

# TVSCN Maternity Capacity and Future planning Report

## *Conclusion Paper*

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### 8.1 Recommendations

#### 8.1.1 Workforce

The major issue relating to capacity and capability of maternity services for the next 10 years is the need to have a workforce that is able to care for women and babies. It is apparent that factors relating to recruitment, retention, part time working and ensuring a skilled workforce must be addressed urgently to ensure safety and quality is maintained to the existing high standard. TVSCN therefore recommends the following

1. The introduction of a recruitment and retention premium similar to London weighting due to the high cost of living in Thames Valley.
2. The TVSCN strategic Heads of Midwifery and Lead Obstetricians group to explore workforce collaboration in the provision of maternity services e.g. FMUs, home births recognising that robust governance and vicarious liability arrangements would have to be in place.
3. HEE to explore financial options to support student midwives when the new bursary is implemented.
4. The TVSCN will work with Health Education England in the development of new roles within maternity such as:
  - Support roles
  - Registered nurses to care for high dependency women following the birth
  - Medical support roles

### **8.1.2 Women and their families**

The TVSCN has a defined role to ensure that there are high quality and safe maternity services for women and their families across the Thames Valley

5. The TVSCN recommends that women and their families are included in maternity planning so they are truly engaged and understand the complexities of service planning and delivery.

### **8.1.3 Clinical risk**

6. The TVSCN recommends that the entire pathway for women is commissioned to include preconception counselling so women are risk assessed appropriately and cared for by the appropriate teams.

7. The TVSCN recommends that where Trusts in the TV can increase their beds in their AMU they should do so where possible to be able to manage additional requests from women to birth in the unit with the additional workforce and the appropriate infrastructure necessary to deliver this service.

8. The TVSCN recommends that each Maternity provider considers how their FMU's are staffed using evidence from other providers for example the OUHFT model.

9. The TVSCN recommends a review of home birth provision and the introduction of labour assessments at home. The impact of increasing home births on the FMU's must be considered as both may not be viable. The National Maternity review highlights examples of models where women birthing at home are supported by a midwife and a maternity support worker; this should be considered if the home birth service is to be robust and maintained. The SCN would recommend working towards a 3% home birth rate as provided by FHFT, WPH and MK.

10. TVSCN recommends that Trusts and Commissioners work together to agree and fund the additional capacity required to care for women throughout the maternity pathway; preconception to the end of the postnatal period.

11. TVSCN recommends that the development of community hubs and provision of care across a local maternity system (National Maternity review 2016 –the size of the system is agreed locally) should be considered by each provider (hub and spoke model). Services including ultrasound, additional services in FMU's could be developed in line with the recommendations in the National Maternity review.

### **8.1.4 Trust and Commissioner Specific capacity**

Organisational forecasting can model how births can be accommodated over the next 10 years (Consultant led, AMU, FMU, Home) and the SCN planning tool shown in section 5.4 will be made available to support this process. TVSCN also has the following recommendations

12. TVSCN recommends that Commissioners who do not provide or commission an FMU to explore the feasibility options in their local areas in order to manage requests from women to birth in such a unit.

13. TVSCN recommends that the commissioners and the OUHFT agree where additional capacity is provided in Oxfordshire for the future. Additional capacity will be required to cope with the increase in the number of births over the next 10 years and the possible outcomes from the STP. The delivery suite at the JR is up to capacity currently.

14. TVSCN recommends that the care of high risk women is correctly funded and that commissioners and providers from across Thames Valley SCN agree funding streams and commission the correct number of obstetric and high dependency beds in the relevant units

15. TVSCN recommends that Milton Keynes commissioners and providers explore the feasibility of building an AMU. The TVSCN recommends that MK urgently review the location and access to theatre and access and also where high dependency/Obstetric beds are created.

16. TVSCN recommends that the Berkshire West commissioners and Trust agree where additional capacity is provided in RBFT, this may be through expanding the AMU and/or providing a more robust home birth service. The TVSCN also recommends that the option of an FMU is considered either locally in Newbury or collaboratively with another Trust.

17. TVSCN recommends that FHFT continue to consider capacity planning as FPH is up to capacity. FHFT -WPH has the ability to future proof with its new build and feels that it will be able to manage predicted increase in births in Berkshire East over the next 10 years.

18. TVSCN recommends that the TVSCN Heads of Midwifery and Lead Obstetrician expert group work together to understand the potential impact of decision making by one Trust on neighbouring organisations which needs greater clarity and collaboration.

19. TVSCN recommends the TVSCN Heads of Midwifery and Lead Obstetrician expert group consider the impact of capping numbers of bookings.

In summary the TVSCN key recommendation from the National Maternity Review 2016 is that 'Providers and commissioners should work together in local maternity systems covering populations of 500,000 to 1.5 million, with all providers working to common agreed standards and protocols.'