Board of Directors Meeting
14 July 2022

The Shrewsbury and Telford Hospital NHS Trust

Agenda Item	137/22 (b)			
Report	Maternity Plan for the achievement of Midwifery Continuity of Carer (MCoC) as the default model			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		**Link to CQC domain:**	
	Our patients and community	✓	Safe	✓
	Our people	✓	Effective	✓
	Our service delivery	✓	Caring	✓
	Our partners	✓	Responsive	✓
	Our governance	✓	Well Led	✓
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	✓		
	For decision / approval		**Link to risk register:**	
	For review / discussion		Risk 67 - There is a risk that the Trust is unable to comply with the National Standard - provide sustainable continuity of carer	
	For noting			
	For information			
	For consent			
Presented To	Women's & Children's Divisional Committee			
Dependent upon (if applicable)	Safe Maternity Staffing Levels			
Executive Summary	The attached report sets out a plan for SaTH to achieve 53.6% Continuity of Carer (2016 women) based on 4280 births per annum (excluding out of area women) by the end of the financial year 2024/25. The plan sets out the phased approach to achieving 53.6% at SaTH and identifies the significant resource implications, recruitment, estate, training and consultation requirements. Additional £13,000,000 funding has been made available nationally to be allocated between the LMNS's but it is recognised that the allocations will not meet the full cost of local plans. The NHSE/I sets an original deadline of 31/01/22 for receipt of approved plans but this was cancelled to offer local services more flexibility. The local LMNS have considered this plan in May 2022 prior to submission to the Regional team in June 2022.			
Appendices	Appendix 1: Current Position of MCoC Appendix 2: Identification of Current Population of Birthing People* Appendix 3: Proposed MCoC Planning Detail* Appendix 4: Staffing Planning* Appendix 5: Building Blocks in readiness to implement and Sustain MCoC Assessment Framework* **Included in Supplementary Information Pack*			
Lead Executive				

The Shrewsbury and Telford Hospital (SaTH) Maternity Plan for the achievement of Midwifery Continuity of Carer (MCoC) as the default model.

Date: May 2022

Status: For Information

History: The Trust is required to develop a plan for the delivery of a Continuity of Carer model in line with the framework and monitoring evaluation tool published by the Royal College of Midwives (2018) for the Local Maternity and Neonatal system (LMNS). This model arises from the findings and recommendations of the Morecambe Bay enquiry (2015), the vision for Better Births set out by the Maternity Transformation program (2016) and the Ockenden report (2022).

The original national guidance set a minimum trajectory of 50% to be achieved by 2021 of women being booked for maternity care to be booked onto a continuity of career pathway. The pathway should prioritise those from the most deprived and vulnerable groups and geographical areas. The original trajectory was amended to 35% due to the Covid-19 pandemic. In October 2021 delivering the maternity continuity of carer model at full-scale was published. This guidance supports Trusts to develop and deliver continuity of carer as the default model for the provision of maternity services.

Author: Fiona McCarron, Consultant Midwife

Executive Summary

The attached report sets out a plan for SaTH to achieve 53.6% Continuity of Care (2016 women) based on 4280 births per annum (excluding out of area women) by the end of the financial year 2024/25. The plan sets out the phased approache to achieving 53.6% at SaTH and identifies the significant resource implications, recruitment, estate, training and consultation requirements. Additional £13,000,000 funding has been made available nationally to be allocated between the LMNS's but it is recognised that the allocations will not meet the full cost of local plans. The NHSE/I sets an original deadline of 31/01/22 for receipt of approved plans but this was cancelled to offer local services more flexibility. The local LMNS are seeking to consider this plan in May 2022 prior to submission to the Regional team in June 2022.

The Shrewsbury and Telford Hospital NHS Trust

Contents

Shrewsbury and Telford NHS Trust Maternity Plan for the achievement of Midwifery Continuity of Carer as the default Model.

