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| Meeting Title | Board of Directors | | |
| Date | 23 September 2021 | Agenda item | Bo.9.21.22 |

BIRTH RATE PLUS MIDWIFERY WORKFORCE REPORT AND RECOMMENDATIONS UPDATE FOLLOWING NATIONAL FUNDING BID, AUGUST2021

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| Presented by | Sara Hollins, Director of Midwifery | | |
| Author | Sara Hollins, Director of Midwifery | | |
| Lead Director | Karen Dawber, Chief Nurse | | |
| Purpose of the paper | To provide Executive Team Meeting (ETM)/People’s Academy and Trust Board with the analysis and recommendations of the recent Birth Rate Plus Midwifery Workforce review following the national maternity funding bid. | | |
| Key control | Identify if the paper is a key control for the Board Assurance Framework | | |
| Action required | For decision | | |
| Previously discussed at/ informed by | ETM and People’s Academy May 2021 | | |
| Previously approved at: | Committee/Group | Date | |
| | | | |
| | | | |
| Key Options, Issues and Risks | | | |
| <p>The Women's Clinical Business Unit (CBU) is working hard to become an Outstanding provider of Obstetrics and Gynaecology care. We aim to improve the quality and standard of care for women and their families in Bradford and keep women and their babies at the centre of all that we do.</p> <p>This paper is an updated version of the Birth Rate Plus midwifery workforce report and recommendations presented to ETM and People’s Academy in May 2021. The paper has been updated to include the outcome of the national maternity staffing bid and the outstanding requirements needed to meet the Birth Rate Plus recommendations and the Royal College of Midwives (RCM) Leadership Manifesto..</p> <p>The Ockenden Report into maternal and neonatal harms occurring at Shrewsbury and Telford NHS Trust, along with the ongoing priorities of the National Maternity Transformation programme, has placed maternity services under a spotlight at national level. One of the key recommendations of the Ockenden report was for all Trusts to provide assurance of an up to date midwifery workforce review, using the Birth Rate Plus tool. BTHFT maternity commissioned the tool which commenced in November 2020, completed in February 2021, with a final report provided in late April 2021. The timing of the Birth Rate Plus review placed the maternity service in a good position to bid for NHSE maternity staffing funding, submitted earlier in May, and resulted in a national funding award of 32.2 whole time equivalent (WTE) band 6 midwives and a further 1.4 WTE to support multidisciplinary training during 2021/22.</p> <p>The Birth Rate Plus report has calculated the increase to the midwifery workforce required to achieve Continuity of Carer as the default pathway for all women. This paper provides a summary of the key findings of the report and the staffing recommendations based in the context of the current safety priorities at local and national level. It also incorporates the Royal College of Midwives Leadership Manifesto staffing recommendations, which are also included in the 2020 Ockenden report recommendations. .</p> | | | |
| Analysis | | | |
| <p>Birth Rate Plus has calculated that an increase of 32.21 whole time equivalent (WTE) midwives are required for the service to provide Continuity of Carer as the default position for all women, and to safely staff the acute areas of the unit. The national maternity bid awarded the service with the full request and a further 1.4</p> | | | |

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WTE funding to facilitate the provision of multidisciplinary training.

The 3 month data collection demonstrated an increase in the number of women in the highest risk categories, IV and V, which equates to 60% of women accessing our care.

The recommendations in this paper will not only provide continuity of carer as a default position, which will reduce health inequalities and improve outcomes for women from BAME backgrounds and those with other vulnerabilities, including perinatal mental health, but will strengthen midwifery leadership in line with national recommendations and enable the service to meet compliance with the Ockenden assurance.

