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MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

DHSSPS Review of Skill Mix in Maternity Services in Northern Ireland

Final Report

27th August 2008

INDEX OF CONTENTS

ACKNOWLEDGEMENTS FROM THE CHAIR OF THE STEERING GROUP

In January 2008, the Chief Nursing Officer from the Department of Health and Social Services and Public Safety (DHSSPS) convened a Steering Group to take forward the review of Skill Mix in the Maternity Services in Northern Ireland.

As chair of the Steering Group, I would wish to acknowledge the support and contributions of the members of the Steering Group who monitored the progress of the review and, in addition, actively participated in all aspects of the review.

I would like to thank the Chief Nursing Officer, DHSSPS Nursing Officer and Midwifery Officers for their support in taking forward this important review. I would also like to take this opportunity to thank the staff from the DHSSPS who provided highly valued administrative support.

I would particularly wish to acknowledge the significant contributions made by the Heads of Midwifery, midwives and other staff from the Health and Social Care Trusts, all of whom fully engaged in the various information gathering activities and demonstrated a high level of commitment to the review.

Lesley Barrowman
Chair, Steering Group

1.0 INTRODUCTION AND BACKGROUND TO THE REVIEW

1.1 Skill mix within maternity services has been the focus of much debate. Maternity services are constantly under pressure to utilise their manpower resources effectively and efficiently. Further development of the skill mix within the maternity service has been identified as a way of developing and modernising services in order to be responsive to current and future needs of women and their babies and families (NHS Education, Scotland, 2006). A number of other factors have emerged and include population demographics, policy reports and an increase in public awareness and expectations.

1.2 Recently the demographic population of Northern Ireland has changed to reflect an increase in the migrant population. During 2007, there were 4,100 births registered in Northern Ireland to mothers who were not born in Northern Ireland (Statistics and Research Agency, 2008). This has contributed to pressure in the midwifery services and to an already stretched workforce because many of the women accessing maternity services are non-English speaking. Added to this is the fact that the DHSSPS Statistics and Research Agency in their reports for 2006, 2007 and 2008 identify that the number of registered births in Northern Ireland has risen from 21,400 in 2005 to 23,300 in 2006 and subsequently 24,451 in 2007. This trend is continuing in 2008, with the 6,534 births in the first three months of 2008, representing a 0.9% increase in relation to the corresponding quarter in 2007. In addition, it should be noted that in 2007 521 women who were not resident in Northern Ireland gave birth in the local maternity units; 90% of these births were subsequently registered in the Republic of the Ireland.

1.3 Feedback from women who participated in satisfaction surveys carried out in 2006/2007 in the former Altnagelvin, Causeway and Royal Group of Hospitals Health and Social Service Trusts indicated high levels of satisfaction. The women also highlighted that services sometimes fall short of their needs and expectations e.g. lack of support, busy wards and overworked clinicians. Diversity and complexity of needs continue to increase, and range from promoting health and well-being to high dependency care of sick women and babies.

1.4 Simultaneously, the requirement to provide locally accessible services that are viable in terms of staffing and cost presents challenges, particularly for remote and rural communities (DHSPSS, 2002). A workforce which is designed around the needs of its users can rapidly respond to the expectations of the public.

1.5 The composition and skills of the workforce will determine how services are able to respond to demands. The *DHSSPS Nursing and Midwifery Update Review* (2008) indicated that the profession continues to be predominantly female and that the age profile is rising. As of March 2007 there were 1,293 midwives (1015.68 WTE). There are currently 102 student midwives in training. Human Resources Management System (HRMS) shows 28% of midwives are aged 50 years and over and may retire in five years, and 50% of the midwifery workforce will be eligible for retirement in the next ten years (HRMS 2008). As reported by the HPSSNI superannuation branch, the average age of retirement for midwives is 57 years. To help counteract the impact of retirements, the Department increased midwifery

training places in 2007 from 44 to 50, which has been increased to 62 in 2008 and will be reviewed on an annual basis. The age profile of the pre-registration midwifery course contains a high proportion of more mature students. This reflects general demographic trends of an ageing workforce with a total potential retirement of 269 midwives over the next five years. The competition for a workforce from an increasingly smaller population of working age along with the retirement of senior skilled midwifery staff is contributing to increasing staff pressures and potential shortfall of staff in the future.

1.6 Birth Rate Plus, which is framework for workforce planning and decision making for midwifery services (Ball, 1996), was used during 2003/4 in Northern Ireland to assist with workforce planning for the maternity services. It is now being revisited in the context of organisational restructuring as a consequence of the Review of Public Administration (RPA); the increased annual leave provisions and the time required to meet the Knowledge and Skills Framework (KSF) elements of Agenda for Change (AFC); the increase in both the birth rate and the complexity of care required by women in Northern Ireland; the current ministerial commitment to the further development of midwifery care in NI in both acute maternity units and community midwifery units. The DHSSPS in NI is currently reviewing midwifery training numbers to ensure that sufficient qualified midwives are available to meet current and future service needs.

1.7 Changes in the obstetric workforce, adjustments to medical training, the European Working Time Directive, obstetric staffing standards and neonatal services reconfiguration are all impacting on professional practice boundaries. This has already resulted in an extension of the midwife's role to include activities previously untaken by junior medical staff. The Royal College of Midwives has welcomed the expansion of the midwife's role where it enhances skills and expertise, and makes midwifery care more accessible and responsive to women's needs. It cautioned against the extension of the midwife's role into other spheres of practice which do not demonstrably improve the quality of, or access to, midwifery expertise (RCM 2006a). The RCM has also clearly indicated that support staff play a vital part in the delivery of high quality maternity care within a framework that defines their role and makes provision for supervision and preparation for their role (RCM, 2006b).

1.8 Agenda for Change modernised the NHS pay system and has led service providers to explore new working practices and skill mix. These changes should ensure that high quality care is delivered in an effective, timely manner, that staff are better organised to ensure skills are used effectively and should provide an increase in choice and availability of services according to the needs of women and their families. When staff are efficiently organised and skills are used effectively, this will ensure the delivery of safe and high quality care and will also provide an increase in choice and availability of care (NHS Education, Scotland, 2006). The NHS Knowledge and Skills Framework (KSF) defines and describes the knowledge and skills that NHS staff need to apply in their work and provides a single, consistent, comprehensive framework on which to base review and development for all staff.

1.9 In order to maximise midwifery contact with the mother and baby and to provide high quality and continuity of care, the role of the assistant to the midwife needs to be

fully explored. Concerns that the employment of maternity support workers would result in dividing care into a number of tasks, bringing about a fragmentation and reduction in quality of care, can be addressed by team working under the direction of midwives and by appropriate training of the maternity support worker. A formalised knowledge based training would be very positive in terms of a structured career pathway and would be of value in terms of recruitment and retention in the service.

1.10 The Nursing and Midwifery Council (NMC), in its advice and guidance regarding delegation of care, states that midwives must lead training, deployment and supervision of support workers (NMC, 2008). This was also stated in the Royal College of Midwives (RCM) position statement on maternity care assistants (RCM, 2006b). This assists the midwife, who is recognised as the lead professional in the care of normal pregnancy and birth to maximise normality in pregnancy and birth and remain in control of her/his own practice (RCM 2006a).

1.11 It is reported that midwives spend a significant amount of time on non-midwifery duties, such as clerical and housekeeping duties, detracting from women centred care. (Audit Commission, 1997; RCM, 2006b). Flint (1993) takes a broad view of the concept of skill mix in maternity services and the support worker's role, stating that this may not always be a health care assistant type role and identifying a range of personnel who would be considered as support to the midwife. They are those who give care to women throughout their journey of childbirth, for example the mother's family, peer groups, clerical staff and domestic staff.

1.12 Support workers are currently used in a range of maternity care settings. In all areas where maternity support workers have been deployed, there needs to be clear identification of which duties could be delegated and which must remain as the direct responsibility of the midwife.

1.13 An audit of Acute Maternity Services in Northern Ireland was undertaken and reported in 2006. It was noted in the audit that Northern Ireland's staffing levels compare favourably to those in England. The outcomes of the recent Review of Maternity Services in England completed by the Health Care Commission (HCC, 2008) highlights that there are problems in some maternity units with low levels of midwifery staff.

1.14 The Value for Money Audit (Northern Ireland) recommended that the DHSSPS should reassess the opportunities for continuing to extend the skills of midwives and also that a review should be undertaken of the scope for enhancing the midwifery skill mix on acute maternity wards. It should be noted that the Value for Money Audit did not consider community midwifery services. In response to the changing context of delivery of the maternity services and the recommendations of the Value for Money Audit, the DHSSPS established a Midwifery Skill Mix Review in January 2008.

2.0 LITERATURE REVIEW

2.1 The literature confirms that there have been support workers in maternity services for many years; they have been referred to by a variety of titles including health care assistant, nursing auxiliaries and ward attendants. In the scoping exercise carried out by the Scottish Executive (2006) the duties of the support worker in the past tended to be that of hotel type services, administrative support, escort duties, cleaning and checking equipment and ordering stock (NHS Education for Scotland, 2006). These findings would be concurrent with findings from the scoping exercise carried out by the as part of this review of skill mix in the maternity services (see appendix four). McKenna et. al. (2003) defines and captures the role and development of maternity support workers as those of a group of interested carers working alongside midwives to deliver a high standard of care to childbearing women and their families. The role is to enhance and complement the holistic care given by midwives in the antenatal, intrapartum and postpartum period.

