



Mid Yorkshire Teaching
NHS Trust

Update to Kirklees Health and Adult Social Care Scrutiny Panel

November 2023

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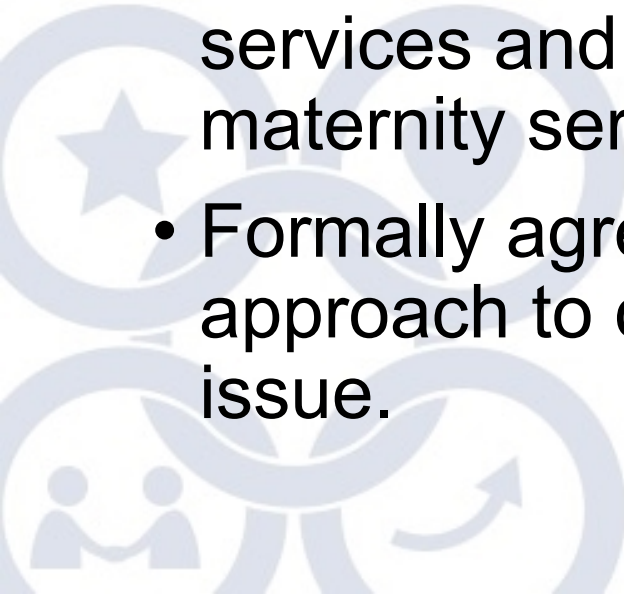
MY Maternity Services



Working together
making a difference

Objectives of the presentation

- An update on maternity services workforce.
- Update on the work being done by CHFT and MYTT to reintroduce birthing centres in Kirklees.
- Establish the timeline for the reopening of services and submission of the proposed maternity services model for Kirklees.
- Formally agreeing next steps to include the approach to communicating and publicising the issue.



Maternity Workforce CHFT

Since we last met:

- Birthrate Plus study commissioned – due to take place Q4 2023-24
- Maternity Workforce Strategy – attract, recruit, develop, retain.
- Vacancy has reduced with the number of internationally educated midwives and graduate midwives that have been recruited however remains at circa 19% against 2020 BR+ funded establishment.
- New midwives have commenced West Yorkshire and Harrogate Local Maternity and Neonatal System Preceptorship programme (Standardised programme across all Integrated Care Board Trusts):
 - October four week induction programme (Mandatory and essential training).
 - November through December 8 week supernumerary period.
- Further round of recruitment planned for November 2023 for Graduates due to qualify in March 2024.

Maternity Workforce MYTT

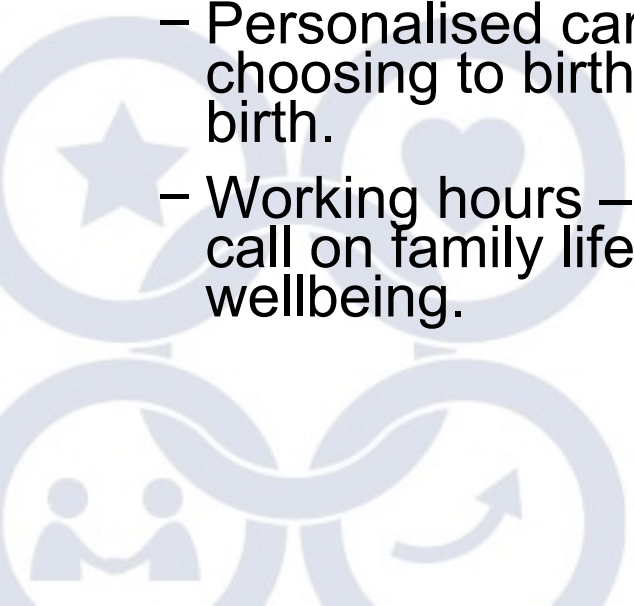
Since we last met:

- Birthrate Plus study completed (July 2023).
- Summary of the study: Fewer births but higher complexity (obstetric and social) so no change recommended in either total midwife wte or skill mix from 2019 study.
- Maternity Workforce Strategy – attract, recruit, develop, retain.
- Forecast number of internationally educated midwives and graduate midwives have been recruited meaning vacancy rate is currently minimal.
- New midwives have commenced West Yorkshire and Harrogate Local Maternity and Neonatal System Preceptorship programme (Standardised programme across all Integrated Care Board Trusts):
 - October four week induction programme (Mandatory and essential training).
 - November through December 8 week supernumerary period.
- From January 2024, planned reduction in temporary workforce (Bank and Agency).