Recommendation

ETM/People's Academy/Trust Board is asked to support the increase to the midwifery establishment of:

- Director of Midwifery Band uplift to 8D.
- Appointment of Head of Midwifery for Operations and Governance 8B
- Appointment of Head of Midwifery for Transformation 8B
- Band 7 Team Leader for CoC vulnerable women's teams and regional/national CoC reporting requirements from financial year 2022/23.
- Band 7 Team Leader for CoC geographical teams.
- Ongoing commitment from the Trust to fund the increase to the midwifery workforce of 32.2 WTE in financial year 2022/23 onwards.
- ETM/People's Academy/Trust Board are asked to note that to maintain a safe service based on the current service design, BR + recommended an increase of 12.54 WTE.
- ETM/People's Academy/Trust Board is asked to support the proposal that the RCM leadership manifesto recommendation to add a Consultant Midwife post to the structure should be considered as an Act as One, Better Births, joint appointment in the first instance.

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| 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 | |
| Explanation of variance from Board of Directors Agreed General risk appetite (G) | Risk (*) | | | | | |
| 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Resource implications | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Legal/regulatory implications | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diversity and Inclusion implications | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> Annual Reporting Manual |
| Care Quality Commission Domain: Well Led |
| Care Quality Commission Fundamental Standard: Good Governance |
| NHS Improvement Effective Use of Resources: Choose an item. |

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Other (please state):

| Relevance to other Board of Director's academies: (please select all that apply) | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| People | Quality | Finance & Performance | Other (please state) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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1 PURPOSE/ AIM

The Women's CBU is working hard to become an outstanding provider of Obstetrics and Gynaecology care. We aim to improve the quality and standard of care for women and their families in Bradford and keep women and their babies at the centre of all that we do.

This paper is an updated version of the Birth Rate Plus midwifery workforce report and recommendations presented to ETM and People's Academy in May 2021. The paper has been updated to include the outcome of the national maternity staffing bid and the outstanding requirements needed to meet the Birth Rate Plus recommendations and the Royal College of Midwives (RCM) Leadership Manifesto. It also includes recommendations from the CQC Maternity Services Self-Assessment Tool.

The Ockenden Report into maternal and neonatal harms occurring at Shrewsbury and Telford NHS Trust, along with the ongoing priorities of the National Maternity Transformation programme, has placed maternity services under a spotlight at national level. One of the key recommendations of the Ockenden report was for all Trusts to provide assurance of an up to date midwifery workforce review, using the Birth Rate Plus tool. BTHFT maternity commissioned the tool which commenced in November 2020, completed in February 2021, with a final report provided in late April 2021. The timing of the Birth Rate Plus review placed the maternity service in a good position to bid for NHSE maternity staffing funding, submitted earlier in May, and resulted in a national funding award of 32.2 whole time equivalent (WTE) band 6 midwives and a further 1.4 WTE increase to support multidisciplinary training during financial year 2021/22.

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The Birth Rate Plus report has calculated the increase to the midwifery workforce required to achieve Continuity of Carer as the default pathway for all women. This paper provides a summary of the key findings of the report and the staffing recommendations based in the context of the current safety priorities at local and national level. It also incorporates the Royal College of Midwives Leadership Manifesto staffing recommendations, which are also included in the Ockenden report recommendations.

2 BACKGROUND/CONTEXT

Birthrate Plus (BR+) is a framework for workforce planning and strategic decision making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG).

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The RCM strongly recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels.

Birthrate Plus was last commissioned at BTHFT in 2017 and identified a deficit of 15.87 whole time equivalent (WTE) midwives. With Executive support and significant investment, the maternity service has exceeded the recommended increase to the midwifery establishment over the last 3 + years.

As part of the NHS Resolution Maternity Incentive Scheme (MIS), Trust Board has been presented with bi-annual midwifery staffing papers, which included table top reviews using the Birthrate plus methodology. This did not include a reassessment of the case mix.

National Maternity Safety Agenda

The Ockenden report of Maternity Services at Shrewsbury and Telford NHS Trust was published on 10 December 2020. The report looked at maternal and neonatal harms occurring between 2000-2019 at Shrewsbury and Telford Hospital and resulted in 27 recommendations for the named Trust with a further 7 early recommendations, referred to as immediate and essential actions (IAE's) to be implemented by all NHS Maternity services.

