

Wolverhampton Health Scrutiny Panel

Maternity Service Report for The Royal Wolverhampton NHS Trust

Date of Report:	September 2023	Enc No:
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Presenter/Exec Lead:	Tracy Palmer Director of Midwifery and Neonatal Services	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recommendations:

The members are asked to note the contents of the report and receive it for approval.

Implications of the Paper:

Resource Implications:	Workforce: Funding Source: Business Case		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: compliance with Ockenden 7 Immediate and Essential Actions (IEA's)
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Midwifery Workforce / Birth Rate Plus compliance business Case in progress.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Summary of Key Issues using Assure, Advise and Alert

Assure

- The Royal Wolverhampton NHS Trust (RWT) demonstrated that all 10 safety standards set out in NHSR Maternity Incentive Scheme (MIS) were achieved for year 4.
- The Maternity Service received their second Insights assessment conducted by the Local Maternity and Neonatal System (LMNS) and NHS England in June 2023. The inspection team confirmed full compliance with Ockenden 7 Immediate and Essential Actions (IEAs), with some positive high-level feedback at the end of the day.
- One to one care rates in established labour continue to be maintained at 100% for Q1.
- Following the CQC inspection in October 2022 there was a recommendation that RWT improved Midwifery staffing levels on The Maternity Triage Unit. Audits demonstrate improvements over a 3-month period.

Advise

- Following a recent recruitment event, offers made would see the Maternity service reach required establishment September/ October 2023 based on current projections. The offers made are predominantly to Student Midwives due to qualify in the Autumn.
- National Health Service Resolution Maternity Incentive Scheme: Clinical Negligence Scheme for Trusts (CNST) Year 5 has been received by Trusts. The Directorate has commenced the programme of work required to meet the 10 safety standards for year 5.
- The national Three-Year Single Delivery Plan for Maternity and Neonatal Services has been received by Trust and work is underway to benchmark and formulate a local plan.
- The report provides detail in terms of some of the work that is ongoing to tackle and improve health inequalities in the hard to reach, vulnerable and Black Asian and Ethnic Minority groups.

Alert

- The most recent national report for Perinatal Mortality Rates in Wolverhampton 2021 data is provided for information. The report concerns stillbirths and neonatal deaths among the 4,972 babies born within The Royal Wolverhampton NHS Trust (RWT) for 2021, this excludes births before 24 weeks gestational age and all terminations of pregnancy. It demonstrates a gradual improvement in extended perinatal Mortality rates in 2021.
- Smoking rates for pregnant women at booking demonstrate that Wolverhampton continues to remain higher than the national average rates of 10%. Funding has been secured from Wolverhampton public health to invest into strengthening smoking cessation services and healthy lifestyles for pregnant women to provide a limited service.
- The report provides an update on booking for maternity care by 10 weeks compliance of 62%, national average is 59%, the report details plans to improve compliance to 70% by December 2023.

Maternity Services Report

EXECUTIVE SUMMARY

The Royal Wolverhampton Midwifery Workforce Update

The report outlines the present position for Midwifery and Maternity Support Worker (MSW) deficit related to vacancy and Maternity leave.

The workforce trajectory for filling vacancy and appointing into maternity leave has been forecasted and indicates a positive picture, with newly appointed Midwives joining the service in September and October 2023. Therefore, the predicted workforce position indicates that all Midwifery vacancies will be filled by October 2023.

The report provides assurance that 1 to 1 care rates for women in established labour are being maintained at 100% in line with national recommendations.

Working towards improving Health Inequalities in Wolverhampton

- National reports (including MBBRACE 2022, Saving Babies Lives 2023) have highlighted the impact on women's health of the increasing inequalities in the UK, in terms of deprivation and disadvantage. Inequitable outcomes are associated with ethnicity and levels of deprivation.
- There remains a more than three-fold difference in maternal mortality rates among women from Black ethnic backgrounds, and an almost two-fold difference amongst women from Asian ethnic backgrounds, compared to White women.
- All the Saving Babies Lives Care Bundle version 3 elements have been reviewed to include actions to improve equity, including for babies from Black, Asian, and mixed ethnic groups and for those born to mothers living in the most deprived areas.
- Equity in maternity and neonatal care means that all mothers and babies have a fair and just opportunity to attain the best health outcomes.

Smoking rates for Pregnant women at booking in Wolverhampton.

