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Health Board



<b>Meeting Date</b>	<b>13 December 2022</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Maternity Services – Workforce Review</b>		
<b>Report Author</b>	Jo Williams, Divisional Manager, Women’s Health & Ophthalmology Catherine Harris, Deputy Head of Midwifery		
<b>Report Sponsor</b>	Lesley Jenkins, Group Nurse Director, NPTSSG		
<b>Presented by</b>	Lesley Jenkins, Group Nurse Director, Jo Williams, Divisional Manager, Women’s Health & Ophthalmology Catherine Harris, Deputy Head of Midwifery		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Health Board Workforce & OD Committee with an update on the current maternity services workforce position.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Critical staffing levels with risk rating of 25, due to vacancies, high maternity leave rates, short term and long term sick and higher than average study leave requirements;</li> <li>• Disparity with nurse staffing, with headroom of just 24% built into establishment, rather than 26.9%;</li> <li>• Development of effective recruitment and retention strategy; flexible roles, development of midwife bank.</li> <li>• Development of Workforce Transformation Project to develop sustainable models of care and top of license working.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Note the current staffing position and risks within Maternity services and support the proposal for a Workforce Transformation Project Board.</li> </ul>		

# MATERNITY SERVICES WORKFORCE POSITION

## 1. INTRODUCTION

This report provides the Committee with an overview of the current maternity services workforce position, outlining the current midwifery workforce establishments and demonstrating the need to invest in additional workforce to ensure the safety of the service and stabilisation of the current workforce.

The report outlines the current midwifery workforce profile, focusing mainly on the Obstetric Unit and Community services, and highlights current service risks and mitigation within the clinical areas.

The report sets out the key priorities for the service in terms of workforce development, to plan for a future which delivers maternity services in a safe, efficient and sustainable way whilst meeting key local and national service aims.

The report also advises that there is an All Wales Birthrate+ assessment being undertaken across all the Health Boards which will provide guidance on future workforce needs.

## 2. BACKGROUND

This paper provides Management Board with an overview of the current workforce position and work ongoing to ensure Swansea Bay Maternity Services can provide safe and effective care to the local population and those women transferred for care due to the regional neonatal services provided at Singleton Hospital. In addition to achieving the Health Board quality priorities, maternity services must also achieve the priorities identified by Welsh Government for maternity care, included in the 'Maternity Care in Wales; A 5 Year Vision for the Future 2019-2024', which are:

- Family centred care

Women will receive personalised care, planned in partnership with them and reflecting their choices and health needs

- Safe & Effective Care

Women will receive safe and effective care; with risk, intervention and variation reduced wherever Possible

- Continuity of Carer

Women will experience continuity of carer across the whole of their maternity journey

- Skilled Multi-professional teams

Women will receive care from multi-professional teams, with access to specialist services

- Sustainable Quality Services

Women will receive maternity services which are sustainable and the highest quality possible

Maternity services within Swansea Bay University Health Board (SBUHB) are dedicated to ensuring that pregnancy and childbirth is a safe and positive experience for all service users in order to support healthy life choices and to give children the best start in life.

Since July 2021 the staffing levels within maternity services have been at critical levels, with the associated risk rating being between 20 and 25 during this period. This has meant that we have been unable to provide the full range of services, centralising where possible to mitigate the risk, and suspending home births and births in the stand-alone midwifery led unit. This is reflected nationally, with recruitment of midwives difficult across the unit and similar restrictions to choice of place of birth in place in other areas. In response, a series of measures has been put in place to mitigate the shortfall, and support operational staff during this difficult period:

- Daily escalation meetings with senior midwives, senior managers, workforce and Group Directors,
- Establishment of midwifery bank,
- Use of agency midwives,
- New roles to support key gaps – service manager, intrapartum lead midwife, additional ward clerks to release midwives,
- Snacks/drinks made available on wards for times when taking breaks has been difficult,
- TRiM and React trained midwives in the department,
- Wellbeing strategy under development.

Maternity services across Wales are expected to have staffing levels that meet the recommendations of the Birthrate+ workforce tool. Birthrate+ have recently undertaken a Wales-wide analysis of workforce, activity and acuity, and the resultant recommendations are expected imminently. Once received, the results will be analysed and reported to Management Board, with recommendations as to how we can meet the requirements. In the meantime, the analysis below based on the last report received early in 2021 demonstrates that, overall, in terms of the clinical workforce our staff in post in the clinical areas falls slightly short of the Birthrate+ recommendation. However, when the specialist midwives are taken into account, this would mean we meet the requirements; we have 14.81 WTE midwives in specialist roles who contribute to clinical activity in varying degrees.

Cost Centre	BR+ Req	Band	Establishment	SIP @ NOV 22
		Band 3	5.53	4.93
		Band 5	0.00	14.76
		Band 6	128.86	115.44
		Band 7	19.48	22.60
		Band 8a	0.00	1.00
<b>GRAND TOTAL</b>	<b>162.06</b>		<b>153.87</b>	<b>158.73</b>

It is important to point out, however, that the SIP above includes those staff members on maternity leave, who number 9.04WTE currently, with an increase forecast for February 2023 of 17.96WTE. This is exceptional – an analysis of the level of maternity leave in recent years shows that approximately 10WTE is the average. It is worth pointing out that the headroom built in to establishments (already lower in midwifery than nursing) does not cover maternity leave.

