West Hertfordshire Hospitals NHS
NHS Trust

Trust Board Meeting
04 February 2016

Title of the paper:	**Midwifery skills mix review**
Agenda item:	**11a/34**
Lead Executive:	**Tracey Carter, Chief Nurse and Director of Infection and Prevention Control (DIPC)**
Author:	**Interim Head of Midwifery and Gynaecology.**
Trust objective:	Tick as appropriate: ☒Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; ☐Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; ☐Creating a clear and credible long term financial strategy.
Purpose:	The paper was requested and commissioned by Tracey Carter Director of Nursing The terms of reference are- • To undertake a review of the funded Midwifery establishment to confirm that the Birthrate Plus recommendations and latest NICE Guidance are being met • To identify current and future challenges to the service that could impact on workforce requirements • To review the Midwifery leadership in line with best practice and the current and future needs of the service • To specifically review the staffing requirements of the Midwifery Education Provision in view of the impact of recruitment and preceptorship • To make relevant recommendations
Link to Board Assurance Framework (BAF)	Principal risk 1. Failure to provide safe, effective, high quality care

Previously discussed:

Group	**Date**
Safety and Quality Committee	26 January 2016

Benefits to patients and patient safety implications
To assure we have the sufficient qualified, skilled and experienced staff to meet patient care needs within our maternity service to give good safe quality care.

RECOMMENDATION
To note

Agenda Item: 11a/34

Trust Board meeting – 4 February 2016

Midwifery skills mix review

Presented by: Tracey Carter, Chief Nurse and Director of Infection Prevention and Control

1. PURPOSE

1.1 This paper presents the outcome of the establishment and skill mix review of the Midwifery establishment covering the in-patient clinical areas at Watford General Hospital, Hemel Hempstead and St Albans Hospitals and the community midwifery service to determine if the midwifery staffing levels have sufficient qualified, skilled and experienced staff to meet patient care needs.

- To undertake a review of the funded Midwifery establishment to confirm that the Birthrate Plus recommendations and latest NICE Guidance are being met
- To identify current and future challenges to the service that could impact on workforce requirements
- To review the Midwifery leadership in line with best practice and the current and future needs of the service
- To specifically review the staffing requirements of the Maternity Education Provision in view of the impact of recruitment and preceptorship
- To make relevant recommendations

2. BACKGROUND

2.2 The Maternity Service at West Hertfordshire Hospital provides care for around 5600 women per year. For 15/16 this is predicted to change to 5300 following the cessation of private obstetrics and the loss of this activity.

2.3 Care is provided during the antenatal period by midwives in the community and in three hospital based Antenatal Clinics. Labour care is provided either in the Delivery Suite or Alexandra Birth Centre on the Watford site or at home. Inpatient antenatal and postnatal care are provided on Victoria and Katherine wards respectively. Postnatal care at home across Hertfordshire is provided by the community midwifery service (also part of the Trust Maternity Service)

2.4 There is a high risk delivery suite with up to 13 delivery rooms including a high dependency bay. There are two maternity theatres on the same level as delivery suite. The normal staffing levels for delivery suite are 7 midwives per shift this includes the co-ordinating midwife and 1 Health Care Assistant.

2.5 The Alexandra Birthing centre (ABC) is a low risk delivery unit with 7 delivery rooms. This low risk birthing centre is managed by 3 Midwives and 1 Health care assistant per shift. If the ABC is not busy then the third midwife can be redeployed to another area with higher activity.

2.6 The postnatal ward offers 32 beds including transitional care. The normal staffing levels are 4 midwives, 1 Healthcare assistant and 2 nursery nurses per shift.

2.7 The antenatal ward has 15 beds. The normal staffing levels are 2 midwives and 1 healthcare assistant per shift.

2.8 The community is split into 3 areas within West Herts Hospital Trust (WHHT), Watford, Hemel Hempstead and St Albans. They have midwifery teams that cover General Practitioner (GP) clinics and central Hubs in children's centres. This service covers antenatal and postnatal care. They also have an on call system across teams that cover all home confinements in our catchment area. The on call service also provides the trust with staff to attend the unit if needing to increase midwifery staffing in times of high activity within the unit. There are normally 4 midwives on call.

2.9 Our antenatal service includes obstetric and combined clinics for specific conditions within WHHT. There is a 5 day maternity day assessment unit (MDAU) and a 24 hour triage service that incorporates antenatal and post-natal care; the normal staffing levels per shift are 2 midwives for MDAU and 2 midwives and 1 health care assistant for Triage.

