

Appendix 3 - Midwifery Staffing Update January 2019

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Purpose of the paper	To update EMT on midwifery staffing and provide assurance of effective midwifery workforce planning	
Key control	Identify if the paper is a key control for the Board Assurance Framework	
Action required	To note	
Previously discussed at/informed by	EMT 2/10/18	
Previously approved at:	Committee/Group	Date
Key Options, Issues and Risks		
<p>This paper provides an update on midwifery staffing at BTHFT following the implementation of recommendations presented to EMT in January 2018, and is the bi-annual report to demonstrate an effective system of midwifery workforce planning required by NHS resolution, Maternity Incentive Scheme.</p> <p>It also includes some of the perceived challenges anticipated in 2019 which may impact on Midwifery staffing.</p>		
Analysis		
<p>Birth Rate Plus was commissioned in May 2017 and recommendations presented to EMT in January 2018. It has taken until December 2018 to achieve the agreed increase to staffing to facilitate the opening of the Maternity Assessment Centre (MAC) 24/7. It is too early to evaluate the impact that this has had on the ability to improve the provision of 1:1 care to women in established labour.</p>		
Recommendation		
<ul style="list-style-type: none"> • Birth Rate Plus acuity tool is not re-commissioned in 2019 • The current agreed midwifery establishment remains unchanged • Bi-annual maternity staffing paper to be presented to EMT in July 2019 and will include an evaluation of the impact of obstetric theatre staffing, 24/7 MAC, and 'Red Flag' incidents around the provision of 1:1 care in labour • Consideration is given to the over recruitment of newly qualified midwives in summer 2019 		

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		
Quality implications		
Resource implications		
Legal/regulatory implications		
Diversity and Inclusion implications		

Regulation, Legislation and Compliance relevance
NHS Improvement: NHS Resolution, Maternity Incentive Scheme
Care Quality Commission Domain: (Safe, caring, effective, responsive, well led drop down)
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
x	x				

1	PURPOSE/ AIM
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This paper provides an update on midwifery staffing at BTHFT following the implementation of recommendations presented to EMT in January 2018, and is the bi-annual report to demonstrate an effective system of midwifery workforce planning required by NHS resolution, Maternity Incentive Scheme.

It is to provide EMT with the assurance that previously agreed recommendations have been implemented and the effectiveness is in the process of being monitored.

The action required by EMT is primarily for noting and consideration of the recommendations presented.

2	BACKGROUND/CONTEXT
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This paper has been written to update EMT and a midwifery staffing update needs to be presented to the Board biannually to meet the conditions of the Maternity Incentive Scheme-year two, and the recommendations of NICE 2015, Safe Midwifery Staffing for Maternity Settings.

It updates EMT on the current midwifery staffing position following investment agreed in January 2018 and briefly describes potential challenges which are likely to affect midwifery staffing during 2019.

3	PROPOSAL
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'Red Flag' incidents around achieving 1:1 care in labour will be collected from the end of January 2019 and will be monitored monthly for themes and trends. Any risks emerging will be escalated through Women's Core Governance Group.

An evaluation of the impact of 24/7 MAC on the service will be presented in July 2019.

4	RISK ASSESSMENT
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5	RECOMMENDATIONS
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The division recommends that the Birth Rate Plus acuity tool is not re-commissioned in 2019, on the basis that the drop in birth rate alongside the continued volume of women in the high risk categories would not be suggestive of a need to increase the establishment.

Instead, the division requests that the current agreed establishment remains unchanged, and that full evaluation of obstetric theatre staffing, and the impact of 24/7 MAC opening is reported in the July paper. Collection of 'Red Flag' incidents, particularly in relation to 1:1 care in labour, will also be analysed in the July paper and should provide the required evidence of whether current staffing levels are ensuring a safe midwifery service.

Due to the successful recruitment of newly qualified midwives in summer 2018, the division also requests that EMT gives consideration to utilising the same approach again in 2019 and over recruiting students due to qualify in October.

6	Appendices
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Background:

This paper provides an update on midwifery staffing at BTHFT following the implementation of recommendations presented to EMT in January 2018, and is the bi-annual report to demonstrate an effective system of midwifery workforce planning required by NHS resolution, Maternity Incentive Scheme.

