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<tr><td>Date</td><td colspan="3">15 June 2023</td></tr>
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<tr><td>Author /Sponsoring Director/Presenter</td><td colspan="3">Director of Midwifery (Interim) - Lisa Stephens

Chief of Service – Simon Pirie</td></tr>
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<tr><td>To provide assurance</td><td></td><td>To obtain approval</td><td></td></tr>
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Purpose

The purpose of this report is to provide an update following the information provided at HOSC in May 2023. The previous paper outlined GHNHSFT maternity service staffing position and actions associated with consideration of alternative staffing models to support the opening of the birth centre in Cheltenham and post-natal beds in Stroud. In addition, an update on the purpose-built birth centre in Cheltenham is provided.

Key issues to note

- Midwife vacancy rate has increased from 7.6% in January 2023 to 13.9% in May 2023, equating to 30 wte vacancies.
- Projected workforce modelling suggests we could be in a position to re-open the Cheltenham Birthing Unit in January 2024.
- We want to avoid the repeated opening and closure of maternity facilities in Gloucestershire in response to workforce challenges.
- The long-term sustainable solution requires a different Maternity workforce model and this is what we have been exploring with our teams and partners.
- Currently, Option 4 is the preferred option for Cheltenham: Designated Cheltenham Birth Centre and Home Birth Service with on-calls. This model has no impact on postnatal bed provision at Stroud.
- The model for postnatal bed provision at Stroud requires an assessment of the potential of the use of the non-midwifery registered workforce. Benchmarking this nationally is first required to ascertain feasibility
- Having secured £2.7M of capital funding to provide a new Birthing Unit at Cheltenham General, we are working with the capital project team to finalise the design and construction timeline.
- At HOSC in October we will present:
    - The preferred long-term Midwifery workforce model and what this means for birth units in Gloucestershire

- The preferred long-term non-Midwifery model for postnatal care provision and what this means for services in Stroud
- The construction timeline for the new Cheltenham Birthing Unit
- How these three elements will come together to enable Cheltenham and Stroud facilities to reopen.

3. Workforce Status

Midwifery workforce

- CQC carried out an unannounced focused inspection and rated the service as inadequate. One of the issues identified was not always having enough staff to care for women and keep them safe and a Section 29A warning notice was issued (May 2022).
- The Midwifery Vacancy Rate has increased to 13.90% in May 2023.

Month	Jan	Feb	Mar	Apr	May
Vacancy rate	7.62%	11.68%	13.73%	12.82%	13.90%

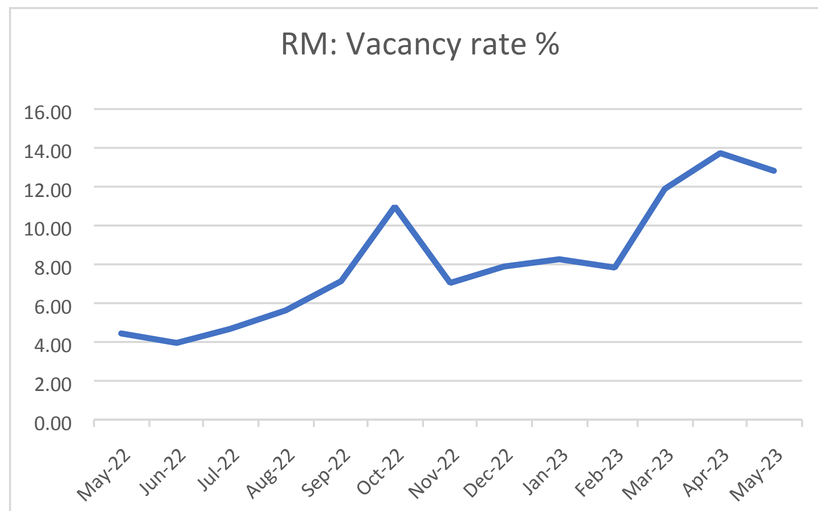
- Midwifery staffing is of significant concern and remains on the Trust risk register with a score of 20.
- The ratio of midwife to mother **1:1 care in labour** is monitored and reported monthly. The Year-to-date average of: 1:1 Care in labour compliance is 98%% based on Trakcare data which provides a service wide overview. There is an action plan associated with this
- The current **vacancy of 30.36 WTE is significant. There are multifactorial reasons for this including;** resignations associated with retirement, dissatisfaction with midwifery, internal and external promotion or movement into non-clinical post, work/life balance and health related reasons as well as an increase in establishment associated with Ockendon clinical funding. Clinical posts that have increased establishment include a Bereavement Midwife team and an Antenatal Midwife with a focus on Induction of labour. These posts have recently been appointed to. All are internal candidates.
- Metrics are presented monthly to the Chief Nurse to provide detail on Safe Staffing and Quality Indicators. These National Standards are associated with NICE Safer Staffing Guidance and in line with the Maternity Incentive Scheme.