2.10 The out of hour's service includes all antenatal, intrapartum and postnatal care, two functioning maternity theatres and a triage assessment unit.

2.11 The nature of maternity services means that there is a mixture of planned activity (routine antenatal and postnatal care) that can be scheduled and appropriate staffing plans made to match planned activity. However the majority of care (from a staffing perspective) is unscheduled and there is limited scope to control activity.

3. RELEVANT NATIONAL GUIDELINES AND TOOLS

NICE Safe midwifery staffing for maternity settings, February 2015

3.1 Following the publication of the Francis Report (2013) and the Keogh Report (2013) the DH asked NICE to produce guidance on safe midwifery staffing. The guideline makes recommendations for four distinct groups.

3.2 This guideline makes recommendations on safe midwifery staffing requirements for maternity settings. The guideline focuses on the pre-conception, antenatal, intrapartum and postnatal care provided by midwives in all maternity settings, including: at home, in the community, in day assessment units, in obstetric units, and in midwifery-led units (both alongside hospitals and free-standing).

3.3 The guideline identifies organisational and managerial factors that are required to support safe midwifery staffing, and makes recommendations for monitoring and taking action if there are not enough midwives available to meet the midwifery needs of needs of women and babies in the service.

3.4 In order to ensure correct establishment calculations the guideline states; Base the number of whole-time equivalents on registered midwives, and do not include the following in the calculations:

- registered midwives undertaking a Local Supervising Authority Programme
- registered midwives with supernumerary status (this may include newly qualified midwives, or midwives returning to practice)
- student midwives
- the proportion of time specialist and consultant midwives who are part of the establishment spend delivering contracted specialist work (for example, specialist midwives in bereavement roles)
- the proportion of time midwives who are part of the establishment spend coordinating a service, for example the labour ward.

Birthrate Plus.

3.5 Birthrate Plus is an internationally recognised and thoroughly tested Midwifery workforce tool. A Birthrate plus assessment was undertaken in the Trust in 2011 and a tabletop exercise was repeated in 2013.

3.6 The tool allows for acuity of women, cross border community midwifery imports and export and one to one care in labour. Since 1980 the standard of one to one care for women in labour has been held to be the desired level of midwifery care, and this was reinforced by the Winterton Report (House of Commons 1992) and the Cumberlege Report (DOH 1993).

3.7 Since 2001 Birthrate Plus has been implemented in over 200 Maternity Services of widely differing sizes and settings in the United Kingdom, Ireland and in Australia.

3.8 Birthrate Plus assessment at West Hertfordshire Trust concluded that the recommended ratio given acuity should be 1 to 29.

3.9 Recommendation That the Birthrate Plus acuity tool be used by the end of 2016 to review the acuity of the West Herts Maternity Service.

4. THE CURRENT FUNDED ESTABLISHMENT

4.1 The Current Midwifery establishment for 15/16 was agreed as part of the budget setting process by the divisional Head of Finance and the Midwifery management team. The funded numbers are as follows-

Overall Current Funded Midwifery Posts (w.t.e.) in 15/16 budget

A4Ch Band	**8d**	**8b**	**8a**	**7**	**5/6**	**4**	**2**
Head of Midwifery and Gynaecology	1						
Consultant Midwife		1					
Midwifery Matrons			3				
Lead Midwives			2.6				
Midwifery Team Leaders				34.16			
Specialist Midwives				10.2			
Midwives					133.06		
Nursery Nurses						14.44	
Health Care Assistants							41.39

Establishment breakdown and vacancy position.

4.2 Recruitment and retention of midwifery staff has been an issue for the organisation for several years. There is a high reliance on bank and Agency Staff. The main source of recruitment historically has been newly qualified midwives, often from our partner University (The University of Hertfordshire). They are recruited at band 5 and go through the well-established band 5 to 6 preceptorship programme.

The current position is as follows

Band 8 Midwives

Post	Band	WTE	Notes
Head of Midwifery and Gynaecology	8d	1	Vacant. Substantive appointment has been made with planned started date of 1st March 2016. Interim arrangements are in place.
Consultant Midwife	8b	1	Post filled substantively
Matron- Delivery Suite	8a	1	Post filled substantively
Matron- Inpatients	8a	1	Post filled substantively
Matron- Community	8a	1	Post filled substantively
Lead for AN Screening/public health	8a	1	Vacant (new post). JD to be written.
Lead Midwife Complex Social Care	8a	1	Post filled substantively
Lead Midwife Education	8a	0.6	Vacant (new post) out to advert

Band 7 Midwives (non- specialist)

The current position regarding band 7 midwives who are not specialist midwives is as follows.