A 16% smoking rate for pregnant women at booking demonstrate that Wolverhampton continues to remain higher than the national average rates of 10%. Funding has been secured from Wolverhampton Public Health to invest into strengthening smoking cessation services and healthy lifestyles for pregnant women and to provide a minimal service. These posts are currently being appointed into along with the newly appointed healthy living support workers.

MBRRACE-UK perinatal mortality report: 2021 births

The national Perinatal Mortality Report details numbers of stillbirths and neonatal deaths for Wolverhampton. There were 4,972 babies born within The Royal Wolverhampton NHS Trust (RWT) for 2021. The report gives the stabilised & adjusted Stillbirth and Neonatal Death Rates amongst these births. The data excludes births before 24 weeks gestational age and all terminations of pregnancy.

The report demonstrates a gradual improvement in extended perinatal Mortality rates in 2021. Focused work continues to further improve perinatal mortality and morbidity as part of the national Transformation programme ambition for England.

NHSE: Insights Inspection for The Royal Wolverhampton NHS Trust Maternity Services.

The Royal Wolverhampton NHS Trust received their second insight inspection in June 2023. The purpose of the inspection was to assess progress against the 7 Immediate and Essential Actions (IEAs) recommended by Donna Ockenden following her independent review into the Maternity Services at Shrewsbury and Telford Hospitals 2020.

The inspection team were assured that all 7 IEAs had been achieved and that progress was being made to improve services further with several quality improvement projects. High level feedback at the end of the inspection was extremely positive for the Maternity Service.

Three-year Single Delivery Plan for Maternity and Neonatal Services

The plan summarises responsibilities for each part of the NHS including Trusts, Integrated Care Boards and Systems including Local Maternity and Neonatal Systems and Operational Delivery Networks, and NHS England. The RWT leadership team is working through the document to benchmark against the recommendations and also to formulate a local plan to deliver all aspects of the report. The report has recommendations for the Local maternity neonatal System also and we have as an LMNS agreed actions at system level.

NHSR Maternity Incentive Scheme CNST Year 5.

The Maternity Service achieved all 10 safety actions for MIS year 4; therefore, RWT are eligible to recover their element of contribution relating to the CNST maternity incentive funds.

NHS Resolution is now operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. The Directorate has commenced delivery of the plan to work towards achieving all 10 safety actions for year 5. This is monitored within the directorate, and by the Local Maternity Neonatal System at regular touchpoints and progress updates will be provided to Wolverhampton Trust Board throughout the year.

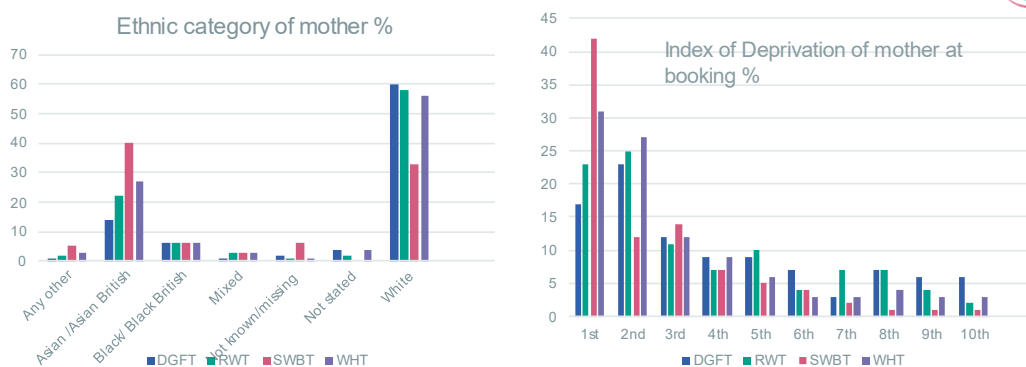
BACKGROUND INFORMATION

Working towards improving Health Inequalities in Wolverhampton

Wolverhampton has appointed a Equality Diversity and Inclusion (EDI) Lead Midwife. Working together with community Midwives, Specialist Midwives and the Maternity Voices Partnership (MVP) the EDI lead is working closely with Black Asian and Ethnic minority groups (BAME). The role focuses on reaching out to the more vulnerable and harder to reach families from BAME communities.