Maternity Workforce – Challenges

Reported nationally, reflected locally:

- Proportion of Band 5 vs Band 6 midwives in workforce – affects placement of midwives, clinical supervision and support.
- Varying levels of confidence of midwives working in areas with no medical staff given the increase in complexity, changing guidance (For example Saving Babies Lives Campaign) and social/ media portrayal of midwives and maternity care.
- Personalised care and choice – more higher risk women choosing to birth at home or settings designed for low-risk birth.
- Working hours – 3 ‘long’ vs 5 ‘standard’ shifts, impact of on-call on family life and caring responsibilities and staff wellbeing.



Birth Centres – CHFT

Summary

Calderdale Birth Centre

- Alongside location on Calderdale Royal Hospital Site
- Intermittent closure when staffed with 24/7 model
- Responsive model launched in May 2023 – following the women and not ‘staffing the building’

Huddersfield Birth centre

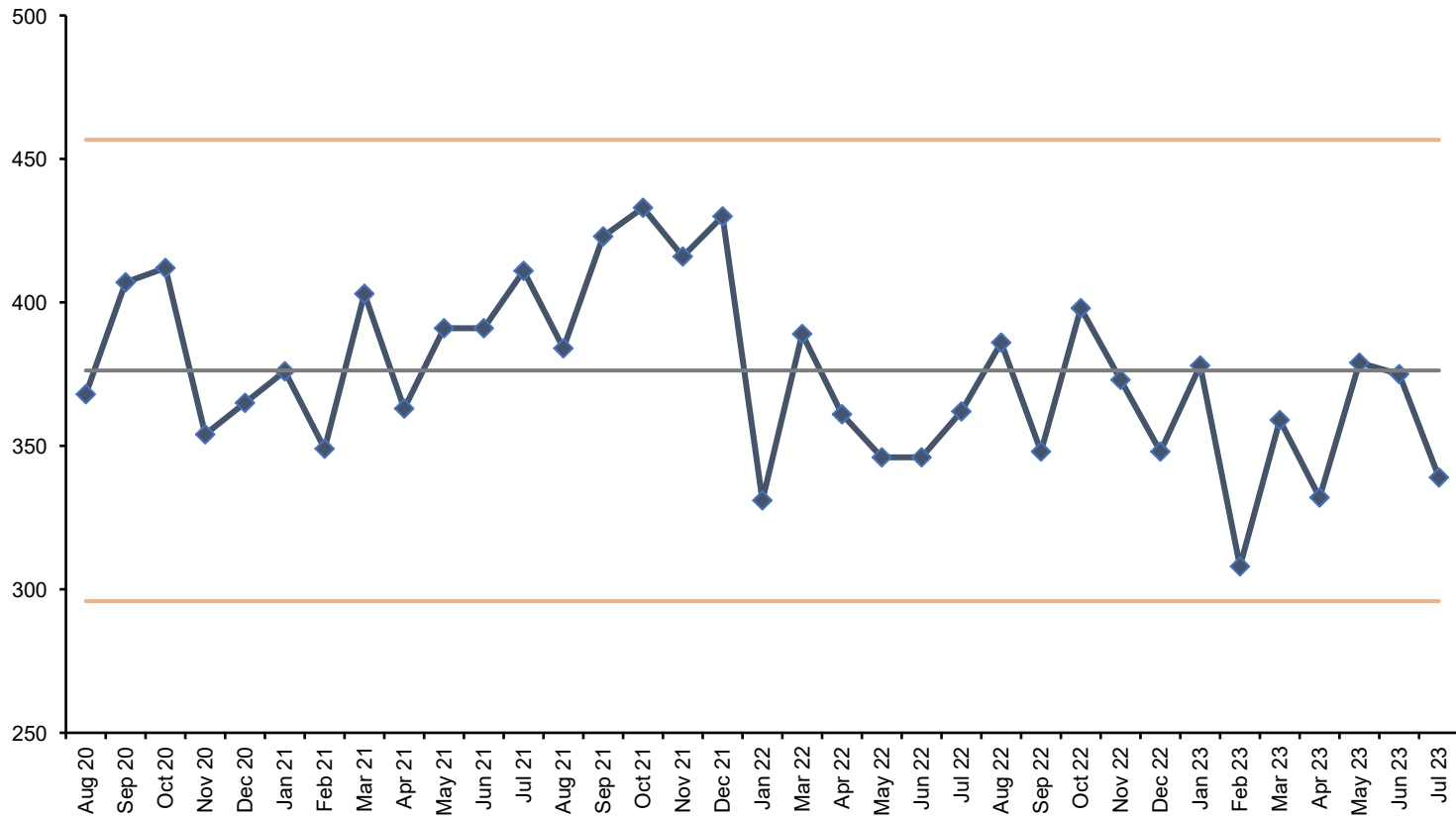
- Freestanding location on Huddersfield Royal Infirmary (HRI) Site.
- Service has been suspended since October 2020.
- Service suspension has not changed the provision of community midwifery services or increased their caseload sizes.
- There have been no unattended births on the HRI site during the suspension period.
- Service user feedback indicated disappointment at the suspension of the service at HRI



