HOSC January 29<sup>th</sup> 2018 Summary of the Shropshire HOSC Maternity Task and Finish group



Committee and Date Health Overview and Scrutiny Committee

29 January 2018

10.00 am

<u>Item</u>		

Fax:

# Shropshire Health and Adult Social Care Overview and Scrutiny Committee Maternity Task and Finish Group

Responsible Officer	R	es	р	O	n	si	bl	е	0	ff	Fi	C	е	r	
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### 1. Summary

This covering report provides a summary of the report received by the Health and Adult Social Care Overview and Scrutiny Committee (HOSC) in September 2017 from the maternity task and finish group. It also includes a summary of the proposal for Midwife Led Units (MLU) following the MLU review undertaken by Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCG's).

#### 1.1 Background:

The HOSC maternity task and finish group was set up 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 group met during August and September and took into consideration evidence provided by SATH Maternity services, Shropshire CCG, Public Health, Royal College of Nursing, Royal College of Midwives, GP's in North and South Shropshire, parents and other interested individuals.

#### 1.2 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.

## 1.3 Conclusions from the evidence provided to the Task and Finish Group

- 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.

#### 1.4 Summary of proposals for MLU's following review

The removal of the student bursary is seen as a key barrier to attracting people to train as midwives. At the time the Task and Finish Group completed its report, the recommendations on midwife led units across Shropshire was

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unavailable. This has however now been released. In summary, the proposed model of care is as follows:

There will be a minimum of 5 maternity hubs across Telford and Wrekin which will all be available for a minimum of 12 hours per day for planned maternity care. The proposed hubs will be in Telford, Shrewsbury, Bridgnorth, Ludlow and Oswestry. There will also be a midwifery triage available 24/7 for labour advice and support.

#### **Pregnancy**

The hubs will provide:

- Antenatal care from midwife and women's services assistants
- Planned obstetrician appointments
- Scanning and fetal monitoring
- Antenatal assessment and CTG
- Support with emotional and mental health and long term conditions during pregnancy
- Information and advice on pregnancy, parenthood and birth options
- Healthy lifestyle services
- Peer support

#### **Birth**

Birth options include: Consultant led birth at PRH Alongside MLU at PRH Freestanding MLU at RSH Home Birth Settings over the borders

MLU's will also act as maternity hubs for antenatal and postnatal care Women will be fully involved in making decisions
Up to date electronic information available for staff and women
Women and staff have a say in decisions re services and service improvement/development

Model is designed t increase the number of MLU births

#### **Postnatal**

Inpatient stay will be available at PRH Community midwives and WSA's 24/7 The 5 maternity hubs will provide:

· Postnatal care from MW

- Support and advice in relation to baby care, feeding, long term medical conditions postnatally, confidence building and bonding and emotional and mental health
- Newborn checks and screening
- Drop in and planned access 12 hours/day
- Space for reflection on birth experience
- Peer support
- Healthy lifestyle services
- Information and advice re parenthood including postnatal groups and life skills

#### 2. 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.

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### 5. Background

The HOSC maternity task and finish group was set up 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 group met during August and September and took into consideration evidence provided by SATH Maternity services, Shropshire CCG, Public Health, Royal College of Nursing, Royal College of Midwives, GP's in North and South Shropshire, parents and other interested individuals.

# List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Better Births. Improving Outcomes for Maternity Services in England. A Five Year Forward View for maternity care. National Maternity Review at <a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf</a>

Shropshire, Telford and Wrekin Midwife Led Unit (MLU) Review: Proposed Service model at <a href="http://www.shropshireccg.nhs.uk/media/1079/gb-2017-12274-mlu-proposed-model-presentation.pdf">http://www.shropshireccg.nhs.uk/media/1079/gb-2017-12274-mlu-proposed-model-presentation.pdf</a>

Birth rate Plus Report The Shrewsbury and Telford Hospital NHS Trust at <a href="https://www.sath.nhs.uk/wp-content/uploads/2016/08/Birth-Rate-plus-final-report.pdf">https://www.sath.nhs.uk/wp-content/uploads/2016/08/Birth-Rate-plus-final-report.pdf</a>

Interim Report of Maternity Services Task and Finish Group – Shropshire Health and Adult Social Care Overview and Scrutiny Committee 25 September 2017

### Cabinet Member (Portfolio Holder)

Councillor Lee Chapman

**Local Member** 

n/a

**Appendices**