Graph 1: Indicates Ethnicity and Deprivation across the Black Country Local Maternity and Neonatal System (BCLMNS)

Ethnicity and deprivation



Black Country Local Maternity and Neonatal System part of the Healthier Futures Integrated Care System

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The EDI lead is networking with EDI Midwives in the LMNS; her work includes:

The EDI Midwife takes part in a monthly TV recording on the Health Talk Show on Kanshi TV Sky channel 772, this is broadcast in 152 different countries reaching an international platform, the studio is based in Hill Top and popular amongst the local Punjabi communities in the vicinity of Wolverhampton, West Bromwich, Birmingham, Dudley, and Walsall. Punjabi is the most spoken of the top 5 non-English-speaking languages at RWT. A wide variety of topics have been covered and where possible the EDI midwife takes other health professionals with her to do joint recordings regarding public health messages and healthy lifestyles. This has included topics on Diabetes and prevalence in BAME communities, Haemoglobinopathy, Uptake of COVID vaccines, Diet in pregnancy, teenage pregnancies.

Presents to the Multi disciplinary teams the findings from significant reports and campaign groups that demonstrate the inequity within maternity systems for Black, Asian and Minority Ethnic families. (FiveXmore, Systemic racism, not broken (Birthrights) and Invisible: Maternity experiences of Muslim women from Radicalised Minority Communities.

A teaching session has been introduced onto the Midwifery Quality and Safety Maternity mandatory study day to present report findings and explore the impact of racism within the maternity system. This session has evaluated positively. The EDI lead is developing a cultural competency package for staff.

A steering group exists to monitor compliance with SBLCBv3 elements the EDI midwife is part of this group.

Works together with The Sahara Maternity Support Group. A focus group commissioned by NHSE to seek to engage with Black African and Black Caribbean communities in Wolverhampton. This group was set up in

partnership with Positive Participation who are a specialist Mental Health Service in Wolverhampton for Black, Asian, and Minority Ethnic groups.

The EDI Midwife works closely with the Refugee and Migrant Centre and has provided focused sessions explaining to families how maternity services work in Wolverhampton.

A named midwife has been assigned in Goldthorn, Connaught and The Britannia Hotels in Wolverhampton. The aim of having the named midwife is to ensure that refugee and migrant women have early access to EDI lead and community midwifery services.

The EDI Midwife is part of the Family Hubs workstream and works with Maternity and Neonatal Voices Partnership to ensure the experiences and voices of Black, Asian, and Minority Ethnic women are included in all maternity developments.

The EDI lead is working closely with fathers, grandmothers and Elders in families. For example, providing education packages on Female Genital Mutilation (FGM) and developing confidences within family networks to allow pregnant women to attend antenatal appointments without a chaperone.

The Royal Wolverhampton Midwifery Workforce Update

Table 1 indicates Vacancy rates for Midwifery and Maternity Support Worker (MSW) roles. The present position indicates that there is a deficit of 12.59 whole time equivalent (WTE) Midwifery posts and 0.73 WTE MSW posts within the Directorate. In May Maternity leave for Midwifery was 10.92 WTE and 2.03 MSW. Long term sickness within both workforces is minimum and is just over 4 WTE.

The highest deficit for Midwifery vacancy is within the Community Midwifery Service. The leadership team is monitoring activity and staffing daily following the introduction of a formal huddle each morning. This work continues throughout the day with the assistance of a duty manager who is contactable by all areas and has ability to move staff as required to ensure a safe service. This is monitored and shared with senior directorate and Trust team daily.

Table 1: Midwifery and Maternity Support Worker Workforce deficit.

Area	RM Vacancy	MSW Vacancy	RM Mat leave	MSW Mat Leave	RM LTS	MSW LTS
ANC/FAU	0	0.73	0.4	0.8	0	0
Delivery suite	0	0	6.44	0	0.96	0.64
Midwife Led Unit	2.63	0	0	0	0.96	0
Community	6.93	0	1.8	0	0	1
Maternity Wards D10 D9	1.47	0	2.28	0.43	0	0
Sonography	1.56	0	0	0	0	0
Total	12.59	0.73	10.92	2.03	1.92	1.64

Forecasted turnover and maternity leave and recent position have been considered when appointing into Midwifery workforce vacancy.

The Birth Rate plus assessment based on birth rates and acuity demonstrated that the deficit for Midwifery workforce was 6.98 WTE split between clinical and leadership / specialist roles. This has been considered when recruitment into Midwifery posts have taken place.