Birth Centres – MYTT Summary

- Temporary suspension since June 2022.
- No interruption on Dewsbury & District Hospital (DDH) site in antenatal and postnatal services (inc scans, day units and consultant clinics) and homebirth.
- No changes to provision of community midwifery services or increase in caseload sizes.
- No incidents reported (e.g. birth on site at DDH) but women report to Friends and Family Test and MVP disappointment the service not currently offered

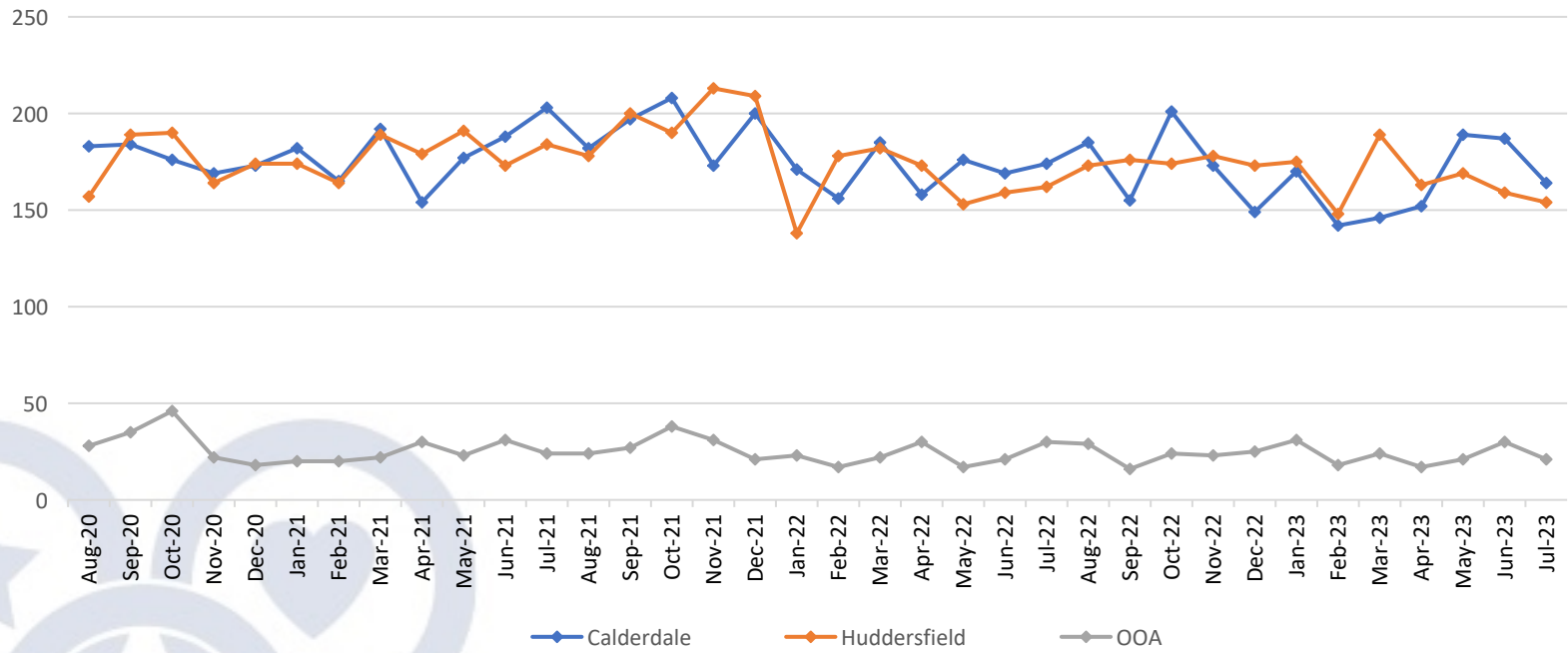
Births per month for women who chose to give birth at CHFT Aug 2020 – July 2023



