Delivering Compassionate Continuous Care through Workforce Development
29 March 2017
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Workforce development
Numbers of OUs, AMUs, FMUs in England: Change since Birthplace Study

![Bar chart showing numbers of OUs, AMUs, FMUs and Trusts with no MUs in England 2010-2016](chart.png)

- **OUs**: 1 in 2010, 1 in 2016
- **AMUs**: 5 in 2010, 97 in 2016
- **FMUs**: 5 in 2010, 6 in 2016
- **Trusts with no MUs**: 7 in 2010, 3 in 2016

Note: The chart does not show the exact numbers, but illustrates the trend over the years.
Investing in education

• bridge the theoretical /reality gap
  - number of opportunities
  - dealing with dilemmas
  - how to be an autonomous practitioner

• Invest in human factors education as much as in skills and drills
• Work out what is core and what is added value
• The vital issue of support
Multi-professional working

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We know what is needed

<table>
<thead>
<tr>
<th>Dr Kirkup’s Questions</th>
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<tbody>
<tr>
<td>• Is your team working inclusive or tribal?</td>
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<td>• Is your culture blaming or learning?</td>
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<td>• Do you ensure effective learning?</td>
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<td>• Are families told the truth and involved?</td>
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<td>• Do you test drills and team working?</td>
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<td>• Does your organisation listen to bad news?</td>
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<td>• Does the Board know what the real risks are?</td>
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<td>• Do other priorities always dominate?</td>
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<td>• Do the same avoidable outcomes recur?</td>
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<td>• Do you think – it could never happen here?</td>
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Team working

• It's more than just training together
• It's about the widest possible definition of team
• Tribes can be within professions as well as of professions
• A strategic approach is necessary
• Multidisciplinary working does not undermine autonomy
Continuity of Care:

to ensure safe care based on a relationship of mutual trust and respect in line with the woman’s decision
Continuity of Carer: RCM Position
Model of Care

- A single MW known to the woman who provides care and sees her consistently throughout her pregnancy and postnatally and is her main point of contact
- That MW coordinates and navigates for the woman and is an advocate for her
- Case loading model- one MW provides majority of care and has a partner MW whom she can hand over to in her absence
Model of Care

• May also be based on team care where woman has a named MW but she meets the small team during her pregnancy and that team share out of hours cover

• MWs can be both hospital or community based

• MWS can look after a population encompassing all high and low levels of risk

• MWs form positive relationships with the wider MDT to ensure ease of referrals when necessary
Continuity and the strategic approach

• Commissioners, planners and providers working together involving women
• Building into service specs and workforce planning processes
• KPI`s to be developed on continuity
• Maternity information systems to support gathering of data
• Audit tools in place to measure CoC
• Education of MWs and student MWs to ensure that they have an understanding of the evidence base that supports continuity of MW led models of care
The Conditions for implementation for CoC

• Appropriately funded and staffed teams against NICE safe staffing
• MWs to have autonomy to develop own work patterns
• Recognition of work life balance to support MWs health and well being
• Consideration of how part time staff are integrated into CoC models
• MWs must be supported through an initial CPD programme and ongoing CPD
• Agreed outcomes they are expected to achieve
• Fair pay, terms and conditions for MWs working in CoC - AFC
For further information

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