

1. Introduction

The NHS England three-year delivery plan for maternity and neonatal services sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families (NHS England 2023).

Personalised care gives people choice and control over how their care is planned and delivered. It is based on evidence, what matters to them, and their individual risk factors and needs. Personalised care includes choice of place of birth; all women in England can choose where to birth their baby. This may be in their local Trust or elsewhere.

This paper provides an update on the staffing position and birth choice provision at both Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Teaching Hospitals Trust (MYTT) footprint. The paper sets out the current and future maternity service offer, with reference to national standards and evidence-based guidelines, and workforce issues.

2. Background

All women should have clear choices about maternity care and place of birth, supported by unbiased information and evidence-based guidelines (NHS England 2023). Where care can be safely delivered closer to women's homes.

There has been an expansion of specialist maternal medicine services enabling women to receive antenatal care, diagnostic testing, and fetal surveillance in their local hospitals in Pontefract, Wakefield, Dewsbury, Huddersfield, and Halifax rather than having to travel to regional centres.

When staffing levels are safe and sustained, there will be a continued focus on enhanced continuity of carer models of care to support our most vulnerable groups. The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance to commissioners and providers about intrapartum care settings. This guidance underpins local Trust guidelines.

3. Workforce

3.1 Current Position

Both CHFT and MYTT have continued with consistent recruitment activity including participation in the Local Maternity and Neonatal Services (LMNS) centralised recruitment programme for newly qualified midwives.

A summary of the current (January 2025) and future expected (April 2025) position can be seen in the following table:

January 2025	CHFT	MYTT
Last formal accredited workforce planning assessment (Birthrate Plus)	2024	2023
Funded whole time equivalent (WTE)	195	255.48
Whole time midwife in post – January 2025	174.21	254.92
Current Vacancy whole time midwife	20.79	0
Current Overall Vacancy %*	11%	0%
Anticipated WTE April 2025	186.21	260.92

Anticipated overall vacancy % April 2025	4.5%	0%
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*The current vacancy position does not consider the additional vacancy created through maternity leave, plus short / long term sickness and includes all midwifery posts including managerial and specialist midwives.

CHFT has seen their vacancy position reduce from a maximum of circa 30% in August 2023 to 11% in January 2025. Further recruitment has taken place with a cohort of newly qualified midwives due to qualify in March 2025 who are currently undergoing recruitment checks. Additional interviews are being held for band 6 midwives, with 4 candidates who will be interviewed. It is anticipated that the vacancy position in April 2025 will be circa 5%.

CHFT retained 100% of newly qualified midwives from 2022 and 2023 cohorts and was one of only 2 organisations in the LMNS to achieve this.

MYTT will see 6.0 WTE midwives commence in post through April - May 2025. This will take the service into an over-recruited position; however, this is based on average attrition rates.

All new starters at both organisations are supported by preceptorship midwives through robust orientation and supernumerary period through to completion of their preceptorship programme.

Additionally for consideration, whilst there is a national review of training requirements for frontline staff, there is already an increased amount of maternity and neonatal safety training required in addition to essential training and the potential to see further increase in this. Should this occur further business cases may be required to support additional uplift to the current establishment.

3.2 Recruitment and Retention

CHFT and MYTT both have robust recruitment and retention plans and have worked with West Yorkshire and Harrogate Local Maternity and Neonatal System and NHS England regional teams to grow the workforce through increasing student placements, international recruitment, midwifery apprenticeships and shortened midwifery programmes.

This is a medium to long term plan and whilst the anticipated position is now more favourable than in previous years, there remains challenges to secure a sustainable workforce for the future.

UCAS data has shown that in June 2024 the degree level applications for midwifery were at their lowest levels for more than six years. This is a 9.9% decrease on the previous year and 34.4% lower than the 2021 peak. It is therefore vital we continue our efforts across the Calderdale, Kirklees, and Wakefield footprint in partnership with our universities to continue with our recruitment and retention plans and to be employers of choice for students and to offer multiple routes into training.

Recruitment and retention plans shared previously with the committee remain in place.

4. Birth Choices across Calderdale, Kirklees, and Wakefield

Current NICE guidance (2023) is that all 4 birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) should be available to all women (in the local area or in a neighbouring area), and that women are supported to make an informed choice to birth in any birth setting (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit. Furthermore (NICE 2023) when planning delivery of maternity services, providers should:

- provide a model of care that supports one-to-one care in labour for all women.
- not leave a woman in established labour on her own except for short periods or at the woman's request.
- benchmark services and identify overstaffing or understaffing by using workforce planning models and/or woman-to-midwife ratios.

From 1 April 2024, all four choices of place of birth are available and offered to women resident in Calderdale, Kirklees, and Wakefield.