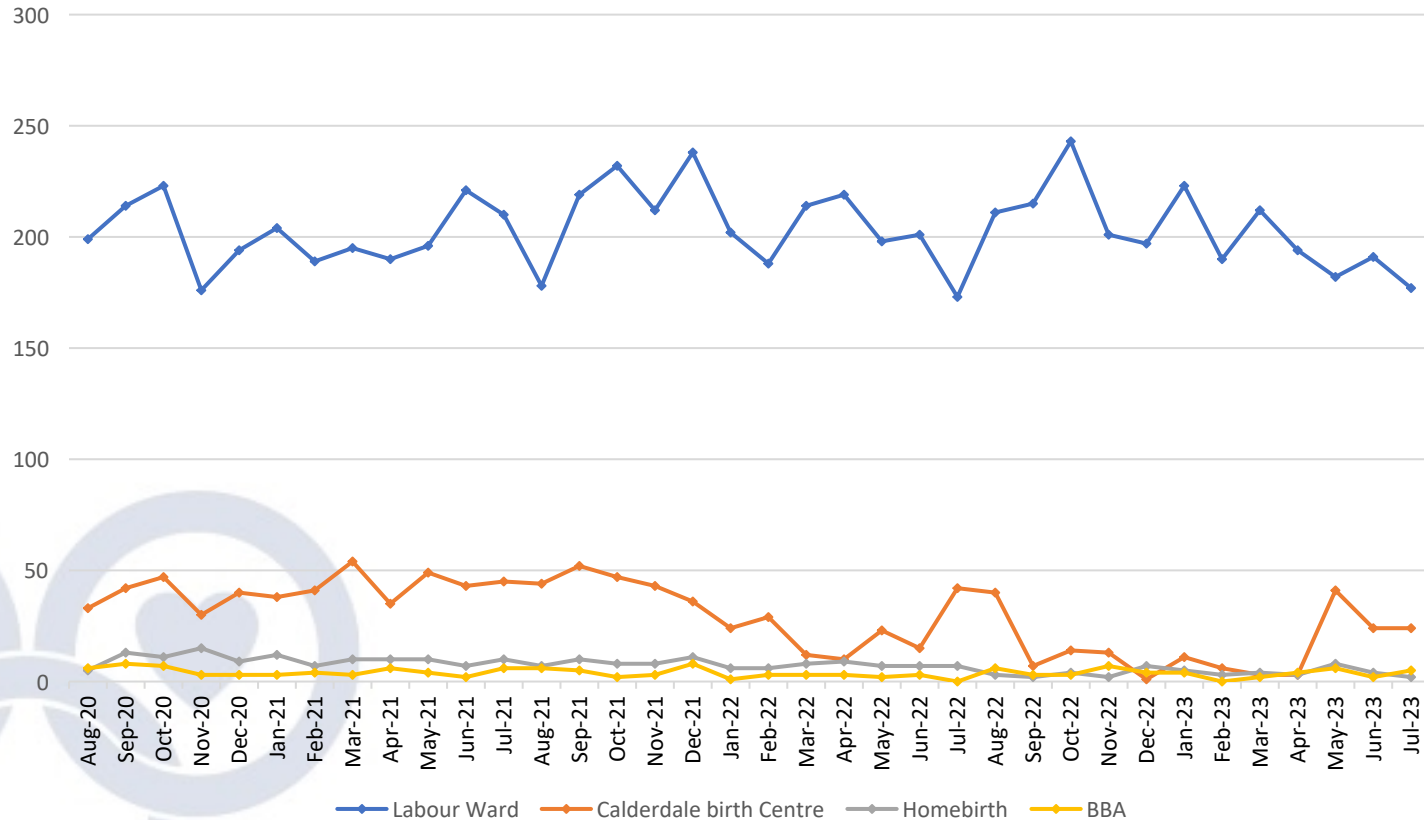
Births per annum

	2019/20	2020/21	2021/22	2022/23	*2023/24
End of Year	4902	4554	4712	4312	4363

