

Trust Board Meeting in Public: Wednesday 8 May 2019

TB2019.58B

Title	Midwifery Staffing
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Status	For information
History	Maternity Clinical Governance Committee 26/04/2019

Board Lead(s)	Sam Foster			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust is required to undertake safe staffing reviews for nursing and midwifery staff – to provide Trust Board assurance that the Trust delivers care to our patients, with staffing establishments that ensure that we have the right people, with the right skills in the right place at the right time. The Maternity Incentive Scheme requires the Trust Board to have received an update at the May 2019 Trust Board detailing progress with Midwifery Workforce planning.

In 2018, the Berkshire, Oxfordshire and Buckinghamshire Local Maternity System (BOB LMS) commissioned an external review of maternity staffing using the recognised BirthRate Plus tool (NICE 2015). Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units for a significant number of years. 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.

2. This paper is to advise the Board the outcome of the Birth-rate Plus review.

The report recommends an increase in the midwifery staffing establishment to provide comprehensive package of care for approximately 7700 to 7800 births predicted for 2019-2020 in the hospital and community setting.

3. In 2018, the OUH FT was working to a clinical midwifery staffing ratio of 1:29 (1 midwife to 29 births). Currently, OUH FT is unable to maintain a midwifery staffing ratio of approximately 1:29 due to challenges with recruitment and retention. To mitigate these risks, the Service typically deploys senior non-ward-based midwives and triggers their on-call midwifery team to ensure that care is delivered.

Another challenging factor of note is that 27% of our current workforce is over 50 years of age. The Maternity Directorate has worked hard to address the challenges it faces with recruitment and retention (Appendix 1).

4. The BirthRate Plus® report (2018) recommends an increase in the clinical midwifery establishment plus additional roles to support the clinical establishment which includes management, governance and clinical specialists etc. by approximately 16 W.T.E. Two options are currently being considered by the Divisional team to enable a proposal to be agreed at the Trust Management Executive:

- **Option 1 – Recruitment of additional 16 midwives** – With the current national shortage of registered midwives, this option is unlikely to be successful
- **Option 2 – Recruitment of additional Obstetric Nurses and Maternity Assistant Practitioners.** This option recognises the national shortage of midwives and considers alternative roles to support the maternity service, outside of the delivery suite where registered midwifery care is required. This includes Maternity Assistant Practitioners who will provide advanced support to the midwife

whilst working within defined trust guidelines, policies, procedures and competencies and Obstetric Nurses.

Both options include a further 8B Matron and two Clinical Educators (Band 7).

5. **Conclusion**

BirthRate Plus demonstrates the requirement for an increase in the maternity establishment of an additional 16 W.T.E to meet the predicted activity and acuity of the workload. Both options would require a significant investment in staffing to meet the recommendations of BirthRate Plus.

Option 2 allows for greater flexibility with the workforce and allows for mitigation against the national shortage of midwives.

Further work will be required using the BirthRate Plus tool to consider future models of care and any proposed changes to the maternity service reconfiguration.

6. **Recommendation**

The Trust Board is asked to note the results of this report.