Clinical Area	Funded Establishment
Delivery Suite (Including Maternity Bleepholders)	14.8
Alexandra Birth Centre	4.36
Victoria Ward	1
Katherine Ward	1
Community Midwives- HH	2.76
Community Midwives-St Albans	2.11
Community Midwives- Watford	5.13
Antenatal Clinic	1
	34.16

4.3 There have been several recruitment campaigns in recent months for band 7 midwives. As of end December 15 there were 7.5 wte vacancies, although 3.0wte have been recruited and awaiting start dates, leaving 4.0wte residual vacancies to fill. Another round of recruitment is currently in progress.

Band 7 Specialist Midwives

Role	Funded wte	In post	Vacancies	Comments
Antenatal Screening	1	1	0	
Quality Midwife	1	1	0	
Supervisor of Midwives	1	0.8	0.2	
Clinical Facilitator	2	2	0	
Safeguarding Midwife	1	1	0	
Vulnerable Adults Midwife	1	1	0	Interim role
Infant Feeding	1.2	1.2	0	
Patient Safety Midwife	1	1	0	
Bereavement Midwife	1	0	1	Out to advert

Band 5/6 Midwives current establishment

Clinical Area	**Funded WTE**
ABC	13.52
Delivery Suite	37.75
Katherine	23.49
Victoria	10.44
ANC/MDAU	8.56
Community WGH	19.2
Community HHGH	11.43
Community SACH	8.67
Total	**133.06**

4.4 Five of these posts have been reduced in the establishment due to the fall in birth-rate within the Trust.

4.5 A continuous programme of recruitment is in place for band 5/6 midwives. Numerous options are being explored including limited overseas recruitment, focused advertisement, and attendance at recruitment fairs.

4.6 The current vacancy position is a follows (End December 15) – 33.9wte Vacant (23.8%).

4.7 There are 3 band 5 midwives due to start in Jan 16 and there are 12 in the recruitment pipeline leaving a residual vacancy of 17.9wte.

Nursery Nurses

	Funded Establishment	In post	Vacancies
Katherine Ward	10.44	10.44	0
Community Midwifery	4	2.9	1.1

5. ANALYSIS/DISCUSSION

Review of the funded Midwifery establishment

5.1 Work was undertaken at 15/16 budget setting to align the establishment with the standard Birthrate Plus ratio of 1 to 30. Birthrate plus provides a formula that allows for up to 20% of the midwifery workforce to come from non-midwifery staff (nursery Nurses etc).

Summary by band	Funded wte		Total Funded wte
	Outside of ratio	Within midwifery ratio	wte
04000: Senior Midwife	2.60	0.50	2.60
04100: Band 8 Midwife	5.00	0.00	5.00
04200: Band 7 Midwife	3.00	41.06	44.06
04400: Band 6 Midwife	0.00	136.26	136.26
04500: Band 5 Midwife	0.00	0.00	0.00
04500: Band 5 Student midwives	10.00	0.00	10.00
04700: Band 4 Nursery Nurse	0.00	14.44	14.44
04900: Band 2 HCAs	41.39	0.00	41.39
04950: Housekeepers	3.00	0.00	3.00
06180: Therapist/Counsellor	0.00	0.00	0.00
08064: Phlebotomists	2.40	0.00	2.40
12020: A&C Band 2	3.20	0.00	3.20
12040: A&C Band 4	2.00	0.00	2.00
12050: A&C Band 5	2.40	0.00	2.40
Total	**74.49**	**192.26**	**266.75**

5.2 The senior midwifery team are not counted within the ratio as they provide limited direct clinical care, the exception being the Consultant Midwife role which is expected to provide 50% of their time clinically. The 3wte band 7 midwives who are not counted in the ratio are sonographers who sit within the midwifery budget- therefore they are not counted. Student midwives are also not counted within the ratio as they are supernumerary and only provide care under the direct supervision of a midwife.

5.3 As can been seen 14.44wte who are non-midwives are counted within the ratio. In terms of the Birthrate calculation this is within the 20% of non-midwifery staff that are allowed to be counted within the ratio.

5.4 The establishment for 15/16 was set using an assumption of 5600 births within that year.

5.5 Therefore the funded midwife to birth ratio at West Herts Hospitals at the start of 15/16 was (5600/192.26) 1 to 29

5.6 The birth numbers and predicted births (using bookings) are reviewed monthly. In May 2015 a decision was made by the Trust board to cease providing a private obstetric service. Around 250 women annually used this service. Following a review in November 2015 by the Divisional Head of Finance and the Interim Head of Midwifery a revised figure of 5300 expected births for 15/16 was agreed upon.

