

SWL Maternity Continuity of Carer Action Plan - Project Plan

	Milestone
	Completed Activity
	Green - commenced, on track
	Amber - at risk of delay
	Red - delayed
	Grey - not started

Planning guidance ref	Measure	Method	Owner	When	Frequency	Timeframe		Assurance Date	RAG
						Start	End		
	Submission and agreement of plans							Q3 regional LMNS assurance	
	Has the initial plan been signed off by the trust board and subsequently the regional maternity board?	Trust board sign off	GB SF KH	23/11/2021	yearly	01/11/2021	12-Dec-21		
		Gloria SRO oversight	SF	18/11/2021	unknown	01/11/2021	15-Dec-21		
		LMNS Board sign off	AA GB			23/12/2021	18-Jan-22		
	Monitoring Level of Provision								
	1. Number and capacity of MCoC teams (interim measure)	Survey of Maternity Services	SF	2021/22	October 2021 March 2022	09/12/2019	01-Feb-22		
	2. Provision of MCoC using individual care records	Maternity Services Data Set (MSDSv2) See measures below	SF	Ongoing	Monthly	09/12/2019	31-Mar-22		
	3. Asking women whether they received continuity of carer	CQC maternity survey	SF	Ongoing	Annually	01/04/2020	14-Jul-05		
	1. Number and capacity of MCoC teams (interim measure)								
	Providers must set out plans for how they will ensure accurate and complete reporting on provision of MCoC using the MSDS v2 by March 2022.	As an interim measure for 2021/22 while data quality improves, the level of provision will be measured by surveying all maternity providers. The survey will estimate the capacity of each trust to provide MCoC, by looking at the number, size (whole time equivalency) and caseload of teams in a given month. Rate of placement will be estimated by comparing this capacity with the total number of women reaching 29 weeks gestation in the same month. The survey has been conducted twice already for 2020/21 and another two surveys are planned for 2021/22, looking at clinical capacity of teams in October 2021 and March 2022	SF	ongoing	twice yearly	01/12/2019	31-Mar-22		
	2. Provision of MCoC using individual care records: MSDSv2 Measures								
	1. % of women placed on a MCoC pathway by the 28 week antenatal appointment, as measured at 29 weeks gestation (placement measure)	Numerator: No. of women who reach 29/40 in the month, who are marked as being on a MCoC pathway and have a named lead midwife and team as part of their maternity care plan.	SF			01/12/2019	31-Mar-22		
		Denominator: No. of women who reach 29/40 in the month	SF			01/12/2019	31-Mar-22		
	i. To achieve the numerator the following must be in place	Latest antenatal maternity care plan (MSD102) should indicate that she has been placed on a MCoC pathway ('Continuity of Carer Pathway Indicator')	SF				31-Mar-22		
		A named lead midwife ('Care Professional Local identifier') and that midwife's team ('Care Professional Team Local Identifier') should be specified in that care plan	SF			01/03/2020	31-Mar-22		
		the 'Maternity Care Plan Date' should not be later than 28 weeks + 7 days gestation, as determined by 'Estimated Date of Delivery' (MSD101)	SF			01/03/2020	31-Mar-22		
	1a. % of 'Black' and 'Asian' women placed on a MCoC pathway	Numerator: As per measure 1 and filtered to only include those women with a recorded ethnicity of 'Black' or 'Asian' or 'Mixed'.	SF			01/07/2021	31-Mar-22		
		Denominator: As per measure 1 and filtered to only include those women with a recorded ethnicity of 'Black' or 'Asian' or 'Mixed'.	SF			01/07/2021	31-Mar-22		
	1b. % of women in the most deprived IMD decile of areas placed on a MCoC pathway	Numerator: As per measure 1 and filtered to only include those women who are resident in the most deprived IMD decile of areas.	SF			01/07/2021	31-Mar-22		
		Denominator: As per measure 1 and filtered to only include those women who are resident in the most deprived IMD decile of areas	SF			01/07/2021	31-Mar-22		

Maternity Information System must support MSDS measures	2. % of women who have received MCoC (receipt measure)	Numerator: Number of women who: • reach 29 weeks gestation in [a given] month • have been placed on a MCoC pathway at antenatal booking, or after booking and by 29 weeks gestation and • at that point and up to discharge, have been seen by a lead/team midwife in antenatal and postnatal care (at least 70% of appointments) and during intrapartum care.	SF	ongoing	Monthly	09/12/2019	31-Mar-22		
		Denominator: Number of women who are/reach 29 weeks gestation in [a given] month.	SF & AM/SP			01/12/2019	31-Mar-22		
	i. To achieve the numerator the following must be in place	For a record to be successful in this measurement, a lead/team midwife must be present at the labour. In long labours, or where multiple midwives are recorded as having been present, one of these midwives must be a lead/team midwife for the woman to be included in the numerator. Intrapartum care is additional to the 70% requirement for antenatal and postnatal appointments (which will be combined when calculating compliance).	SF & VC			01/08/2021	31-Mar-22		
		Only women who have been discharged from maternity services will be included in this measure. From the month a woman reaches 29 weeks gestation, four months will elapse before the data extract is taken. For example, for women reaching 29 weeks gestation in March, the data extract will be taken for July as it is expected that by July all these women will have been discharged from maternity services.	SF & AM/SP			01/08/2021	31-Mar-22		
	2b. % of women in the most deprived IMD decile of areas who have received MCoC	Numerator: As per measure 2 and filtered to only include those women who are resident in the most deprived IMD decile of areas.	SF & KH			01/06/2021	31-Mar-22		
		Denominator: As per measure 2 and filtered to only include those women who are resident in the most deprived IMD decile of areas	SF & KH			01/06/2021	31-Mar-22		
	3. Asking women whether they received continuity of carer								
		The CQC Maternity services survey contains validated questions on women's experience of MCoC and quality of care. We will analyse the responses to this to establish whether women report they have received MCoC and the relation with other experiences of care. We will also analyse this by ethnicity. Services should also analyse this data locally to establish whether local models are meeting women's expectations – ie whether the rate of women reporting seeing the same midwife antenatally, during the birth and postnatally corresponds to level of provision.	SF	TBC	TBC	2020	ongoing		