North West Anglia NHS Foundation Trust

REPORT TO THE TRUST BOARD (PUBLIC)

TITLE	Continuity of Carer Implementation Plan
AUTHOR	Penny Snowden Deputy Chief Nurse on behalf of the Senior Midwifery Team and Maternity Triumvirate Team
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse / DIPC
DATE OF MEETING	30 November 2020
PRESENTED FOR	Approval

PURPOSE OF THE REPORT

The purpose of the report is to:

- To raise awareness to the Board of the national targets regarding Continuity of Carer, which for March 2021 is 35%
- To highlight that NWAFT's current position is 0% and is forecasted to be 3% in March 2021.
- To inform the Board of the implementation plan with roll out staged to ensure staff engagement and balancing patient safety whilst making the transition to the new model.

EXECUTIVE SUMMARY

See attached paper

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

Committee Name - Maternity Safety Committee 23/11/2020
- Quality Assurance Committee 23/11/2020

RECOMMENDATIONS

1. *To note the content of the report and support the implementation phasing for Continuity of Carer*

GOOD TO OUTSTANDING IN EVERY WAY

Outstanding Health and Wellbeing | Outstanding People | Outstanding Patient Care | Outstanding Leadership | Outstanding Communications

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	☑
Recruiting developing and retaining our workforce	☑
Improving and developing our services and infrastructure	☑
Working together with local health and social care providers	☐
Delivering financial sustainability	☐

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	NHS Complaints Regulation 2009 Health and Social Care Act 2004 (2015) Part C Fundamental Standards of Care: Safe Care and Treatment (12)
NHS Constitution Delivery	Standard 4: the patient is at the centre of all the NHS does
Freedom of Information Release	Applicable

Equality and Diversity Implications *(Check all that apply)*								
Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
☑	☑	☑	☑	☑	☑	☑	☑	☑
Additional comments								

NWAFT CONTINUITY OF CARER IMPLEMENTATION PLAN

Authors: Kerry Fletcher, Nicky Griffin and Penny Snowden

1 Introduction

1.1 At the heart of the national maternity transformation programme is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.

1.2 This continuity of care and the relationship between the 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. The 2016 Cochrane review concluded that continuity of carer models save babies' lives, reduce interventions and improve clinical outcomes.

1.3 In practice, Continuity of Carer (CoC) means that:

- A woman's maternity care is provided by midwives organised into teams of eight or fewer (headcount).
- Each midwife will aim to provide all antenatal, intrapartum and postnatal care for up to 36 women per year, but at agreed times is supported by the team, such as for unsocial hours or out of hours care.
- All staff in the Maternity Service contribute to achieving Continuity of Carer, including
  CoC team midwives, core midwives and others in the MDT working in the acute setting, such as obstetricians and sonographers.

1.4 In March 2017, NHS England published Implementing Better Births; A resource for Local Maternity Services (LMS) which set an expectation on the LMS to meet the ambitions that most women receive continuity of the person caring for them during pregnancy, birth and postnatally by the end of 2020/21 in local maternity transformation plans.

1.5 In December, Implementing Better Births Continuity of Carer set out guidance for LMS to define and implement continuity of carer based on a local ambition and trajectory. This is supported by the Royal College of Midwives' Publication "Measuring Continuity of Carer: A monitoring and evaluation framework which was published in 2018.

1.6 The Trajectory for March 2021 was refreshed due to the COVID pandemic with a revised trajectory of 35% of women being booked for maternity care are placed onto continuity of carer pathways and that the proportion of Black and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways should meet or exceed the proportion in the population as a whole.

1.7 Therefore by March 2021, the following women should be placed on continuity of carer pathways:

- At least 35% of all women booked
- At least 35% of all Black and Asian women booked

- At least 35% of all women booked from the most deprived 10% of areas.

This is in line with the Long Term Plan commitment that 75% of women from these groups should receive continuity of carer by 2024, and has been made more urgent in light of the increased risk facing Black and Asian women of both poor maternity outcomes and outcomes from COVID-19

2 Current Position

2.1 North West Anglia NHS Foundation Trust along with six other maternity units across the East of England are currently reporting a 0% continuity of carer rate. The proposed position for March 2021 has been reported as 0% with no further roll out planned to the region. This has subsequently been internally reviewed and been incorporated in the implementation plan.

2.2 The service had piloted a continuity of carer team (Laurel Team) in 2019, which for various reasons was withdrawn. Lessons can be learnt and incorporated in future implementation.