Initiatives to improve workforce include:

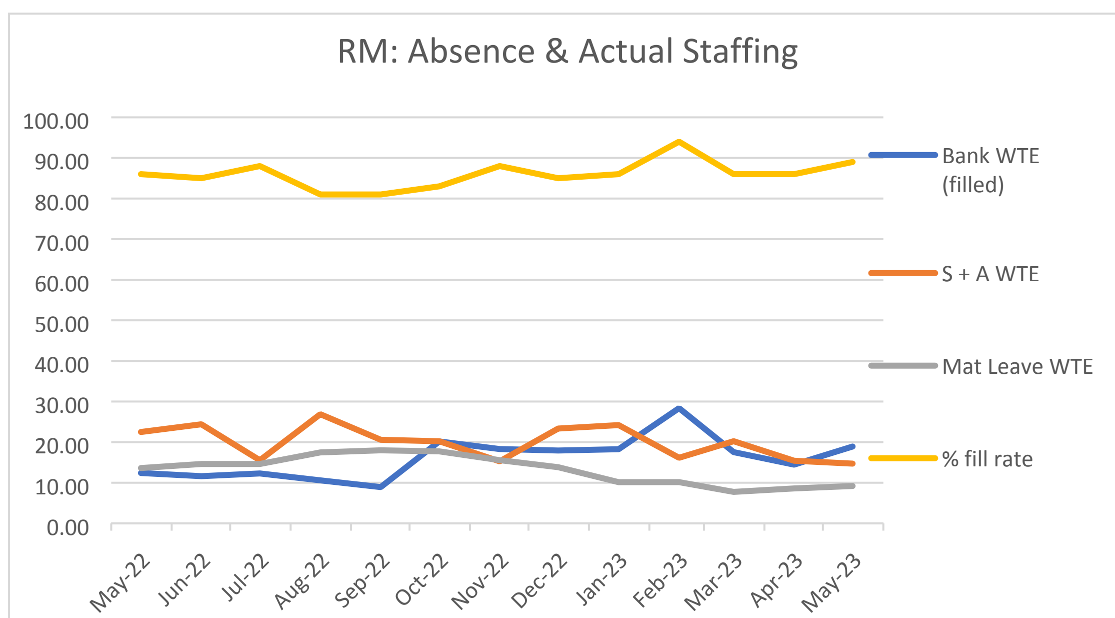
- A significant recruitment and retention plan
- Dedicated recruitment and retention team
- Midwifery staffing on the Trust risk register (score of 20)
- International recruitment
- Short term incentives
- Proposal to join self-rostering pilot with the ICB

- International Day of the Midwife celebration event
- Internet landing page development for new starters
- Significant improvement in data quality
- Legacy Midwife opportunity –Encouraging retiring Midwives that have left the service to return
- Workforce Strategy Launch and Listen event planned for June
- Thematic review of leavers reasons recorded at 'Stay' stay interview
- Some staff retained via 'Stay' interview
- Menopause Live Q&A planned for August
- 8 HEE funded places for Shortened Midwifery course for Registered Nurses

Graph: Midwifery Vacancy rate (Oct 22 – Mar 23)



Graph: Midwifery Absence and Actual Staffing



There is a downward trend in sickness rates which is an improvement from a sustained feature of midwifery staffing in 2021/22. Maternity leave remains high, but is reducing, with an average of 9.23 WTE in the past 6 months. At its highest level the WTE was 17.99.

Since the positive new starter rate seen in September 2022, the new starters have been slow with a typical peak again in Feb associated with qualifying midwife.