The Role and Development of the Support Worker

2.2 The literature reveals a dearth of papers relating to the role of the support worker in maternity services, as compared to nursing related studies. The literature highlights that there is confusion and negativity around the role of the support worker and Hood (2007) suggests that this may be due to the variance in title, training and the fact that like other support workers they are unregulated. McKenna et. al. (2001) adds to this by stating that if support workers are to be successfully implemented into maternity services, their roles and responsibilities must be clearly defined.

2.3 The first major national development of the support worker role in maternity services was carried out in 2005 and early 2006 through the NHS Employers Large Scale Workforce Team's Rapid Roll-out Program. This was developed in response to recommendations from the National Framework for Children, Young People and Maternity Services (DoH, 2004). 57 Trusts from 28 Strategic Health Authorities were involved in the maternity support workers' programme and 218 WTE maternity support workers' posts were created. The programme involved scoping out the role of the maternity support worker and developing a competence based framework for training. Managers were enthusiastic regarding the contribution that support workers made to the maternity team. Some would argue that the role was developed in response to staff shortages (Charlton, 2001; Sandall, 2001; Woodward et. al., 2004). The survey demonstrated an ad-hoc approach to training and development in the field, i.e. there were substantial variations in title, range of activities, required entry level of training and grade. It was also noted that some tasks being carried out required considerable levels of training. There were governance issues in relation to delegated responsibility, and levels of accountability were seen to be variable.

2.4 Scotland followed as the next country within the United Kingdom to initiate formal development of the maternity care assistant. This was developed by NHS Education for Scotland; *Maternity Care Assistants in Scotland. A Competency Framework* (NHS Education Scotland, 2006*).* This framework takes a measured approach to the development of maternity support workers. While the organisation

of maternity services in Scotland differs from that in Northern Ireland, there is valuable information within the report which can be of assistance to Northern Ireland.

2.5 The focus of the Scottish project was to identify a defined role for the maternity care assistant (MCA), design a competency framework and commission a flexible, innovative educational framework. The role of the MCA in Scotland seeks to involve a high level of commonality throughout the region and involves participating in the process of assessment of women. The interpretation, decision making and planning of care, however, remains the responsibility of the midwife. It also involves MCAs giving advice to women and their families on personal hygiene, health promotion, baby care and infant feeding. Evaluation of the project by the NHS Scottish Executive is planned to take place in the near future.

2.6 The development and role of support workers in maternity services is described by Walker (2003). Service development frameworks throughout England have extended the role of maternity support workers in hospitals to include performing venepuncture, recording observations, preparing women for elective caesarean section, removing intravenous cannulae, removing caesarean section wound drains and assisting with parenting skills instruction (Woodward et. al., 2004; NHS Employers, 2006; Hood, 2007).

2.7 The literature also describes maternity support workers being developed in community and Sure Start programs, where they offered emotional and practical support to mothers. Although Montgomery et. al. (1994) would question the value of elements of traditional postnatal support the importance of emotional and social support for women after giving birth is emphasised (Spencer et. al., 1989; Oakley, et. al., 1996; Kumar et. al. , 1996).

2.8 McKenna et. al. (2004) reported in an observational study in the South of Ireland on midwifery health care assistants that functions were broken into five categories, focusing on clerical, porter, domestic, stock related and general patient care. This was reported as being consistent with other studies. McKenna et. al. concluded that the majority of tasks undertaken by the support workers were self-initiated and that many worked alone, carrying out activities not directly related to patient care.

2.9 Wiegers (2006) describes the model of maternity care provided in Holland, where there is a 30% home birth rate. Both Weigers and van Teijlingen (2000) describe the use of maternity assistants within the Netherlands, where 90% of all women receive care from maternity care assistants, mainly given at home following birth. The role of the maternity care assistant in this setting includes being present at birth to assist the midwife or general practitioner, to monitor the health status of mother and baby, to give instructions to the mother in relation to infant feeding, bathing the baby and care of the umbilical cord. The maternity care assistant also helps with household tasks such as washing, cleaning and cooking, thus ensuring that the mother has adequate rest and giving her an opportunity to bond with her baby.

Training of the Support Worker

2.10 The literature would indicate a dearth of guidance from regulatory or governing bodies on what tasks should be performed by support staff. Bailey (1991) would argue that, as guidance is limited, midwives should determine the content and format of training in local areas.

2.11 Sandall (2001) indicates that training for support workers in maternity services should be tailored around women and their families and not just focused on the needs of the hospital. She also states that the training provided should prepare the support workers to work in both hospital and community settings and be specifically for maternity care. This would ensure midwives had ownership, control and responsibility for the training (McKenna et. al., 2003). Also evident in the literature is that the training requires to be standardised; in many areas training provided is seen to be robust and effective; in other areas it may be nonexistent or of poor quality (McLaughlin, 1990).

2.12 Skills for Health was established in 2002 as the sector skills council for health in the United Kingdom. The role of the council as defined by Silverton (2004) is to work with health care staff to develop occupational standards for key health areas. This involves developing National Occupational Standards (NOS) which are statements of competence and indicators of good practice. Their purpose is to enable individuals to develop their own knowledge and skills, to ensure that education and training providers meet service needs and to assist managers to improve care by reducing unnecessary duplication of roles and to identify gaps in care provision. National standards for maternity and care of the newborn have been developed, setting out what professionals and others need to know in order to deliver high quality-women centred maternity care. Each standard follows a common structure and links to other frameworks, such as the Knowledge and Skills Framework of Agenda for Change (DOH, 2003).

2.13 Within the United Kingdom, attempts have been made to standardise training through the National Vocational Qualifications system (NVQ), which ranges from levels 1 – 5 with support workers normally working at levels 2 and 3. NVQs are based on competencies and practical skills obtained in the workplace and the theory which underpins them. Many Health Care Trusts in the United Kingdom which have implemented service development around support workers in health care, including maternity services, have used the NVQ approach of training (Crother, 2001; Lindsay, 2004). It should be noted that the current portfolio of NVQ awards does not include the National Occupational Standards for maternity services and work on new developments is currently on hold because Skills for Health is amending its accreditations and award system.

2.14 Training of maternity care assistants in Scotland was based on recommendations from the Expert Group on Acute Maternity Services report, which stated the need for core competencies and skills for all maternity staff through a multidisciplinary and integrated approach to education (Scottish Executive Health Department, 2003).

2.15 The work taken forward by NHS Education Scotland identified five areas of core competencies and training needs for inclusion in training programmes for maternity care assistant: pregnancy, childbirth and the postnatal period; education; clinical skills; baby care and personal skills and competencies (NHS Education Scotland, 2006). These outputs were incorporated into the National Standards Relating to Health Care Support Workers in Scotland (Scottish Executive Health Department, 2006). The Robert Gordon University commenced a work-based Maternity Care Assistance course in April 2007. No formal evaluation of the programme has taken place to date but is being planned for the future.

2.16 The Royal College of Midwives Fit for Purpose Program: Preparation of Maternity Care Assistants (2004) developed competencies from existing MCA job descriptions and the NHS Knowledge and Skills Framework (KSF) (DoH, 2003). The course is run over three modules, each lasting eight weeks (RCM, 2004). Programmes are currently offered by a range of providers. Evaluation is carried out by the organisation's own quality assurance process; otherwise no formal evaluation has been undertaken.

Delegation

2.17 It is stated by Kershaw (1989) when referring to the effective deployment of health care assistants that their work should be under the direction and supervision of registered professional staff. Kershaw states that the registrant is accountable at all times for the care being delegated. Dimond (2005) would add that it is the responsibility of those delegating to ensure that the person who is carrying out the activities has the knowledge, skills, experience and competence to perform the task. This requires that the delegation is in relation to an appropriate task, analysis of competence in performing the task and careful supervision ensuring that the person does not work beyond their level of competence.

2.18 Dimond (2005) clarifies the legal liability of the delegator. She states that, where the registered practitioner has reasonably ensured that the support worker is competent and is appropriately supervised, if harm occurs to the patient as a consequence of negligence on the part of the person carrying out the activity, then the delegator is not negligent but rather the employer would be vicariously liable for the negligence of the support worker.

2.19 The NMC has also published guidance to nurses and midwives regarding delegation (NMC, 2008), which makes clear statements regarding the regulatory position for nurses and midwives and provides a set of principles for them to follow when delegating to others. In addition, in Northern Ireland, the Central Nursing Advisory Committee published practical guidance for nurses and midwives regarding delegated care (CNAC, 2006).

Impact on Maternity Service

2.20 Sandall et. al. (2007), in the evaluation report of the English project, indicated that the introduction of support workers in the maternity service had a positive impact across a number of Trusts. The support workers generally undertook a range of

duties that enabled the midwives to focus on giving direct care to women. There was, however, a substantial variation in titles, range of activities, required entry level of training and grade: also, support workers carrying out apparently similar roles were paid different rates. The discussion in the report refers to the value of a national framework for training and competence in order to improve quality of care. Sandall also suggests that, in order to be more cost effective in freeing up midwives' time, support workers should continue to be employed in areas where they have traditionally provided support, rather than be trained for more new tasks.

2.21 It was noted in the recent *Review of Maternity Services in England* carried out by the Health Care Commission (HCC, 2008) that greater use of maternity support workers has the potential to free midwives to concentrate on care that requires their professional training and experience. The review also indicated that maternity support workers, should be appropriately trained and supervised.

