

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	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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’ .</p> <p>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</p>	
Previously considered by	Care Group Board Shared with DNMQ / Board Level Safety Champion 25/01/20

The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> 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:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

1204

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

## Main Paper

### Situation

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

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

## 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) - 4800

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Continuity births – 2400 Antenatal, intrapartum and postnatal care provided by team	Ratio	1:36	1 midwife has a caseload of 36 women
	WTE MW per team	6	Small team to provide wraparound care
	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
Non-continuity births 2400			
Traditional model of antenatal and postnatal care plus core midwifery staffing in inpatient areas	Community ratio	1:98	Birthrate recommended community ratio
	Total number of midwives required	24.5 WTE	2400 births divided by 98
	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.

**Recommendation**

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









