

Report of the Shropshire Health Oversight and Scrutiny Committee

Maternity Task and Finish Group

Overview:

Following the announcement of the closure of the County's Midwifery Led Units for a period of three to six months due to staffing shortages, and the adverse reports of some aspects of standards of care in maternity service; the Shropshire HOSC formed a Task and Finish Group to investigate these issues.

Terms of Reference

- To consider the causal factors related to the temporary closure of the MLUs including the recruitment and retention of midwives in Shropshire
- To receive and understand the review of the MLUs by the CCG commissioners and any emerging recommendations or actions
- To explore any possible impacts from the review of the MLUs, including looking at learning from other areas of the country where changes to rural MLUs and maternity services have taken place.
- To make evidence based recommendations to the CCG and SaTH as appropriate.

Membership

Claire Aspinall, Karen Calder, Gerald Dakin, Simon Harris, Tracey Huffer, Heather Kidd, Paul Milner, Madge Shingleton

Schedule of Meetings

3 August, 21 August, 4 September, 12 September, 20 September 2017

List of Individuals and Organisations that supplied evidence to the Task and Finish Group

Dr Jessica Sokolov,

Anne-Marie Speke, Healthy Child Programme Co-ordinator

Professor Rod Thomson, Director of Public Health, Shropshire Council

Meredith Vivian, Shropshire CCG Lay Board Member – Patient and Public Involvement

The Royal College of Midwives

The Royal College of Nursing

CCG Workshops on Maternity Services (attended by members of the Group)

Parents of “newborns” in the South Shropshire area (forwarded by Councillor Kidd)

GPs in the North Shropshire and South Shropshire areas

Report received from Liz Grayston regarding Maternity Services (forwarded to MLU CCG Consultation)

Summary of the Evidence provided

- Currently the maternity service at SATH has 160 WTE midwives but work to 171 WTE. Vacancy rate runs at 17-20% however, it is important to note that these are staff not available for shift not vacancies.
- SATH confirmed that they have recently recruited to 12 WTE Band 5 midwives. Some of these who have already completed part of the required 2 years preceptorship to enable them to progress to Band 6.
- This additional recruitment will only take them up to previous staffing levels and not to the level that is recommended in the national Birth Rate Plus report.
- Only Band 6 and 7 midwives work within the freestanding MLU’s due to the experience required to practice in this area. Band 5’s do work within the alongside MLU with a minimum of Band 6 midwife preceptor.
- Temporary contracts are only given to cover maternity leave and long term sick leave
- Agency staff are not used as it is difficult to assess experience and any risks this may pose. Staff already working within the service taking on additional hours work additional hours.
- SATH are looking at upskilling band 3 staff to enable them to progress to band 4 as this will then enable greater flexibility within the workforce and free midwives time.
- Currently maternity services are unable to access theatre staff to “scrub” for caesarean sections which impact on the availability of midwives.
- SATH confirmed that current maternity tariff does not cover the funds required to implement Birth Rate Plus staffing recommendations.
- The maternity tariff does not take into account the additional costs required to provide services within a rural area. Department of Health figures indicate that clinical staff in rural areas can have up to five times the travel time between patients when compared to urban areas.
- RCM and RCN confirmed that there is a national shortage of approximately 3500 midwives. Commissioning for student places has remained consistent but the take up of these places has declined.
- Profile of the midwifery workforce showed that this is an ageing profession with a decrease in the number of midwives under the age of 50 and an increase in those 50-60 years. SATH confirmed that this profile is similar in their workforce.
- The removal of the nursing and midwifery bursary has seen an impact on the uptake of university places and the full impact of that has not yet been realised as it was only implemented in September 2017.
- The availability of student accommodation may assist in encouraging people taking up university places.
- Currently there are no Return to Practice courses available locally. Such courses would enable qualified staff who have been away from clinical practice to renew their career.

- NHS England have charged each area to set up a Local Maternity Systems Programme Board to develop and action plan for the transformation of maternity services to meet the recommendations of Better Births by October 2017. The timeline for transformation is 2020 as part of the five-year forward plan. This also links into the wider Sustainability and Transformation Partnership (STP). There are 3 main work streams within the plan; service configuration, health and well-being and perinatal mental health. There are a further three cross cutting themes: workforce, digital roadmap and maternity voices partnership.
- Shropshire CCG is currently undertaking a review of the MLU's in Shropshire and Telford and Wrekin in light of the recent closures. The results of phase 1 of the review can be found in appendix 1. Phase 2 of the consultation is still underway and therefore unavailable currently.
- Efficiencies within the service could potentially be made through the implementation of technology e.g. electronic pregnancy health records, apps etc. however several times the issues of connectivity in rural areas has been highlighted as a barrier.

Conclusions

- Evidence from the Royal Colleges of Midwifery and Nursing has identified that there is a significant recruitment and retention problem in midwifery posts. Several factors are affecting this problem. 1. The Government's cap on nursing and midwifery salaries has meant that it has fallen behind inflation by 14%. 2. The Government's ending of the Bursary Scheme for under graduate courses has led to a reduction in entries to courses. 3. There has been a significant reduction in the number of overseas midwives seeking posts in the UK.
- Information provided by SATH highlights the maternity tariff limitations when providing a service in a rural geographical area.
- SATH are moving forwards to increase the number of midwives within the service and also to upskill other support staff.
- Using technology may help to alleviate some of the demands on midwives time.
- The removal of the student bursary is seen as a key barrier to attracting people to train as midwives.

Recommendations

- SaTH should consider incentive measures to attract midwives to seek employment with the Trust.
- Shropshire CCG should review the commissioning of Maternity Services in the light of the most recent national clinical guidance
- Shropshire Council should investigate the merits of developing a housing scheme which incentivises and enables midwifery staff/key workers to move to Shropshire or the provision of student accommodation for nursing and midwifery students.
- Issues of providing services in a rural area should be raised at Government level through local MP's.
- To explore the use of IT to enhance efficiencies. It should be noted that although there are some connectivity issues within the County that this should not preclude these being explored and implemented where possible.

- Shropshire Council should explore with SATH the option of accessing the Council WiFi network.
- SATH to explore the options around upskilling staff to Band 4 and also Return to Practice courses.
- Maternity services to seek further control around the use of theatre staff for caesarean sections.
- As the review of MLU's has not been completed prior to this report then the Health Overview and Scrutiny Committee should seek to review this on completion.
- The Health Overview and Scrutiny Committee should seek to invite representatives from SATH maternity services to update on their progress in approximately six months.
- The Health Overview and Scrutiny Committee should seek to review the Local maternity Systems action plan when available.