In May 2017 the Birth Rate Plus study was carried out for the 4th time in Bradford with recommendations presented to EMT in January 2018. Birth Rate Plus is a framework for workforce planning and strategic decision making, and is sensitive to local factors such as demographics of the population, socio-economic factors, complexity of women and associated neonatal services. The methodology used is also responsive to changes in government policies on maternity services and clinical practices.

The Birth Rate Plus study showed a requirement for 15.87 WTE midwives, however consideration was given as to how different ways of working would have a positive impact on midwifery staffing, including the previously agreed investment in obstetric theatre staffing. The division requested an increase of 9.69 WTE midwives to the establishment and an uplift to support hours for a number of the specialist midwifery hours.

The request to meet the Birth Rate Plus recommended increase in full was rejected, however EMT kindly agreed to support the funding of 4.57 WTE midwives plus 2.4 WTE support staff to facilitate the opening of the Maternity Assessment Centre (MAC) 24/7, and also the recruitment of a Band 3 Antenatal Newborn Screening Failsafe Officer.

As a result of staffing challenges over the summer months, EMT gave approval to over recruit by 10 WTE newly qualified midwives in summer 2018 as a proactive attempt to offset any potential drop in midwifery establishment during the year.

Current position:

MAC extended its opening hours to 24/7 in November 2018, and although too early for a formal impact assessment and evaluation, the extended hours have improved out of hours flow across the whole of the maternity unit, but particularly on Labour Ward and the Birth Centre. This has increased the opportunities to achieve 1:1 care for women in established labour; however this is currently anecdotal and will be formally collected from the end of

January as a 'Red Flag' metric. Staff morale has improved, particularly within MAC itself where staff are no longer routinely late off shift as they have a handover of staff.

The Failsafe Officer for Antenatal and Newborn Screening was appointed in October 2018 and has had a positive impact on the workload of the Specialist Screening Midwife, and is providing a robust failsafe for the safe provision of screening programmes within maternity.

The ability to over recruit by 10 WTE resulted in 23 newly qualified midwives joining the organisation in October 2018. Following an extended supernumerary period, this cohort of midwives are now counted in the staffing numbers and are working through the Band 5 preceptorship programme across all areas of the maternity service. The over recruitment also meant that the normal attrition of students accepting an offer at BTHFT but then opting to work elsewhere on qualification, acted as a buffer and numbers remained high rather than previous years where fewer offers have turned into appointments. The division would appreciate the opportunity to utilise the same approach this year.

The current funded midwifery establishment, excluding the Head of Midwifery, Matron's and Risk Midwife is 201.46 WTE, with an actual establishment of 210.73 WTE which includes an over establishment of 5.27 against the agreed 10 WTE.

Recruitment to the unique obstetric theatre nurse posts of 6.18 WTE staff, has proved to be very challenging, however following a successful recruitment drive in early January, we are now recruited to 6.11 WTE and have significantly closed the gap.

This means that the overall maternity staffing position, including obstetric theatres and the current agreed over establishment, is 216.84 WTE which is 0.08 over the 15.87 WTE increase recommended by Birth rate plus and is an extremely positive position to start the year.

Challenges:

Impact of maternity leave on staffing

The average maternity leave rate for maternity services is 11.7 WTE and has been as high as 19 WTE, with the majority of staff taking the full 12 month entitlement which includes 6 months unpaid. Although a proportion of maternity leave is allowed within the uplift which includes annual leave, sickness and mandatory study time, the inability to recruit to back fill maternity leave causes staffing challenges. Taking into consideration the current 5.27 WTE over establishment, the division requests permission to recruit to 6.53 WTE maternity leaves and is awaiting a decision from vacancy approval at the time of writing.

New ways of working due to implementation of Continuity of Carer pathways:

In February 2018 corrections were made to the maternity deliverables originally listed in the NHS Planning Guidance 2018/19. The original deliverable was to increase the number of women receiving **continuity** of the person caring for them during pregnancy, not including birth. The correction is now to increase the number of women receiving **continuity** of the person caring for them during pregnancy, birth and postnatally so that by March 2019, 20% of women booking receive continuity.