2.22 The RCM position statement (2006b) offers guidance on expanding the role of the maternity support worker, acknowledging that maternity support workers working in maternity care could have positive benefits and supporting the introduction of dedicated training programs. It also states that the role should not conflict with that of the midwife and should not compromise the delivery of safe and high quality care. Some of the literature supports the expansion of the role of the maternity support worker. It is, however, apparent from other sources that midwives do have concerns about lack of clear boundaries regarding the role of the maternity support worker and erosion of the role of the midwife (Kaufmann, 1999; Henderson, 2001).

Conclusion

2.23 Highlighted within the literature is the need for the development of a clear and concise role for the maternity support worker. The literature, although cautious in relation to the views of key stakeholders, does indicate that maternity support workers do have the potential to improve the quality and safety of maternity services when the above are considered and also when clear lines for appropriate delegation and accountability are in place.

3.0 PROJECT INITIATION DOCUMENT AND METHODOLOGY

3.1 The DHSSPS established the current review in January 2008 based on recommendations from the Value for Money Maternity Audit (2006) and on work done within the other three United Kingdom Countries. A Steering Group was established to take forward the work of the Project, membership attached at Appendix One. The first meeting of the Steering Group was held on 15th January, chaired by Dorothy Patterson DHSSPS Midwifery Adviser. Subsequent to this, at the request of the CNO and to facilitate the participation of the DHSSPS Midwifery Adviser in the Steering Group, Lesley Barrowman (Senior Professional Officer, NIPEC) chaired the Steering Group meetings from March 2008. Steering Group meetings were held regularly between March and July.

3.2 The Steering Group agreed a Project Initiation Document, which established the aim and objectives and methodology for the Project, Appendix Two. It should be noted that the DHSSPS Value for Money Steering Group concluded its work and was disbanded during the timeframe of this review. It was agreed that the final report would be forwarded to the Chief Nursing Officer.

The aim and objectives of the project are identified below.

Aim of the Project

3.3 To explore the skill mix required to provide holistic, women-centred care.

Objectives of the Project

3.4 The following objectives were agreed to facilitate the progress of the review:

1. Through process mapping, consider the woman's journey and the care provided by the midwifery care team through the antenatal, intra-natal, postnatal and community environments.
2. To identify areas of the woman's journey that can be supported by a range of support staff.
3. To scope the current role and educational training of support staff within the maternity service.
4. To describe the preparation and support required for support roles.
5. To make recommendations to the Value for Money Steering Group

Data collection process

3.5 It was agreed that a number of activities were required to provide information to support the outcomes of the review, these were carried out between January and May 2008; and are identified below:

1. In January 2008, a questionnaire was issued to Heads of Midwifery for the five HSC Trusts to:
   - Identify the types and numbers of support workers providing support to midwives
   - Identify the main duties of the support workers by type

- Identify the training provided to the support workers by type
- Identify the scope for expansion in role for support workers

2. A scoping workshop was held on 22nd February 2008 with representation from all HSC Trusts, to scope the duties currently undertaken by support staff who work in roles delegated by midwives. This workshop was facilitated by NIPEC. The data from the questionnaires was used as the foundation for this work.
3. A Process Mapping Workshop, funded by the DHSSPS and facilitated by the Beeches Management Centre, was held on 24th April with the overall aim of identifying key outcomes of an initial high level process. The objectives of the Workshop were:
   - To describe a typical woman's journey through antenatal, intra-natal, postnatal, and community care.
   - To identify which areas of care provided to the childbearing woman can be delivered by a midwife or by support staff.
4. A further Process Mapping Workshop took place on the 8th May to review community midwifery services and identify which areas of the journey can be delivered by a midwife or by support staff.
5. A workshop held on 14th May considered core job descriptions and training requirements for Band 2 and Band 3 maternity support workers. This was based on the information from the scoping workshop, process mapping workshops, and the job descriptions provided by the Heads of Midwifery, together with relevant literature from other areas of the UK.
6. Information was provided by the Heads of Midwifery regarding staffing numbers for each area in their unit for midwives (WTE and Head count) and support staff (WTE and head count).

3.6 Apart from the process mapping funded by the DHSSPS, no additional resources were secured for the review. As indicated above, NIPEC agreed to support a number of activities. The work was successfully achieved due to the commitment of the Heads of Midwifery Services from the Health and Social Care (HSC) Trusts, who provided staff to participate in the various activities.

3.7 The workshop participants were nominated by the Heads of Midwifery of the five Northern Ireland Health and Social Service Trusts and included some Heads of Midwifery, midwives working in the clinical and education settings, and other staff. It should be noted that was a high level of engagement from all participants, who demonstrated that they were committed to the review in all its aspects. This greatly informed the outcomes and engendered a sense of ownership of the process of skill mix review, which should ensure a more successful implementation of changes arising.

3.8 In addition to this, Assistant Directors/Co-directors for the maternity services and Nursing/Midwifery workforce leads from the Trusts were involved in the process. Their views were sought regarding the recommendations arising from the work. There was a high degree of consensus regarding the outcomes.

4.0 CURRENT SKILL MIX AND ROLE OF MIDWIVES AND SUPPORT STAFF IN THE MATERNITY SERVICES

4.1 Care for childbearing women and their families is provided by a wide range of staff. This review focuses on midwives and the staff who provide support to them in their role primarily involving roles currently described as nursing auxiliaries and ward clerks. This section of the report provides data regarding the current establishment figures and discusses the current role of support staff in each maternity unit in Northern Ireland.

Current Skill Mix of Support Staff in the Maternity Services

4.2 The Health and Social Care Trusts in Northern Ireland currently employ a range of staff to provide the total range of maternity services required. This review is focusing on the maternity care provided by midwives and staff who support them and are delegated to provide care or services by them. Appendix Three presents data regarding the Whole Time Equivalent (WTE) and Head Count for midwives, nursing auxiliaries/maternity support workers and ward clerks working in each maternity unit in Northern Ireland. It will be noted that there is a variation between maternity units that make up the Trusts established in April 2006 and between Trusts. The data provided clearly demonstrates that there is a well established skills mix of midwives and support staff in the maternity units. As the review progressed a strong commitment to further develop the skills mix was established in relation to the needs of the service in order to continue to develop and improve maternity service delivery in Northern Ireland.

Current Role of Support Staff in the Maternity Service

4.3 As was identified earlier at Section 3 of the report, a number of activities were undertaken to inform the work of the review. It should be noted that due to time and resource constraints, this did not involve an in-depth analysis. The activities were designed to provide ***indicative*** information that could be used to scope the current role of support staff across the HSC Trusts.

4.4 The questionnaire data and information derived from the scoping workshop and process mapping demonstrated that support staff, including nursing auxiliaries and ward clerks, already provided a good level of support for midwives, involving administrative, housekeeping and clinical duties. There was some variation across Trusts and between specific clinical areas. It was noted, however, that there is minimal involvement of nursing auxiliaries and ward clerks in the delivery of community maternity services.

Current duties

4.5 The current duties of nursing auxiliaries and ward clerks were fully explored within all workshop activities, with a view to agreeing, from those duties currently carried out across the Trusts, which could be provided by support staff in all Trusts, relative to setting and preparation for role. There was general agreement regarding the core duties of these support staff across all areas and their specific duties in designated

areas. These are identified in Appendix Four. The outcomes of these activities mirrored the findings from the National Scoping Study of NHS Trusts Providing Maternity Care in England (Sandall et. al. , 2007) and the work undertaken in Scotland as part of the development of a competency framework for Maternity Care Assistants (NHS Education, Scotland, 2006).

Continuity of care

4.6 It should be noted that, throughout the process, concerns were raised regarding the requirement to provide holistic care that safeguarded the well-being of childbearing women and their families. It was agreed that care should be provided within a model that ensured continuity of care, acknowledging that this is given within a team approach. It is recognised that there are significant challenges being faced by the Health and Social Care Trusts in the delivery of high quality maternity services. It was agreed, however, that the development of current roles and introduction of new maternity support worker roles in Northern Ireland should be related to developing roles appropriate to the delivery of care and not that of providing substitutions for qualified midwives.

5.0 FUTURE ROLE OF SUPPORT STAFF IN THE MATERNITY SERVICE

5.1 A major objective of the review was to identify areas of care received by woman within the maternity services that could be undertaken by support staff. The scoping and process mapping activities undertaken as part of the review generated useful information regarding those aspects of maternity care, currently provided by midwives, that could be carried out by support and other staff. Whilst the process mapping workshop identified activities that could be carried out by others, for example registered nurses and operating department assistants, this review addressed the role of nursing auxiliaries/maternity support workers and ward clerks because they work under the delegated authority of the midwife.

More common duties for nursing auxiliaries/maternity support workers

5.2 As indicated above, a range of duties are carried out by nursing auxiliaries/maternity support workers in all Trusts in Northern Ireland. The full range of duties identified are carried out in some, but not all, Trusts. This primarily involves Band 2 nursing auxiliary posts, with a few specific Band 3 support worker posts. The full range of duties included the following:

- Taking, recording and reporting routine observations including temperature, pulse; respirations; blood pressure
- Application of O2 saturation monitors for mothers
- Urinalysis
- Weight; height; BMI calculation
- Recording and reporting fluid balance
- Removing catheters and venflons and carrying out follow-up care
- Taking bloods
- Supporting the midwife at birth
- Receiving blood specimens for pH analysis and running the test, recording and reporting results.

