

# MCoC What if...? Series



THE ROYAL  
COLLEGE OF  
MIDWIVES

What if –  
My midwifery continuity team  
is organising how we work?

Good rostering practice is key to ensuring the success of a midwifery continuity team. While there are contractual and legislative elements to rostering which must be complied with, getting teams to develop rosters together is equally important and self-rostering can help with this.

This works by enabling self-directed and managed teams to decide how to organise their working time, arrange schedules and roles while ensuring that intra-partum care is covered. This includes prospective and retrospective rostering and can be applied to e-rostering systems. This gives midwives the autonomy to develop working patterns that recognise the importance of work-life balance and health and wellbeing. Flexible working is the cornerstone of achieving this.

This traffic light system tool has been designed to highlight some dos and don'ts when teams are organising how they work and developing rotas. It should be used in conjunction with the RCM's Nuts and Bolts Guidance, employment principles for developing continuity teams and other relevant linked documents.

### Evidence

- Maternity services should plan to provide what women want while ensuring that teams do not suffer burnout (NHSI, 2018)
- Research into the work, health and emotional lives of midwives commissioned by the RCM saw many midwives commenting on a lack of personal autonomy in relation to work patterns and locations. We know that high levels of occupational autonomy support the emotional wellbeing of midwives (WHELM, 2018)
- A UK study found that community midwives were more likely to report higher levels of job control and team work, managerial support and job satisfaction when compared to hospital midwives. Three factors have been identified by Jane Sandall on sustaining continuity: occupational autonomy, social support, developing meaningful relationships with women (Yoshida et al, 2013)
- The RCM's Caring for You survey found that when positive action is taken on health, safety and wellbeing, levels of stress and burnout are lower and respondents reported they were more able to provide high quality care for women and their families
- A 2016 RCM survey of midwives who had left midwifery or were considering leaving midwifery found that 76% of midwives who have left

midwifery would be likely to return if there were opportunities to work flexibly. The right staffing levels are imperative for continuity teams. Retention of staff is equally as important as new midwives entering the profession

- There is evidence of vacancy rate reduction when teams are enabled to self-manage. A community nursing model providing 24/7 'rapid response' service and enabling continuity of care with an individual nurse caseload managed to reduce vacancies from 10% in 2014/15 to 1% in 2015/16 (NHSI, 2016)

The Working Time Regulations provide only minimum requirements; the NHS Agenda for Change Handbook (AfC) provides provisions that go beyond this minimum. Section 27 of the AfC handbook which covers Working Time includes a statement that control of working hours should be regarded as an integral element of managing health and safety and promoting wellbeing at work. Employers, when organising work, should take account of the general principle of adapting work to the worker.

Where staff work a specific number of hours each year, with the hours being unevenly distributed throughout the year this is known as an annual hours contract. Any agreement for continuity teams to work in this way should be done in partnership with the RCM and members, there should be no detriment to individual staff working in this way and unsocial hours payments as well as on-calls must be taken into account.

We recommend managers, team leaders, Workplace Representatives, midwives and MSWs regularly review their local team rotas/off duties to identify whether they include any 'red' or 'amber' elements. Any red elements should lead the team to review and amend the rota as the rota does not represent best practice and is likely to lead to longer term problems. Any amber elements should be highlighted and changes implemented through management actions to improve current practice. A positive continuity rostering model and approach will include the green elements. These ensure that any problems or concerns are picked up early and that there is a process for team leaders and more senior managers to understand how the model is impacting on staff work/life balance and whether the current workload is manageable.



**Self-rostering**, as described above. Staff should be regularly offered the opportunity to feedback formally and informally whether they feel that the process for rostering is serving their needs and providing them with an appropriate level of flexibility. This can be done through staff surveys, team meetings or one to ones with team leaders.



**Work/life balance** of staff, a positive work/life balance means that staff health and wellbeing is improved, it also benefits employers as staff are more productive and satisfied at work. Section 33 of the Agenda for Change Handbook 'Balancing work and personal life' includes some helpful information. When midwives are working in continuity models of care that require them to work flexibly covering 24/7 care of women at all stages of the maternity pathway, it is imperative that they are regularly asked to reflect on how they are feeling about their work/life balance. For example, how many weekends each month are they regularly being asked to work (a rule of thumb for a positive work/life balance would be only working a maximum of two weekends out of every four as a full time midwife), how often are they working over their hours (as a rule of thumb, this should only happen irregularly, that is less than monthly, during unusually busy periods), and how often are they called out on an on-call? This feedback can be sought formally or informally, in person or in writing – through staff surveys, one to ones and team meetings. There should be a local process to ensure that the feedback from staff about work/life balance is being fed up to the Head of Midwifery.



**Break time guidance adhered to.** The Working Time Directive states staff are entitled to a 20 minute break in work periods of over 6 hours. However, your NHS Trust or Board may have locally agreed arrangements which provide for breaks of more than 20 minutes (e.g. lunch breaks). In which case these arrangements should be adhered to. There should be a process through which staff are able to record whether they are regularly unable to take their breaks.



**Policies including a time owing process for booking and taking time back.** Staff may request to take time off in lieu as an alternative to overtime payments. If they are unable to take the time within three months due to operational reasons staff must be paid at the overtime rate.



**No handover time included in rota.** Adequate hand over ensures midwives/MSWs coming on shift have time with those finishing to ensure relevant information is shared between teams.



**No headroom or 'anticipated absence' allowance.** Headroom or anticipated absence allowances should be built into staffing establishments to take into account both planned and unplanned leave e.g. annual leave, study leave, sickness, carer's leave etc. Your NHS trust or Board will have an agreed percentage headroom/anticipated absence allowance.



**No investment in training and resourcing e-rostering systems.** E-rostering systems need to be adapted to any new models of care, including continuity of carer. Those tasked with completing e-rostering should be appropriately trained and prepared to use the systems effectively.



**Not compliant with contractual hours/Working Time Directive.** Under Agenda for Change full time hours are 37.5 per week but part time staff may be contracted to work fewer hours. The Working Time Directive allows for an average of 48 hours working time each week, measured over a reference period of 17 weeks it also includes minimum requirements for rest periods and annual leave.



**Not using relevant workforce planning tool.** The RCM recommends that BirthratePlus (BR+) provides the most robust and proven methodology for determining midwifery staffing establishments. In Scotland, the Scottish Government's midwifery workload planning tool is used across all health board areas rather than Birthrate plus.



**On call on top of working hours.** It is not appropriate that on calls are routinely in addition to rostered hours i.e. caseload working hours should align with contracted hours without the need to work any extra, if a midwife is called out at night the following day becomes a recovery day.



**Not recording staff as supernumerary.** Supernumerary means staff who are not counted in the clinical numbers this could be students, new starters on induction, managers carrying out a non-clinical part of their role etc.



**Not having rest period between shifts.** Staff should normally have a rest period of not less than 11 hours in each 24 hour period.

\* Any variation to terms and conditions must be negotiated and approved by recognised trade unions through local staff-sides.

## References

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