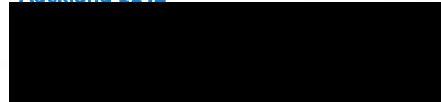
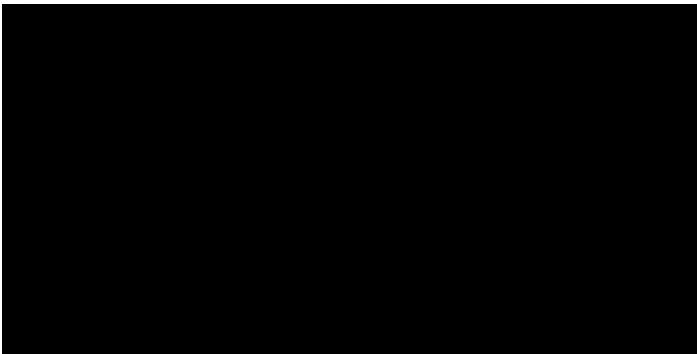


9 August 2019



Re Official Information Request – Midwifery workforce

I refer to your official information request dated 22 July 2019 for the following information:

This is an Official Information Act request for the number of full and part time staff currently employed in the maternity ward at your District Health Board. Please separate these by job title i.e. midwife, senior midwife, obstetrician, nurse etc.

I also request the number of positions that exist or need to be filled - i.e. If there are 20 midwife positions but 10 are currently filled, please state this, and also the length of time the position has been open for.

Please also provide any reports or information - including internal memos etc. - into staffing problems within the maternity ward, and any issues with recruitment.

I also request any complaints or matters of concern raised by maternity ward staff to management about problems or incidents arising from or related to a lack of staffing within the maternity ward.

Please find response to questions below:

Number of Staff employed in the Maternity Unit by Job Title

There is a persistent and chronic shortage of midwives in New Zealand, concentrated across the greater Auckland Region.

The recent 2018 New Zealand District Health Boards' Midwifery Workforce Report noted that as of December 2017, Auckland and Counties Manukau DHBs had the highest vacancy FTE and highest national vacancy rates with combined vacancy FTE of 58.9, over half (57.4%) of the national vacancy FTE. Auckland DHB's share of this was reported at 30.9 FTE of with an annual voluntary turnover of 26.1%, the second highest in the country.

In response Auckland DHB initiated meetings between the Auckland branch of the New Zealand College of Midwives, MERAS and NZNO to jointly agree priorities and to monitor progress in strengthening our midwifery workforce. This culminated in the Midwifery "3Rs" framework"; Recruitment, Retention and

Responsiveness strategy under-pining long term sustainability and workforce development. Through a focused recruitment and retention strategy we have employed a cohort of new graduate midwives who have joined us and worked to retain experienced midwives by offering more flexible roles, strengthening frontline senior midwifery leadership, and a midwifery career pathway project. We have been successfully recruiting within New Zealand and internationally with support from the Midwifery Council, and expect to see further benefit from this activity in the coming months.

To support delivery of care to women in the face of our midwifery vacancies, we have also adapted our model of care across the inpatient wards. This has seen us cohort women with like needs and prioritises midwifery skills against patient need and Midwifery led post natal care delivered by increased number of Registered Nurses.

Table One : Maternity Services Staff as of June 2019

Job Title	Part time		Total (FTE)
	Full Time (0.9- 1.0 FTE)	(0.3 - 0.8 FTE)	
Senior Midwives	22	8	30
Registered Midwives	88	61	149
Registered Nurses	13	3	16
Enrolled Nurses	2	2	4
Health care Assistants	16	9	25
Specialist Obstetricians/Gynaecologists	13	34	47

Number of positions that need to be filled

Table two: Maternity Services Staff vacancies 12 months to June 2019

Service Area	Job Title						Internal Bureau utilisation	Overall deficit of FTEs
	Senior Midwives	Registered Midwives	Registered Nurses	Enrolled Nurses	Health care Assistants			
Inpatient and Secondary services	27.84	58.11	15.43	4.4	19.9	15.38		
Primary Maternity Services	1	17.91	0	0	1	0.37		
Regional Tertiary and specialist Services	9.75	6.89	0	0	1	0.25		
Total ACTUAL FTEs used	38.59	82.91	15.43	4.4	21.9	16.0		
Total Budget	41.8	117.3	6.28	0	23.29	16.6		
Total vacancies	-3.21	-34.39	9.15	4.4	-1.39	16.0	-9.44	

NOTES: Roles are expressed as FTEs

Nurses filling midwifery positions - on average 9.15 FTEs

Internal bureau staff support Midwifery workforce on average 16.0 FTEs

Reports and information regarding staffing problems within the maternity ward and recruitment issues

The Board and senior management of Auckland DHB have been kept well-briefed throughout the significant challenges being faced by maternity services both within our own hospitals and nationally. In 2018 Auckland DHB initiated meetings between, the Auckland branch of the New Zealand College of Midwives, MERAS, NZNO to jointly monitor priorities to monitor progress in strengthening our midwifery workforce.

The following documents are attached. I also note that the Hospital Advisory Committee minutes are published on our [website](#)

1. Report to the Hospital Advisory Committee on 20 March 2019 (refer to pages 85 & 87)
2. Report to the Hospital Advisory Committee on 01 May 2019 (refer to pages 13, 85 & 87)
3. Report to the Hospital Advisory Committee on 12 June 2019 (refer to pages 22 and 97)
4. Report to Hospital Advisory Committee on 24 July 2019 (refer to page 14)

More comprehensive reporting to the Board and Committees occurred during the Public Excluded sections during April, August and September. These reports are subject to commercial activities and negotiations and we are therefore withholding them under sections (9)(2)(i) and (9)(2)(j) of the Official Information Act.

Complaints or matters of concern raised by maternity ward staff to management

In relation to your request for details of complaints and incidents raised by maternity ward staff to management about problems or incidents arising from or related to a lack of staffing within the maternity ward, while we acknowledge that there is a public interest in understanding the issues you are enquiring about, Auckland DHB is obliged to consider the impact of releasing these documents on patient and staff reporting of complaints and incidents.

When Auckland DHB patients and staff completed these complaints or reports, they did not expect this information to be released outside of Auckland DHB. Auckland DHB wishes to encourage patient use of the complaints system and staff use of the incident reporting system, as these are designed to improve patient and staff safety and quality of patient care. Auckland DHB considers it very likely that releasing this information to the media under the Official Information Act would have a detrimental effect, by making patients and staff less willing to make complaints or impacting on the full and frank nature of their

reporting. It is very much in the public interest and the interest of patient safety that Auckland DHB staff continues to report any incidents which present potential risk to patients and staff, and that staff and patients feel safe to make complaints.

Accordingly this part of your request is refused by Auckland DHB on the basis of section 9(2)(ba)(i) of the Official Information Act 1982, namely that withholding of the information is necessary to protect information which is subject to an obligation of confidence, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Yours faithfully



Ailsa Claire, OBE
Chief Executive