

Meeting Title	Board of Directors		
Date	12.09.2019	Agenda item	Bo.9.19.27

BI-ANNUAL MIDWIFERY STAFFING REVIEW

Presented by	Karen Dawber, Chief Nurse		
Author	Sara Hollins, Head of Midwifery		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	To provide Trust Board with the actions and assurance prior to self-certification to complete the Maternity Incentive Scheme (CNST) year 2.		
Key control	Yes		
Action required	For decision		
Previously discussed at/ informed by	SLT 9 July 2019		
Previously approved at:	Committee/Group	Date	
	Senior Leadership Team Meeting	09.07.19	
	Workforce Committee	24.07.19	
Key Options, Issues and Risks			
As part of recognised good practice and to evidence compliance with the NHS Resolution Maternity Incentive Scheme (CNST) Year 2, safety action 5, we are required to review Midwifery staffing on a 6 monthly basis.			
Analysis			
The document follows best practice and provides a comprehensive review of midwifery staffing including the Maternity Incentive Scheme (MIS) minimum evidential requirements for Trust Board.			
Recommendation			
<ul style="list-style-type: none">The Board of Directors notes the report and the assurance gained.			

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	

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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)				

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance	
NHS Improvement: (please tick those that are relevant)	
<input checked="" type="checkbox"/> Risk Assessment Framework	<input checked="" type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain:	
Care Quality Commission Fundamental Standard: Safety	
NHS Improvement Effective Use of Resources: Clinical Services	
Other (please state):	

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1 PURPOSE/ AIM

The purpose of the report is to provide the Board of Directors with the second of the bi-annual midwifery staffing reports for 2019.

It is also to demonstrate that a systematic, evidence-based process to calculate midwifery staffing establishment has been used, and that the maternity unit meets the recognised best practice in assessing and deploying its workforce.

2 BACKGROUND/CONTEXT

The NICE 2015, Safe Midwifery Staffing for Maternity Settings guidance, recommends that midwifery staffing levels are reviewed every 6 months as a minimum. This report follows the bi-annual midwifery staffing report presented to EMT in January 2019, and as an appendix in the Chief Nurse's overarching Nursing and Midwifery Staffing Report.

This report is also required to demonstrate compliance with Safety Action 5 of the Maternity Incentive Scheme (CNST) year 2 standard, which requires a bi-annual report to be presented to Trust Board demonstrating an effective system of workforce planning.

3 PROPOSAL

The Board of Directors is asked to note the recommendations and confirm that the report meets the required standard to assure compliance against Safety Action 5.

4 BENCHMARKING IMPLICATIONS

In gathering the evidence and supporting information a number of sources, both internal and external, have been used.

5 RISK ASSESSMENT

There is a risk that if we do not support the development of a vulnerable midwife post we will not be compliant with the recommendations of the looked after children CQC report.

6 RECOMMENDATIONS

- The Board of Directors notes the report and the assurance gained.

7 Appendices

1. Bi-Annual Midwifery Staffing Report, July 2019.