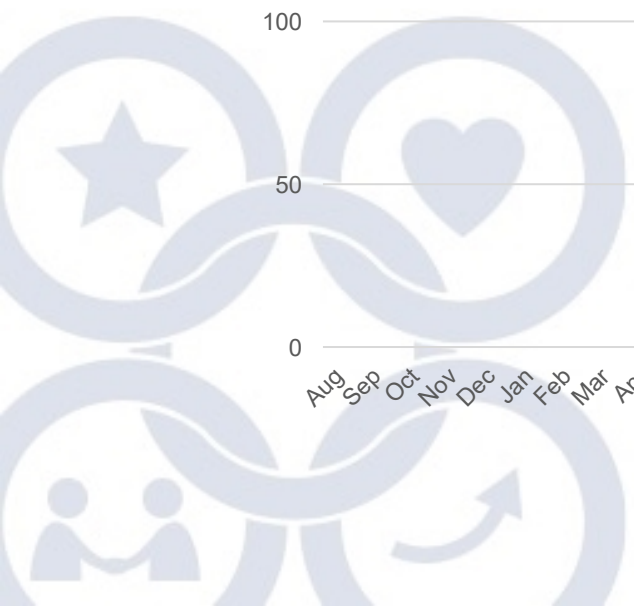
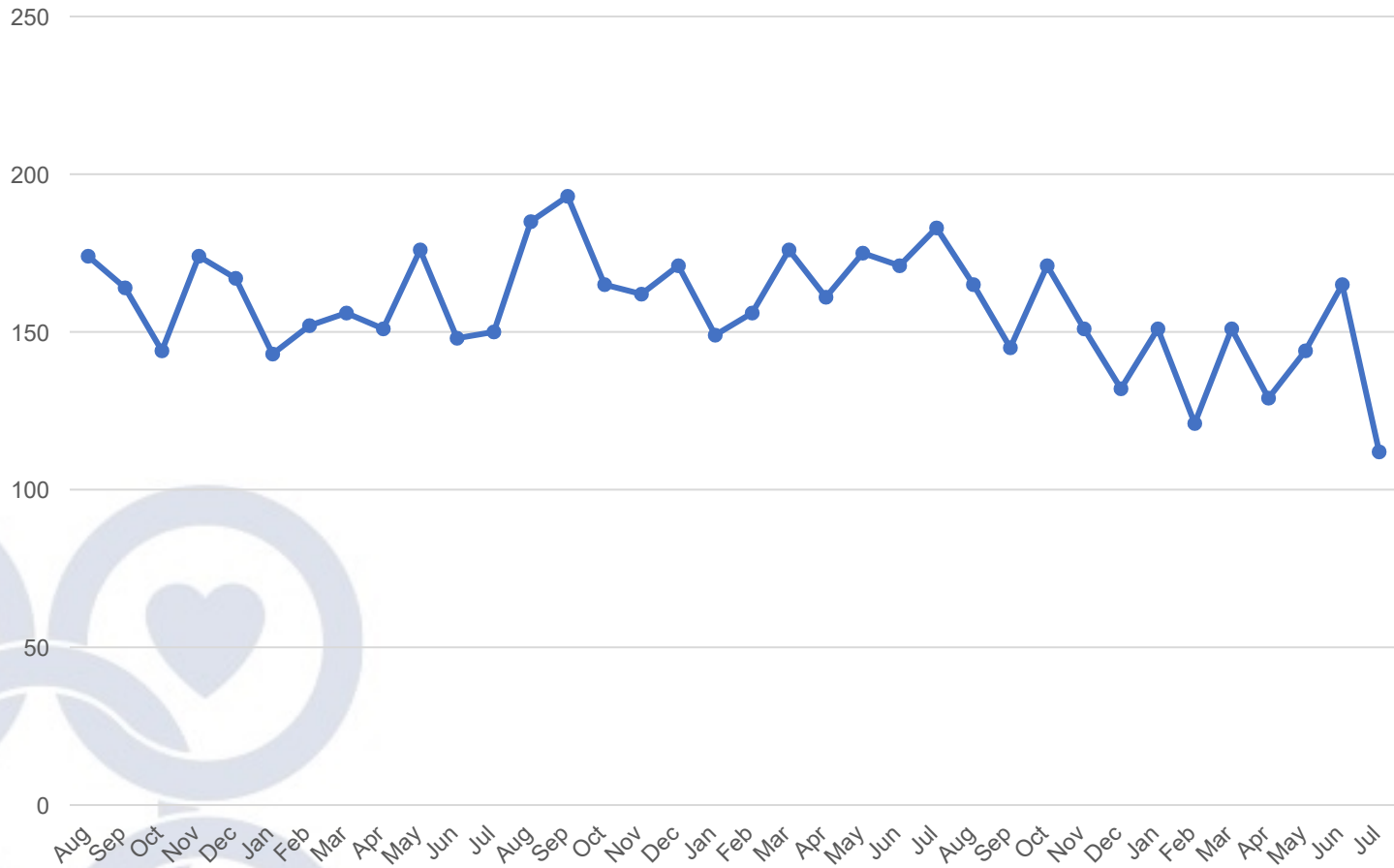
Births per month based on 'Resident' for women who chose to birth at CHFT



