Whyalla Birthing Services Review 2023

Prepared for

The Department for Health and Wellbeing, SA Health

by

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July - August 2023

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1. Executive Summary

1.1 Background

On 30 June 2023, the Minister for Health and Wellbeing announced an independent review into the closure of birthing services at Whyalla Hospital (henceforth, the Review). Terms of reference for the review were subsequently established and an independent reviewer was appointed by the Department for Health and Wellbeing on 6 July 2023.

1.2 Aim

The overarching purpose of the Review is to:

- Understand how and why the midwifery attrition happened at Whyalla Hospital and Health Service.
- Understand what system or cultural changes could be implemented to support recruitment and retention of midwives to Whyalla Hospital and Health Service.
- Identify relevant midwifery models of care, staffing levels and skill mix at the Whyalla Hospital and Health Service.
- Provide recommendations on how to move forward and provide a safe birthing service at Whyalla Hospital and Health Service.

1.3 Method

The Review was undertaken between 10 July 2023 and 26 July 2023, with consultation occurring with 35 individuals currently employed, formerly employed, or associated with the maternity services at Whyalla Hospital and Health Service. A review of relevant documentation was undertaken concurrently and continued until 31 July 2023.

1.4 Key Findings

Through the Review process, it became apparent that the closure of Birthing Services at Whyalla Hospital and Health Service occurred for a number of reasons, all of which are expanded upon in section 4.

The primary theme or reason for the closure of birthing services was the midwifery attrition which has occurred because of organisational and systemic factors, including:

- Planned transitions to retirement of midwifery workforce.
- COVID vaccine mandates.
- Issues arising from the transition to a Midwifery Group Practice (MGP) model of midwifery care.
- Fractured relationships between the Flinders and Upper North Local Health Network (FUNLHN) Executive Leadership Team, middle management and midwifery staff.

- Lack of professional midwifery support at Whyalla Hospital and Health Service.

1.5 Summary of Recommendations

To re-establish maternity services at Whyalla Hospital and Health Service, the following recommendations are made:

1. Establish a Senior Midwifery Leadership Position at FUNLHN to oversee both Whyalla and Port Augusta maternity services and the implementation of the review recommendations.
2. Develop an Operational Network Plan specific to the maternity and neonatal services within FUNLHN, that aligns with its Strategic Plan 2021-2026, FUNLHN Service Plan Stage One (2020) and the SA Health Statewide Midwifery Framework.
3. Establish a system for consumer engagement with maternity services at Whyalla Hospital and Health Service.
4. Relocation of the labour and delivery ward to Minya Jida A (already identified by FUNLHN Executive).
5. Establish a 24/7 virtual midwifery telehealth service to provide support to midwives at Whyalla Hospital and Health Service.
6. Implementation of the following midwifery workforce recommendations:
    - Recruitment strategies to support targeted top-down and bottom-up recruitment.
    - Support for workforce flexibility.
    - Implementation of a fully paid Registered Nurse to Registered Midwife student midwifery model.
    - Establishment of a rural skills development program.
    - A financial incentives program that provides recruitment and retention incentives to attract Midwives and Midwifery Managers to the service.
    - Establishment of Endorsed Midwifery positions within the LHN.
    - Establishment of a midwifery refresher program.
    - Partnerships with tertiary metropolitan maternity services
7. Triangulation of the three reports (being this Review, the Rural Support Services (RSS) Report (to be provided) and the proposed Independent Review of FUNLHN Maternity Services, scheduled to occur later in 2023 in response to the findings of the RANZCOG Accreditation undertaken in Port Augusta in June 2022.
8. Community partnership with local industries to incentivise relocation of families and couples.

These Recommendations are set out in detail below in Section 7 of this report.

Commitment to and implementation of these Recommendations by the Department for Health and Wellbeing will take considerable investment in infrastructure and people to ensure that, going forward, the culture and systems are supportive of the midwifery profession and a sustainable birthing service for the community of Whyalla.

2. Background

Whyalla has a population of approximately 22,000 people and services a broad catchment area including the upper Eyre Peninsula, with significant population growth expected related to the planned developments in the steel and hydrogen plant industries in the region.