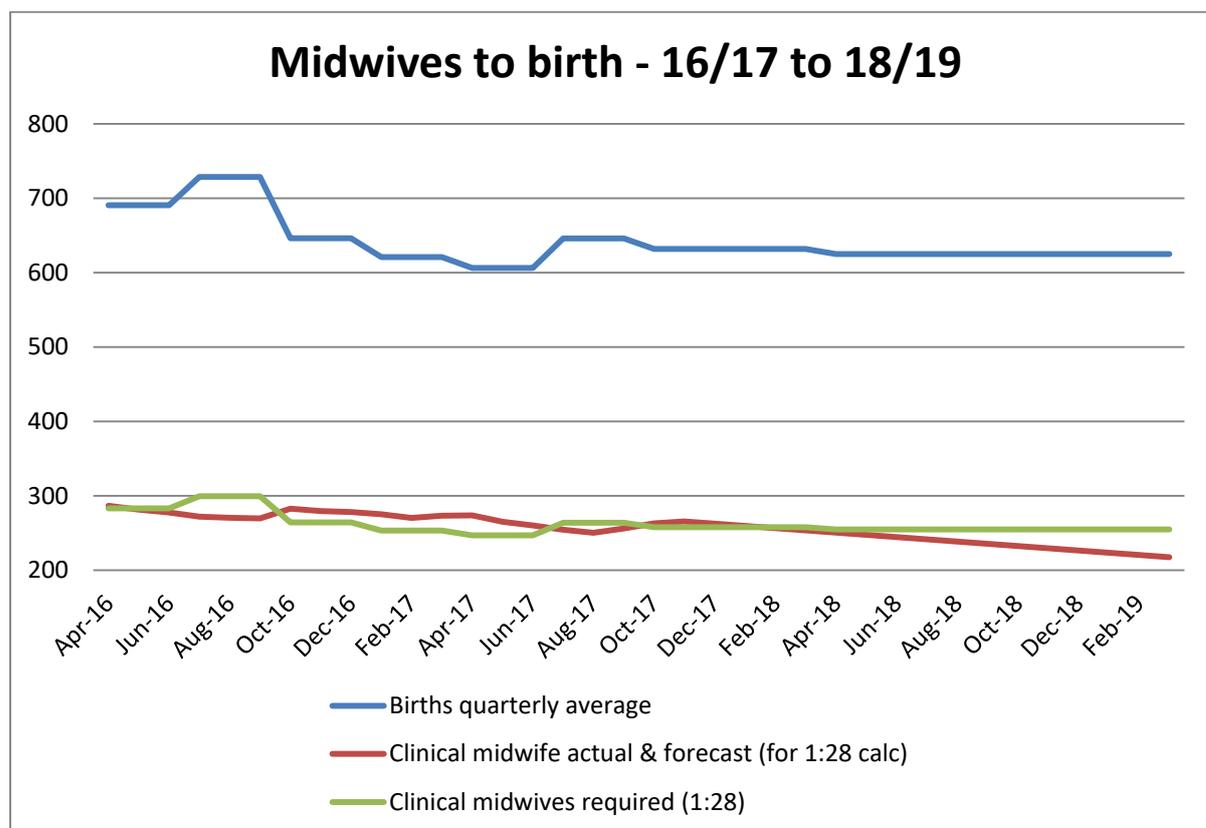
1. Purpose

- 1.1. This paper is to advise the Board the recommendations from BirthRate Plus and to support additional funding to increase maternity staffing levels.
- 1.2. The report recommends an increase in the midwifery staffing establishment to provide comprehensive package of care for approximately 7700 to 7800 births predicted for 2019-2020 in the hospital and community setting.
- 1.3. Two staffing options will be presented for consideration following a review of staffing position and recommendations from BirthRate Plus to the Trust Management Executive.
- 1.4. Safe midwifery staffing for maternity settings (NICE 2015) guideline recommends a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings.
- 1.5. In 2018, the Berkshire, Oxfordshire and Buckinghamshire Local Maternity System (BOB LMS) commissioned an external review of maternity staffing using the recognised BirthRate Plus tool (NICE 2015).
- 1.6. 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. Birth outcomes are not influenced by staff numbers alone.
- 1.7. The NHSLA Maternity Incentive Scheme (2019) safety action 5 requires an effective system of reviewing the midwifery workforce using BirthRate Plus®. The safety action requires the service to identify any deficit in maternity services and details progress to demonstrate plans to increase staffing levels and any mitigation to cover any shortfall.
- 1.8. Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units for a significant number of years. 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.
- 1.9. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and has been endorsed by the Royal College of Midwives (RCM) and Royal College of Obstetrics and Gynaecology (RCOG).