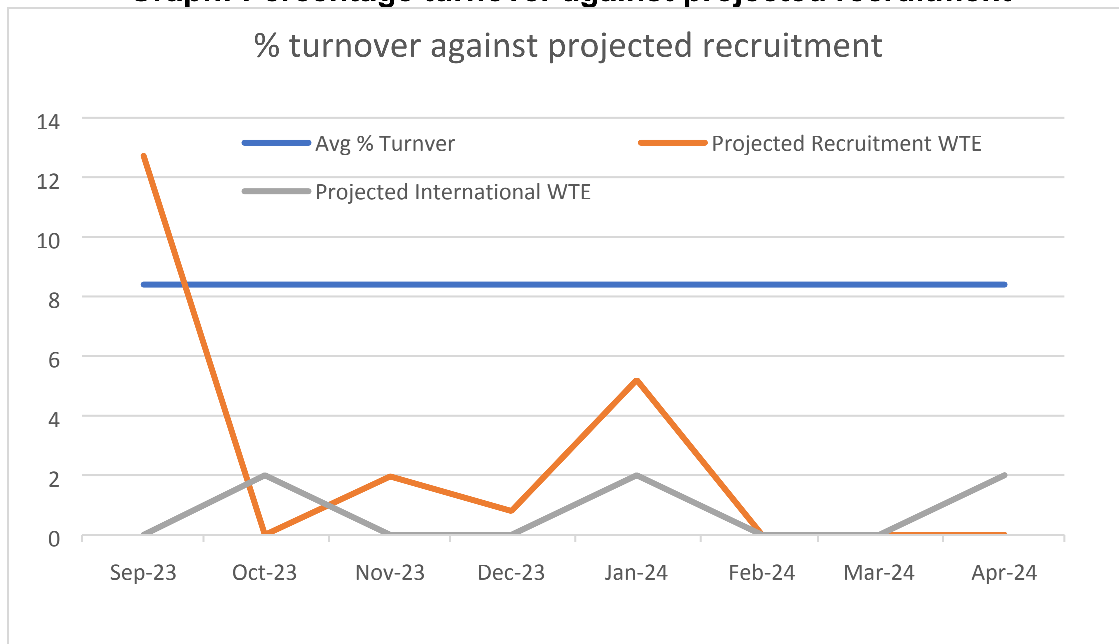
Month	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Starter - Headcount	2	2	4	0	0	5	2	3

Forecasted staffing picture

Midwifery Recruitment and Retention strategies are ongoing. Work on attrition associated with new starters is being addressed. Presenting a future staffing picture is complex, however projected in-post figures are presented below. The projections are based on known future appointees and applying the average local turnover rate from April 2018 to 31st March 2023 to project a future In-post figure.

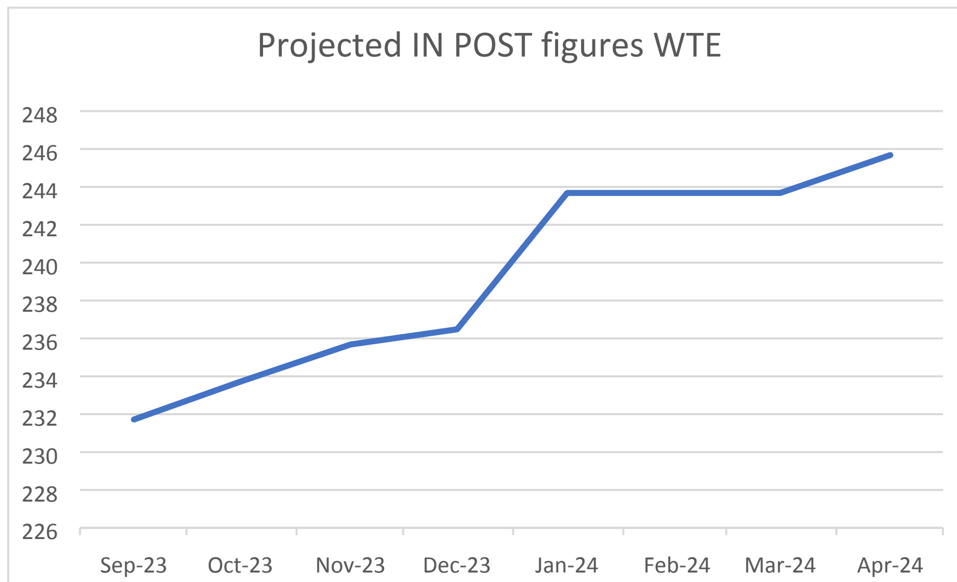
It is important to acknowledge that whilst this is a 5-year period, not only has it been an extremely turbulent period globally, the turnover rate has increased in the past 18 months.

Graph: Percentage turnover against projected recruitment



Percentage turnover against projected recruitment has then been applied to forecast midwifery staffing.

Graph: Projected 'In-Post' figures (WTE)



Calculated on current information the graph above outlines that in January 2024 projected 'In-post' staffing figures are positive. Assuming no upward absence rates (Sickness and Maternity leave) the projected **'In post figures' alone suggests that January 2024 may be a feasible date for reopening the birthing unit**.

4. Future Staffing Model

However, we acknowledge that the longer our staffing challenges continue, the more it appears that getting the right staffing model for the birth centres and community rather than just waiting to be fully recruited is likely to be the key to opening services as quickly as possible. This is now the focus of the senior midwifery team.