5.7 Therefore the current funded midwife to birth ratio at West Herts Hospitals is (5300/192.26) 1 to 28. With this reduction the decision was made to hold 5.0wte midwife posts, this continues further to an ongoing review of births.

5.8 When the 15/16 budget was set the NICE Safe midwifery staffing for maternity settings, was not yet published. Within the guidance there are three key areas of note-

- Processes for monitoring safe midwifery staffing
- Midwifery ‘Red Flag Events’
- Supernumerary status of the Delivery Suite Coordinator

6. PROCESS FOR MONITORING SAFE MIDWIFERYSTAFFING

6.1 NICE(2015) recommend a rigorous process for monitoring staffing levels. In the Trust there is a well-established system and process for the reporting of Nursing and Midwifery staffing levels. On a daily basis the planned versus actual staffing is reported and discussed at the morning Nursing and Midwifery safety huddle. Plans are made to mitigate any risks. There is senior/exec nursing/midwifery presence at these meetings.

6.2 Recommendation- The current system of daily reporting via the Nursing and Midwifery Safety Huddle should continue.

Midwifery 'Red Flag Events'

6.3 The Guidelines recommend that a series of event be monitored and used as an indicator of

- Delayed or cancelled time critical activity.
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing).
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication).
- Delay of more than 30 minutes in providing pain relief.
- Delay of 30 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of 2 hours or more between admission for induction and beginning of process.
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output).
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.

6.4 Currently some of these issues are report via the Datix risk reporting mechanism and are followed up at the patient safety meeting. However there is currently no formal mechanism to specifically report and monitor these events. The East of England (E of E) Heads of Midwifery Network have discussed the issue and they are planning to have guidance from the East of England Strategic Clinical Network (SCN) regarding consistent application of the Red Flags across the region. This would allow for comparisons to be made between units.

6.5 Recommendation- That the HoM continues dialogue with the HoM network and SCN. West Herts participate in the consistent approach to implementation of the Red Flag events across E of E.

Supernumerary status of the Delivery Suite Coordinator

6.6 The role of the Delivery Suite Coordinator is pivotal in the safe running of this key area within a maternity service. The role includes, operational responsibilities, responding to emergencies, clinical leadership and support, and liaison with other clinical areas in the organisation. Currently the Delivery Suite Coordinator is supernumerary and does not hold a clinical caseload. However within the Birthrate plus calculation and current midwifery establishment the Delivery Suite Coordinator is counted within the Midwifery Ratio.

6.7 There has been an agreement made within the North Central London Maternity Clinical Network that the Delivery Suite Coordinator be excluded from the ratio calculation in view of the NICE (2015) guidance.

6.8 Recommendation- that during the 16/17 budget setting consideration given to 5.4wte Band 7 midwives excluded from the calculation of Midwife to Birth ratio.

6.9 Given the reduction in births the midwife to birth ratio would still be 1:29 with this amendment and would be funded within the current establishment therefore not requiring any investment.

The future birthrate plus assessment will include this requirement within its establishment calculations.

Current and future challenges to the service

6.10 The Maternity Service currently faces a numbers of challenges. Some of those are specific to the Trust (estate and environment for example) whilst others fall in line with a national picture (midwifery recruitment). The biggest challenge currently is meeting the recommendations following the recent CQC inspection report. The recommendations from this report as well as numerous others have been amalgamated. The implementation of the maternity improvement plan is led and monitored by the Chief Executive on a weekly basis. The actions from the improvement plan require a large proportion of the senior team resource.

6.11In terms of this paper the areas of current challenge that will be focused upon are

- Leadership (Band 7 and 8)
- Recruitment and Retention
- Education
- Caring for Vulnerable Women (inc safeguarding Concerns)

Leadership (Band 7 and 8)

6.12Several reports in recent years have highlighted the need to strengthen the Midwifery leadership at West Herts. Most recently this came as part of the initial feedback following the CQC inspection visit in May 2015, then in the final report.

6.13The Current senior structure consists of a Head of Midwifery and Gynaecology who manages

- Consultant Midwife
- Matron- Delivery Suite
- Matron- Inpatients
- Matron- Community
- Lead Midwife Complex Social Care (Started Jan16)
- (Matron for Gynaecology)

6.14The current Midwifery leadership structure has been benchmarked against similar Trusts and is comparable in terms of numbers and banding. This structure would allow for strategic and operational leadership within a fully functioning unchallenged service. However the significant senior resource required to implement the Maternity Improvement Plan places significant pressure on the team and can reduce the team's ability to meet operational objectives.