5.3 As part of the review, the duties identified above were considered and there was a high level of consensus regarding those which should be part of the role of all Band 2 support workers. It was confirmed that these duties should be carried out within a delegated role to support the work of midwives, relevant to area and the specific post the support worker held (see section 2.17 re delegation of care). An indicative generic job description for Band 2 maternity support workers was developed as part of the review and is attached at Appendix Five.

Less common duties for nursing auxiliaries/maternity support workers

5.4 In addition to the more common duties for Band 2 nursing auxiliaries identified above, other roles and duties have also been developed for support workers in a few areas and it was proposed that these should be considered for implementation across all Trusts. In addition to this, it was also agreed that the implementation of some new roles/duties should be explored. Participation in health promotion activities was seen as an area for development, also involvement and active participation in parent-craft sessions. Initiating and supporting breast feeding was also viewed as an area of practice that nursing auxiliaries/maternity support workers

could carry out. Tube-feeding special care babies designated as requiring level 3 care could also be carried out in the post-natal ward, where relevant. The specific post and job outline for the support worker would identify the duties relevant to the post and competency level of the support worker.

5.5 It was suggested that there was scope to develop Band 3 maternity support worker roles across maternity units in Northern Ireland, incorporating the common core duties identified for the Band 2 maternity support workers, together with higher level duties commensurate with Band 3 Agenda for Change criteria. An indicative generic job description for Band 3 maternity support workers was developed as part of the review, with the acknowledgment that these roles may be highly specific to an area of practice within individual Trusts. The generic job description is attached at Appendix Five. It would be anticipated that these job descriptions would form the basis of individual job descriptions to meet the needs of specific maternity service areas.

New roles for support staff in the delivery of community midwifery services

5.6 As was indicated earlier, there is minimal involvement of nursing auxiliaries/maternity support workers in the delivery of community services. It was agreed that this was an area that could be developed, particularly in relation to nursing auxiliaries/maternity support workers/ward clerks providing support to community midwives in ante-natal care/clinics and parentcraft. It was agreed, however, that this may require rationalisation of antenatal clinics to ensure the clinic is of a size that will fully utilise the resource provided by nursing auxiliaries/maternity support workers/ward clerks. It was considered that the midwife could be assisted in these clinics by the support worker providing administrative and clerical support and undertaking some limited clinical duties, such as observations and limited health promotion advice.

5.7 There is an increased emphasis on reducing the length of the post-natal in-hospital stay, with most women being transferred to the care of the community midwife within 24-48 hours of delivery. These women currently receive care from midwives up to 28 days post-natally, the majority of women being discharged from the care of midwives at 10 days. It is acknowledged that women also receive breast feeding support from organisations such as the National Childbirth Trust and La Leche League, on request. In addition, support is provided to vulnerable families through Sure Start and Early Years initiatives. A significant number of women and their partners, not designated as ‘vulnerable’, are new to the role of parents and may also be in need of additional support.

5.8 Within the work by Sandall et. al. (2007), a role introduced with a significant level of success was the introduction of support workers within the community midwifery team, to provide support to women and their families around parenting skills and psychological support. It must be noted that this was an addition to the community midwifery team and provided an enhancement to the care provided by midwives. Midwives at present deliver a lean post-natal care service to women and visit only as is necessary. Maternity support workers in the community setting could better enable some aspects of care, such as supporting breast feeding, to be improved.

Ward clerk roles

5.9 It was noted throughout all the investigative activities undertaken as part of the review, that the role identified as the ward clerk is highly valued as one that significantly relieves midwives of non-midwifery duties. The duties they currently undertake are identified at Appendix Four. It is not considered that these duties would change significantly. At present, ward clerks do not cover evening and weekend shifts and often only work part time. It was noted that when the ward clerks were not on duty, midwifery time is taken up with administrative duties, which could compromise the quality of care being delivered to women.

Ward orderly role

5.10 A role that is currently provided in the Altnagelvin Site of the Western HSC Trust was considered worthy of exploration. The porters provide, in rotation, a ward orderly role in the labour suite. This role primarily involves domestic and cleaning duties, which in other labour suites is carried out by the nursing auxiliaries/maternity support workers or midwives. In the absence of other appropriate staff, midwives frequently carry out these duties.

6.0 PREPARATION FOR THE SUPPORT WORKER ROLE

6.1 Preparation of all health care support staff for their role is a critical part of ensuring public safety. The methodology for this review included identifying the current training of support staff for their roles and making proposals for future training requirements. Information was acquired through the data collected from the questionnaire returns and further exploration though the scoping workshop held in February and the Training Workshop in April.

6.2 The data from the questionnaire returns identified that the nursing auxiliaries and ward clerks received initial training though the generic induction programmes provided by their Trusts. In addition to this, some nursing auxiliaries received further training to undertake specific tasks, either through specific formal activities or more commonly through on-the-job training provided mainly by midwives. Very few nursing auxiliaries had received formal NVQ training. In addition, there was high variability in the type of training provided across the Trusts (see Appendix Six). Generally, the preparation of ward clerks for their role was considered adequate. It was recognised, however, that the preparation of nursing auxiliaries/maternity support workers required some attention in order to provide a consistent approach across Northern Ireland and to ensure that all such staff were adequately prepared for their role within a robust and auditable system. At the Workshop held on 14th May 2008 consideration was given to the training requirements for support staff. Areas for inclusion in preparation programmes were discussed and agree (see appendix seven).

6.3 As indicated earlier, a review of the duties considered core for support workers at Band 2 and Band 3 was undertaken and core duties agreed. In addition, the competency framework for maternity care assistants developed by NHS Education, Scotland was reviewed (NHS Education, Scotland, 2006). This framework identified the competencies of a Band 3 maternity care assistant and the area required for inclusion in a training programme. At the Training Workshop held in April, agreement was reached regarding the aspects of training that needed to be included within training programmes for Band 2 and Band 3 maternity support workers, using as a reference source the NHS Education Scotland Framework. It was acknowledged that there would be some differences between specific maternity clinical areas in each Trust, where different skills would be required and between Trusts where service delivery needs may differ.

6.4 Within the Discussion also took place regarding the form of training that should be provided. Currently, training of support workers in the HSC sector in Northern Ireland is provided through NVQ level 2 and level 3 training programmes. These programmes provide a range of units that must be completed, including core and optional units. The latter will be selected to enable the support workers to acquire the competencies required for his/her role. Additional units will be undertaken to enable the support worker to acquire new competencies relevant to role.

6.5 The DHSSPS has endorsed the NVQ route as the preferred means of preparing support workers in the HSC NI for their roles. The range of optional NVQ units available at level 2 and level 3 was reviewed to map the required competencies of

maternity support workers against the units currently available. It was identified that the current range of units did not adequately address the identified training needs of maternity support workers. Other areas of the UK had addressed this deficiency by developing training programmes outside the NVQ route (NHS Education Scotland, 2006) or by providing additional training to maternity support workers following completion of an NVQ qualification.

6.6 Skills for Health has developed National Occupational Standards specific to the maternity services, which, if translated to NVQ units will provide a range of highly appropriate learning opportunities that would meet the needs of maternity support workers in Northern Ireland. This has been explored with Skills for Health, Northern Ireland to find out about the availability of NVQ modules incorporating these standards. It was reported that a decision has been taken across the UK to move the NVQ qualification to the new Qualifications and Credit Framework (QCF). It was also reported that there will be no changes to the NVQ pathways for at least the next 18 months. There is currently no timetable available for the development of any new pathways, and such changes will take place within the accreditation processes for NVQ developments and possibly could take place much later than the time frame indicated above.

6.7 Exploration of the preparation of maternity support workers across the UK has indicated that various strategies have been adopted. For example, discussion with the Addenbrooke's NHS Trust in England revealed that their maternity support staff undertook generic NVQ units and that the Trust provided additional non-accredited, specific training during, and following completion of, NVQ programmes. In Scotland, a Competency Framework for Maternity Care Assistants has been developed (NHS Education, Scotland, 2006), which has included the subsequent development of a programme currently being piloted by a Higher Education Institution.

6.8 In discussion with Skills for Health it was indicated that, as a temporary solution, the National Occupational Standards already published for the maternity services could be used to design a qualification to support the role of the maternity support worker and accredited using accreditation framework. Interim measures may be required to ensure that the full range of competencies can be developed to enable maternity support worker to undertake safely the full range of duties required for the maternity services.

7.0 DISCUSSION AND RECOMMENDATIONS

7.1 This Review of the Skill Mix in the Maternity Services considered the roles that support midwives. A major objective of the review was to make proposals regarding the nature of the skill mix that would free midwives from non-midwifery duties to enable them to focus on delivery of direct midwifery care to women and their families.

7.2 There has been a high level of agreement from all participants in the review and endorsement of the need for a regional and consistent approach to skill mix in the maternity services. The Steering Group considered a range of areas and would wish to make a number of recommendations for consideration by DHSSPS. These recommendations are presented below.

Ward clerks

7.3 Ward clerks provide a highly valued service to midwives who provide front-line services within hospital and community based areas of practice. The duties carried out by ward clerks ensure the smooth operation of maternity services by providing essential non-midwifery clerical duties. Where ward clerks are employed in the maternity services, they may provide a part-time service or one that provides support to front-line staff, Monday to Friday from 9am to 5pm. It is not common for the service to be extended to evening or weekend shifts. At these times, midwives will normally be required to undertake the administrative and clerical duties themselves. This was viewed as an inappropriate use of midwives' time. It was considered that increased availability of ward clerks would have an immediate and direct impact on the ability of midwives to deliver more direct care to women and their families.