Currently, the preferred option for the Cheltenham midwifery team. This involves Midwives working within the birth centre from 08:00-20:00. Outside of these hours if there are no women in labour, midwives will be redeployed to Gloucester Birth Centre. Ideally the allocation of midwifery care will enable handover so that the midwife can return to Cheltenham birth centre overnight if required. The Community midwives working within Cheltenham will have a smaller caseload with increased on calls to support homebirths across Cheltenham and Gloucester. The remainder of the community midwives will hold a dedicated on call rota for to respond to activity in the Cheltenham birth unit. Key to this model is that support and buy-in from other teams outside of Cheltenham is also required, so further consultation is required. It is therefore anticipated that this model may evolve.

The timeline associated with this is as below, and is subject to In-post Staffing levels:

Date/s	Update	Detail
18th April 2023	Whole team meeting via MS Teams led by Matron and including Director of Midwifery.	Professional networking by matron across other units nationally on alternative staffing models.

		Options appraisal for Cheltenham Birth Centre presented to Cheltenham community and birth unit core team in view of the future plans to reopen Aveta Birth unit and roll out sustainable midwifery teams.	Five options were presented Team encouraged to consider options and suggest any alternative adjustments to make them even more feasible. Open questions and feedback encouraged by the Aveda team on their preferences.	
	18th April 23- 4th June 23	Frequent Q&As with Band 7 Team leaders, Matron and Consultant Midwife around options.	Mock rotas were produced to aid comprehension	
	5th June 2023	Matron lead meeting to ascertain team preferences	Vote provided in favour of option 4 from majority: **Designated Cheltenham Birth Centre and Home Birth Service with on calls**	
	27th June 2023	Perinatal Workforce Strategy Launch and Listen event	All staff invited to hear of staffing models available to midwives across the service and contribute to additional ways of working to support midwives choice and flexible working patterns.	
	July 23	Further consultation with all midwives working within birth units and community National Benchmarking of non-Midwifery workforce for postnatal provision at Stroud commenced	Lead by Head of Midwifery, Consultant Midwife and Matrons Led by Chief Nurse, Regional Chief Midwife, LMNS Midwife and Director of Midwifery	
	Aug 23	Model/s agreed and planned		
	Sep 23	Prepare teams, service and community Stakeholder event undertaken to agree a coproduced postnatal provision model at Stroud		
	Oct 23	Midwifery Rota's reflect model Postnatal care provision option		

	presented to HOSC	

- Following this process, it has become clear that there is a wider piece of work required on a larger scale to align the staffing and operationalisation of all birth centres and homebirths throughout the county. This will not only aim to provide a more standardised level of care, but assist with workforce shortages that continue nationally by considering new ways of working as well as attracting new starters and potential returners.
- The next steps for this will be an analysis of staffing actual versus full establishment against current activity across all of the Gloucestershire area from the last 24 months to ascertain where priority areas lie and likely number of women on caseloads, and birthing in midwife-led units in coming years.
- The Head of Midwifery and Matrons for Community and Birth centres will work collaboratively to establish baseline data before linking with the MNVP and networks across the county to ascertain any models of care currently rolled out with proven positive impact on both staff satisfaction and user experience and outcomes.
- Following exploring the options, the team will work with their colleagues to establish a vision for Birthing units across Gloucestershire (inclusive of homebirth services) before communicating with full transparency to all staff how this will or may affect them to ensure their input is at the forefront of all further decision making.
- The model for postnatal bed provision at Stroud requires an assessment of the potential of the use of the non-midwifery registered workforce. The non-Midwifery model for postnatal care provision and what this means for services in Stroud is being explored. As this is an unusual model, we recognise that we owe it to the families in Stroud to undertake a risk assessment and national benchmarking exercise to assure on the required due diligence before the full proposal is confirmed.

Purpose built birth centre in Cheltenham

Following a successful bid to NHS England, £2.7M of capital has been secured to provide a new, purpose built, ground floor birth centre in Cheltenham General Hospital. The Midwifery team have been involved from the early conceptual stage and have now agreed final floor plans. They are currently finalising room requirements with the project management team which will inform project timescales.

Conclusion

Midwifery Staffing within the maternity service remains challenging with this having an impact of the birth unit. The current position and based on current recruitment forecasts is that there is continued closure of the postnatal beds at Stroud Maternity Unit and Cheltenham Birth Centre. Whilst this is related to midwifery staffing, further detail on the impact of the new build birth centres and timelines is awaited in preparation for a further decision on unit closure beyond

October 2023. However, successful implementation of a new staffing model is at risk if the staffing picture does not improve as per the staffing forecast presented. The non-Midwifery model for postnatal care provision in Stroud requires a full and thorough assessment.