6.15Currently the role of Interim Deputy Head of Midwifery is being recruited. This is part of the temporary arrangement to cover the period between the interim Head of Midwifery and Gynaecology finishing and the substantive postholder starting. The Deputy HoM will manage the maternity matrons, oversee the operational running of the service as well as taking on specific delegated tasks and roles. This role will give greater support to the maternity matrons (2 of whom are newly appointed) as well as releasing time for the Head of Midwifery and Gynaecology to devote to strategic and high level operational work.

6.16Recommendation The role of Deputy Head of Midwifery should be evaluated by the substantive HoM once established in post and reviewed with a view to potentially making the role permanent.

The current establishment of Band 7 Midwives allows for

- 10 Community Team Leaders
- 1 Team leader in each of the inpatient clinical areas
- Two Delivery Suite Coordinators per shift (one of whom undertakes the bleepholder role out of hours)

6.17Senior midwives are key to providing a safe service particularly out of hours. They provide visible clinical advice and support to other staff as well as overseeing the overall running of the service. There are also key areas of the service such as Maternity Day Unit and Triage that are without dedicated leadership. This needs to be addressed.

6.18Recommendation- That the new Head of Midwifery and Gynaecology devise an allocation plan for band 7 midwives in order to improve 24/7 leadership.

- Recruitment and Retention

6.19Recruitment and retention of midwifery staff is an ongoing challenge within the Trust. Currently band 5/6 residual vacancies are 17.9wte. There is a rigorous plan in place regarding midwifery recruitment. Equally issues in relation to retention of staff are being addressed. Midwifery recruitment and retention plans are in place and are being monitored by the Chief Executive at the weekly maternity check in meetings.

7. MIDWIFERY EDUCATION PROVISION

7.1 In the 15/16 budget there are 2 wte Midwifery Clinical Facilitators who undertake the following roles-

- Recruitment of new staff
- Leading the midwifery preceptorship programme (up to 30 midwives at any time)
- Organising and running the midwifery in-house training sessions
- Managing the student midwives (up to 50 at any one time)
- Ad-hoc training such a point of care testing

7.2 Funding has been sought from the Non-medical Education and Training allocation to fund 1 wte band 7 Practice Education Facilitator who will focus on supporting the student midwives. This will allow the 2 Midwifery Clinical Facilitators to provide more focused attention toward supporting new and existing staff.

7.3 Additionally 0.6wte band 8a funding has been identified to recruit a Lead Midwife (Education) to oversee and manage the other members of the team as well as review and develop Midwifery Education overall. This post is currently out to advert.

Caring for Vulnerable Women

7.4 It has been recognised that there as gap in service provision in terms of the provision of specialist midwifery care to women with complex social needs. The Trust has been successful in recruiting a 1wte Band 8a Lead Midwife for Complex Social Care. She started with the organisation in January 2015. She has been tasked with scoping the requirements for the new team bringing a proposal to the Head of Midwifery. It is expected that this team will comprise of around 3 or 4 midwives. These posts will be reallocated to the team from the existing pool.

8. SUMMARY

8.1 The current midwifery establishment meets the requirements of the Birthrate Plus workforce planning tool. However as acuity and numbers change the assessment process should be repeated within the next year.

8.2 The current establishment is able to meet the requirements of the new NICE (2015) guidance in terms of the supernumerary status of the Delivery Suite Coordinator.

8.3 In terms of the establishment meeting the most urgent challenges, plans are in place to meet those challenges, however recruitment and retention to all levels of post remains a priority.

Summary of Recommendations

- The current system of daily reporting via the Nursing and Midwifery Safety Huddle should continue.

- That the Birthrate Plus acuity tool be used by the end of 2016 to review to acuity of the West Herts Maternity Service.

- That the HoM continues dialogue with the HoM network and SCN. West Herts participate in the consistent approach to implementation of the Red Flag events across E of E.

- The role of Deputy Head of Midwifery should be evaluated and review with a view to potentially making the role permanent.

- That the new Head of Midwifery and Gynaecology devise an allocation plan for band 7 midwives in order to improve 24/7 leadership.

9.0 RECOMMENDATION

9.1 The Board is asked to note this report.

Tracey Carter

Chief Nurse and Director of Infection Prevention and Control
18 January 2016