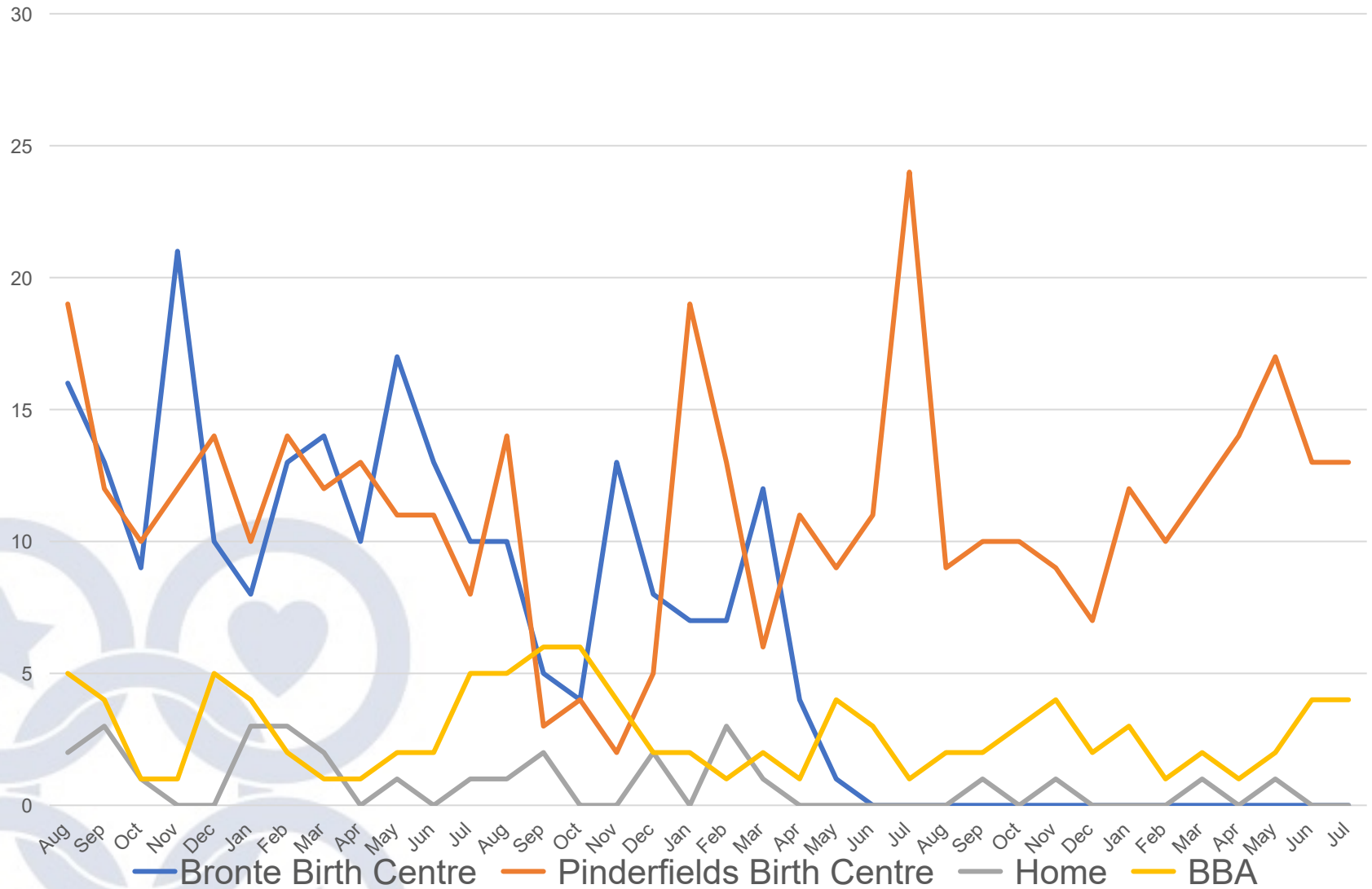
**Births per month based on 'Clinical location of Birth' at CHFT August 2020-
July 2023**