The Ockenden Assurance submission which followed the report requested that all providers undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards. The Government have pledged to invest >£90 million into maternity staffing as a direct result of the Ockenden report and Trusts were invited to submit staffing bids based on their most recent BR+ review.

The Maternity Service at BTHFT had already commissioned a full Birthrate Plus review prior to publication of the Ockenden report. Data collection commenced in November 2020, meaning that the service was able to declare immediate compliance with this recommendation, and was in an extremely good position to submit for national funding based on a contemporaneous report. The service bid for the 32.2 WTE recommended by Birth Rate Plus and were awarded funding for 32.2 WTE Band 6 midwives and a further 1.4 WTE for the provision of multidisciplinary training (non-recurrent). The organisation will receive 66% of the funds in August and the remaining 34% in December 2021. Any unspent funds by the end of the financial year will be repaid. A robust recruitment plan is being prepared to support the recommended increase to the midwifery workforce.

The Regional Chief Midwifery Officer's team informed that the maternity services involvement in the NHSI Maternity Support Programme and the significant volume of women from a BAME and vulnerable background influenced the national team's decision to support the full request for 32.2 WTE midwives.

Since the 2017 report, the national focus on achieving CoC for the majority of women has been a key priority. There is a strong evidence base that women who receive CoC, including during the intrapartum period, have improved outcomes and fewer harms including stillbirth and premature birth. The service is currently achieving 25-29% of women booked on a CoC pathway, and has robust plans in place to achieve the 51% expected including prioritising women who are from Black, Asian and Mixed Ethnicity (BAME) backgrounds, socially deprived and other vulnerable communities.

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As part of the Ockenden assurance template submission, Trusts were asked to describe progress with meeting The Royal College of Midwives (RCM) 'Strengthening midwifery leadership: a manifesto for better maternity care', 2019 (Appendix 1). The service was able to describe a high proportion of the senior midwifery leadership and Band 7 Specialist Midwives already in place, but have not yet achieved the full recommendations. The gaps are included in this report for consideration and were also identified by the BR+ team.

The manifesto states that 'Every trust or health board delivering maternity care should have a Director of Midwifery, with a Head of Midwifery in every maternity unit within the organisation (with exceptions for very small units)'. The NHSI/E Maternity Support Programme Team highlighted at the August 2021 visit, that the service should be working towards a Head of Midwifery and Deputy Head of Midwifery, to support the Director of Midwifery. BTHFT does have a Band 8C Director of Midwifery, but this is below the expected pay grade for this role of Band 8D or Band 9. The recently updated CQC Maternity Services Self-Assessment Tool also asks if Trusts have a Director of Midwifery in post and if this remunerated at a Band 8D or Band 9.

The service does not have a Head of Midwifery or Deputy Head of Midwifery as recommended. The Director of Midwifery proposes that rather than have an 8C Head of Midwifery and an 8B Deputy Head of Midwifery, the service would benefit from 2 x 8B Heads of Midwifery with differing portfolios. Recruitment for these posts would be internal, within the existing talent pool, and would involve a possible restructure of existing senior roles.

The RCM Leadership Manifesto also states that there should be at least one Consultant Midwife in every maternity unit. The purpose of Consultant Midwives is to take on a more senior role within the service whilst continuing to focus on the provision of care rather than

more managerial tasks, such as management of staff. This enables them to focus solely on aspects of leadership that are directly about the frontline of care, such as quality improvement, implementation of evidence-based practice and service innovation.

BTHFT Maternity service removed the Consultant Midwife role from the structure in January 2019 in preference of a Lead Midwife for Risk and Governance, as the consultant role was not felt to be of any significant value to service delivery and improvement. The Director of Midwifery has considered the RCM recommendation and is of the opinion that the consultant role should be considered as a joint appointment across the Act as One Better Births programme, which would support a system wide approach to reducing inequalities and improving access to maternity care.