1. Background

1.1 Midwifery Continuity of Carer has been proven to deliver safer and personalised maternity care. Building on the recommendations of Better Births (2016) and the NHS Long Term Plan, the ambition is for continuity of carer to be the default model of maternity care. In 2021 updated requirements were published by the RCM (2021) setting out an achievement date of March 2023, where safe staffing allows and building blocks are in place for the Maternity Incentive Scheme (Year 4). Full continuity should be prioritised for those where it has been shown they are at higher risk of poorer outcome.

2. Midwifery Continuity of Carer as the 'Default Model of Care'

2.1 The model states women should be offered continuity in a case loading model and wherever possible receive the benefits associated with this pattern of care. However, it is accepted in the recommendation that not all birthing families will be suitable for continuity of carer, either because they choose to receive care outside of their local provider or in a small number of cases, they will require specialist services for maternal / fetal medicine reasons. Moving into a MCoC team represents a fundamental change in the way that midwives work: moving away from a shift-based rostered system to one where the midwife follows the woman to ensure right care, right place, right time. It is important to factor in protected time off for midwives working in this model.

2.2 MCoC teams are made up of no more than eight midwives (headcount). Experience from other Trusts report MCoC teams smaller than 6.8 WTE struggle to fill the out-of-hours element. With full capacity, depending on the number of homebirths/MLU births, midwives work just one out-of-hours session per week.

2.3 The current position for continuity of carer at SaTH is addressed in Appendix 1 along with the current population demographics for the County of Shropshire in Appendix 2.

3. Continuity of Carer Plan

3.1 The first phase of the plan SaTH aims to provide MCoC to 53.6% out of 4280 birthing people (Birthrate Plus Workforce Report 2019). The recommendation is that teams would be rolled out in waves until reaching a total of 15 continuity teams (see Table section 6). The teams will be geographically based with the first wave being launched in the area where there is the highest indices of deprivation/ risk.

3.2 The phasing of the implementation has considered the national drive to prioritise continuity of care for women from ethnic minorities or vulnerable background in consideration of the published evidence regarding poorer clinical outcomes. Subsequently, the target of 35% Continuity of Carer for birthing families from an ethnic minority background is included in the planning assumptions of achieving 53.6%. This will include only those who book at the Trust before 28 weeks gestation and who choose to receive continuity across antenatal, intrapartum, and postnatal care. Those that receive care from other maternity services and are unlikely to change their position.

3.3 Future consideration will need to be given for maternal medicine teams as we will have a proportion of high-risk women cared for by this specialty tertiary referral hospital.

3.4 The service will require a team of core midwives who staff the hospital and care for women not receiving continuity of care.

3.5 The MCoC model needs to consider where existing Children's Centres and Hubs are located to provide bases from which the teams can operate from due to limited estate options available.

4. Safe Staffing

4.1 Evidence suggests that significant investment is required to support continuity of carer at full scale.

4.2 In Feb 2021 SaTH received the Birth Rate Plus report, which highlighted the staffing requirements to safely implement CofC at 51%.

