

## **Paper outlining current issues facing midwifery staffing leading to birth unit closure pre HOSC**

**To:** NHS Reference Group

**Date:** 17 01 23

### **Executive Summary**

In response to a range of Midwifery workforce challenges, a difficult decision was made to close the Cheltenham Aveta Birthing Unit for labour and births from 5<sup>th</sup> April 2022 and six post-natal beds at Stroud Maternity unit from 1<sup>st</sup> October 2022.

In discussion with partners, it was agreed this decision would be reviewed by our senior team in Maternity in early January 2023 against progress made on Midwife recruitment, sickness and absence levels.

This review happened in w/c 9<sup>th</sup> January 2023 and the decision is that these services will remain closed. The decision will be reviewed again in April 2023.

The required Memorandum of Understanding (MOU) template will now be completed to provide the relevant detail behind these temporary service changes and included in the ICB Update for January's Health Overview & Scrutiny Committee (HOSC).

### **GNHSFT Maternity Service**

Gloucestershire Hospitals Foundation NHS Trust provides a large maternity service for the county in which circa 6000 babies are delivered each year.

- The maternity service comprises
  - Community midwifery service with home birth service
  - Continuity of Carer Teams
  - Maternity Advice Line (hosted at SWAST/Triage)
  - Obstetric antenatal clinics (Gloucester, Stroud and Cheltenham)
  - Maternity Day Assessment
  - Maternity Triage
  - Delivery suite based at Gloucestershire Royal Hospital with Obstetric Theatres
  - Three midwifery led birth units, one co-located at Gloucestershire Royal and two standalone units at Cheltenham and Stroud

Maternity service provision is needed to continue regardless of workforce pressures and maintenance of the service is therefore a priority. Labour and birth is frequently unplanned and whilst there is some elective work (Elective Caesarean Section and Induction of labour) this is usually related to maternal or fetal concern and therefore there is a limitation in postponing this workload.

In addition, antenatal and postnatal care within the hospital and community is an essential service to maintain safety for women, birthing people and their families. Maintenance of essential services for those families who are most vulnerable, particularly with safeguarding needs are vital. A flexible workforce, working across the service, consolidating midwifery and obstetric staff in key priority areas is a key

principle of any planning associated with workforce absence. Allocation of staff and subsequent redeployment when necessary is based on the level of clinical activity across the service. The national quality standard of one-to-one care in labour means that service providers need to ensure that the recommended midwifery staffing ratios are maintained so that women in established labour have one-to-one care and support from an assigned midwife.

### **Outline of issues**

- National shortage of midwives
- Local vacancies related to recruitment and turnover
- Increased short- and long-term sickness
- Increased Maternity leave
- Vital Quality Improvement workstreams depleting clinical midwifery headcount

## Appendix

### Appendix 1: Timeline of temporary closures

Dates	Duration	Area	Midwifery staffing absence - WTE
8/12/21 – 7/02/22	62 days	Cheltenham Birth Centre	Vacancies: 24.4 Absence: 48.84 <b>Total: 73.24</b>
17/03/22 – 28/03/22	11 days	Gloucester Birth Unit	Vacancies: 24.4 Absence: 49.09 <b>Total: 73.24</b>
05/04/22 – 25/04/22	20 days	Stroud Maternity Unit	Vacancies: 17.9 Absence: 36.12 <b>Total: 54.02</b>
05/04/22 - present	Ongoing currently 10 months	Cheltenham Birth Centre	<b>Range: 14.9 – 27.9</b>  <i>April 22:</i> Vacancies: 17.9 Absence: 36.12 <b>Total: 54.02</b>  <i>November 22:</i> Vacancies: 17.71 Absence: 37.18 <b>Total: 54.89</b>
14/07/22	6.5 hours	Whole Maternity Service Closure	Vacancies: 12.81 Absence: 44.35 <b>Total: 57.16</b>
01/10/22 - present	Ongoing – currently 3 months	Stroud postnatal beds	Vacancies: 17.81 Absence: 30.83 <b>Total: 48.64</b>

### Appendix 2: Vacancy Rate

The vacancy rate is improving at a slow rate. Initiatives to improve workforce include:

- A significant recruitment and retention plan
- Dedicated recruitment and retention team
- Midwifery staffing is on the risk register (score of 20)
- International recruitment
- Short term incentives

**Graph 1: Midwifery Vacancy rate (Jan 22-Nov 22)**

