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Response to NHS Improvement's draft Safe, sustainable and productive staffing improvement resource for maternity services

1. Background

This document is our response to NHS Improvement's engagement exercise in relation to the draft safe, sustainable and productive staffing improvement resource for maternity services. We have not been members of the working group who supported NHS Improvement on drafting the resource. However, we do have a small number of midwives in our membership. Therefore, unlike with previous resources we did not run a member wide survey but sought the expertise of our midwifery members via our midwifery forum.

In this response we comment on the specific resource. Once we have had the opportunity to review the full suite of draft improvement resources we will be able to provide overarching views on the set as a whole.

2. Summary

The draft safe, sustainable and productive staffing for maternity services resource is consistent with the style and tone of the previous resources. It is clear, easily accessible and easy to understand.

We are content that this resource states that it sits alongside the National Institute of Care and Excellence (NICE) Midwifery staffing guideline NG4 and that it also takes the policy context of *Better Births* into consideration. We do, however, query how impactful this resource will be given that it is additional to the NICE clinical guideline and the range of existing maternity guidelines produced by various royal colleges as set out in the recommendations.

We also note that the resource applies to acute maternity services only and therefore community maternity services are not covered.

3. Comments on content of resource

Recommendations

- The meaning of the term 'trained staff' in Recommendation 7 is unclear and implies that temporary staff are not trained. Clarity is needed to explain whether the resource is referring to staff who are permanently employed or to registered staff only.
- The resource should define what the frequency should be for the term 'regularly' for Recommendation 13.

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Right staff

- The resource is right to flag that maternity services are truly multi -disciplinary. However, we are concerned that there is no reference to nurses in this section which overlooks the interdependencies and role nurses have when interacting with maternity services, especially through the management of co-morbidities. We feel that nursing should be added as an additional role in this section.
- The resource should make reference to the specialist midwives or the new midwifery advocate role. We are aware that the midwifery advocate role is, in practice, still being developing and the roll out is different across localities. Furthermore, as the role has additional non-clinical responsibilities it is important that the resource flags that this needs to be factored into the staffing roster and/or uplift.
- In section 2.5 we suggest (as we have in previous responses), that time for appraisals and six monthly reviews are factored into headroom/uplift.
- In relation to sickness absence, 3% is aspirational and many organisations are more likely to run at around 4%, with local variations and variations for types of workers (e.g. HCA workforce can be as high as 6%). Sickness absence targets can have unintended consequences such as higher levels of presenteeism in the nursing workforce, which can impact on productivity and on patient safety in terms of infection risks, fatigue etc. (Boorman review 2009, identified presenteeism and productivity).

Right skills

- This section covers the responsibility of the board. We support the recommendation of *Better Births* that there is a 'midwifery champion' on the trust board. Ideally, this person would be a midwife but if this is not possible the Head of Maternity should be supported to raise maternity issues at board level, beyond the bi-annual staffing reviews.
- In section 3.1, similar to our previous responses, we would suggest the inclusions of equality of opportunity, valuing diversity and inclusion of all staff covered by the protected characteristics (not just Black, Asian and minority ethnic staff) (linked to existing work streams, e.g. inclusive leadership and the work of the Equality and Diversity Council and 'Ready Now Programme').
- Section 3.1 should make reference to the use of recruitment and retention premia as a strategy to improve recruitment and retention.
- Section 3.2 and recommendation 5 refer to staff having the required training and development to competently deliver safe maternity care. We strongly support this, but are concerned that in reality Continued Professional Development (CPD) funding is being reduced for midwives and nurses and this is making it harder for staff to attend the training they need. Additionally, we know that where staff are able to attend the required training the staffing gap that they leave is not

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covered. Trusts must ensure that they fund backfill for those receiving training so this does not impact on staffing levels and patient care.
- Page 23 is the first time nurses are mentioned in the document in relation to revalidation. We expect that the intention was for this to read ‘midwives’. However, if nurses are added into the section ‘Right staff’ it should read ‘midwives and nurses’.

Supernumerary status

- In line with our position on acute adult wards, the ward manager on a maternity ward should hold supernumerary/supervisory status. This is to allow them the time to oversee the running of the clinical setting, enabling them to use their professional judgement about staffing, as well as other key clinical decisions for the women using these services.

4. Relationship with other guidance

We note that in the introduction this guidance is linked to the NICE NG4 guideline, published in February 2015 and the *Better Births* report as well as referencing appropriate royal college guidance relating to maternity. It is key that this resource is always used alongside these key clinical guidelines.

Lastly, it is worth noting that the NMC standards for maternity are due to be reviewed and this may have impact on staffing.

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