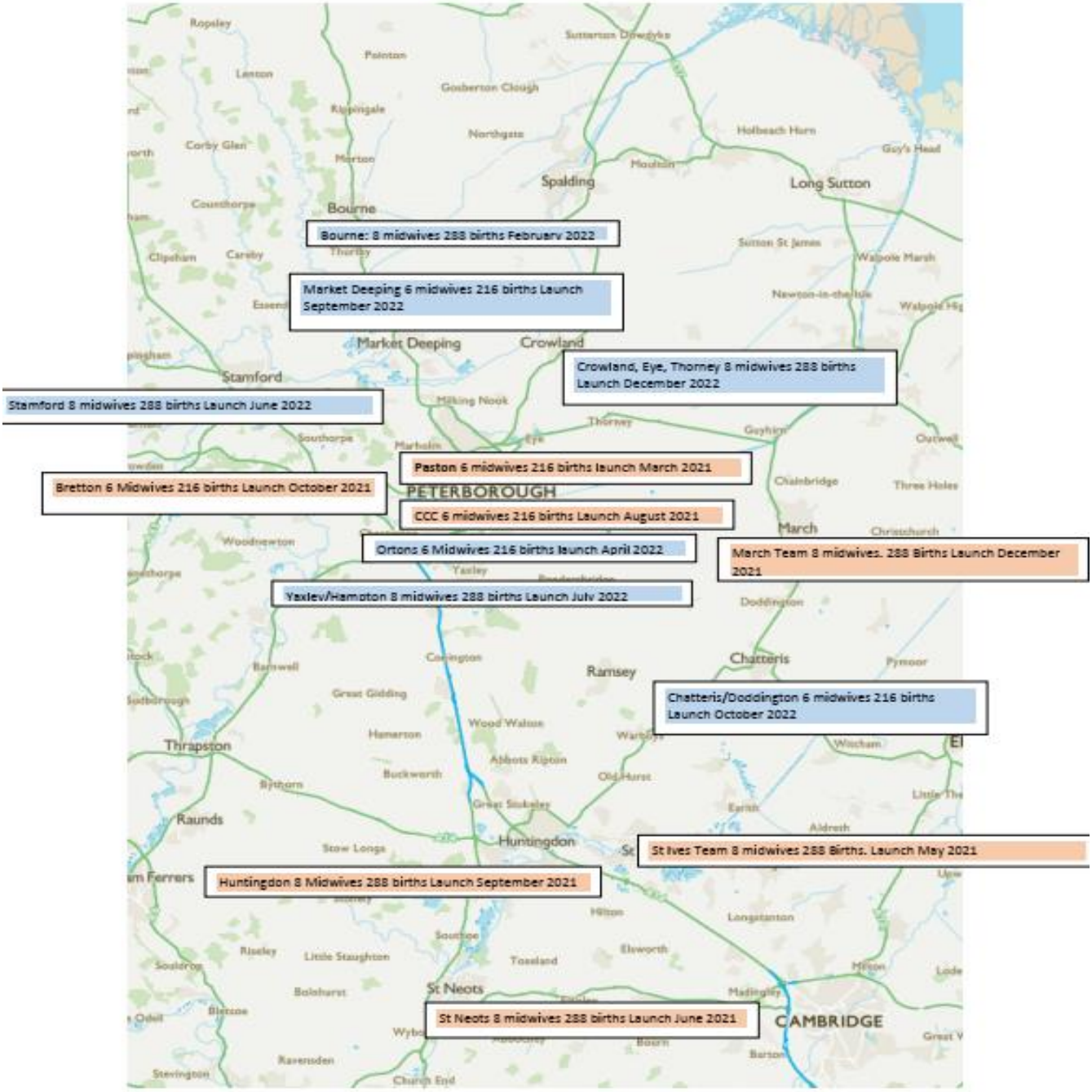
2.3 The service is reporting a 1:34 midwife to birth ratio at PCH. A desk top review of staffing reported a deficit of approximately 25wte midwives on the PCH site and this will impact on the ability to implement continuity of care. The Organisation has commissioned a full Birth Rate Plus audit which will includes an analysis of staffing levels required to implement a full Continuity of Carer model. Additionally, the service has received support from the National Midwifery Lead of Continuity.