2. Background

- 2.1. At the end of 2017, the budgeted establishment for midwives changed as a result of the predicted reduction in births to 7600 – 7800. Similarly to England as a whole, Oxfordshire saw a sharp decline in births between 2012 and 2013 but has since remained between 7700 and 7800 live births per year.
- 2.2. As a tertiary provider of maternity care, approximately 800- 1000 women from outside of Oxfordshire give birth at OUHFT.
- 2.3. In 2018, the OUH FT was working to a clinical midwifery staffing ratio of 1:29 (1 midwife to 29 births). The graph below shows a clinical midwifery staffing ratio of 1:28 against the predicted number of births over a three year period. The

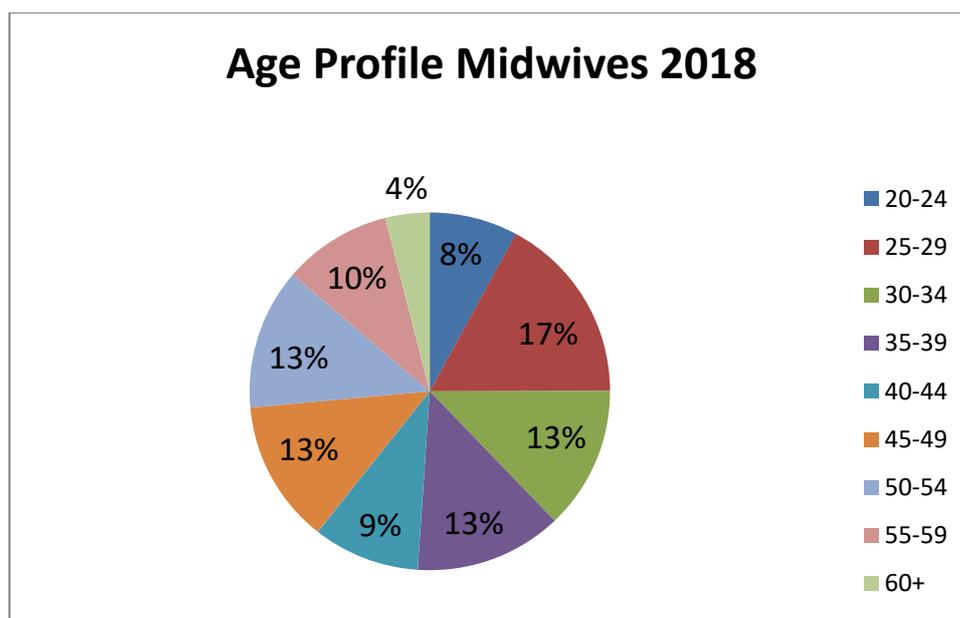
graph demonstrates that the midwifery numbers begin to fall below the agreed midwifery staffing ratio from February 2018.



Assumptions of the graph above:

- Births – 8060 in 2016/2017 (actual), 7549 forecast year end 2017/2018 and predicted births 7500 2018/2019 (in line with forecast actuals).
- Clinical Midwives required - births ratio of 1: 28. Adjusted for non-clinical midwives (44 in 2016/2017, 39 in 2017/2018 and 2018/2019). Postnatal support workers (31 in 2016/2017, 26 in 2017/2018 and 2018/2019)
- Clinical midwives - **actual** in post to October 2017, adjusted as above for non-clinical midwives and postnatal support workers.
- Assumed reduction of 3 WTE per month due to leavers/reduction in hours.

- 2.4. Currently, OUH FT is unable to maintain a midwifery staffing ratio of approximately 1:29 due to challenges with recruitment and retention.
- 2.5. Another factor that has impacted staffing is the midwifery age profile in Oxfordshire. The table below shows the age profile of our current midwifery workforce.



- 2.6. A review of the age profile shows that 27% of our current workforce is over 50 years of age. The Royal College of Midwives predicts there is currently a shortfall of 5000 midwives across the UK. In response to the recent publication of the National Maternity Review in February 2016 Cathy Warwick, Chief Executive of the Royal College of Midwives was clear that more midwives, approximately 2600 nationally, would be required to meet the recommendations outlined in Better Births.
- 2.7. In Oxfordshire the workforce is a crucial aspect in planning and transforming services to meet the recommendations of Better Births (2016). The Maternity Directorate has worked hard to address the challenges it faces with recruitment and retention (Appendix 1).