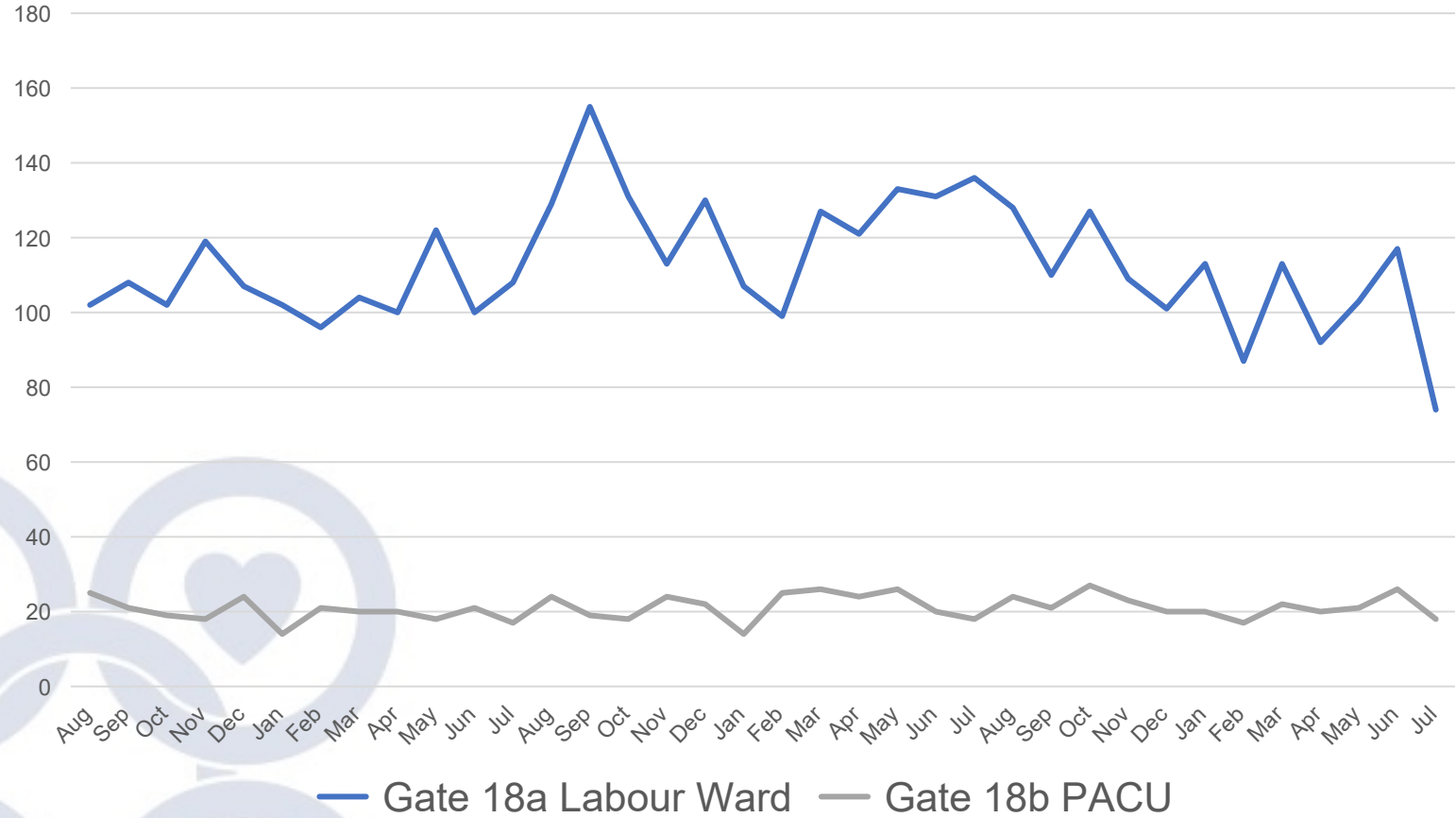
Births per month for women resident in N Kirklees who chose to give birth at MYTT by month, August 2020 - July 2023