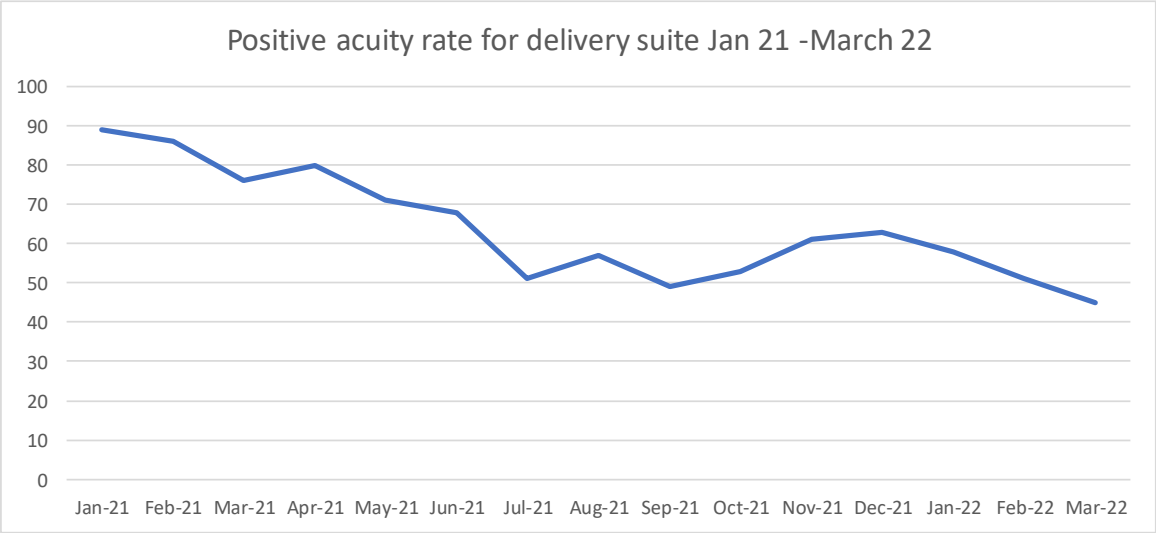
4.3 A further Birth rate Plus (BR+) workforce analysis has been requested by the Trust due to uncertainty of the accuracy of the data initially submitted, and on completion this will be utilised to refresh the calculations. An investment case of need may need to be formulated and submitted through the appropriate Trust process for consideration. Further work is now required to ascertain what staffing resources are required against the full default model. Financial planning to accompany this would then need to be submitted as a Business case.

4.4 The activity within maternity services is dynamic and can change rapidly. It is therefore essential that there is adequate staffing in all areas to provide safe high-quality care by staff who have the requisite skills and knowledge. Regular and ongoing monitoring of the activity and staffing

is vital to identify trends and causes for concern, which must be supported by a robust policy for escalation in times of high demand or low staffing numbers.

4.5 SaTH maternity service is facing some significant staffing challenges and safe staffing levels for all shifts is not currently being met. The Final Ockenden Report (2022) mandated that '***All trusts must review and suspend if necessary, the existing provision and further roll out of MCoC unless they can demonstrate staffing meets safe minimum requirements on all shifts***.' (IEA 2, Safe Staffing page 164).

4.6 When MCoC was initially launched back in 2020, the service was able to maintain safe staffing levels to support this model of care (consistently above 85%). The graph below however demonstrates the decline in safe staffing over the last 14 months.



4.7 For the month of March 2022, the safe staffing rate was 45%, however the rolling 13-week figure is 50%. This can be attributed to high levels of staff unavailability eg maternity leave and sickness. It is unclear as to whether attempts were made to fill these temporary vacancies with a recruitment campaign due to the high turnover of senior staff in the timeframe concerned. The Continuity of Carer Workforce Modelling tool and associated staffing plan have been used to predict midwife recruitment required for each wave of the rollout for the purpose of this future plan (see page 20).