3 Proposed Model

3.1 The following assumptions have been considered in the proposed model:

- Each team in line with national guidance will be 6-8 wte with an individual midwife to birth ratio of 1:36
- The total caseload for each team will be between 216 to 288 wte
- The total number of babies born at NWAFT over the past 12 months is 6497
- 63 wte midwives will be required to deliver 35% continuity of carer which equates to 7-10 Continuity of Carer Teams
- 92wte midwives will be required to deliver 51% continuity of carer which equates to 11-15 Teams
- The service will still require a team of core midwives who staff the hospital or care for women not receiving continuity of carer
- The Model has considered where existing Children's Centres, Hubs are located to provide bases from which the teams can operate from
- The model has considered the Combined Cambridgeshire and Peterborough Joint Strategic Needs Assessment Data, Deprivation Scores at Electoral Ward Level and Population Demographics

The Map Below outlines the proposed model together with an approximate timescale.



3.2 This plan will provide 51% 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 a BAME or vulnerable background in consideration of the published evidence regarding poorer clinical outcomes. Subsequently, the target of 35% Continuity of Carer for Women from a BAME background in included in the planning assumptions of achieving 51%.

3.3 Prior to expanding continuity of care above 51%, a full evaluation will be undertaken in collaboration with the LMNS.

4 Trajectory

4.1 The table below outlines the trajectory of compliance with the proposed implementation plan as outlined in the map above.

Continuity of Care Trajectory				
No	**Area**	**Launch Date**	**No. of Births in Caseload**	**Trajectory**
1	Paston	March 2021	216	3.3%
2	St Ives	May 2021	288	7.8%
3	St Neots	June 2021	288	12.2%
4	City Care Centre	August 2021	216	14.4%
5	Huntingdon	September 2021	288	18.8%
6	Bretton	October 2021	216	22.2%
7	March	December 2021	288	26.6%
8	Bourne	February 2022	288	31%
9	Ortons	April 2022	216	34.4%
10	Stamford	June 2022	288	38.8%
11	Yaxley/ Hampton	July 2022	288	43.2%
12	Market Deeping	September 2022	216	46.5%
13	Chatteris/ Doddington	October 2022	288	51%

4.2 The launch dates will form gateways in the Gantt chart.

5 Engagement

5.1 An element of Staff engagement has already been undertaken which has generated the high level plan outlined in the above map, however, further engagement activities are required.

5.2 The purpose of the engagement with both women, commissioners and staff is to:

- To confirm the locations of the teams based on public health data
- To address any myths surrounding Continuity of Carer models utilising the RCM tool kit, the Continuity of Carer Game, Webinars, Live Q&A sessions, Discussion Groups, Inviting continuity of carer midwives from teams in other areas.
- Identify Training requirements
- Seek expressions of interest to join a team
- To map interfacing pathways e.g. women with mental health needs, women with medical needs that require obstetric involvement
- To explore how the model will work in partnership with the wider maternity team

- To explore how the model will work in partnership with the wider early years teams

5.3 Following engagement, comments will be reviewed and the plan will be revised accordingly. A full Equality Impact Assessment will be undertaken prior to finalisation.

6 Project Management

6.1 It is planned to recruit a Project Manager who will provide project management support to the Maternity Triumvirate Team. A monthly project steering group chaired by the Director of Midwifery will be established.

6.2 The Head of Midwifery and General Manager will oversee weekly progress on the following work streams:

- Financial and operational implementation of teams as per the agreed plan milestones
- Logistics: Equipment, Base
- Team Building: Training Provision, Agreed shift patterns,
- Workforce: Expressions of Interest, Recruitment, Redeploying Staff into the teams
- Implementation of agreed quality metrics and monitoring

6.3 A Gantt chart will be developed to guide implementation

7 Financial and Resource Implications

7.1 A full workforce analysis will be provided by Birthrate Plus following their review. An investment case of need will need to be formulated and submitted through the appropriate Trust process for consideration. To full implement Continuity of Carer, support of that investment case is required.

7.2 To implement Continuity of Carer will require an element of double running staff until the whole caseload has moved from the traditional model to the revised model to ensure clinical areas are appropriately staffed

7.3 Each Continuity of Carer Team will require a period of supernumerary time to undertake the requirement training, shadowing and team building. This is essential for the safe implementation of each team

7.4 Each Team will require home birth equipment, gas cylinders, emergency equipment, laptops, and mobile telephones.

7.5 Bases will need to be secured with contracts regarding room hire agreed.

7.6 A full cost analysis is required once the plan is finalised and it is hoped that LMNS can assist with project management and other non-recurrent costs

8 Summary

The full implementation plan is outlined in the document. A staged approach has been adopted to build staff engagement with the whole service change that will fundamentally change practice and culture.