Women can access care in any care setting via their midwife or an online self-referral scheme on CHFT and MYTT Trust websites.

Summary of Birthing options:

Place of Birth	Calderdale	Kirklees	Wakefield
Homebirth	Yes	Yes	Yes
Freestanding Midwife led Unit – low risk women	No Neighbouring area Bronte Birth centre	Yes Bronte Birth Centre	No Neighbouring area Bronte Birth Centre
Alongside Midwife led Unit – low risk women	Yes Calderdale Royal Hospital (CRH)	No Can chose to birth in neighbouring area (CRH, PGH)	Yes Pinderfields Hospital (PGH)
Obstetric Unit	Yes Calderdale Royal Hospital (CRH)	No Can chose to birth in neighbouring area (CRH, PGH) or any other Trust of their choosing (e.g. Leeds, Bradford, Barnsley)	Yes Pinderfields Hospital (PGH)

Pontefract Hospital - A public consultation was launched 11 February 2025 by the ICB and the Wakefield Place asking local people to share their views on birth choices in the Wakefield District.

The consultation focuses on the future of birthing services at Pontefract Hospital, where births have been temporarily suspended since 2019. The proposal is to not reinstate births at Pontefract while continuing to provide antenatal and postnatal care there. The Wakefield District Health and Care Partnership is leading this consultation to understand how the proposal might

affect local families and whether other options should be considered. This information has been included to demonstrate the full operational picture at MYTT.

4.1 Huddersfield Birth Centre – Free standing midwifery led unit

The Huddersfield Birth Centre remains suspended for labour care.

Re-opening to provide intrapartum midwifery led care is contingent not only on sufficient numbers of staff in post but also in consideration of the skill mix and experience of midwives.

Whilst the recruitment position for CHFT has improved, the skill mix and experience of the workforce has changed. The preceptorship package is a 12–18-month programme and the skills and experience acquired during this programme will be essential to contributing to the overall workforce needed to safely staff a free-standing birth centre. CHFT has supported the development of skills in low-risk midwifery led care by reintroducing rotation into the community as a core area in the preceptorship package as well as to Calderdale Birth centre. This is supported by ensuring there is clearly identified support from experienced community and Calderdale birth centre core midwives

CHFT has worked with colleagues at MYTT to establish pathways to access the Free-standing Bronte Birth Centre, all birth options are available to be discussed with women at both organisations.

A review of the Huddersfield birth centre and the options for sustainable free standing birth centre model for Kirklees will take place in April 2025 with data collection on the complexity and acuity of women over the last 3 years to inform the numbers who would be considered most appropriate to birth in a free-standing birth centre.

4.2 Calderdale Birth centre - Alongside Midwifery Led unit

Due to the challenges in staffing, Calderdale Birth centre (CBC) adopted a responsive model in July 2023 with staff re-deployed to support other clinical areas when no labouring women were present in the unit. The level of staff shortages meant that it was not possible to robustly maintain this responsive model with intermittent closure of the unit required to maintain safe intrapartum care provision in a consolidated area. Calderdale Birth centre has been robustly delivering a 24/7 operating model since 18th November 2024.

In the 16-month period from commencing the responsive model in July 2023 to up to November 2025, CBC saw 140 births take place providing an average of 8.75 births per month.

During the 3-month period from the recommencement of the 24/7 operating model (18th November 2024 – 18th February 2025) there have been 83 births in Calderdale Birth Centre providing an average of 27.66 births a month.

The women who are accessing the Calderdale birth centre have been evenly split between Halifax and Huddersfield postcodes with 48.2% and 42.2% respectively. The remaining women have been from Bradford and Oldham.

A further 49 women have attended CBC but have transferred during their labour. The following table is a summary of reasons for transfer:

Reason	No.
Additional pain relief	16
Delay in 1 st / 2nd stage of labour	7
Complications in labour requiring continuous fetal monitoring	25
Perineal repair in theatre	1

There have been 4 occasions during this 3-month period where there has been a need to redirect intrapartum care to the labour ward for a short period following acute absence of core staff. A further full overnight closure took place in January 2025 due to adverse weather conditions to support accommodation for staff who were stranded.

4.3 Calderdale Royal Hospital Maternity Reconfiguration

Reconfiguration plans to relocate the Calderdale Birth centre from the ground floor at the front entrance of the hospital to the 2nd floor alongside the labour ward and to build 2 bespoke dedicated obstetric theatres are progressing.

A communications plan is currently being drafted and will be co-designed with the Maternity Neonatal Voice's Partnership (MNVP) to inform women and families of the work taking place once a start date has been confirmed.