During the recent pandemic, antenatal and postnatal care pathways were altered to ensure the maintenance of safe services due to unprecedented staff absence. Intrapartum care was centralised in Singleton Hospital Obstetric Unit and Midwifery-led Birth Unit, due to the suspension of the homebirth and the Neath Port Talbot Birth Centre Service. The service centralisation was guided by the RCOG/RCM guidance for service limitation.

The pandemic resulted in significant staffing shortages which in a service that didn't see any reduction in activity resulted in the service struggling to maintain all its services. The workforce has been under significant pressure to maintain the ongoing demands of meeting the needs of the women it serves, maintain training compliance and develop services in line with Health Board and Welsh Government targets.

Further details of the current workforce position are outlined below:

#### **a. Recruitment**

Recruitment of Band 5/6 midwives is currently challenging due to the shortage of midwives across Wales and the rest of the United Kingdom.

A number of recruitment drives have taken place this year, with varying degrees of success – none allowed us to fill all vacancies. We currently have 16.59WTE midwife vacancies.

The 2022 streamlining has taken place and 8WTE Band 5 graduates are joining the Health Board. This is 50% lower than expected. Five are in post, with a further three still finalising pre-employment checks and professional registration.

A challenge in Wales is that only one output of new Band 5 graduates a year has an impact on maintaining services. In past years, staff in post usually assist by covering the additional hours and overtime but the sustained shortage due to COVID-19 and staff unavailability has made this difficult with many staff impacted negatively.

#### **b. Turnover & Retention**

The Maternity Service is a 24/7 operation in both Obstetric Unit and Community services requiring a workforce that is flexible to support night shift and weekend rosters.

The community model operates an on-call model that supports community emergencies and in more recent months has been the main source of “shoring up” the staffing availability within the Obstetric Unit to ensure hospital services remain open for all pregnant women.

Staff wellbeing has more recently been compromised as a result of this model and an increasing number of medical exemptions and flexible working requests are having to be managed to support staff which leads to a fragility in the on call roster in particular.

Midwifery STAFF TURNOVER								
Sep-22								
Cost Centre	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Headcount %	FTE %
130 H431 NPTH Birth Centre	30.5	26.6	1.0	1.0	11.0	8.5	36.07%	31.95%
130 H433 SN Ante-Natal Clinic	14.0	10.9	2.0	1.1	2.0	1.0	14.29%	9.30%
130 H437 West Community Midwives – South Team	31.0	27.4	2.0	1.1	9.0	7.4	29.03%	26.95%
130 H444 SN Maternity	158.0	135.1	29.0	20.8	14.0	10.6	8.86%	7.84%
130 H445 Obstetric Specialist Nurses	21.5	20.5	2.0	1.1	4.0	2.5	18.60%	12.17%

Turnover % data from the last year has highlighted the requirement for a greater degree of intelligence gathering in terms of staff experience and in particular to address higher than average turnover rates in the Birth Centre at Neath Port Talbot and amongst community teams.

### c. Maternity Leave

The workforce has a high proportion of young females and the rate of maternity absence is high amongst the professional and non-professional workforce.

The current midwifery absence due to maternity leave is 9.04WTE; this figure rises to 15.96WTE by January 2023 and 17.96WTE by February 2023. The recommended 26.9% uplift does not include maternity cover - only annual leave, sickness and study leave.

Traditionally, the student streamlining supports this absence but for obvious reasons can be difficult to plan for with only one annual intake in September each year. In addition, there is no budgeted establishment for the Band 5 midwives, which we suggest should be rectified for the future to allow greater clarity about budgets and rosters.

**Recovery** - As we commenced the recovery phase it was recognised that some service changes introduced during the pandemic have been beneficial. However, the centralisation of services highlighted a fragility in the overall workforce across all areas of the service which need to be addressed. The current service model by which the maternity service operates does not deliver optimum efficiency, driving a need for service change and reconfiguration. The ability to move forward with the necessary changes which meet the needs of the women and the workforce have been hampered by continued staffing issues and also impacted by changes to the senior midwifery management team during the same period.

In order to progress, the NPTSSG senior team have recently put arrangements in place to release the Group Nurse Director to provide an increased level of support to maternity services and to undertake holistic observations of working practices, and the pressures within the system. Whilst this work has only commenced in detail in November, the section below gives an indication of the priority areas for improvement.