3. Options Appraisal

- 3.1. The BirthRate Plus® report (2018) recommends an increase in the clinical midwifery establishment plus additional roles to support the clinical establishment which include management, governance and clinical specialists etc. by approximately 16 W.T.E. Two options have been proposed.
- 3.2. Both options acknowledge the need for a further 8B Matron and two Clinical Educators.
- 3.3. Currently there is only one Matron in the Directorate who acts as Deputy to the Director of Midwifery with a portfolio of responsibility for community services, midwifery led units, public health, safeguarding and screening services.
- 3.4. There is no Matron for inpatient services which include delivery suite, postnatal and antenatal care provision. Inpatients and Delivery Suite are supported by Clinical Midwifery Manager or Deputy Matron (Band 8A).
- 3.5. The Clinical Educator roles will provide additional support to the preceptorship, midwives and international nurses in the clinical area.
- 3.6. Clinical educators would be based on the inpatient wards and Delivery suite. It is anticipated that these roles will support individual practitioners, assist midwives to meet key clinical competencies and extended skills.

- 3.7. Providing education support in the clinical areas will benefit staff development, confidence, provide support which may assist with the retention of staff.
- 3.8. The significant difference between both options proposed below is the employment of Obstetric Nurses and Maternity Assistant Practitioners (MAPS) or Midwives.

<p>Option 1 – Recruitment of additional midwives</p> <p>This option considers recruiting additional midwives to address the shortfall. However, it is important to recognise the challenges OUH FT and Trusts within the Thames Valley or BOB LMS have with recruitment of new staff and retention of sufficient midwives to meet its existing midwife to birth ratio. This situation is unlikely to change in the near future.</p>
<p>Option 2 – Recruitment of additional Obstetric Nurses and Maternity Assistant Practitioners</p> <p>This option recognises the national shortage of midwives and considers alternative roles to support the maternity service.</p> <p>In September 2018, a decision was made to support six Maternity Support Workers at band 3 to undertake additional training to become Maternity Assistant Practitioners (MAPS). This decision was made due to the ongoing challenges in recruiting and retaining midwives and to support a career pathway for Maternity Support Workers (MSWS) to assist in retention of this group of staff.</p> <p>It is proposed that the role of the MAPs will provide advanced support to the midwife whilst working within defined trust guidelines, policies, procedures and competencies.</p> <p>Each MAP is required to attend and complete a Foundation Degree in Health and Social Care course which runs for two years full-time and combines classroom study with work-based learning (50/50). They are currently studying on Delivery Suite, Observation Area and Level 5 alongside registered practitioners.</p> <p>As part of the recruitment strategy, consideration has been given to the role of Obstetric Nurses especially from India. Obstetric Nurses have recruited in neighbouring trusts with good success. Recent visits to India, showed a good number of Obstetric Nurses were keen to work in Oxford. They demonstrated many transferable skills which would be beneficial to the maternity services.</p> <p>It is important to highlight that BirthRate Plus has reviewed the current maternity service configuration. Further work will be required if there is any changes to the current maternity service provision or care models recommended in Better Births (DOH 2016) to improve community case loading models. Discussions with the BOB LMS are considering commissioning further work to consider new or adjusted models of care.</p>

4. Conclusion

- 4.1. BirthRate Plus demonstrates the requirement for an increase in the maternity establishment of an additional 16 W.T.E to meet the predicted activity and acuity of the workload. The preferred Option would be to increase the midwifery establishment (Option 1). However, there is recognition that recruitment of additional midwives will be extremely challenging due to the national shortage of midwives. Option 2 allows for greater flexibility with the workforce and allows for mitigation against the national shortage of midwives.
- 4.2. Further work will be required using the BirthRate Plus tool to consider different models of care and any proposed changes to the maternity service reconfiguration.

Appendix 1

Recruitment Strategy

1. Situation

A predicted shortfall in the number of midwives working for OUHFT has coincided with an increase in the number of births. The Senior Team have developed a short term and long term actions to address the staffing shortfall to ensure the maternity service can continue to provide safe care for women and their babies.

2. Background

OUHFT maternity unit delivers approximately 7500 babies /year. The majority of women deliver at the JRH in the delivery suite and in the Spires alongside Midwife led unit. There are 4 freestanding midwife led units. The unit at HGH is staffed with a resident MW and MSW whilst the others are run by the community midwives who come in to look after the women when they present in labour. The community midwives also provide the homebirth service.

Women present in labour but there are also woman who have elective (planned delivers either by CS or induction of labour).

