

**Maternity Services Workforce Planning following Ockenden Review Recommendations, Published  
11<sup>th</sup> December 2020**

<b>Trust Board – Part 1</b>	<b>Item: 9</b>
<b>24<sup>th</sup> March 2021</b>	<b>Enclosure: E</b>
<b>Purpose of the Report:</b> To update the Trust Board with regard to the maternity services position against the 7 Immediate and Essential Actions in the Ockenden Report and provide a workplan to meet the midwifery workforce Birthrate Plus recommendations.	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	Regulatory and compliance implications
<b>Link to Relevant CQC Domain:</b> <b>Safe</b> <input checked="" type="checkbox"/> <b>Effective</b> <input checked="" type="checkbox"/> <b>Caring</b> <input checked="" type="checkbox"/> <b>Responsive</b> <input checked="" type="checkbox"/> <b>Well Led</b> <input checked="" type="checkbox"/>	
<b>Link to Relevant Strategic Themes:</b>	Quality
<b>Document Previously Considered By:</b>	Summary update to the Executive Management Committee (20/01/21) and Trust Board (27/01/21)
<b>Executive Summary:</b> Kingston Maternity Service remains a large maternity care provider in SWL and continues to be a popular service for women and their families. Kingston midwifery ratios have improved since 2016/17 to 1:28 as a result of a reduction in the numbers of births. The national drive to provide continuity of midwifery carer relies upon a midwifery workforce ratio which has been calculated using a recommended workforce planning tool such as Birthrate plus. A midwifery ratio of 1:26 was recommended following a Birthrate plus review in 2016. The investment in midwifery ratios would improve continuity of carer with improvements in women’s experience and birth outcomes, due to the increased quality of the service. Kingston Maternity Service would also meet the Ockenden Review (2020) maternity workforce recommendations, if the Birthrate Plus midwifery to birth ratio was met.  A re-review of the Birthrate Plus analysis is planned for 2021 to provide an up to date recommendation for the midwifery to birth ratio based on the latest birth rate and acuity levels of women who book for care within the Trust’s maternity service.  The main action where the Trust maternity service is not fully compliant is in regards to the Birthrate Plus recommended standards for the midwifery workforce staffing ratios to births. A	

gap analysis has been undertaken to demonstrate the recommended Birthrate Plus maternity workforce staffing ratio versus the current midwifery workforce funded establishment. To meet the 1:26 midwife to birth ratio an additional 15.6 WTE midwives (bands 5/6) are required within the funded midwifery establishment.

Trusts were asked to have a plan in place to meet the Birthrate Plus standard by 31<sup>st</sup> January 2021 and to confirm timescales for implementation. We can confirm this plan is in place.

## Midwifery Services Workforce Planning

### 1. Background evidence

#### 1.1 Ockenden Review of Maternity Service (2020)

The Ockenden Review published in December 2020 details a series of immediate recommendations for all NHS hospital trusts in England to meet, with the aim of providing assurance of maternity safety within each provider trust's maternity services.

One of the recommendations is to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus standards for maternity workforce recommendations. As an immediate action all Trusts in line with CNST maternity safety action 5 were asked to provide a review of the Midwifery workforce to demonstrate an effective system of clinical workforce planning to the required standard.

Providers were asked to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.

#### 1.2 Continuity of Midwifery Carer

The National Maternity Review: Better Births, 2016 has stated that maternity staff are central to the experience of maternity care, but also to its safety and effectiveness. One of the Better Births ambitions for 2021/22 is to increase the number of women receiving continuity of midwifery carer during pregnancy, birth and postnatally, so that by March 2022, 51% of women who have booked for maternity care receive continuity.

The evidence shows that women who receive midwifery-led continuity models of care are more likely to report higher levels of maternal satisfaction with their care, an increase in normal birth rates, reduction in pregnancy loss before 24 weeks, reduction in pre-term births and reduction in use of regional analgesia. This has both reputational and financial implications for maternity providers. Kingston Maternity Service is currently re-modelling midwifery care to increase continuity of carer within the funded establishment with the aim of achieving the Better Births recommendations. The national drive to achieve continuity of midwifery carer within the Trust is now at 35% of women receiving continuity of midwifery carer across their whole maternity pathway.

### 2. Midwifery Workforce

#### 2.1 Kingston Maternity Service Midwife to Birth Ratios

The reduction in the local birth rate since 2015/16 has resulted in the midwife to birth ratio average improving to 1:28. The number of births in 2019/20 was 4976 and the funded establishment of the midwife to birth ratio has been maintained at 1:28. The 2020/21 forecasted delivery rate is 5074 with a predicted midwifery ratio of 1:28.