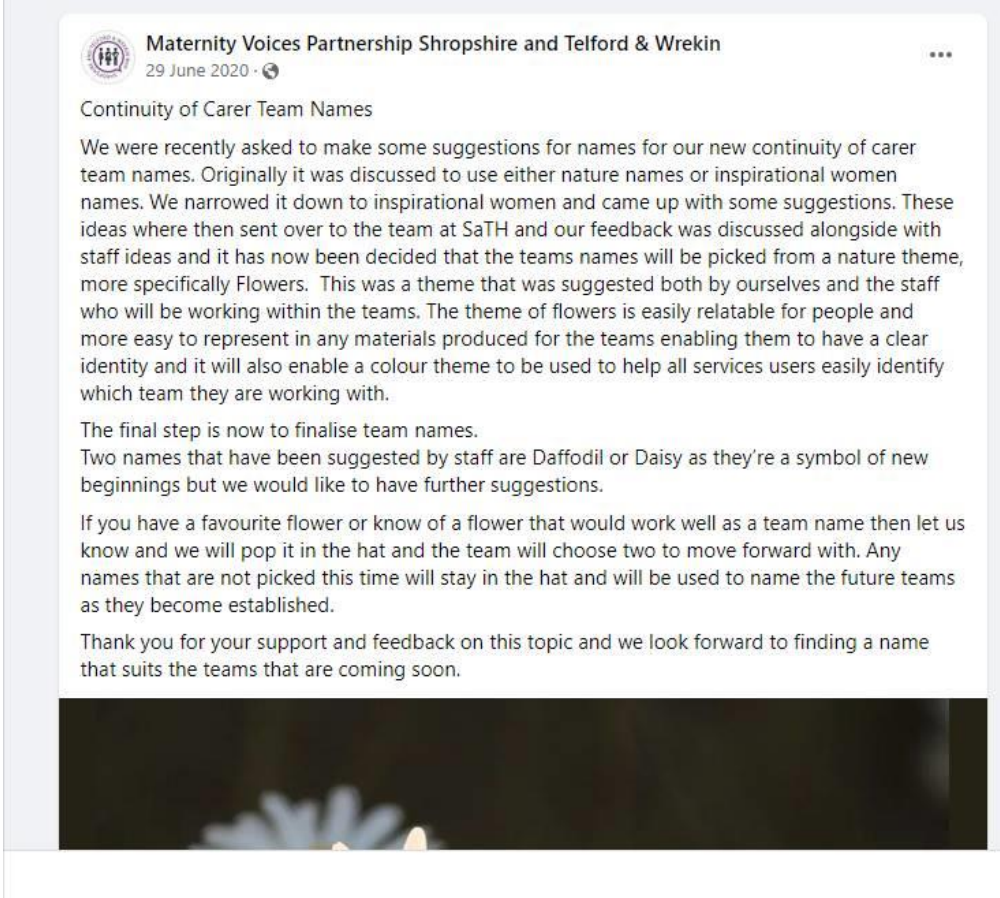
5. Communication and Engagement Plan

5.1 Limited staff engagement has taken place, however further engagement activities will be required in order to take MCoC forward at SaTH.

5.2 In developing and implementing plans, the Trust and LMNS will engage with maternity staff, Maternity Voices Partnerships (MVP) and clinicians. Plans for rollout will be co-produced with the diverse communities that will be receiving MCoC. The SaTH clinical lead will link with the CCG,

LMNS and Trust Equality and Diversity team to identify local groups and community leaders to enable effective communication and encourage engagement.

5.3 A list of preferred names for the MCoC teams were submitted in 2020 by the local MVP following discussion with local service users. The names suggested were those of inspirational women, however, due to the political climate at the time and the potential for links to slavery to be found with one or more of these women, it was agreed to use the second choice for the team names.



Maternity Voices Partnership Shropshire and Telford & Wrekin
29 June 2020 ·

Continuity of Carer Team Names

We were recently asked to make some suggestions for names for our new continuity of carer team names. Originally it was discussed to use either nature names or inspirational women names. We narrowed it down to inspirational women and came up with some suggestions. These ideas where then sent over to the team at SaTH and our feedback was discussed alongside with staff ideas and it has now been decided that the teams names will be picked from a nature theme, more specifically Flowers. This was a theme that was suggested both by ourselves and the staff who will be working within the teams. The theme of flowers is easily relatable for people and more easy to represent in any materials produced for the teams enabling them to have a clear identity and it will also enable a colour theme to be used to help all services users easily identify which team they are working with.

The final step is now to finalise team names.
Two names that have been suggested by staff are Daffodil or Daisy as they're a symbol of new beginnings but we would like to have further suggestions.

If you have a favourite flower or know of a flower that would work well as a team name then let us know and we will pop it in the hat and the team will choose two to move forward with. Any names that are not picked this time will stay in the hat and will be used to name the future teams as they become established.

Thank you for your support and feedback on this topic and we look forward to finding a name that suits the teams that are coming soon.

5.4 Due to the timeframe elapsed and the potential suspension of the current MCoC service following the Ockenden Report (2022), the MVP are in agreement to repeat this action prior to relauching the MCoC teams.