7.4 Trusts have been directed to review the current provision of administrative staff. This was fully considered by the Steering Group and other key stakeholders as part of the midwifery skills mix review. It was agreed that ward clerks provide essential clerical support to front-line staff and the range of duties they undertake enables midwives to focus on direct midwifery care. As indicated above, the absence of ward clerks results in midwives generally undertaking these duties. A reduction in the staffing numbers of ward clerks would exacerbate the current position and would have a considerable impact on the extent of non-midwifery duties undertaken by midwives. In relation to the relevant skill mix for maternity services, the Steering Group is recommending enhanced availability of ward clerks.

Recommendation One

It is recommended that there is an urgent review of the availability of ward clerks in the maternity services to ensure that cover is provided, where required, for day, evening and weekend shifts to relieve midwives of non-midwifery clerical duties.

Support workers for the maternity services

7.5 As indicated within this report, there is already a significant number of support staff working though delegated roles and supporting midwives across hospital based services. This role has been historically described as a nursing auxiliary. There are variations among HSC Trusts in Northern Ireland in relation to the duties carried out by these support staff, although there are many areas in common. Across all Trusts, the nursing auxiliaries are considered an essential part of the teams delivering maternity services and are highly valued by midwives.

7.6 It was agreed that the current role of the Nursing Auxiliary, Band 2, should be endorsed. There was agreement regarding a core set of duties for all maternity areas, with additional duties being required, specific to individual maternity areas. This embraces housekeeping and limited clinical duties, under the direct supervision of a midwife. Work was undertaken during the review to begin the work of developing of a generic job description for Band 2 support workers for the maternity services; this is attached at Appendix Five. In exploring the current role and duties of support workers in the maternity service, it was identified that there was a role for Band 3 maternity support workers, who would work under the indirect supervision of a midwife and within specified roles.

7.7 The Steering Group agreed that the introduction of Band 3 maternity support workers who could undertake a wider range of duties at a higher level than Band 2 support workers and who could work with less supervision would be an enhancement to the maternity team. It was noted that a number of these support workers would have highly specific roles, in addition to more generic roles e.g. scrubbing in obstetric theatres. Although it is not envisaged that Band 3 support workers would be employed in very high numbers, it was considered that their employment would enable midwives to focus on other aspects of the delivery of direct midwifery care.

7.8 It was agreed that the role of Band 3 maternity support workers would embrace housekeeping and limited clinical duties, as required for Band 2 support workers, with additional clinical duties specific to the clinical area and delivered within protocols. Work was undertaken during the review to begin the work of developing of a generic job description for Band 3 maternity support workers for the maternity services; this is attached at Appendix Five.

Recommendation Two

It is recommended that the role of the Band 2 support worker for the maternity service is confirmed and a generic indicative job description is developed for endorsement and implementation across all HSC Trusts in line with generic Band 2 health care support worker job descriptions currently being developed.

Recommendation Three

It is recommended that the role of the Band 3 support worker for the maternity service is developed and implemented across all HSC Trusts and a generic indicative job description for a Band 3 support worker is developed for endorsement and implementation across all HSC Trusts in line with generic band 2 health care support worker job descriptions currently being developed.

Maternity Support Worker

7.9 As indicated throughout the report, the title of nursing auxiliary is used consistently across all Trusts for Agenda for Change Band 2 support worker posts. It was considered that this title did not describe the role of the support worker who provides care to women and their families in the maternity services. Agenda for Change profiles describe this role as that of the support worker, which was considered to reflect more accurately the role currently provided by nursing auxiliaries. It was also identified that nursing auxiliaries undertake a range of housekeeping duties in common with other health care support staff providing care within nursing settings. It was noted, however, that the scope of duties within the clinical role of nursing auxiliaries diverges significantly, due to the fact that the majority of women using the maternity services are self-caring and the care required addresses different areas of activity, e.g. supporting the development of parenting skills. As a consequence, it was considered that the role should be identified as that of a Band 2 or 3 maternity support worker.

Recommendation Four

It is recommended that the title of nursing auxiliary within the maternity services is changed to maternity support worker Band 2 and maternity support worker Band 3 across all HSC Trusts.

Support staff in the midwifery community setting

7.10 There is currently negligible employment of support worker roles to support midwives in the delivery of community maternity services. It was agreed that new support roles need to be considered for this area to include the appointment of support workers who could assist midwives in the delivery of antenatal care at antenatal clinics and parent-craft classes. This may be at Band 2 or Band 3 levels and should include both maternity support workers and administrative support staff. It was acknowledged that this may require a review of the provision of antenatal clinic services delivered by midwives in the community to maximise the opportunities for support staff involvement.

7.11 It was also agreed, in addition to those developments described at 7.10 above, that consideration should be given to the employment of maternity support workers, who would provide care and assistance to post-natal women in the community setting. These support workers would provide assistance with breast feeding, parenting skills and psychological support. This will be at band 3 level and could help to improve support to breast feeding women and assistance to families during their

transition to parenthood. It was agreed that this would provide valuable additional support to women but would be in addition to the care already provided by midwives, given that midwives are already providing a lean service. As was seen in England (Sandall et. al., 2007) when this was introduced, midwifery time was not freed up, but an enhanced service was provided to women and their families.

Recommendation Five

It is recommended that a review of community maternity services is undertaken to identify the appropriate skill mix of midwives and support staff with a view to including support staff as part of the community midwifery teams.

Recommendation Six

It is recommended that consideration is given to employing maternity support workers as part of the community midwifery team to provide support to women in their homes, in addition to that currently being provided by midwives.

Training for Support Worker roles

7.12 It was noted that the current auxiliary nurses are provided with the generic induction programme provided for all new support staff within each HSC Trust. Some additional training is provided, which varies considerably among Trusts. Appendix Five provides an overview of current training across the HSC Trusts. It was agreed that maternity support workers required preparation specific to the maternity services, provided within a regional approach, with additional training specific to their role.

7.13 As indicated earlier in the report, there is a commitment by the DHSSPS to follow the NVQ route for preparation of support workers. The current provision of NVQ2 and NVQ 3 modules for health care support workers was reviewed by the Steering Group. It was noted that the current range of NVQ modules did not make adequate provision in relation to the maternity services. A small number of NVQ 3 units provided preparation in the care of babies, but there were no units providing preparation in the care of childbearing women.

7.14 As indicated at 6.6 above, National Occupational Standards have been developed for the Maternity Services, covering a range of appropriate competency areas for Band 2 and Band 3 maternity support workers. These are not currently available within the NVQ units of learning and as indicated previously, may not be available within the near future. This is of significant concern to the Steering Group. The current situation will present specific difficulties in relation to the proposals to introduce band 3 maternity support workers who will provide care under the indirect supervision of midwives. Midwives must have reassurance regarding the level of training and competence of these support workers to enable them to delegate higher levels of care.

7.15 The situation described above requires further detailed discussion to determine a way forward. This needs to be discussed in terms of meeting the requirements of

the DHSSPS, which is supportive of the NVQ route for preparing support workers. This needs to be considered alongside the need for the HSC Trusts to develop maternity support workers who have the necessary knowledge and skills to provide a safe level of care.

Recommendation Seven

***It is recommended that a regional group is set up to determine the training requirements of Band 2 and Band 3 maternity support workers and agree a way forward to meet the requirements of the DHSSPS and HSC Trusts*.**

Skill Mix within each HSC Trust

7.16 As was noted at Section 4 above, there is a skill mix within all maternity services, involving midwives, nursing auxiliaries (maternity support workers) and clerical staff. The ratio varies from Trust to Trust and between specific areas of the maternity service.

7.17 It was recognised by the Steering Group that the skill mix of midwives and maternity support workers required to provide high quality maternity care would differ in relation to the type of services provided within each maternity area. Antenatal clinic services, for example, could be provided using a higher number of support workers than would be appropriate in the deliver of labour suite services.

7.18 The process mapping and other activities carried out during this review identified aspects of the care of women and their babies that could be carried out by staff other than midwives. It was acknowledged that this was high level process mapping and only provided indicative information. It was agreed that further process mapping activities or other types of analysis may be carried out by Trusts to provide more detailed information to support decisions regarding appropriate skills mix. Consequently, each Trust should identify its own skills mix requirements to meet the needs of its services.

Recommendation Eight

It is recommended that HSC Trusts review the skill mix of midwives and support staff required within each maternity area to identify the appropriate skill mix needed to provide high quality care to women and their families, and develop a workforce plan for the next 5 to 10 years.

8.0 CONCLUSION

The Review of the Skill Mix for the Maternity Services has involved a wide range of key stakeholders in data gathering, interpretation and analysis. This has resulted in a set of recommendations for consideration by the DHSSPS, following which HSC Trusts will develop their own operational strategy to meet the needs of their own services.

REFERENCES

Audit Commission (1997) *First class delivery: improving maternity services in England and Wales.* HMSO: London

Bailey, S. (1991) Preparing health care assistants. *Nursing Standard*, 5, pp. 38 – 40.

Ball, J., Washbrook, M.(1996) Birthrate Plus: *Framework for Workforce Planning and Decision-making for Midwifery Services.* Books for Midwives Press, Elsevier Press: London

Charlton D., (2001) Support Workers in Maternity Care. MIDIRS Midwifery Digest. *11(3) 405-406*

Department of Health (2003) *NHS Knowledge and skills framework*. HMSO: London.