One to One Care rates in Established Labour

The national ambition and recommendation in National Health Service Resolution Clinical Negligence scheme for Trust (CNST) Maternity Incentive Scheme (MIS) safety action 5: *Can you demonstrate an effective system*

of midwifery workforce planning to the required standard? Recommends that 100% of women receive 1:1 care in established labour.

Table 2

Activity	Previous Year Average	March 2023	April 2023	May 2023
1:1 Care rate in labour	99.5%	100%	100%	100%

One to One Care rates in established labour continue to be maintained at 100% for in Q1.

Maternity Triage Staffing Audit

Following the Care Quality Commission (CQC) inspection into Maternity Services at RWT in October 2022 an immediate recommendation was made to improve staffing levels on The Maternity Triage Unit (MTU). Audits are being completed to monitor staffing levels. The Audit data indicates an improvement over a 3 month period.

Table 3: Audit data staffing levels on MTU

Standard: 2 Midwives per shift	March 2023	April 2023	May 2023
2 Midwives working on MTU	90.2%	97.5%	99%

Local Maternity Dashboard – Booking and Birth rate data

Booking data

Maternity Activity	Tolerance			Feb	Mar	April	May	June
	Green	Amber	Red	23	23	22	23	23
Number of Bookings	<450	450-470	>471	483	517	461	539	464
Number of Mothers Delivered	<416	417-419	>420	369	427	380	445	452
% of deliveries on the MLU	15-17%	18-20%	<15 >20%	12.2%	14.3%	16.3%	16.6%	16.4

Maternity Services booking data indicated a rise through Q3 and into Q4. Booking rates are being monitored closely, including woman booking or transferring care from out of area and forecasts indicate that overall, the birth rate trajectory is on plan for just over 5000 births.

Booking by 10 weeks

NICE (NG202) recommends that an antenatal booking appointment is to take place by 10 weeks gestation. Later referrals > 9/40 an offer for booking should take place within 2 weeks.

The Royal Wolverhampton during Q1 and Q2 booked 62% of women by 10 weeks (national average is 59%) and 85% of women were booked by 12+6 /40 the latter figure meets the national screening Key performance indicator.

Booking women for maternity care by 10 weeks gestation ensures that complex social factors and comorbidities are recognised early and therefore risk assessed with an appropriate individualised and personalised care plan designed around the woman is in place.

Focused work is taking place by the maternity services to improve compliance for booking women by 10 weeks gestation with a target of 70% by December 2023.

Actions to improve compliance.

- The EDI lead midwife has engaged with hard-to-reach communities. She has undertaken work within the Romanian Orthodox Churches, the African Network, the Refugee and Migrant Centre and Punjabi television and has held discussions and educational sessions with women and their families about the importance of antenatal care and early booking. Some sessions were specifically targeted towards the father of the baby to discuss cultural norms within the United Kingdom, for example, the ability for women to attend appointments with a midwife alone because it is safe to do so in the UK, unlike their home country.
- Each migrant hotel has 1 named midwife – the midwife is known within the hotel to both the residents and staff and is easily accessible to pregnant women. This assists with booking process as the midwife are contacted directly when a pregnancy is diagnosed.
- Launch of self-referral – this has cut out all middle steps of the referral process. Women are booking at much earlier gestations and are being booked within 2 weeks. Self-referral was launched on 18th July. As of 31st August, 835 self-referrals have been received.
- Regular booking clinics improve compliance and give women the flexibility of attending at a weekend, outside of their work hours.
- Community Midwife team leaders have rotated into different teams which has given a ‘fresh eyes’ approach to the team. In doing so, team leaders have replicated good practice from previous teams and embedded them into their new team, for example, a booking tracker.
- Relaunch of Family Hubs, previously known as Strengthening Family Hubs, in August 2023 – 8 refurbishments have taken place and capacity for midwifery appointments has increased.

Future plans to monitor compliance.

- Review compliance monthly and directly compare the effect of launching the self-referral process.
- Liaise with Clevermed, the digital provider for our maternity and neonatal services, to request that booking data is more accessible, for example, a report highlighting the gestations at referral, the gestation at booking and the reason for late booking.
- Continue to use the Health Inequalities Dashboard to target services effectively.

