

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

“MATERNITY MATTERS” – AVAILABILITY OF FUNDING

1. BACKGROUND

Governors were previously advised that in January 2008 the Department of Health announced that an additional £330 million was to be made available to commissioners to help Maternity Services achieve the recommendations described in the national policy document “*Maternity Matters*”. Disappointingly funding to enable the required enhancement to services has not been made available to this Trust.

The North East SHA and NHS North of Tyne were also required to demonstrate to the Department of Health that the commitments outlined in “*Maternity Matters*” were met by December 2009.

2. “MATERNITY MATTERS” TARGETS

The specific commitments outlined in “*Maternity Matters*” are:

- a) There will be choice of how to access Maternity Care; the type of ante natal care available and the place of birth and post natal care.
- b) PCTs are assigned with the responsibility of assessing current maternity services, identifying gaps and the barriers to service development and setting out the local strategy for meeting the maternity commitment by the end of 2009.
- c) Most specifically PCTs were assigned the responsibility of ensuring that the workforce has sufficient numbers of maternity staff (including midwives and obstetricians and maternity support workers), neo-natal teams and health visitors.

Correspondence from Christine Beasley (Chief Nursing Officer for England) and David Flory (Director General, NHS Finance, Performance and Operations) to SHA Maternity Leads and Directors of Performance set out the Department of Health expectations as to what the NHS shall have achieved and put in place across Maternity Services by the end of 2009. A ‘scorecard’ measuring performance was required to be completed by December 2009.

3. KEY ISSUES OF CONCERN

There are two key issues of concern:

- a) We have not yet received a copy of the completed 'scorecard' but we are led to believe that it does not identify any deficiencies in the services provided by the Trust which is understandably welcomed. However the assessment did not address the most fundamental concern, that of midwife to birth ratios.
- b) The PCT funding baselines across England for 2008/09 to 2010/11 included £330 million of extra funding to support improvements in Maternity Services.

We are unaware of the amount of funding received by NHS North of Tyne but we are advised that the funding was not ring-fenced as such in the financial baselines and hence cannot be identified. However given that Newcastle Hospitals are responsible for 1 in every 100 births in the UK, the Trust could most reasonably have expected to benefit in the order of a total of say £3.3 million of this investment. We are aware that the 2009/10 development schedule for NHS North of Tyne included a commitment to invest £150,000 across the two constituent Foundation Trusts providing Maternity Services. Dialogue to secure access to the "Maternity Matters" monies has been on-going for more than a year and to date has secured a commitment to underwrite a Breast Feeding Co-ordinator (approximately £35,000). In addition it is to be noted from local press coverage that some £100,000 was granted to Northumbria Healthcare in relation to breast feeding.

The funding is critical to underwrite the direct cost of the staffing levels sought by the Department of Health. For a variety of reasons the national payment Tariff is recognised as being rather insufficient to support the actual cost of midwifery and nationally Ministers readily acknowledged that this funding was an opportunity to recurrently step up the investment in staffing complements.

#### 4. PROGRESS TO DATE

Discussions to secure financial support for Midwifery staffing have not resulted in either recurrent or non recurrent support, despite an informal assurance that this need may be recognised by NHS North of Tyne as a 2010/11 commissioning priority.

The support of the SHA has been sought to further negotiations. However a more structured assessment is perhaps now required, as there does appear at the time of writing to be little prospect of securing a satisfactory outcome in a timely manner.

At significant risk, steps have been taken to enhance recruitment of Midwives for a minimum additional tranche of 11 whole time equivalents and there has been significant response to this.

An update on developments will be given at the meeting. In this context Dr Stephen Sturgiss, Consultant Obstetrician and Clinical Director and Mrs Chris Wilkinson, Head of Midwifery and Directorate Manager will be in attendance to advise further and answer questions.

5. CONCLUSION

- (ii) The Trust continues to invest at risk to ensure the continued delivery of a service that is in compliance with national requirements.
- (ii) Governors are requested to recognise i) the “*Maternity Matters*” funding has not been forthcoming to develop front line services ii) a “scorecard” measuring performance requires disclosure iii) the investment at risk to maintain a safe service and iv) the need to request the SHA to instigate a formal assessment of the funding and decision-making streams.

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**11<sup>th</sup> March 2010**