Whilst the service has Specialist Midwives in post including for Bereavement, Perinatal Mental Health and Safeguarding, it is missing specialist roles outlined by the RCM such as for smoking cessation and diabetes. These roles would significantly support the priorities to improve maternal and neonatal outcomes, described later in this paper.

The NHS 2021/22 priorities and operational planning guidance: Implementation guidance (Appendix 2) published 25 March 2021, states that the 'building blocks' must be in place by March 2022 so that CoC is the default model of care offered to all women by March 2023.

Birthrate Plus 2020/21 Results and Findings:

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Based on the 2021/22 planning guidance that CoC should be the default model of care for all women by March 2023, the BR+ report for BTHFT (Appendix 3) has calculated the increase to the midwifery workforce required to achieve 35%, 51% and ultimately 100% of women on a CoC pathway. The service's ambition is to achieve 100% continuity, but appreciates that an incremental increase may be required over a number of years to achieve this. The success of the national funding bid means that the service is in a positive position to meet the 100% target, subject to the successful recruitment of the 32.2 WTE midwives between now and the end of the financial year.

Whilst the Director of Midwifery and the senior midwifery team have a robust and innovative recruitment plan, it must be acknowledged that both regional and national maternity services are in the same position and the number of newly qualified midwives and experienced midwives available, may not meet the combined demand of maternity services at national level.

If an incremental increase is required as a result of recruitment challenges, the service recommends that achieving 51% by March 2022 should be the first priority with an ambition to achieve 100% by March 2023.

It must also be acknowledged that whilst BR+ and the National Maternity team recommend and support an increase to the existing establishment of 32.2 WTE that this is to achieve continuity of carer as a default position for all women. To maintain a safe service based on the current service design, BR + recommended an increase of 12.54. Achieving this increase is the absolute minimum. The midwifery staffing risk register entry reflects this and the mitigation in place to maintain a safe service.

It must be noted that this is the first time that the BR+ team have included continuity of carer as part of the overall establishment, and the accuracy of the calculations is as yet unknown and untested.

The results are based on 3 months' case mix from November 2020 to January 2021 and the average annual activity based on data from 2019/20. It includes an allowance of 22% uplift and 12.5% community travel, and is based on a birth rate of 5,370. This is consistent with the 2018/19 birth rate of 5,369.

It must be noted that the review was commenced before the end of the financial year, and it is routine to calculate on the previous year's figure. The overall birth rate for 2020/21 has demonstrated a drop in birth rate to 4,985 which the service considers to be an anomaly as a direct result of the pandemic, and that the 2 previous year's consistent figures are likely to be a more reliable denominator. Communication with the Directors/Heads of Midwifery within the West Yorkshire and Harrogate (WY&H) Local Maternity System (LMS) supports this theory as a drop in birth rate has been noted in 3 of the 6 organisations, no significant change in 2 and only 1 demonstrating an increase. The organisation with the increase has seen considerable new housing in the immediate area, which accounts for their increase. The fact that other large organisations have noted a decrease and that 2 remain unchanged on previous years, suggests that Bradford women are not accessing care in other neighbouring units.

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Taking these factors into consideration, the service strongly recommends that we proceed with the calculations provided and do not make any adjustments based on one year of decreased births.

Case mix:

Bradford is ranked the 5th most income deprived local authority in England, with a large part of the population dominated by younger age groups.

BR+ considers the local demographic, including the clinical and social needs of women accessing the service. The 2017 BR+ report demonstrated a 9% increase in the acuity of women from that reported in the 2014 review. The current review has seen a further increase of 6% which brings the total of women in the 2 higher categories, IV and V, to 60%. The national average based on other maternity units who have commissioned BR+ is 58%.

This increased acuity is reflected by the number of women with significant safeguarding concerns and by the marked increase of women with moderate to severe perinatal mental health (PNMH) concerns. This is additional to other co-morbidities, including obesity, diabetes and a higher incidence of gestational diabetes.