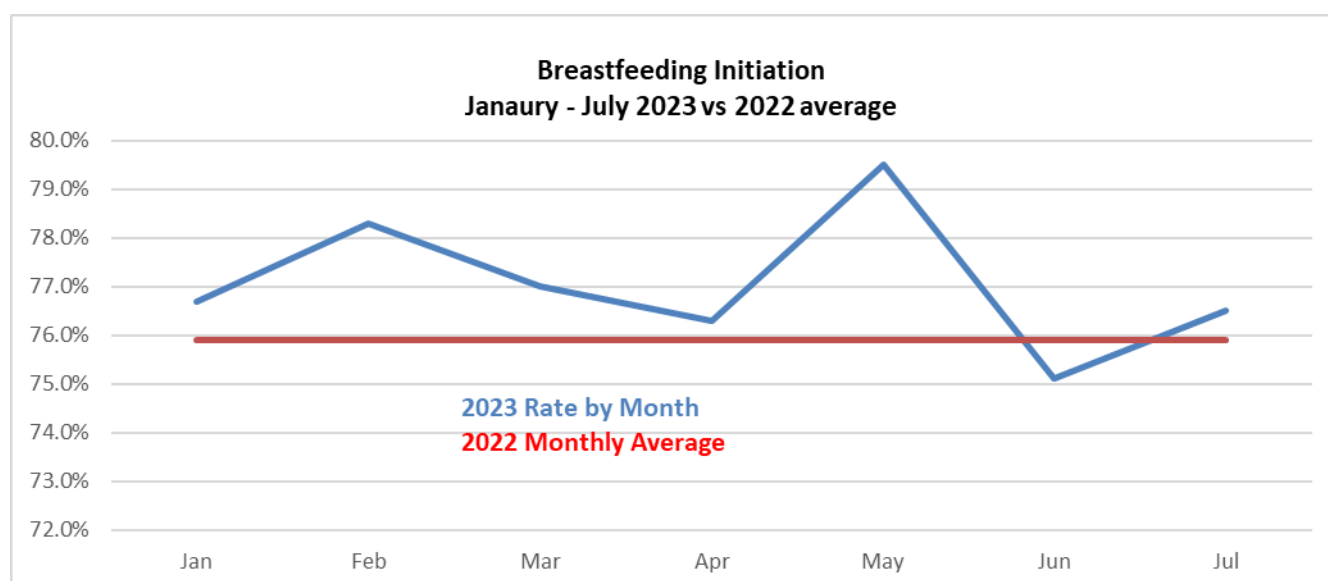
Infant Feeding

There is a recognition that Wolverhampton is one of many cities across the UK with health and economic inequalities and that Wolverhampton has one of the lowest breastfeeding initiation rates within communities that are socially deprived. Therefore, RWT maternity services has ensured that breastfeeding support groups are provided in areas with higher deprivation.

There is no evidence to suggest that in maternal health a suboptimal diet will have a detrimental impact on the production and quality of breastmilk. Breastfeeding women, like all new mums, need to eat well to meet their own energy and nutritional needs. Humans are very efficient, and body will absorb nutrients from food more efficiently and make milk to meet the needs of the baby. This ensures that enough breastmilk is still produced even if the mother’s diet is poor. However, recognising the benefits of Breast feeding from a nutritional advantage for the baby and financially for families with low-income targeted work has begun within the areas of Wolverhampton that are identified as socially deprived and with high health inequalities.

Two Healthy pregnancy advisors commenced post in June and have been networking with local groups, agencies and neighbouring Trusts and are currently carrying caseloads of pregnant women from social deprived areas, they will be introducing social support groups, advising on healthy lifestyles; diet smoking exercise and vitamin D, they will also be providing education in terms of early access to maternity services. Provide access to patient information in different languages and supporting Community Midwives and the EDI lead in tackling traditional practices in ethnic minority groups, for example bed sharing, baby swaddling and safer sleep.

Graph 3 indicates Breast feeding Initiation Rates in Wolverhampton at time of birth.



There has been a slight improvement in Breast Feeding Initiation rates for Q1 and Q2 in Wolverhampton, The newly appointed Healthy Pregnancy Team with support from the EDI and specialist Midwife in Public Health will contact 90% of all women living in areas with the highest levels of deprivation, who have a BMI >30 and or smoke or live with someone who smokes within 1 week of booking to offer behavioural change support by April 2024.