5.5 A staff consultation paper will be produced and communication plan will be established and supported by HR, Unions, and National Teams.

5.6 Recruitment plans will be produced that are aligned to the workforce data, quality impact assessment and implementation options.

5.7 A time of change can provoke feelings of anxiety and uncertainty in staff. SaTH has several support tools and resources to help staff who need assistance with their health and wellbeing

available on the Trust intranet. Staff can find information about Wellbeing at Work and why it's important we support all our staff. There is information about physical and mental wellbeing, Occupational Health, healthy lifestyles and staff benefits.

6. Skill Mix Planning / Midwifery Staffing

Wave	Total teams	Approx. % women booked onto pathway	Numbers of women booked onto pathway	Expected timescale	Area for team focus – based on BAME and Deprivation – postcode or area.
Wave 1	1 Team	6.7%	252	2022 Q4	Telford
Wave 2	2 Teams	13.4%	504	2023 Q1	Shrewsbury
Wave 3	3 Teams	20.1%	756	2023 Q2	Ludlow
Wave 4	4 Teams	26.8%	1008	2023 Q3	Oswestry
Wave 5	5 Teams	33.5%	1260	2023 Q4	Bridgnorth
Wave 6	6 Teams	40.2%	1512	2024 Q1	2nd Telford Team (To include Market Drayton)
Wave 7	7 Teams	46.9%	1764	2024 Q2	2nd Oswestry (including Whitchurch)
Wave 8	8 Teams	53.6%	2016	2024 Q3	2nd Shrewsbury Team
Wave 9	9 Teams	60.3%	2268	2024 Q4	3rd Telford Team
Wave 10	10 Teams	67.0%	2520	2025 Q1	4th Telford Team
Wave 11	11 Teams	73.7%	2772	2025 Q2	TBC
Wave 12	12 Teams	80.4%	3024	2025 Q3	TBC
Wave 13	13 Teams	87.1%	3276	2025 Q4	TBC
Wave 14	14 Teams	93.8%	3528	2026 Q1	TBC
Wave 15	15 Teams	100%	3780	2026 Q2	TBC

6.1 The NHSE/I toolkit has been used to plan the phased role out. The plan identifies the aim of establishing 8 teams of 7 WTE midwives to achieve the 53.6% continuity of carer by the end of the 2024/25 financial year. The table shows the proposed phasing although the timings may change due to finance, recruitment and other possible resource issue. This will be audited and reviewed with each proposed implementation wave as time scales may change.

6.2 The latest Birthrate plus workforce report will be used to support a skill mix review across the maternity service to inform the planning of ongoing team continuity of carer solutions

6.3 Each stage of MCoC implementation will require close operational supervision to ensure that all clinical areas are appropriately staffed. A Quality Impact Assessment, review of workforce data and risk assessment will be undertaken prior to the launch of each wave. Roll out of teams will

require sign off at Divisional level and by the Trust Safety Champtions to provide assurance of safety for the SaTH maternity service as a whole.

6.4 There is a requirement that no midwife should be financially disadvantaged for working in this way, discussions and plans will be agreed with the Trust HR and Trade Union representatives as part of the implementation plan. The current local agreement in place is for the staff to have a rostered night shift to cover on calls, and to work the following day if they are not called out. It is proposed that this changes to the National recommendation of a salary uplift of 4.5% following a consultation period and agreement from the Trust HR department and Trade Unions.

7. Training

7.1 A training needs analysis for the service will be undertaken with any additional training requirements for MCoC to be identified and delivered within the service education plan. Staff who will be working within the MCoC teams will complete a competency self-assessment tool to enable a bespoke training plan to be devised and completed prior to launch. This should identify what clinical skills midwives in MCoC teams need to update to provide care for women throughout the pregnancy journey and across a range of settings, and also for providing care to women from diverse ethnic backgrounds and those living in the most deprived communities.

7.2 Training will also be provided for the delivery suite Band 7 co-ordinators to increase awareness of their role to embed this model of care and ensure they are prepared to support this programme of change.