The BR + report case mix analysis reinforces the current priorities of the service, already focused on improving care for the rapidly increasing number of women with PNMH accessing the service, and improving outcomes for mothers and babies from BAME and vulnerable backgrounds. Maternity Service Serious Incidents (SI's) declared and investigated during 2020, have included a maternal suicide, the maternal death of a woman who's first and second language was not English, and the intrauterine death of a baby where the use of interpreters fell below standard. This further supports the need to develop CoC pathways for women with such vulnerabilities.

Maternity Service Priorities to Improve Maternal and Neonatal Outcomes:

The maternity service continues to work towards improving maternal and neonatal outcomes in line with the national maternity transformation priorities, and in direct response to recommendations from high profile reviews of maternity services such as Shrewsbury and Telford. Nationally, the safety of maternity services is under a spotlight at the highest level which has resulted in a significant financial commitment from the Government, including the bid for midwifery and obstetric staffing and training.

The maternity service at BTHFT has worked hard to implement national initiatives including the Saving Babies Lives care bundle, and meeting the CoC trajectories. This has resulted in an overall downward trajectory of the stillbirth rate and improved the identification of small babies.

The Outstanding Maternity Services (OMS) programme launched in August 2020 is a large scale transformation programme which is supporting the service on its journey to becoming outstanding. A number of key areas requiring improvement have been identified through this programme and are being progressed using Quality Improvement (QI) methodology.

The OMS is aligned with the national priorities and with the 2019 CQC recommendations and high priority areas include:

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- Perinatal Mental Health (PNMH). The service has made great progress in improving care for women with moderate to severe PNMH issues, driven by the PNMH specialist midwife. Since she came into post the number of women requiring her input has risen exponentially, and the complexity of cases has been overwhelming. This has identified the need for a PNMH CoC team, as the volume and complexity of cases is too great for one individual to co-ordinate.
- Diabetes. Due to the demographic, Bradford has a large proportion of women who are Type 1 or 2 diabetics at the onset of pregnancy, or who develop gestational diabetes. The service does not currently have a Specialist Midwife for Diabetes, as recommended by the RCM Leadership manifesto. This requirement has been considered by the Director of Midwifery and rather than recruit 1 x Band 7 Specialist Midwife for Diabetes, the plan is to recruit a number of band 5/6 midwives from the 32.2 WTE with a special interest in diabetes to provide a continuity team.
- Maternal medicine. The complexity and co-morbidities of women accessing care at Bradford have increased as noted by BR+. There are currently 240 women with maternal medicines complexities, including epilepsy, cardiac, haematology and endocrine. This volume lends itself to a further CoC team which would improve the outcomes for both mothers and babies.
- Smoking cessation. Bradford has a high percentage of women smoking at the time of booking and limited success with smoking cessation. Smoking is the one modifiable factor which can improve outcomes, prevent growth restriction and reduce stillbirths. Whilst smoking cessation initiatives are being progressed within the service, there is no specialist midwife in line with the RCM leadership manifesto. This recommendation has been considered by the Director of Midwifery and rather than recruit 1 x Band 7 Specialist Midwife for Smoking Cessation, the plan is to recruit 2 x Band 6 midwives with a special interest in smoking cessation from the 32.2 WTE band 5/6 increase to establishment.
- Safe staffing levels on the inpatient wards. The overnight staffing establishment on the inpatient wards has been raised as a safety concern by the NHSI Maternity Support Programme, who considers that this is likely to be picked up by the CQC. There has not been a formal review of the ward establishments in the last 4 years. Whilst harms to women and babies directly due to staffing levels have not been reported and a risk assessment is being undertaken, the service acknowledges the concerns particularly in relation to staff well-being due to working in a fast paced, acute area with a high turnover of women and babies. What is not captured is the impact of current staffing on infant feeding outcomes, maternal mental health and preparedness for discharge.

3 PROPOSAL

Required Staffing based on achieving 100% CoC and the RCM Leadership Manifesto recommendations

The proposed breakdown is as follows:

2021/22

- Director of Midwifery Band uplifted to Band 8D.
- Appointment of a Band 8B, Head of Midwifery for Operations and Governance

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- Appointment of a Band 8B, Head of Midwifery for Transformation
- Band 7 Team Leader for CoC geographical teams.