Smoking in Pregnancy

Smoking in pregnancy remains a key public health concern and is the single most modifiable risk factor for poor pregnancy and birth outcomes. 16% of pregnant women declare that they smoke at time of booking in Wolverhampton.

As part of the National Transformation Programme for Maternity Services NHSE has set the aspirational target to reduce smoking at time of birth to 6% by 2024-25. Nationally this has now been deemed as an unachievable trajectory and therefore more realistic timescales have been agreed that extends achieving the trajectory by a further 5 years.

National birth outcome data demonstrates that pregnant women who smoke are more likely to experience a premature birth, perinatal death and / or low birth weight babies.

Table 4 : Demonstrates that within Wolverhampton over a five-year period an average of 16.5% of pregnant women smoked at the time of booking Smoking rates at booking over a 5-year period in Wolverhampton have remained consistent.

Table 4

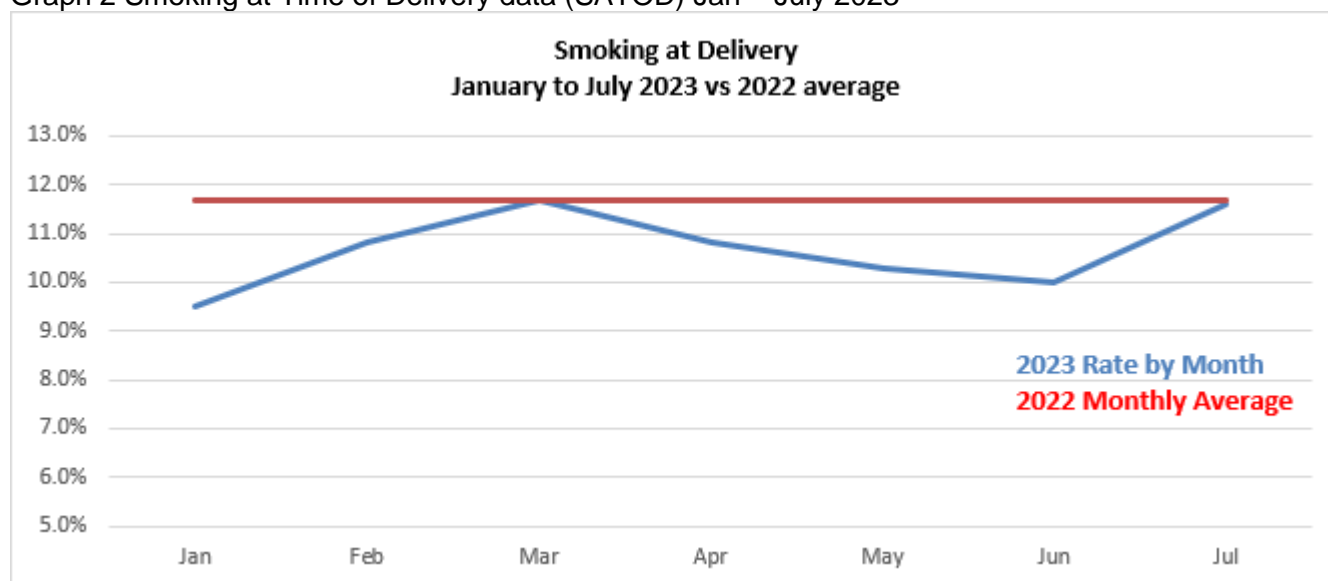
Indicators	2018 2019	2019 2020	2020 2021	2021 2022	YTD 2022-23
Total Bookings	4568	4624	4629	5113	1959
Smoking at Booking	737	715	796	803	357
% Smokers at Booking	16%	15%	17%	16%	18%
% CO Level Offered	85%	88%	13%	77%	89%
% Smokers Referral Offered & Accepted	30%	47%	48%	41%	41%
% Care Plan at Booking	99%	99%	98%	99%	98%

This data is monitored by the Black Country Tobacco Treatment Steering Group

The data demonstrates that referral to Smoking Cessation Referral Services has remained consistent over a four-year period (2019/23) since the Maternity Smoking Cessation Service was introduced permanently in 2019.

CO monitoring over the 5-year period has remained consistent with exception to year 2020/21 when CO monitoring was paused due to the COVID 19 Pandemic.