There are inevitable peaks and troughs in demand for the service and midwives are required to work in a flexible manner to ensure that women receive the care they require in labour. An agile, fluid workforce is required, enabling midwives to be allocated to the areas where women are giving birth as well as being able to upscale the number of staff available at short notice to address a peak in activity.

This is achieved by having a basic establishment, an on call system, plus a robust escalation policy to move the midwifery workforce to where they are required.

It is recognised that there is a national shortage of midwives and although OUHFT is successful with recruitment, retention is challenging due to the cost of living in Oxford. Adding to this the new midwives cannot be recruited until they qualify in September. This means they are not available to work until mid-October after induction etc.

Midwives leaving the service also tend to hand their notice in after they have completed their preceptor training year in the summer. The means that August and September are particularly challenging months for the service when the lowest staff levels coincide with the busiest period for births.

A review of the age profile shows that 27% of our current workforce is over 50 years of age.

3. Recruitment and Retention Action Plan

Immediate short term actions (May 2018 – December 2018)

- Escalation policy followed consistently. **Update:** Twice a day Safety Staff Huddles

- Active recruiting for all staff groups throughout the year. **Update:** Continuing
- Introduce Staff Briefing and Safety Meetings for all staff to be held monthly. **Update:** First meeting in December. Scheduled monthly.
- Incentives for extra shift (NHSP rate top band 6/7 rates) – **Update:** Complete
- Consider flexible working opportunities. **Update:** Ongoing
- Utilisation of NHSP to employ all staff groups. **Update:** Ongoing
- Requested NHSP to source nurses to support maternity services especially in areas such as recovery and Observation area. **Update:** Ongoing
- ‘Stay’ and Exit interviews. **Update: Commenced**
- Continue with reconfiguration plans to maximise the utilisation of staff and service improvements. **Update:** Ongoing – changes have occurred on Level 5,6, and 7.
- Offering all OBU students midwifery positions prior to qualification in summer 2019 subject to successfully completing the midwifery course requirements. **Update:** Complete
- Uplift recruitment of midwives by 10% to stabilize the staffing throughout the year.
- Commission a review of staffing using BirthRate Plus. **Update:** Divisional agreement
- All Band 2 MSWs will be automatically moved to a band 3 position following the successful completion of the Care Certificate and met agreed objectives. **Update:** Ongoing – a number of band 2 MSWs have been moved to Band 3.
- Change the rotation of midwives from 3 times /year to 2 times /year avoiding September and October to provide more stability over the busiest period. **Update:** Complete - Rotation changed to May and November

Medium term (December 2018 to July 2019)

- Explore other initiatives to reduce length of stay e.g. Discharge coordinator, discharge lounge. **Update:** Two Discharge Coordinators employed in April 2019
- Developing career pathways for support workers from band 2 to 4. **Update:** Progressing
- To train 6 MSWs to become Assistant Practitioners. They will complete training in June 2020. **Update:** MSWs recruited to commence training in September 2018.
- International Recruitment of Obstetric Nurses, **Update:** February 2019 – Senior Member of the team visited India and recruited a number of Obstetric Nurses.
- Centralising rotas with rota coordinator to reduce the variation of cover over 7 days. **Update:** Ongoing

- To review the role of Clinical Educators to support midwives during their preceptorship to provide additional support and hopefully improve retention of this staff group. **Update:** Awaiting outcome of BirthRate Plus review.
- Work with the Trust to review incentive programmes to promote retention of staff. **Update:** ongoing
- Review the maternity workforce with Berkshire, Oxfordshire and Buckinghamshire LMS (BOB) and identify future roles to compensate for the national shortage of midwives and develop a regional workforce strategy, **Update:** ongoing
- Review non-clinical roles in-line with BirthRate Plus Recommendations. **Update:** Business plan being developed

Longer Term Actions

- Develop a Business case to upgrade the procedure room on Delivery Suite to a third theatre. This will enable the elective theatre work to be performed on Delivery Suite and not in theatres in Gynaecology. This will enable the better utilisation of staff; improve efficiency and women's experience. **Update:** Successful business case, work commence in May 2019
- Reconfigure Level 5 to recover women following elective procedures - **Planned** for September/October 2019 dependent on staffing levels.
- Work with neonatology department to improve transitional care service - **Planned:** October – December 2019