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| <u>2021/22</u> | |
| | <u>£</u> |
| 1 x Band 8d (Director of Midwifery) | 96,473 |
| 2 x Band c (Heads of Midwifery) | 138,512 |
| 1 x Band 7 (Team Leader CoC geographical teams) | 52,106 |
| | |
| <u>Total</u> | <u>287,091</u> |
| | |

2022/23

- Band 7 Team Leader for CoC vulnerable women's teams & regional/national CoC reporting requirements from financial year 2022/23. This post is funded by the LMS in the current financial year.
- Ongoing commitment from the Trust to fund the increase to the midwifery workforce of 32.2 WTE in financial year 2022/23 onwards.

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| <u>2022/23</u> | |
| | <u>£</u> |
| 1 x Band 7 (Team Leader CoC vulnerable women) | 52,106 |
| 32.2 WTE Band 6 (Increase to the midwifery establishment funded by national bid 2021/22) | 1,627,508 |
| | |
| <u>Total</u> | <u>1,679,614</u> |
| | |
| | |

The 32.2 WTE midwives financed through national funding in 2021/22 will be split across Bands 5 and 6 to:

- Increase the night time establishment on ward M4 by 1. The current staffing model has been highlighted as a safety concern by the NHSI Maternity Safety Support person.
- Increase the night time establishment on ward M3/Induction of Labour Suite by 1. This is to support the enhanced recovery and early discharge of women following caesarean birth which the ward is not currently able to achieve with the current staffing model. It will also provide support for women requiring additional, but not 1:1 care, during the induction process.
- Band 6 Preceptorship midwife. This role is required to support the Band 5 newly qualified midwives transition from student to registrant which has been demonstrated to improve confidence, competence and retention.
- Support the roll out of a further 3 CoC teams to include a Perinatal Mental Health team, Diabetes team and maternal medicine which are key priorities for the service as already described.

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- Support the roll out of 9 geographical CoC teams, replacing the traditional model of community midwifery.

The specialist midwifery and senior management roles would enable the service to meet the RCM leadership manifesto as earlier described, which is included as a recommendation in the Ockenden report.

4 BENCHMARKING IMPLICATIONS

CoC data is collected by the West Yorkshire and Harrogate (WY&H) Local Maternity System (LMS) on a monthly basis.

BTHFT Ockenden evidence was submitted to the National portal in June including benchmarking against the RCM Leadership Manifesto.
CQC Maternity Services Self- Assessment Tool

5 RISK ASSESSMENT

6 RECOMMENDATIONS

ETM/People's Academy/Trust Board is asked to support the increase to the midwifery establishment of:

- Director of Midwifery Band uplift to 8D.
- Appointment of Head of Midwifery for Operations and Governance 8B
- Appointment of Head of Midwifery for Transformation 8B
- Band 7 Team Leader for CoC vulnerable women's teams and regional/national CoC reporting requirements from financial year 2022/23.
- Band 7 Team Leader for CoC geographical teams.
- Ongoing commitment from the Trust to fund the increase to the midwifery workforce of 32.2 WTE in financial year 2022/23 onwards.
- ETM/People's Academy/Trust Board are asked to note that to maintain a safe service based on the current service design, BR + recommended an increase of 12.54 WTE.
- ETM/People's Academy/Trust Board is asked to support the proposal that the RCM leadership manifesto recommendation to add a Consultant Midwife post to the structure should be considered as an Act as One, Better Births, joint appointment in the first instance.

7 References

1. https://www.rcm.org.uk/media/3527/strengthening-midwifery-leadership-a4-12pp_7-online-3.pdf
2. NHS 2021/22 priorities and operational planning guidance: Implementation guidance.

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3. The Bradford Teaching Hospital NHS Foundation Trust Midwifery Workforce Report, April 2021.