Department of Health (2004) *National Service Framework for children, young people and maternity services.* DOH, London

Dimond, B. (2005) Legal Liability of the midwifery delegator. *British Journal of Midwifery*. 13 (1) 41.

DHSSPS (2002) *Developing Better Services: Modernising Hospital and Reforming Structures*. DHSSPS: Belfast

DHSSPS (2006) *Audit of Acute Maternity Services*. DHSSPS: Belfast

DHSSPS (2008) *Nursing and Midwifery Update Review*. DHSSPS: Belfast

Flint, C. (1993) *Midwifery Teams and Caseloads*. Oxford. Butterworth-Heinemann

Henderson, C, (2001) Rethinking the role of the midwife. *British Journal of Midwifery*. 9 (2), 68 – 70.

Kershaw, B. 91989) Project 2000. Identifying the nurse support worker. *Nursing Standard*. 5, 40 – 43.

Health Care Commission (2008) *The review of maternity services.* London: HCC.

Hood, A. (2007) Raising the profile of maternity care assistants. *British Journal of Midwifery*. 15 (11), 697 – 699.

Kaufmann T., (1991) Working with healthcare assistants: threat of promise? *RCM Midwives Journal*. 2 (10), 316-317.

Kumar, R., Marks, M., Jackson, J. Prevention and treatment of postnatal psychiatric disorders; the role of the midwife. *British Journal of Midwifery*. 3, 314 – 317.

Lindsay, P. (2004) Introduction of maternity care assistants. *British Journal of Midwifery*. 12 (10), 650 – 653.

McKenna,H.,Hasson, F.,Smith, M.(2001) A Delphi survey of midwives and midwifery students to identify non-midwifery duties*. Midwifery*. 11, pp.105 – 109

McKenna,H.,Hasson, F.,Smith, M. (2003) Training needs of midwifery assistants. *Journal of Advanced Nursing*. 44 (3), 308 – 317.

McKenna, H. (2004) Patient safety and quality of care: the role of the health care assistant. *Journal of Nursing Management.* 12 (6), 452 – 455.

McLaughlin, M. (1990) Training for support workers. *Nursing.* 4, 29 – 31.

Montgomery,E., Alexander, J. (1994) Assessing postnatal uterine involution: a review and a challange. *Midwifery*. 5, 9 – 12.

NHS Education Scotland *(2006) Maternity Care Assistants in Scotland: A competency Framework.* Edinburgh: NES

NHS Employers (2006) *Maternity Support Workers: Enhancing the work of the maternity team.* NHS Employers: London

Nursing and Midwifery Council (2008) *Advice on delegation for Registered Nurses and Midwives. NMC*: London.

Oakley, A., Hickley, D., Rajan, L. (1996) Social support in pregnancy: does it have long term effects? *Journal of Reproductive Infant Psychology.* 14, 7 – 22.

RCM (2006a) *Guidance Paper: Refocusing the role of the midwife.* RCM, London

RCM (2006b) *Maternity Care Assistants: Position Paper.* RCM: London

RCM (2004) *Prepared to care: fit for purpose programme: Preparation of maternity care assistants*. RCM; London

Sandall,J. (2001) Extending the establishment – maternity assistants or doulas. *MIDIRS Midwifery Digest.* 11 (4), 547 – 550.

Sandall, J,. Manthorpe, J., Mansfield, A., Spencer, L., (2007) *Support Workers in Maternity Services; a national scoping study of NMS Trusts providing maternity care in England in 2006*. King's College: London

Scottish Executive Health Department (2006) *National Standards relating to Healthcare Support Workers in Scotland – A consultation document.* SEHD, Edinburgh

Silverton, L. (2004) Occupational standards for maternity care. *Midwives, Royal College of Midwives Journal*. 7 (9), 364.

Spencer, B., Thomas,H., Morris, J. (1989) A randomised controlled trial of the provision of a social service during pregnancy: The South Manchester Family Worker Project,. *Journal of Obstetric and Gynaecology.* 96, 281 – 288.

Van Teijlingen, E. (2000) Maternity care assistants in the Netherlands, in Van Teijlingen, E.,Lowis, G.,McCaffery, P. (eds) *Midwifery and the Medicalisation of Childbirth.* Nova Science: New York.

Walker, J. (2003) Midwifery Assistants: A place for non-midwives in a midwifery service. In Kirkam, M. (ed) *Birth Centres: a Social Model for Midwifery Care.* Books for Midwives: Oxford

Weigers, t. (2006) Adjusting to motherhood: Maternity care assistance during the post partum period: How to help the mother cope. *Journal of Neonatal Nursing*. 12, 163 – 171.

Woodward, V., Clawson, L., Ineichen, B. (2004) *Maternity support workers what is their role? Midwives, Royal College of Midwives Journal*., 7 (9), pp.390 – 393.

Appendix One

Membership of Steering Group

Liz Bannon	Belfast Health & Social Care Trust
Lesley Barrowman (Chair)	NIPEC
Fiona Bradley	Beeches Management Centre
Ruth Clarke	Belfast Health & Social Care Trust
Denise Boulter	DHSSPS
Heather Davidson	Southern Health & Social Care Trust
Kathy Fodey	DHSSPS
Tina Gregory	Clanmore Sure Start
Glynis Henry	Southern Health & Social Care Trust
Breedagh Hughes	Royal College of Midwives
Jill Jackson	DHSSPS
Elaine Madden	South Easter Health & Social Care Trust
Rosaleen Malone	Queens University, Belfast
Mary Maxwell	Northern Health & Social Care Trust
Frances McMurray	Queens University, Belfast
Anne Marie McGurk	Western Health & Social Care Trust
Patricia McStay	Southern Health & Social Care Trust
Dorothy Patterson	DHSSPS
Eileen Pollock	Beeches Management Centre
Avril Stubbs	Western Health & Social Care Trust
Verena Wallace	Northern Health & Social Care Trust

Appendix Two

DHSSPS Review of Skill Mix in Maternity Services in Northern Ireland

Project Initiation Document

1. Project Details

1.1 Project Title
Project Plan to review Skill Mix in Maternity Services.

1.2 Responsible Officer
DHSSPS Midwifery Officer

1.3 Project Start Date
Jan 2008.

1.4 Project End Date
May 2008.

2.1 Introduction and Background

Skill mix within maternity services has been the focus of much debate and the has the time come in Northern Ireland when we need to review the skill mix within the maternity workforce. Our maternity services are constantly under pressure to utilise their manpower resources effectively and efficiently. It is reported that midwives spent a significant amount of time on non-midwifery such as clerical and housekeeping duties (Adult Commission, 1991; RCM, 2006b). Flint (1993) takes a broad view of the concept of skill mix in maternity services and the support workers role and states that this may not always be a health care assistant type role. Alternatively she would discuss all possible personnel who would be considered as support to the midwife. They are those who give care to women throughout their journey of childbirth for example the mother's family, peer groups, clerical staff and domestic staff. Introducing skill mix into the maternity service has been identified as a way of developing and modernising services in order to be responsive to current and future needs of women, their babies and families (NES, 2006).

A number of other factors have immerged and include population demographics, policy reports and an increase in public awareness and expectations which would indicate a review of skill mix of maternity service is necessary in Northern Ireland.

2.2 Population Demographics

Recently the demographic population of Northern Ireland has changed to reflect an increase in the migrant population. There were 3,700 births registered in Northern Ireland during 2006 where the mother was not born in Northern Ireland (Statistics and Research Agency, 2007). This has contributed to pressure in midwifery practice and to an already stretched workforce where many of women accessing maternity services are non English speaking. Added to this is that in Northern

Ireland the number of registered births has risen by 4% from 21,400 in 2005 to 23,300 in 2006 (Statistics and Research Agency, 2007). (See Appendix 3 for births by Health Boards and Local District Government

2.3 Workforce Demographic

Curtis (2006) states that problems around recruitment and retention of midwives exist and this is also evident in areas within Northern Ireland Districts). The age profile of midwives in Northern Ireland as reported by Human Resources Management Statistics (HRMS) shows an increasing age profile with 28% of midwives 50 years and over and due to retire in five years and 50% are due to retire in 10 years (HRMS, 2007). It is also worth noting with regard to retention of midwives in the United Kingdom only 37% of qualified midwives are in practice (UKCC, 2000).

Relevant Policy Documents and Reports

2.4 Audit of Acute Maternity Services (NI) (2006)

- Recommends a review of skill mix in maternity services. The DHSSPS wishes to ensure that a high quality, safe and effective maternity service is provided and maintained.
- Recommends a review of the workforce – looking at the composition of the workforce including age profile and its impact.

This will assist in workforce planning for the future.

2.5 Modernising Medical Careers and the European Working Time Directives

The reduction of junior doctors working hours will potentially impact directly on the midwife, the potential demands on the role of the midwife have not been tailored into current staff establishments. The RCM (2006b) in their Position Statement on support workers in maternity care states that midwives must lead the training, deployment and supervision of support workers. This will assist the midwife who is recognised as the lead professional in the care of normal pregnancy and birth (DoH, 2003) to maximise normality in pregnancy and birth and remain in control of their own practice (RCM, 2006a). When staff are efficiently organised and skills are used effectively this will ensure the delivery of safe and high quality care, will also provide an increase in choice and availability of care (NES, 2006).

