Carer requiring services to demonstrate how they will progress towards achieving 51% of women booked onto a Continuity of Carer pathway by March 31<sup>st</sup> 2021

To help generate momentum and ensure that the NHS is on track to deliver the aim that most women receive continuity of carer by March 2021 the service has developed a project plan which details the actions which are required to enable the implementation of this ambitious scheme.

The Better Births report can be accessed via the link below

<u>https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-</u> <u>england-a-five-year-forward-view-for-maternity-care/</u>

## Assessment

The implementation of continuity models has been a challenge nationally due to the level of service transformation that is required. A model for implementation has now been developed and shared nationally. This model, named the Monte Carlo model details a staffing model which can be applied in order to achieve the target level of 51% CofC. It should be noted that the present requirement is to have women booked onto the pathway. It is anticipated that future requirements will be to evidence that women are achieving CofC as measured at the end of their journey within maternity care.

Currently the service does not have any designated teams which are running Continuity of carer models as described in the Better Births recommendations.

However, it is committed to ensuring that continuity of carer is implemented in such a way as to ensure that it includes in particular those women who will achieve the highest benefit such as those who are vulnerable or who have known pre-existing co-morbidities/risk factors which may have a negative impact on the outcome of their pregnancy. Therefore, a generic model will be applied alongside some bespoke models (such as a Rainbow pathway for those women who have experienced a previous pregnancy loss) rather than solely focussing on for example women suitable for midwifery led care.

The CofC will provide a range of care options to women with varying risk factors and the midwives will be skilled to be able to provide care to what would be considered an appropriate level. Core midwifery staff will be available within delivery suite to provide additional levels of care for the small number of women who have significant risk factors. The implementation of the model will be supported by appropriate guidance and discussion with women regarding place of birth recommendation which will be supported by national evidence based guidance. Women will be encouraged to develop and document a personalised care plan based on their choices using the best available evidence to guide and support them. Women will be supported in their decisions.

In order to provide focus to this requirement the LMS has supported a project midwife for a period of 4 months to drive this forward.

A project plan is in development in order to detail the actions required and also to monitor progress against the actions. The project plan is attached as Appendix 1.

The project has received approval from the Director of Midwifery and has been shared with the senior midwifery leadership team through a workshop which took place on 24<sup>th</sup> January 2020.

The service has also applied for additional training and support from Health Education England following a national offer made to all Trusts detailing a new training programme to support the implementation of CofC.

The table below details the required staffing levels for the Trust for the implementation of the Monte Carlo continuity model based on delivering approximately 4800 births annually.

Births in service (all) - 48	300				
Continuity births – 2400	Ratio	1:36	1 midwife has a caseload of 36 women		
Antenatal, intrapartum and postnatal care	WTE MW per team	6	Small team to provide wraparound care		
provided by team	Births per team	216	6 midwives with 36 women each – 6x36		
	Total number of teams required	11	2400 births divided by 216 per team		
	Total number of WTE midwives for continuity model	66 WTE	11x6		
	continuity model				
Non-continuity births 2400 Traditional model of	Community ratio	1:98	Birthrate recommended community ratio		
antenatal and postnatal care plus	Total number of midwives required	24.5 WTE	2400 births divided by 98		
core midwifery staffing in inpatient areas	Delivery Suite	45 WTE	8 per shift – this will reduce over time as the continuity midwives will attend DS to care for the women in their team- a core base will ALWAYS be required		
	Triage	11.2	2 per shift		
	Antenatal clinic	8 WTE			
	Antenatal ward	17 WTE	3 per shift		
	Postnatal Ward	23 WTE	4 per shift		

The service is anticipating completing a Birthrate Plus assessment within Quarter 1 2020/21. This may alter some of the core staffing requirements.

The Board are requested to note the content of this paper. The Board will continue to receive a monthly progress report.