Graph 2 Smoking at Time of Delivery data (SATOD) Jan – July 2023



Smoking At Time Of delivery demonstrates a slight improvement from 2022 data, further targeted work is required to continue to improve rates in line with national trajectories.

Funding has been secured from Wolverhampton Public Health as part of the long-term plan for RWT to become a smoke free hospital/ home environment. This will include the provision of smoking cessation services to those pregnant women who smoke and book for birth at RWT.

The funding has enabled recruitment of 2 whole time equivalent (WTE) Band 4 Healthy Pregnancy Advisors and 2 WTE Band 4 Smoking Cessation support workers. These key new roles will provide advice and support to pregnant women who reside in Wolverhampton catchment areas with high deprivation. The aim is to reduce smoking at time of birth in line with national trajectories and promote healthier lifestyles to reduce obesity and improve outcomes for women and babies. This sits as part of the Trust wide vision for health inequalities and Smokefree Hospital aligning with the NHS Long Term Plan.

MBRRACE-UK perinatal mortality report: 2021 births

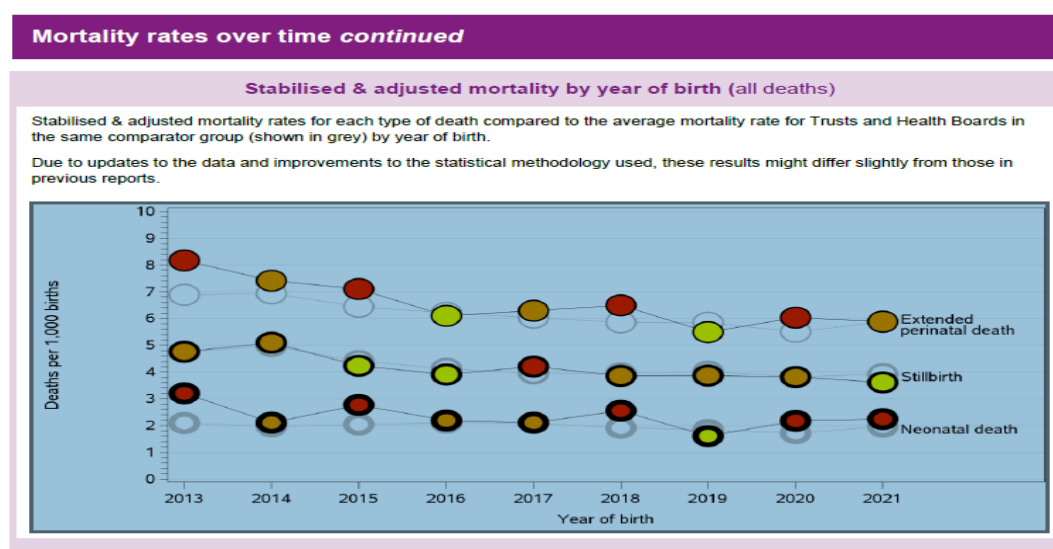
The report (Appendix 3) includes stillbirths and neonatal deaths among the 4,972 babies born within The Royal Wolverhampton NHS Trust (RWT) for 2021, this excludes births before 24 weeks gestational age and all terminations of pregnancy.

It includes details of the stillbirths and neonatal deaths for births that occurred at RWT in 2021, as well as background information on all births. Neonatal deaths are reported by place

of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.

Key Messages

1. RWT stabilised & adjusted stillbirth rate is 3.61 per 1,000 total births. This is lower than the average for similar Trusts & Health Boards.
2. RWT stabilised & adjusted neonatal mortality rate is 2.24 per 1,000 live births. This is more than 5% higher than the average for similar Trusts & Health Boards.
3. RWT stabilised & adjusted extended perinatal mortality rate is 5.89 per 1,000 total births. This is around the average for similar Trusts & Health Boards.



The graph demonstrates a gradual improvement in extended perinatal mortality rates for The Royal Wolverhampton NHS Trust.

Work continues to further improve mortality rates nationally and is led by NHSE's Maternity and neonatal Transformation Programme. Workstreams to deliver on the national ambition are being taken forward by the Black County Local Maternity and Neonatal System (BC LMNS).

Three-year Single Delivery Plan for Maternity and Neonatal Services

On March 30th, 2023, Three Year Single Delivery Plan (SDP) for Maternity and Neonatal Services was published by NHS England (NHSE).

