

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No.8
<b>7 NOVEMBER 2023</b>	<b>PUBLIC REPORT</b>

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<b>Midwifery Service</b>
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<b>RECOMMENDATIONS</b>
It is recommended that:
1. The Adults and Health Scrutiny Committee note and comment on the report.

**1. ORIGIN OF REPORT**

1.1 This report is submitted at the request of the Adults and Health Scrutiny Committee.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide a status report for the maternity service and midwifery workforce at NWAngliaFT.

*(a) To provide an overview of the current maternity service including areas for progress and midwifery workforce*

*(b) To provide awareness of the Maternity Sustainability Plan which the maternity service has implemented as part of the exit from the Maternity Safety Support Programme*

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

**4. BACKGROUND AND KEY ISSUES**

**4.1 CQC Inspection**

In April 2023 NWAngliaFT's maternity service was visited by the CQC, following which the inspection reports for Peterborough City Hospital (PCH) and Hinchingbrooke Hospital (HH) demonstrated an improved position to an overall rating of good.

PCH received eight 'should do' actions and HH received one 'must do' and seven 'should do' actions. All of which are contained within an action plan that is regularly monitored internally and through the Local Maternity and Neonatal System (LMNS)

**4.2 Maternity Safety Support Programme (MSSP)**

On the 29<sup>th</sup> of September 2023 the maternity service at NWAFT was visited by the MSSP team, regional maternity team and system colleagues to review the progress made by the service following entry onto the programme in February 2020.

Entry to the programme was triggered by the CQC inspection in 2019 and a maternity improvement advisor worked with the organisation to support identification of areas for improvement and development of actions to address these areas.

Following the visit on the 29<sup>th</sup> September 2023 the Trust was advised by the visiting teams that NWAngliaFT maternity service was in a position to exit the MSSP. This was based on the progress made by the maternity service, in addition to the review and approval of the Maternity Sustainability Plan (MSP) which is a fundamental aspect of the preparation for exit.

#### **4.2.1 Maternity Sustainability Plan (MSP)**

The maternity sustainability plan details the quality improvement work which is being progressed within the maternity service to enable sustained delivery of safe and quality maternity services. Progress with the plan is monitored monthly through the Trust's governance procedures and externally through the system improvement board, attended by LMNS and regional representatives. The plan details overarching improvement workstreams which are linked to locally developed action plans within specialities and is mapped against the 3 Year Single Delivery Plan.

### **4.3 Maternity Incentive Scheme (MIS)**

The Maternity Incentive Scheme year 5 launched on the 31<sup>st</sup> May 2023 and progress with this is monitored monthly through the Trust's governance procedures and the LMNS.

Of the 10 safety actions, NWAngliaFT is currently on track to be compliant with eight actions. The two at risk are, number 5, midwifery workforce and the requirement to maintain supernumerary status of the labour ward co-ordinator within the defined parameters; and, number 6, the implementation and monitoring of Saving Babies Lives Care Bundle Version 3 (SBLCBv3).

The monitoring and recording requirements have increased and the expected percentage compliance to be achieved within each of the six separate pathways has been agreed with the LMNS.

### **4.4 Midwifery Workforce**

The midwifery vacancy rate reported in September 2023 was 17.45%, which will be significantly reduced in October 2023 following recruitment of 17 WTE newly qualified midwives. The midwives will commence on their preceptorship programme which encompasses a period of supernumerary time to enable a supportive transition into practice. Whilst the vacancy rate will reduce, the midwifery skill mix will be impacted due to a reduction in overall experience within the workforce. Plans are in place to support the newly qualified midwives within clinical practice and improve retention.

#### **4.4.1 Recruitment and Retention Plan**

A recruitment and retention plan is in development currently to identify the workforce requirements for enabling service provision in the future. Elements of the developing plan are already in progress including an increase in midwifery student intake in September 2023, creation of links with other educational providers and supporting placement provision for increased routes into midwifery. International recruitment has been successful within maternity with 14 internationally educated midwives welcomed to NWAFT, of which 12 have completed their Objective Structured Clinical Examination (OSCE) and received their Nursing and Midwifery Council (NMC) pin. Hybrid working has been adapted to support midwives to maintain split postings across multiple clinical environments, both supporting development and overall service provision. Wellbeing of our staff is a priority and the staff survey action plan is aimed to address areas of development in addition to expanding the Professional Midwifery Advocate (PMA) offer with national funding received.

The six monthly midwifery workforce report has been submitted for progression to the Trust's Board.

4.5 **Entonox**

The provision of Entonox for pain relief in labour has progressed at HH to all rooms other than the Midwife Led Unit rooms, this is to enable completion of the staff testing within the environment and organise some minor repair works. The environmental exposure limits are within the anticipated range at HH.

At PCH there is currently no provision of Entonox and those who wish to access this as a form of pain relief in labour are being supported to birth at HH. Ventilation work took place in one birth room at PCH, following which environmental levels were tested which initially demonstrated readings within the anticipated range. At the last staff testing phase, when Entonox was re-introduced, the levels within the room were recorded at above the environmental limit, and Entonox was subsequently withdrawn to ensure the safety of staff.

Scavenger units have subsequently been ordered to support the re-introduction of Entonox at PCH and the expectation is that these will reduce 80% of the circulating environmental levels, to support the environmental level to be within the exposure limits. During this period, to support bridging short term inhalational pain relief options, Pentrox has been introduced for use at PCH.

**5. CONSULTATION**

5.1 *Not applicable*

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 To provide information to the Committee.

**7. REASON FOR THE RECOMMENDATION**

7.1 No specific recommendation

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 *Not relevant*

**9. IMPLICATIONS**

**Financial Implications**

None

9.1 *None*

**Legal Implications**

9.2 None

**Equalities Implications**

9.3 None

**Rural Implications**

9.4 None

**10. BACKGROUND DOCUMENTS**

None

10.1 None

**11. APPENDICES**

11.1 N/A

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