	Date:	29 Jar	nuary 2020					2		
	Project Lead:		tte Barton				NHS			
Continuity of Carer	Display Week:		1		The Shrewsbury and Telford Hospital					
	Project Start Date:	06/	06/01/2020			lenor				
	Project End Date:		01/2020							
			01/2020							
					Mile	%				
Task	Task Assigned to	Task Start	Task End	Tasks due in Next		Done	Task Status	Du		
	Task Assigned to		TASK LIIU	30 days	Stone	Done	Task Status	(Wor		
Project Preparation										
Project Approval	N1\A/	00/01/2020	00/01/2020			100%	Complete			
Project Team 13/01/20 - 17/01/20	NW	06/01/2020	06/01/2020			100%	Complete	_		
	AB	13/01/2020	23/01/2020		Vac	100%	Complete	-		
Project Shared with Management Team - 24/1/20	AB	24/01/2020	24/01/2020	Due in new	Yes	100%	Complete	<u> </u>		
Project shared with Care Group Board	NW	28/01/2020		Due in nex			Future	<u> </u>		
Project shared with Trust Board	NW	06/02/2020		Due in nex	t 30 days		Future	<b></b>		
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Communications / Engagement										
Open Forums Arranged - 27/1/20	AB/NW	27/01/2020	27/01/2020			50%	Late			
Open Forums Arranged - 5/2/20	AB/NW	05/02/2020	05/02/2020	Due in nex	t 30 days	50%	Future			
Open Forums Arranged - 7/2/20	AB/NW	07/02/2020	07/02/2020	Due in nex	•	50%	Future			
Open Forums Arranged - 13/2/20 TBC	AB/NW	13/02/2020	13/02/2020	Due in nex	t 30 days	<u>50</u> %	Future			
Engagment event Planned date TBC LMS/Sath	AB/HW			Due in nex	t 30 days	20%	Future			
Baseline assessments										
Baseline AN audit commenced	AB	22/01/2020		Due in nex	t 30 days	5%	Future			
Baseline PN audit commenced	AB	09/02/2020								
Baseline metrics agreed/ after bench marking event.	AB/NW	28/02/2020								
Survey of women's experiences	AB	16/02/2020								
Launch of teams										
Pilot teams identified	AB	30/01/2020	31/01/2020	Due in nex	t 30 davs	50%	Future			
Pilot team 1 (phase 1)		29/02/2020			,		Future			
Pilot team 2 (Phase 1)		29/02/2020					Future			
Pilot HB team (phase 1)		29/02/2020					Future			
Team 3		30/04/2020					Future			
Team 4		30/04/2020					Future			
Team 5		30/09/2020					Future			
Team 6		30/09/2020					Future			
Team 7		30/09/2020			1		Future			
Team 8		01/03/2021					Future			
Team 9		01/03/2021			1		Future			
Team 10		01/03/2021					Future			
Team 11		01/03/2021					Future			
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GAP Analysis	AB/NW					0		
Resouce Implications	AB/NW/FE/TK					0		
Training needs analysis	АВ /КН					0		
Staff consultation	NW/DM					0		
Themes from other Trusts/learning						0		
Visit arranged to Worcester	AB	21/01/2020		100%	Complete	0		
Visits arranged to South Warwickshire	AB/NW	30/01/2020	Due in next 30 days	50%	Future	0		
						0		
Risk Register & QIA						0		
Add to risk register	AB/NW/NE	03/02/2020	Due in next 30 days	50%	Future	0		
QIA	AB/NW	22/01/2020	Due in next 30 days		Future	0		
						0		
Stakeholder support						0		
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Allocate Healthcare	AB/SM	01/02/2020	Due in next 30 days	25%	Future	0		
Workforce /ESR	AB/KC	01/02/2020	Due in next 30 days	25%	Future	0		
Human Resource/Workforce planning	AB/DM	28/01/2020	Due in next 30 days		Future	0		
Finance Team	AB/RP	01/02/2020	, Due in next 30 days	25%	Future	0		
Business Team	AB/TK	ТВА	Due in next 30 days		Future	0		
Guidelines lead	AB/JB	01/02/2020	Due in next 30 days	25%	Future	0		
Consultant Lead	AB/MSH	28/01/2020	Due in next 30 days		Future	0		
Education Lead	AB/KH	01/02/2020	Due in next 30 days		Future	0		
Union RCM	AB/BD	23/01/2020	Due in next 30 days		Future	0		
LMS	AB/HW	23/01/2020	Due in next 30 days		Future	0		
Coms/Web page development	AB/SO	23/01/2020	Due in next 30 days		Future	0		
University Programme Lead	AB/SJ	04/02/2020	Due in next 30 days		Future	0		
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					Controls already planned /				<b>.</b>
Type of Risk	Title	Issue defined	Cause	Potential Consequences?	implemented	Status	Owner	Progress Update	Expected completion date
	Staffing	Staff are not based in correct areas to support plans	Current traditional care model	Delay with project	Currently working on Staffing plan	Status	NW	January 2020 NW Staffing model shared with senior leadership team with plan to share at Care group and Trust board. Roll out of model to be achieved in 3 phases	Phase 1 29/02/20 Phase 2 30/09/20 Phase 3 28/02/21
Operational	Staffing	Staff may not be willing to work in new model	Multiple reasons - childcare experience, lack of understanding, wish to remain core in one area,	Delay with project	Implement with staff willing to use model		AB	January 2020 NW Pilot teams being identifed with self selected midwives	Phase 1 29/02/20 Phase 2 30/09/20 Phase 3 28/02/21
Fechnical	Electronic Patient record	Delays in all staff having skills to work in all areas	Not fully paperless in all areas.	Delays in meeting 51% CoC	TNA to be gathered from potential teams in advance of roling out.		AB/MS	January 2020 NW Laptops ready for trial in community teams to determine connectivity	30/04/2020
	Electronic Patient record	Unable to record CofC and retrieve data for monthly return	System not yet aligned	Difficulty in monitoring and reporting CofC rates	Use of local database by individual CofC midwives		АВ	January 2020 NW Database available from national team and to be implemented alongside team roll out.	29/02/2020
	Staff training needs	Staff involved may not have the requisite skills to provide the full range of clinical care	Existing traditional rotational model/ staff reluctance to update in CU area, core staffing in key areas.	High levels of SN time/training required	Review of staffing to be used for COC TNA		АВ / КН	January 2020 NW TNA to be commenced once pilot team members recruited	21/02/2020
Financial	Costs of Implementation	May need more staff/ restructure of current staff	Large scale change of working practices.	Delays/Management of change likely to meet full CoC by March 2021	DOM Staffing review use of BR + acuity tool to monitor acuity in CU area. Business case to be developed following pilot team evaluation. Birthrate plus assessment planned		NW / DM	January 2020 NW no change required with pilot teams as will be used to determine requirements of large scale roll out No change to existing T&Cs at present	31/03/2021
Quality	Disruption in model of care causing confusion/ effecting patient care quality.								
	Aimed at 51% of women - consideration needed for remaining women not being booked onto CofC pathway	Reduced impact upon National Ambition Women rasing concerns at lack of continuity Two tier system of care provision	Model is aimed at achieving 51% women booked onto pathway	Poor experience of care by women Dissatisfaction in role by midiwves	Choice for midwives to join model or remain in tradition model Ongoing roll out to achieve maximum CofC within exisiting system		NW	January 2020 NW Survey of womens experiences to commence Feb 2020 and continued monthly Midwives to self select to either CofC or traditional model	31/03/2021
Quality									
		1							