In order to achieve the national mandate of 20% of women booked on a Continuity of Carer (CoC) pathway by March 2019, expected to rise to 35% of women by March 2020, the division has developed cost neutral pathways which do not impact on midwifery staffing numbers. Unfortunately, these are anticipated to achieve around 9.2% not the required 20%, some of which is achieved through time limited Better Start Funding. Whilst the National team have appreciated that some organisations will struggle to achieve the target, the clear expectation is that maternity services demonstrate progress towards the 20%. This means that BTHFT Maternity services will need to explore different ways of working to achieve CoC during the antenatal/intrapartum/postnatal periods, including community midwives working in smaller teams providing care to fewer women in order that they are available to be present during the intrapartum period. It is anticipated that working in this way may require an increase of midwives in community settings, and/or an increase to midwifery pay through additional on call requirements, unsocial hours pay, to achieve CoC during the intrapartum period. This is likely to lead to a review of the current staffing models and midwifery establishment, and at this stage the financial impact or requirement for more midwifery staff is not known.

Removal of Specialist Midwifery Roles for Vulnerable Women:

Funding for the Specialist Midwife for Substance Misuse ceased in January 2016 and was replaced with a Specialist Midwife for Smoking Cessation, 3 year funded post. This post has now ended and Public Health have expressed that no further funding is available for continuation of this role. Bradford has a higher than average amount of women who smoke at the time of booking, and although the service provides an opt out referral to smoking cessation services this has a low success rate and smoking at time of delivery (SATOD) rates are again, higher than the national average. The Head of Midwifery will continue to monitor the SATOD figures, but is concerned that the lack of a dedicated specialist to lead and drive this important public health issue, will lead to further deterioration of this position.

Impact of Better Neonatal Births on BTHFT activity:

Changes to the provision of neonatal level 3 services which will affect services at Airedale NHS Foundation Trust, are anticipated to simultaneously impact on maternity services at BTHFT. It is likely that ANHSFT will cease to accept babies below 34 weeks gestation which means that women who are at risk of early delivery would be transferred to BTHFT on an agreed pathway. Although the numbers are relatively small, this will still impact on Labour Ward capacity, as these women are automatically categorised as high risk due to prematurity. However, this must be considered alongside the reduced birth rate.

Midwifery Workforce Planning 2019:

Safety action 5 of the Maternity Incentive Scheme- year two requires evidence of a bi-annual report submitted to Trust Board, demonstrating an effective system of midwifery workforce planning to the required standard. Included in the report should be the breakdown of Birth Rate Plus recommendations to demonstrate how the required establishment has been calculated. Birth Rate Plus was completed in May 2017 and the recommendations presented to EMT in January 2018, however it has taken until December 2018 to achieve the agreed increase to the midwifery workforce, and as previously mentioned, it is too early to evaluate

the impact. The 2017 Birth Rate Plus recommendations were based on a birth rate from 2016 of 5,802 and a case mix which demonstrated that 25% of births were in the lower risk categories (1&2) with 21% in the moderate (3) category and 54% in the high categories (4&5). Overall, the case mix was significantly different to the last Birth Rate Plus study in 2014, when 34% of births were in the lower risk categories compared with just 25% in 2017. This significant increase in the acuity of mothers and babies does impact on the midwifery staffing resulting in an increase in establishment, especially when women are in category 5.

The acuity of women accessing Maternity Services at BTHFT has not reduced in the last year, with a high proportion of complex women across antenatal, intrapartum and postnatal services. Whilst the acuity remains high, the overall birth rate has dropped to 5,629 in 2017 and 5,387 births in 2018 (calendar year). This is in keeping with a national reduction in birth rate, and is not thought to be due to women accessing care in neighbouring organisations who are seeing a similar reduction in birth rate.

The Maternity Incentive Scheme also requires evidence of 1:1 care in labour and mitigation to cover any shortfalls. Achieving 1:1 care in labour consistently, has been a challenge for the last few years due to the volume of high risk antenatal and postnatal women requiring care in the intrapartum areas. The impact of 24/7 MAC opening has not yet been evaluated, but that along with the collection of 'Red Flag' incidents including failure to achieve 1:1 care in labour which will be monitored from the end of January 2019, will inform the bi-annual staffing paper in July 2019.

Recommendations:

The division recommends that the Birth Rate Plus acuity tool is not re-commissioned in 2019, on the basis that the drop in birth rate alongside the continued volume of women in the high risk categories would not be suggestive of a need to increase the establishment.

Instead, the division requests that the current agreed establishment remains unchanged, and that full evaluation of obstetric theatre staffing, and the impact of 24/7 MAC opening is reported in the July paper. Collection of 'Red Flag' incidents, particularly in relation to 1:1 care in labour, will also be analysed in the July paper and should provide the required evidence that staffing levels are ensuring a safe midwifery service.

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