7.3 Training packages and support will be provided or externally sourced and arranged by the Divisional Clinical Educators and the Professional Midwifery Advocates (PMAs) in conjunction with the Clinical Lead for MCoC for the Trust.

8. Review Process

8.1 Continuity of care will be monitored locally and nationally, and the service will ensure accurate and complete reporting on provision of MCoC using the Maternity Services Data Set (MSDS).

8.2 Regular team audits will be held on activity and outcomes, where cases, adverse events and compliments are discussed, embedding learning within the team. Information will be shared with the wider maternity team as appropriate, including reporting to the maternity clinical governance board for review.

8.3 The plan outlined within this paper will be continuously monitored via internal governance processes, the maternity Safety Champions and partnership working with the LMNS.

8.4 The evaluation will be reviewed and will include the service impact for example a reduction in attendance in maternity triage, the reduction of postnatal readmissions and increased use of interpreting services. Use of the PDSA cycle will support the process and refinement of the model continuously improving both experience and outcome. Any changes will be implemented prior to any roll out of the next phase of continuity.

8.5 National monitoring of Midwifery Continuity of Carer will focus on measuring level of provision and evaluating outcomes for women and staff. Two metrics will be used to assure delivery of MCoC nationally, using monthly data from the MSDS v2:

- A routine, ongoing measure looking at the percentage of women placed on MCoC pathways (placement measure).
- A routine, ongoing measure looking at the percentage of women who have received MCoC (receipt measure). This will initially operate in shadow form, and not be used for the purposes of assurance, until there is sufficient data to demonstrate viability.

8.6 The local Maternity safety champions are in place and now established to monitor and support progress against national recommendations as set out in Better Births (2016) and CNST year 4.

8.7 This initial plan will provide 53.6% continuity of care for women choosing to have their baby at the Trust. The phasing of the implementation has considered the National drive to prioritise continuity of care for women from ethnic minority or vulnerable background supported by current evidence. Prior to expanding continuity of care above 53.66%, a full evaluation will be undertaken in collaboration with the LMNS.

9. Conclusion

9.1 A staged approach will be adopted supporting staff engagement in service change as this model fundamentally changes practice. Continuity of care is evidenced as a model which supports improved outcomes for all birthing families and positive and personal experience of care. This aligns to the Trust values; Partnership, Ambitious, Caring and Trusted, and the Trust vision to provide excellent care for the communities we serve.

10. Recommendations

The LMNS is asked to;

- Accept the contents of this report.
- Support the maternity service in delivery of a transformed model of care
- Note the attached plan that will deliver 53.6% Continuity of Care model by the end of 2024/25 financial year. This will be subject to Trust business planning and Trust Board approval, subject to the resources made available through the local maternity and neonatal system (LMNS).

Appendix 1

Current Position of MCoC

11.1 The Violet team were one of two initial MCoC pilot teams that were introduced in Sept 2020. They developed as an established MCoC team currently providing care to 150 women as of Jan 22.

11.2 The team continued to perform well, with a total of 6 team members currently. The second CofC team (Rose team) ceased in February 2022 due to staffing and operational issues.

11.3 Violet team are providing 'meet the midwife sessions' via Microsoft Teams - with great attendance and feedback from service users. Infographics are in place monthly to illustrate the current position, these are shared with key stakeholders. This data highlighted within the infographics is reported into the Maternity Dashboard locally and then national Maternity service Dataset (MSDS).

11.4 Following a review of the Maternity workforce, and the publication of the Final Ockenden report (2022), a Quality Impact Assessment into the current MCoC provision at SaTH has been carried out and will be presented to the Trust board. This Quality Impact Assessment will be repeated 3 months following embedding of safe staffing.

11.5 Two members of the Violet team have recently requested to move from the MCoC model and a third has resigned after receiving a job at a Trust closer to home, which will adversely affect the ability of the team to cover intrapartum care and a seven day on call service. We are awaiting the outcome of the Trust Board meeting to discover whether the current team will be suspended.