## 2.2 Midwifery Staffing Resource Tools

The Birthrate Plus Midwifery Services Workforce Planning and Decision Making Tool is one of the recommended means to calculate the required midwifery staffing levels. This was commissioned by the Trust in June 2016 and recommended a midwifery ratio of 1:26 based on numbers of births and acuity.

This includes guidance on how to calculate the ratio by excluding midwifery managerial and supervisory time, and details of the indicators trusts can use to determine whether midwifery staffing levels are safe.

## 2.3 SWL Midwifery Staffing Ratios

Kingston Maternity forms part of the SWL Local Maternity System consisting of four NHS Trusts; St George's, Epsom and St Helier and Croydon. All Trusts have analysed their midwifery workforce establishments using the Birthrate Plus tool. Table 1 below shows the SWL midwifery establishments for 2020/21 .

All SWL maternity providers, with the exception of Kingston Maternity, have maintained their midwifery to birth staffing ratios at greater than 1:28 over the past 2 years, with the three other SWL Trusts receiving higher midwifery ratio recommendations from their Birthrate Plus reviews (St Georges Hospital NHS Trust latest analysis is awaited, report due 15/03/21). Previously Kingston Maternity Service has not reached the recommended Birthrate Plus ratios, which has affected the roll out of continuity of midwifery carer due to the inability to provide the midwifery models of care for women from their named midwife or team of midwives.

Table 1: SWL Trusts midwifery ratios 2020/21

	SWL Trusts	Funded Midwifery Establishment	Latest Birthrate Plus recommendation	Births 2019/20
Registered midwife to birth ratio	Croydon University Hospital NHS Trust	1:24	(July 2020) 1:21	3619
	Epsom & St Helier NHS Trust	St Helier 1:20.5 Epsom 1:21.5	(Sept' 2019) 1:21	4164
	Kingston NHS Financial Trust	1:28	1:26 (Birthrate Plus review planned 2021)	4976
	St Georges NHS Financial Trust	1:27	BR Plus Report awaited 15/03/21	4975

### 3. Business Case

#### 3.1 Maternity Workforce

A recent workforce gap analysis has been carried out within the Trust maternity service supported by the Trust's finance department to establish the midwifery resource and financial investment requirements to meet the 1:26 midwifery ratio standard in 2021.

The Trust maternity service is also planning a Birthrate Plus re-review in 2021 to ensure the Trust has an updated review of the required maternity workforce.

The maternity service and finance team have based requirements for a 1:26 midwifery ratio on 5000 deliveries per annum (our forecasted delivery plan for 2021/22). In order to meet this ratio standard the service will need to recruit an additional 15.6 wte midwives (at bands 5/6).

Recruitment of 15.6 wte is required to achieve a 1:26 midwifery ratio. Approval to recruit to these additional posts will require sign off by the Trust board and Executive Committee and a recurring budget of £810,000 will need to be allocated to the Maternity Services pay budget.

#### 3.2 Workplan and Timeline to meet Maternity Workforce Recommendations

Workplan	Date
Ockenden Assessment and Assurance Tool presented to KHFT Executive Management Committee	06/01/21
Ockenden Assessment and Assurance Tool presented to KHFT Trust Board	27/01/21
Review of KHFT Assessment and Assurance Tool by NHSE	18/03/21
Meeting with the Birthrate Plus team to scope another Birthrate Plus review of maternity staffing requirements against birth rate and acuity	23/03/21
Paper to KHFT Trust Board with a workplan to achieve the maternity workforce recommendations	24/03/21
Maternity workforce business case to improve the midwifery to birth ratio to be presented at the next KHFT Trust Investment Committee	April 2021

Complete	
On track	

#### 4. Conclusion

Kingston Maternity Service remains a large maternity care provider in SWL and continues to be a popular service for women and their families. Kingston midwifery ratios have improved since 2016/17 to 1:28 as a result of a reduction in the numbers of births. The national drive to provide continuity of midwifery carer relies upon a midwifery workforce ratio which has been calculated using a recommended workforce planning tool such as Birthrate plus. A midwifery ratio of 1:26 was recommended following a Birthrate plus review in 2016.

The investment in midwifery ratios would improve continuity of carer with improvements in women's experience and birth outcomes, due to the increased quality of the service. Kingston Maternity Service would also meet the Ockenden Review (2020) maternity workforce recommendations if the Birthrate Plus midwifery to birth ratio was met.

A re-review of the Birthrate Plus analysis is planned for 2021 to provide an up to date recommendation for the midwifery to birth ratio based on the latest birth rate and acuity levels of women who book for care within the Trust's maternity service.