2.6 Support workers who have been in post for many years and have contributed extensively to maternity services. A formalised knowledge based training would be very positive in terms of a structured career pathway and would be of value in terms of recruitment and retention in the service

2.7 Work on skill mix in other United Kingdom countries

2.7.1 *The Support Workers in Maternity Services (England) Rapid Role out Program* (NHS Employers, 2006) was delivered by NHS Employers Large Scale Workforce

Change Team. This was in response to recommendations from the *National Framework for children, young people and maternity services* and involved scoping out the role of maternity support worker and developing a competence based framework for training. Managers were enthusiastic about the contribution that support workers were making to the work of the maternity team. Some would argue that the role was developed in response to staff shortages (Charlton, 2001; Sandall, 2001; Woodward et. al. 2004). The results were an ad-hoc approach to training and development in the field i.e. there was substantial variation in title, range of activities, required entry, level of training, grades, salary and some of the roles assigned required different levels of training, competence and governance regarding delegated responsibility and accountability.

Evaluation of the project was commissioned by the DoH England and carried out by Jane Sandall ***Support Workers in Maternity*** **Services** (2007). The key findings indicated that as already stated managers were enthusiastic about the contribution that support workers made to the maternity team. However there are substantial variations in title, range of activities, required entry level of training and grade. Also that some tasks being carried out required considerable levels of training, competence and governance regarding delegated responsibility and accountability were variable.

2.7.2 The Maternity Care Assistant (MCA) (Scotland) Document – *Maternity care Assistants in Scotland A Competency Framework (NES, 2006)*. In contrast this framework has been well received by the midwifery workforce in Northern Ireland and throughout the United Kingdom. Although the context within which it was set in NHS Scotland is different from that of Northern Ireland there is however valuable ideas within the report which could be of assistance to the Northern Ireland project. The focus of the project was to identify a defined role for MCA, design a core competency framework and commission a flexible innovative educational programme. The Role of the MCA in Scotland seeks to involve a high level of commonality throughout the region and involves participating in the process of assessment of women. However the **interpretation, decision making and planning of care remains the responsibility of the midwife.** It also involves giving advice to women and their families on personal hygiene, health promotion, baby car and feeding.

2.7.3 The Royal College of Midwives (1995, 1999, 2005) have made recommendations regarding the deployment of health care assistants. They stated that in order to maximise midwifery contact with mothers and babies and to provide high quality continuity of care the role of assistant needs to be developed. This may benefit midwives by releasing them from clerical and non midwifery duties and benefit mothers by providing them with extra support.

3.0 Project

3.1 Overall Aim of Project

To explore the skill mix required to provide holistic women centred care:

3.2 Objectives of the Project

- Through process mapping consider the women's journey and the care provided by the midwifery care team through the antenatal, intranatal, postnatal, neonatal and community environments.
- To identify areas of the woman's journey that can be undertaken by a range of support staff.
- To scope the current role and preparation of support staff within the maternity service for current and future roles.
- To describe the preparation and support required for support roles.
- To make recommendations to the Value for Money Steering Group.

3.3 Priorities

- To provide a high quality, safe, responsive and sustainable service that is sensitive to the needs of women and their babies.
- To ensure that **continuity of care remains a key principle** of care provision as this is recognised as being important to women.
- Promotion of effective team working under the direction of the midwife.
- To assess the current need for support roles within the maternity service.
- To ensure that the support role is identified as being **responsible** to the midwife and the midwife **accountable** for the delegated care given by the support worker.
- To ensure that the support worker is working under the **direction of the midwife**.
- To maintain at all times the statutory role of the midwife.
- To ensure that an appropriate learning and development strategy for support workers is described.

3.4 Proposed Approach

A project work plan can be viewed in Appendix 1.

- The Nursing and Midwifery Directorate (NMD) and Human Resources Directorate (HRD) at the DHSSPS will work with Heads of Midwifery (HOM), Lead Midwives, Directors of Nursing and Directors of Workforce Planning Departments in the 5 Trusts, RCM, NIPEC, Users of the service, Voluntary Groups and education providers to implement the project
- It is envisaged that NIPEC will facilitate the scoping of existing roles of support workers in the service. A questionnaire will be offered by the DHSSPS to assist with this.
- NMG and HRD will work with the Service Improvement Unit to facilitate the 5 Trusts to Process Map the journey of the women through 5 areas i.e. antenatal, intranatal, postnatal, community and neonatal. See Appendix 2.
- Potential roles will be identified to help develop and articulate the role of the support worker clearly.

- Preparation required for the support role will be considered.
- The role descriptions may be developed to suit local needs.

3.4 Exclusions

Other professional groups in maternity care will not be reviewed.

3.5 Constraints

The constraints and risks to be migrated include:

- Lack of agreement and coherence between main stakeholders.
- Financial costs of project work.
- The time available for the programme of work.
- The availability of stakeholders to contribute.

3.6 Assumptions

- The DHSSPS will project manage the review.
- The programme will be a Northern Ireland wide initiative. The context of each Trust may drive different approaches to training and implementation.
- Each Trust will be responsible for elements of its own work program.
- The Department will assist where required in elements of the work program.
- The Department will be responsible for facilitating the training for process mapping across the 5 Trusts.
- Key stakeholders will commit to the project.

3.8 Project Organisational Structure

A Steering Group and a chair will be appointed to take this programme of work forward.

3.9 Membership

The Chair of the group is still under discussion. The membership will comprise major stakeholders who will bring knowledge, skills and expertise to the programme. These will include:

- Representative from HRD at Department
- Midwifery Officer
- Nursing Officer From Workforce Planning
- Heads of Midwifery from 5 Trusts
- Service commissioners and providers suggested one assistant director from one of the 5 Trusts
- Midwifery Education Providers
- NIPEC representative
- RCM representative
- LSAMO
- User representative.

3.10 Frequency of Meetings

It has been agreed that the Steering Group will meet at regular intervals recommencing January 2008, where the work programme will be agreed.

3.11 Terms of Reference

Will be agreed by the Steering Group and to include:

- To agree Project Initiation Document
- To monitor progress of the project
- To receive the report at the end of the project

3.12 Accountability

The Steering Group will report to the VFM Steering Group chaired by CNO Mr Martin Bradley.

4.0 Communications and engagement

Communications will be shared and engagement will take place with all stakeholders.

5.0 Finance

Funding will be required and it is envisaged that the DHSSPS will support:

- Setting up of the Steering Group and secretariat support
- Steering Group meetings
- Workshops on mapping exercise
- Writing and publication costs.

Appendix Three

Staffing Figures for Health and Social Care Trusts in Northern Ireland (funded establishment figures as at 30th June 2008)

TRUST	Midwives WTE	Midwives Head Count	Auxiliaries WTE	Auxiliaries Head Count	Ward Clerk WTE	Ward Head Count
Belfast Trust						
Royal Jubilee Maternity Hospital & Community	217.3	288	58.71	81	7.8	9
Mater Hospital	32.9	38				
Northern Trust						
Causeway Hospital & Community	63.45	70	5.87	6	0.5	1
Antrim Hospital & Community	124.15	164	21.2	23	2.58	3
South Eastern Trust						
Ulster Hospital & Community	116.93	144	31.73 (1 x 0.88 Band 3 1 x 0.53 Band 3 1 x 1.44 Band 3)	41	5	5
Lagan Valley Hospital & Community	40.35	51	5	8	1	1
Downpatrick Hospital & Community	12.54	3	4.88	7	2.5	

TRUST	Midwives WTE	Midwives Head Count	Auxiliaries WTE	Auxiliaries Head Count	Ward Clerk WTE	Ward Head Count
Southern Trust						
Craigavon Area Hospital	123	89.67	26.02	37	9.48 (includes 2.91 shared with gynae 1.81 Ward liaison officer	9.48
Craigavon & Banbridge Community	14.60	18			3hrs	1
Armagh & Dungannon Community	15.32	18				
Daisyhill Hospital & Community	69.79	91	12.84	15	2.0	2
Western Trust						
Altnagelvin Hospital & Community	82.43	118	9.87 + 5 orderlies	19	1.5	2
Erne Hospital & Community	59.65	65	8	10	0	0

Appendix Four

Extract From the Report of the Scoping Workshop held on 22nd February 2008

Nursing Auxiliaries

Core Duties Across All Areas

Housekeeping

Ward stock ordering
Put stock away/storage
Transporting women and babies between maternity areas
Escort duty
Chart preparation and retrieval
Retrieval lab results from computer
Meals and menus
Communication — Answer telephone
Pass on messages
Call for help
Assist in maintaining ward environment
Set out and clean equipment
Clean and store trolleys

SUPPORTING CARE DELIVERY

Personal hygiene
Chaperone
Support – general
Bed-making
Daily baby care
Support parentcraft teaching
Support breast and bottle feeding once established
Pre-operative preparation e.g. jewellery, nails, gown, labels etc
Maintain records
Assist doctors and midwives with relevant procedures

Nursing Auxiliaries

Duties Specific to Clinical Area

Antenatal Clinic/Parentcraft

Chaperone and provide support to obstetricians
Provide support to midwives
Keep clinic to time
Direct patient flow through clinic
Prepare rooms
Print off labels
Filing
Assist with collecting data for audit
Set out blank blood forms and bottles
Prepare equipment for specific clinics

LABOUR SUITE

Assist midwife/doctor with perineal suturing
Scrub in theatre
Run in theatre

NEONATAL UNIT

Wash baby clothes
Check, defrost, clean and sign milk fridge
Set up and assist at ward baby clinic
Collect blood products
Special care babies only Tube feed
Daily care cot and incubator
Limited observations

Ward Clerk

Core Duties across all Areas

Meet and greet public
Answer telephone enquiries
Bleep staff
Receive and sort mail
Photocopy
Order stationery
Order equipment/report faults
Maintain daily statistics
Log admissions
Submit figures to business services
Book appointments and transfers
Ward list admissions/discharges
Fax test requests
Obtain old notes
Find laboratory reports
Maintain office
Off duty on computer
Arrange interpreters

Duties Specific to Clinical Area

Antenatal/Post-Natal Ward

Communicate with community midwife
Make up admission/discharge packs

Antenatal Clinic/Parentcraft

Audit and register Antenatal Screening forms
Enter booking charts
Complete growth charts
Support parentcraft midwife

Appendix Five

Indicative Generic Job Descriptions Band 2 and Band 3 Maternity Support Workers- Any Trust

Title of Post	Maternity Support Worker
Grade of Post	Band 2
Reporting to	Ward Manager/Team Leader
Responsible to	Head of Midwifery
Location	Trust wide – Maternity
Hours of work	37.5 hours or pro rata as required

Purpose of the Job

To help and support midwives to provide a high standard of care to women, their partners and babies before, during and after birth, under the direction of a qualified midwife.