Place of Midwife Led Birth for women resident in N Kirklees August 2020-July 2023



Labour Ward and PACU Birthrate for women resident in N Kirklees August 2020-July 2023



Working toward reopening Birth Centres – Huddersfield Birth Centre

Background

- Temporarily suspended for over 12 months
- Staffing deficit across the maternity service – up to 18%
- National recommendation to maintain safety across community and hospital settings and consolidate intrapartum areas if staffing insufficient.

During the suspension

- Organisational offer of birth centre at Calderdale Royal Hospital site
- Staff consolidated to single intrapartum area at times of pressure
- Joined the MUSA (Midwifery Unit Self-Assessment) Programme – national recommendations to support sustainability
- Responsive model for Calderdale Birth Centre (CBC) launched in May 2023

Future:

- Staffing deficits are forecast into the New Year with recruitment campaigns to date not securing enough experienced midwives for the free-standing birth centre
- Re-evaluate in Q1 of 24-25 once new graduates in post to assess if the staffing position has changed sufficiently to introduce a responsive model utilising community Midwifery

Working toward reopening Birth Centres - DDH Bronte Birth Centre

Background

- Temporarily suspended for over 12 months – 60% unavailability of staff from August 2022 due to maternity leave
- Staffing deficit across the maternity service – up to 18%
- National recommendation to maintain safety across community and hospital settings and consolidate intrapartum areas if staffing insufficient.

During the suspension

- Continued to offer homebirth, ANC, ultrasound scans and ANDU in DGH
- Joined the MUSA (Midwifery Unit Self-Assessment) Programme – national recommendations to support sustainability
- Restructured leadership team
- Appointed new fulltime experienced Birth Centre Manager (due to start November 2023)
- Engagement meetings with staff (w.c.16 October 2023)
- Assuming Newly qualified Midwives (NQM) complete supernumerary periods as expected, plan to reopen to intrapartum care before 1 April 2024 (Q4 2023/4).

NHS E Continuity of Carer (CoC) Leads visiting Trust November 2023 – building blocks for CoC

Calderdale, Kirklees and Wakefield Strategic Maternity Partnership

- Provide strategic maternity leadership across the CKW (Calderdale, Kirklees, Wakefield) footprint **in line with NHS England three-year delivery plan** for maternity and neonatal services and NHS England Perinatal Quality Surveillance Framework.
- Work alongside Calderdale, Huddersfield, North Kirklees, and Wakefield maternity voices partnership groups to **interpret national strategy, ensuring equity and equality across the sector.**
- Implement a **shared oversight and governance framework that reflects local and national ambitions.** The framework will provide comprehensive and sufficiently robust systems of internal monitoring and control to provide assurance to the public, Boards of Directors, the Local Maternity and Neonatal System and regulatory bodies.
- **Drive continuous improvement in patient safety and quality** and embed the Maternity Patient Safety Incident Response Framework (PSIRF).
- Optimize the strategic and local contribution of the **Executive and Non-Executive Maternity Safety Champions.**
- **Grow leadership capability**, and the capacity to **transform services** creatively and sustainably for the benefit of our local communities.
- Improve culture across the partnership, inspiring our workforce to achieve their personal and collective goals, **making the partnership the employer of choice for local graduates.**
- **Advance maternity research** to inform national and local transformation, policy, education, and practice.