The work is currently anticipated to commence in summer 2025 and complete in Spring 2026 although this may be subject to change. As this work is taking place in an area of estate that has now been vacated there will be no disruption to the availability of the birth centre or the current obstetric theatre whilst the build takes place. There may be some noise disruption to some areas of the labour ward, but this has been discussed with the contractor and measures will be taken to minimise this as much as possible.

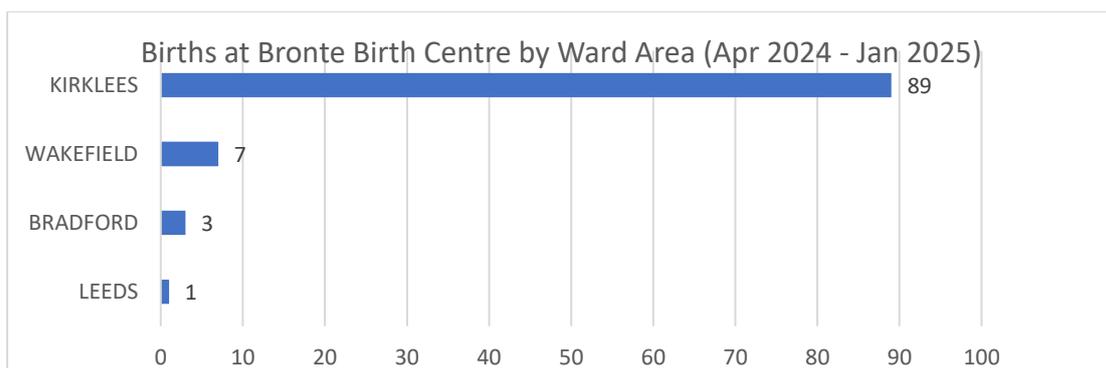
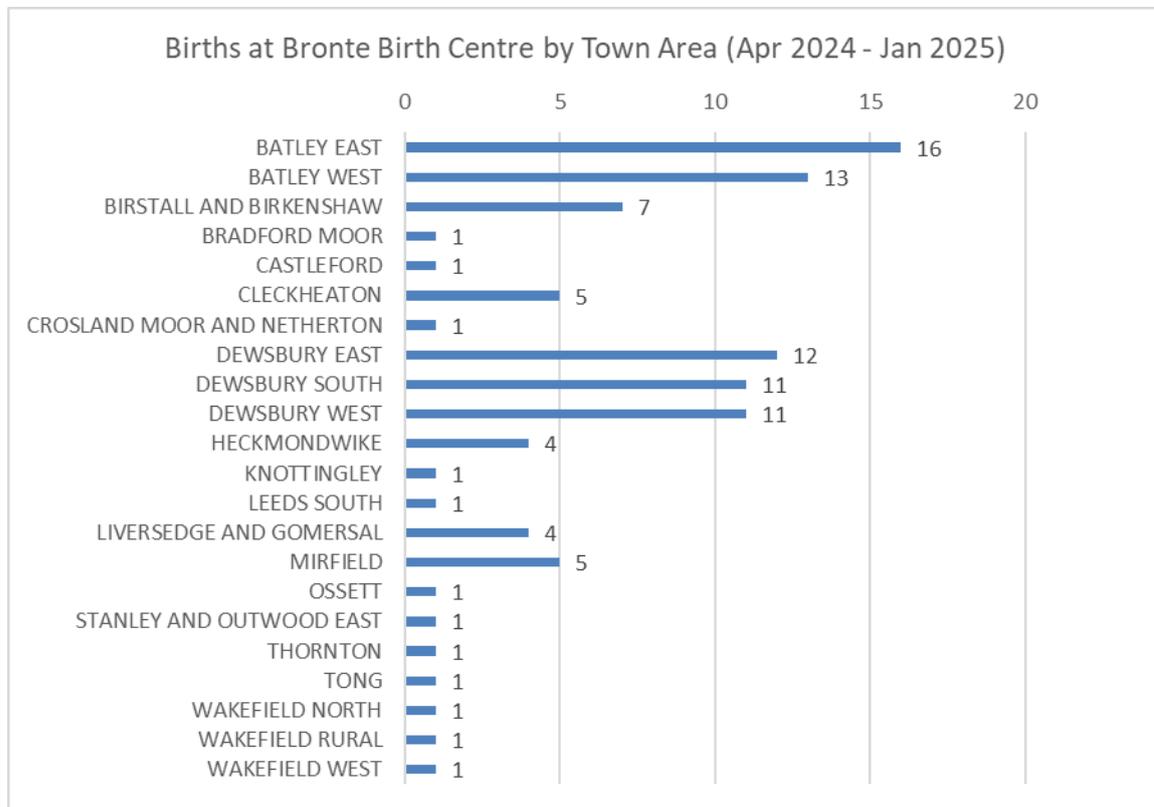
4.4 Bronte Birth Centre

The Trust gave a commitment to reopening the temporary closure of the Bronte Birth Centre and the successful recruitment of midwives and a dedicated Birth Centre Manager, allowed the Trust to re-open on 1 April 2024. Evaluation of the delivery model for the location of birth centres will emerge as part of the Ockenden work and the revised maternity strategy.