Main duties

- Work collaboratively with the midwifery team to ensure a high standard of care
- To follow the registered midwife's guidance and instructions
- Assist midwifery staff in the delivery of care as indicated in individualised care plan
- Report significant changes in women's progress to midwifery staff
- Provide physical and emotional support to women
- Communicate effectively with women and their families, visitors
- To establish working relationships with all grades of staff and disciplines ensuring the maintenance of good communication
- Supporting women towards self care and independence during pregnancy and following delivery, to include personal care
- Supporting women to breast feed in accordance with Trust Infant Feeding Policy
- To assist in the teaching and demonstration of basic parenting skills on a one-to-one basis and in group sessions
- Actively contribute to supporting mothers in the prevention of ill health e.g. smoking cessation
- Participate in and co-ordinate housekeeping duties, including cleaning of labour rooms, cleaning women's bed space and maintaining a tidy and clutter- free environment
- Report all complaints immediately to Ward Sister/Team Leader
- Ensure a clean and safe environment for women, their babies and staff
- Assist with chaperoning medical staff for procedures

- To maintain competence in the Maternity Support Worker role

General Responsibilities

- To adhere to the Trust Policy for record keeping
- To ensure the protection of confidentiality, sensitive information and data at all times
- To maintain quality standards by working to Trust Policies and Procedures and to act in an appropriate manner at all times
- To demonstrate an awareness, of and work within, Trust Health and Safety Policies with particular reference to Fire, Incident Reporting, Infection Control and Child Protection
- To compete induction training and attend mandatory study days including breast feeding
- To commit to and be able to produce evidence of self development.
- Carry out duties with full regard to the Trust Equal Opportunities Policy
- Comply with the Trust Smoke Free Policy
- Treat those with whom he/she comes in contact in the course of work in a courteous manner.

This job description is not meant to be definitive and may be amended to meet the changing needs of the Trust

June 2008

Indicative Job Description – BAND 3 Maternity Support Worker - Any Trust

Title of Post	Maternity Support Worker
Grade of Post	Band 3
Reporting to	Ward Manager/Team Leader
Responsible to	Head of Midwifery
Location	Trust wide – Maternity
Hours of work	37.5 hours or pro rata as required

Purpose of the Job

To help and support midwives to provide a high standard of direct care to women, their partners and babies before, during and after birth, with minimal supervision under the direction of a qualified midwife.

Main duties

- Work collaboratively with the midwifery team to ensure a high standard of care
- To follow the registered midwife's guidance and instructions
- Assist midwifery staff in the delivery of care as indicated in individualised care plan
- Carry out observations, record and report significant changes in women's progress to midwifery staff e.g. ensuring compliance with Trust Early Warning Scoring System
- Provide physical and emotional support to women
- Communicate effectively and reassure women and their families, visitors
- To establish working relationships with all grades of staff and disciplines ensuring the maintenance of good communication
- Support women towards self care and independence during pregnancy and following delivery, to include personal care
- To promote, teach and support women to breast feed in accordance with Trust Infant Feeding Policy
- To teach and demonstrate basic parenting skills on a one to one basis and in group sessions
- Actively contribute to supporting mothers in the prevention of ill health e.g. smoking cessation
- Participate in and co-ordinate housekeeping duties, including cleaning of labour rooms, cleaning women's bed space and maintaining a tidy and clutter free environment
- Report all accidents and complaints immediately to Ward Sister/Team Leader

- Ensure a clean and safe environment for women, their babies and staff, and to actively contribute to the infection reduction plans, including link infection control responsibilities
- To maintain competence in the maternity support worker role
- To assist the midwife in auditing and standard setting e.g. collection of data for breast feeding
- Assist with chaperoning medical staff for procedures

Additional roles may be carried out as required by the specific maternity service and may include for example:

- Support the midwife by assisting with theatre duties and aspects of instrumental delivery.
- To undertake the duties of the runner in theatre
- To assist in positioning of women for procedures
- To assist with setting up of instruments, using an aseptic technique.
- Checking of swabs, needles and instruments during and post procedures
- Appropriate application and connection of equipment e.g. diathermy, suction
- Monitoring and ordering surgical general and sterile services stores
- Cleaning, preparing and setting up of the theatre environment
- Acting in theatre as a scrub assistant to obstetrician
- To perform phlebotomy, venflon removal and neonatal blood spots.
- Provide induction training and support to new and existing maternity support workers.

General Responsibilities

- To adhere to the Trust Policy for record keeping.
- To ensure the protection of confidentiality, sensitive information and data at all times.
- To maintain quality standards by working to Trust Policies and Procedures and to act in an appropriate manner at all times.
- To demonstrate an awareness of and work within Trust Health and Safety Policies with particular reference to Fire, Incident Reporting, Infection Control and Child Protection.
- To compete induction training and attend mandatory study days.
- To commit to and be able to produce evidence of self development.
- Carry out duties with full regard to the Trust Equal Opportunities Policy.
- Comply with the Trust Smoke Free Policy
- Treat those whom he/she comes in contact with in the course of work in a courteous manner

This job description is not meant to be definitive and may be amended to meet the changing needs of the Trust

June 2008

Appendix Six

Questionnaire Data

Training by Type and Trust

Training	Belfast	Western	Northern	South-Eastern	Southern
Induction (needs clarification)	√	√	√	√	√
Confidentiality				√	√
Cleanliness/ Infection control		√	√	√	√
Moving and handling	√	√	√	√	√
Fire lecture	√	√	√	√	√
Breast Feeding	√	√		√	√
CPR	√	√	√	√	
COSHH (Health and Safety)		√			
Communication skills					**Some**
Customer care	√			√	
Domestic violence	√			√	
Child protection	√			√	
Observation skills/vital signs		√			
BP monitoring	√				
Orientation to theatre and role as a runner			√		
Assisting in theatre with C/S	√				
Swab control 2nd person	√				
Handling complaints	√			√	
Computer skills					**Some**
Bereavement	**Some**				
BP monitoring	√				
Glucose monitoring	√				
NVQ1			**Some**		
Orogastric tube feeding (NNU)	√				
Temp, heart rate, O2 saturation (NNU)	√				
Resuscitation (NNU)	√				
NVQ2	**Some**		**Some**		**Some**
NVQ3	**Some**				

Appendix Seven

Extract from the Report of the Workshop held on 14th May 2008 to Consider Training Requirements for Maternity Support Workers.

Maternity Support Worker Training Band 2

All Band 2 maternity support workers will follow the generic induction programme provided by the Trust. This will involve awareness and mandatory training elements and will be provided through an initial introductory day and follow-up activity over a designated period.

The aspects that must be included in the generic programme are as follows:

- Structure of the Trust, mission statement, Trust ethos
- Staff and team
- Geography of the work area
- Employee policies such as sickness, absence, complaints, KSF, disciplinary etc
- Communication
- Confidentiality
- Care and use of equipment
- Infection control
- Waste disposal
- Bleep, telephone system
- Stock control, materials management
- COSSH
- Risk management
- Child protection
- Domestic abuse
- Accountability, legal issues
- Basic life support
- Manual handling
- Caring skills – empathy, respect, dignity, customer care
- First aid
- Record keeping

All Band 2 maternity support workers should also be prepared for their role in the maternity services, in line with the content of programmes contained within the NES competency framework Appendix 4, with a variation in the section on clinical skills to include only core caring skills and with the following additions:

- pre-operative preparation
- bereavement

Maternity Support Worker Training Band 3

All Band 3 maternity support workers will follow the generic induction programme provided by the Trust and preparation for working in the maternity services as identified for Band 2 maternity support workers with the following potential additions in relation to role:

- Initiating and supporting breast feeding
- Phlebotomy
- Specific Health Promotion e.g. smoking cessation
- Vital observation recording and reporting
- Fluid balance recording and reporting
- Neonatal tube feeding
- Venflon removal and after care
- Catheter removal and aftercare
- Audit
- IT skills

Additional training will be required to support specific roles operating within agreed protocols, such as:

- Scrubbing in theatre
- Running in theatre
- Providing support to the midwife in the labour suite
- Supporting the midwife in the antenatal clinic
- Supporting the midwife in the community setting – antenatal clinics, parentcraft classes
- Supporting the postnatal woman in the community – parenting skills, psychological support
- Neonatal screening