### **Key Issues**

- **Separation of Obstetric Unit Cost Centres & Rosters** - There is only one cost centre and roster for the whole of the Obstetric Unit, covering the Labour Ward, Antenatal Ward, Bay Birth Unit, Triage Unit and Post-natal Ward. This makes efficiency, scrutiny and analysis of the rosters very difficult, and there is no ownership of the roster in each area. The work to rectify this is well underway and is expected to be completed in January or February 2023.
- **Digitisation** – Whilst there are plans for the development of a Digital Maternity Record for Wales, it is understood that this is likely to be at least 2 years away. In the meantime, there are potential digital solutions to free community midwives up from paper-based tasks and data entry.
- **On call rotas & Escalation Policy** – Community midwives currently take part in an on-call rota which was originally established for intrapartum care such as home births, but has evolved over time into regularly being called in to support the Obstetric Unit staff. This has led to breaches of EWTD. There is an urgent need therefore to review the escalation policy and change the on-call system. An OCP process will be required.
- **Skill mix & top of license working** – the shortage of registered midwives is likely to continue for some years until training numbers are significantly increased. There are opportunities locally to increase the proportion of work delegated to Band 3 Maternity Care Assistants, particularly in community and inpatient post-natal services. In addition, an increase in administrative support in all areas would release midwives' and ensure that they are working at the top of their license. Consideration is also being given to the utilisation of registered nurses to provide care to post-operative patients on Labour Ward, particularly those in the High Dependency Unit.

- **Community Team Structure** - there is no clear leadership and accountability within each of the current 6 community teams. A full review of the structure, skill mix, workload and leadership of the community services is required.
- **Maximising Leadership Capacity** – redefining the roles of leaders within the team, and establishing the needs for a leadership development programme.
- **Staff Engagement** – involving and empowering staff to make positive changes in their areas.

These issues highlight the need for significant improvements across the maternity services to maximise efficiency, support the wellbeing of staff and improve patient care. A Workforce Transformation Project is being established to lead on this, with a number of workstreams under development. To support this, the Service Group hopes to appoint a Workforce Transformation Lead Midwife and a Business Support Manager; the latter post designed to release the Service Manager from some administrative tasks to enable her to support the transformation work.

### **3. GOVERNANCE AND RISK ISSUES**

The risk rating (ID 2788) in relation to midwifery staffing is currently 25 with increasing challenges in achieving the required baseline staffing levels in the Obstetric Unit and Community services.

#### **3.1 Home Birth Service and NPT Freestanding Birth Centre**

Whilst staffing levels are still at a critical level, a Task & Finish Group is assessing options for safely reopening the FMU. There is a risk that, if the position deteriorates, services may once again have to be suspended. Therefore, the plan for reopening needs to be robust.

#### **3.2 Mandatory and Statutory Training**

The current staffing position has meant that mandatory and statutory training days, apart from PROMPT wherever possible, had to be cancelled up until September 2022. All days have currently been reinstated. However, with the projected staffing position up until the end of November, there is a possibility that these may have to be cancelled again. The service's mandatory e-learning position has also been affected. This poses the risk of not meeting the Health Board and WRP/Maternity Network training requirements.

With an increase in statutory, mandatory and Health Board training requirements. Midwives in the future will require allocation of up to 5 study days per year. This is one of the reasons why the inclusion of the full 26.9% headroom is essential for us to maintain safe staffing levels.

### **3.3 Retention of Staff**

From September 2021, the introduction of weekly employee forums and team meetings is supporting improved communication challenges, and early analysis of trends is indicating the need to improve reliance upon the Community on call team to support regular staff absence in the Obstetric Unit and consider the resilience of teams when required to work more flexibly. A much needed review of service models will bring these issues to the fore and provide clarity and consistency to the teams across the service. Ongoing work to improve staff engagement.

### **3.4 Maternity Vision**

The current staffing position does not support Maternity Services in achieving the Welsh Government Vision for maternity services in Wales in relation to continuity of carer.

## **4. FINANCIAL IMPLICATIONS**

To support these changes and taken through the relevant Health Board processes. Whilst there are no financial implications associated directly with this report, the Transformation Project required to improve services will inevitably lead to new structures and workforce models which are likely to have financial implications, as could the Birthrate+ recommendations. Indicative costs to develop a sustainable service amount to £2.06m, but the transformation project will lead to changes in our assessment.

When necessary, business cases will be developed

## **5. RECOMMENDATION**

The Workforce and OD Committee is asked to note the current staffing position and risks within Maternity services and support the proposal for a Workforce Transformation Project Board.



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The patient experience, incidents and complaints are monitored daily as part of the Service Groups' daily maternity escalation meeting in order to mitigate staffing constraints and take forward any learning to mitigate recurrence.		
<b>Financial Implications</b>		
<p>Whilst there are no financial implications associated directly with this report, the Transformation Project required to improve services will inevitably lead to new structures and workforce models which are likely to have financial implications, as could the Birthrate+ recommendations. Indicative costs to develop a sustainable service amount to £2.06m, but the transformation project will lead to changes in our assessment.</p> <p>When necessary, business cases will be developed.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
Incident and complaints and will be managed in accordance with the Civil Procedure Rules of the NHS Concerns, Complaints and Redress Arrangements Wales Regulations 2011.		
<b>Staffing Implications</b>		
There are significant staffing implications associated with this paper, and the plans to improve midwifery services. It is likely that Organisational Change Policy process will need to be followed.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
No implications		
<b>Report History</b>	N/A	
<b>Appendices</b>	N/A	