The staffing model is currently 1 Midwife, and 1 Maternity Support Worker always based on site with a second Midwife on call to attend when families are admitted. The team have utilised the MUSA (Midwifery Unit Self-Assessment) framework which is a national tool developed to guide and strengthen self-assessment and ongoing improvements in a midwifery led birthing environment. All staff were welcomed into role following an extensive training needs analysis, updated guidance and process SOPs and training in emergency skills drills.

Bronte Birth Centre has so far welcomed over 100 babies and has received extremely positive feedback from families. The service is observing use of the Birth Centre via postcode and to date

approximately 5 service users in the Mirfield locality and a further 4 from a wider geographical footprint to include Bradford and Leeds have accessed our services at Bronte Birth Centre.

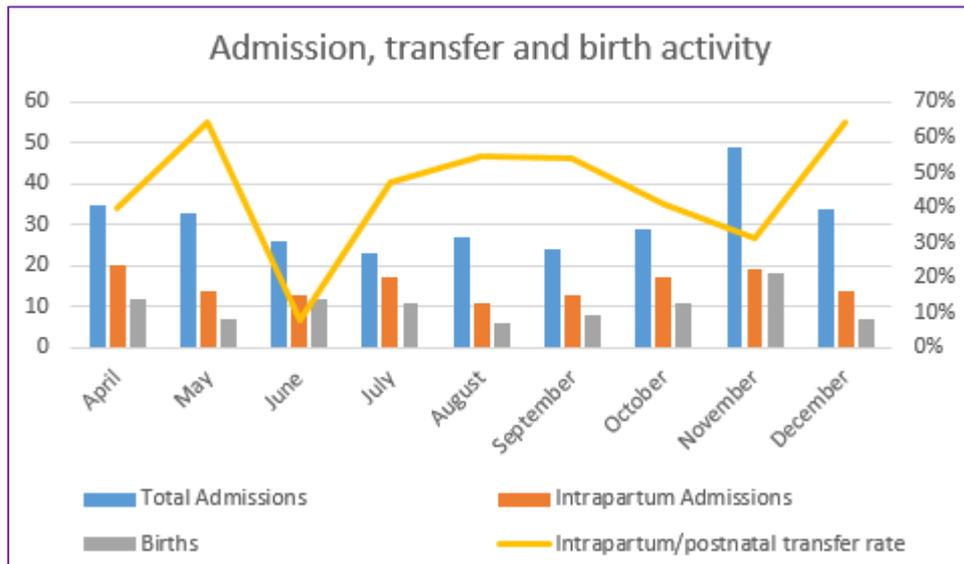


The Trust presented the relaunch of the Bronte Birth Centre at the Midwifery Unit Network national event in November 2024 to peers and NHS England on the topic relating to 'Birthplace Choice', describing the journey to reopening which was positive and well received. The regular Maternity Carousel engagement events continue to promote Bronte Birth Centre as an option for birth and the only regional stand alone birthing unit in the area. More recently we are working alongside the Happy Moments charity group within Batley and Dewsbury to support increased

engagement and awareness of this service with the South Asian community and a bespoke Carousel family event.

Lastly, a celebration event to coincide with 1st anniversary of the relaunch is scheduled for 3 April for all families who have birthed there alongside welcoming prospective parents. The team have adopted an open door policy for service users to drop in at their convenience for a walk round in addition to a set open day per month.

Below is an overview of admission, birth and transfer rates:



The sustainability of the Bronte Birth Centre is of paramount importance to the service. In times of escalation due to high acuity at the Pinderfields site, which necessitates the relocation of staff within the hospital to maintain safety of the consultant led unit when all other measures have been exhausted; eligible women and birthing people are offered the option of having care at the Bronte Birth Centre.

Further work continues as part of the action plan to ensure all community midwives are promoting birth in one of the birth centres where appropriate.

The Bronte Birth Centre’s soft launch in April 2024 was a strategic decision, allowing for a phased introduction while considering ongoing consultation planning at the Pontefract site. Extending the evaluation period to 18 months (September 2025) seems like a thoughtful approach, ensuring a more comprehensive assessment that includes both user and staff experiences, as well as financial sustainability.