The plan was developed for Trust Boards, Senior leaders, and frontline staff to focus on key themes that emerged from recent independent investigations into Maternity care at several Trusts within England.

NHSE has stated that the plan aims to deliver change rather than set out new policy. It seeks to help each part of the NHS to plan and prioritise actions by bringing together learning and action from a range of national reports and plans into this one document.

The plan summarises responsibilities for each part of the NHS including Trusts, Integrated Care Boards and Systems including Local Maternity and Neonatal Systems and Operational Delivery Networks, and NHS England

The four Key high-level themes are:

1. Listening to, and working with, women and families with compassion.

We want to ensure care is personalised and that service users have informed choice. Voices of all women including those from diverse backgrounds must be heard, and services should work closely with all service users to collaboratively plan, design, and improve care.

2. Growing, retaining, and supporting our workforce with the resources and teams they need to excel.

We want to ensure there are sufficient highly skilled staff across the whole maternity and neonatal team whilst combatting workforce inequalities. Staff should feel valued, with plentiful opportunity for skills and career development to facilitate a lifelong career in the NHS.

3. Developing and sustaining a culture of safety, learning, and support.

There should be a positive safety culture in every maternity and neonatal service, where everyone takes responsibility for safer care and learning, and leaders understand, and act based on how it feels for their teams to work at their organisation.

4. Standards and structures that underpin safer, more personalised, and more equitable care.

Best practice should be consistently implemented across the country, with timely, accurate data available to support learning and early identification of emerging safety issues. Women can access their records and interact with their plans and information to support informed decision-making.

An Improvement template has been provided from NHSE with the key recommendations for Trusts with timescales for to implementation.

Monitoring of progress with the key recommendations will be undertaken by Local Maternity and Neonatal Systems and Integrated Care Boards.

The Directorate is working through the document to benchmark where the service is presently. Action plans will be developed to ensure that the Directorate remains focused on the recommendations and ambition from the three-year Single Delivery Plan. The Single Delivery Plan will also align with the Directorates Perinatal Strategy.

Maternity Insights Inspection.

The purpose of these inspections is to provide an assurance against the 7 IEA's following Donna Ockenden's initial report published in December 2020. The initial report revealed the emerging findings and recommendations from the independent review of Maternity services at the Shrewsbury and Telford Hospital NHS Trust.

1. Enhanced Safety
2. Listening to Women & Families
3. Staff Training and Working Together
4. Managing Complex Pregnancy
5. Risk Assessment Throughout Pregnancy
6. Monitoring Fetal Well-Being
7. Informed Consent

A separate recommendation for workforce planning and guidelines was also included.

Maternity Services in England were given the recommendations from the report which were presented as 7 IEA's. Maternity services were tasked with delivering on full implementation of all 7 IEA's.

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The Maternity service received their second Insights assessment conducted by the Local Maternity and Neonatal System (LMNS) and NHS England in June 2023. The inspection team confirmed full compliance with Ockenden 7 IEA's. Positive high-level feedback was given at the end of the day from the inspection team regarding The Maternity Services at RWT. The Trust is still waiting for the final report.

NHSR Maternity Incentive Scheme CNST Year 5.

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care (Appendix 1).

The Directorate have commenced work with the relevant workstreams to work towards full compliance for each safety action for year 5.

Maternity Incentive Scheme CNST Year 4

The Maternity Service achieved all 10 safety actions for MIS year 4; therefore, RWT have received their element of contribution relating to the CNST maternity incentive funds.

Within the Midlands region there are 21 Trusts providing Maternity Services; 8 out of 21 Trusts achieved full compliance with all 10 safety actions for year 4 Maternity Incentive Scheme. Therefore, in addition to the incentive RWT will also receive a share of the unallocated funds from Trusts that were not fully compliant with all 10 safety standards.

RECOMMENDATIONS

That members to note the Midwifery Services Report.

Please refer to the following appendices.

Appendix 1: NHSR Maternity Incentive Scheme CNST Year 5 document.

[MIS-year-5-FINAL-31-5-23.pdf \(resolution.nhs.uk\)](#)

Appendix 2: [MBRRACE-UK Maternal MAIN Report 2022 UPDATE.pdf \(ox.ac.uk\)](#)

Appendix 3: Perinatal Mortality Report for the Royal Wolverhampton 2021.