Whyalla Hospital and Health Service has historically operated a Level 3 birthing service (low risk) providing combined maternity care to approximately 200 women each year, with 131 birthing at Whyalla in 2022/23.

Due to expected staff attrition (impending retirements), Whyalla Hospital and Health Service transitioned to a MGP model in March 2021.This new model of care was supported by the midwifery staff noting the potential benefits for the service and the demonstratable benefits of a continuity model. However, further staff attrition and retirement (unable to successfully be recruited to) led to an increasing reliance on agency and more recently, rotational staff from metropolitan LHNs.

The MGP was suspended in April 2023 in favour of a hybrid model of midwifery care, due to the inability to provide continuity of care as required for the MGP model with rotational staff. FUNLHN has been working with the Australian Nursing and Midwifery Federation (ANMF) to negotiate a return to a formal ward-based midwifery model of care, which took effect from 1 July 2023.

The ward-based midwifery model requires 6.8FTE registered midwives to provide 24/7 birthing services including antenatal and postnatal care.

In addition, the Whyalla Hospital and Health Service Midwifery Unit Manager position has remained vacant since January 2023, with recruitment unsuccessful so far. At the time of this review, the Port Augusta Hospital Midwifery manager was providing support to Whyalla Hospital and Health Service staff two days per week, however this has since ceased. This lack of onsite midwifery leadership poses significant clinical governance risk and has contributed to staff attrition and difficulty securing rotational staff from metropolitan LHN.

In March 2023, noting the fragile state of the midwifery workforce, the LHN requested the RSS to undertake a review of the Whyalla maternity service, staffing model, governance and its ability to meet the maternal care standards. The review occurred in May at which time the workforce crisis had reached a critical point. RSS indicated that there was no clear Terms of Reference for the review, but it provided an opportunity to explore whether there were some opportunities in the roster options put forward to maintain the service.

Birthing services at Whyalla Hospital and Health Service ceased on Monday 26 June due to a critical shortage of midwives making the service unviable and unsafe.

The Department for Health and Wellbeing commissioned this independent midwifery review on the 30 June 2023. The purpose of this review is to explore the causes of the midwifery attrition, system or cultural changes to support recruitment and retention of midwives, identify relevant midwifery

models of care, staffing levels and skills matrix and provide recommendations on how to move forward and provide a safe birthing service at Whyalla Hospital.

At the time the Review was announced, Whyalla Hospital and Health Service had only been able to secure 2.8FTE, of which 2.0FTE are engaged via agency. In late July - post the Whyalla visit for the purpose of this review – attrition was further impacted when the only remaining Whyalla midwife (0.8FTE) left the service, therefore leaving Whyalla with only agency midwives to provide maternity services.

This reliance on the unpredictable nature of agency availability is not sufficient FTE to provide a sustainable and safe 24/7 birthing service and poses significant clinical risk in terms of the hospital's ability to respond to time-critical unplanned emergencies and potential need to transport women via ambulance to Port Augusta Hospital.

FUNLHN is continuing extensive recruitment efforts (nationally and internationally) and are also exploring potential attraction and retention incentives aiming to reinstate planned birthing services as quickly as possible. Agency midwives and metropolitan midwives will continue to be sought and utilised as an interim measure.

Further, there is a planned *Independent Review of FUNLHN Maternity Services* in response to the RANZCOG Accreditation undertaken in Port Augusta in June 2022, which highlighted the need for a review of the LHN to address several concerns. Those concerns include the staffing levels of obstetrics/gynaecology and the potential employment of non-accredited trainees, the need to increase scope and independence of existing RANZCOG trainees, and the need for a better balance between vaginal/instrumental and caesarean section births. Additionally, RANZCOG identified a poor culture within the obstetrics and gynaecology team. FUNLHN Executive reports that progress towards achieving these recommendations has been limited due to several operational complexities, including the LHN reliance on a rotational locum Executive Director of Medical Services (EDMS) model.

Accordingly, with three different reviews being undertaken related to maternity services in 2023, there will be a need to triangulate the reports to ensure complete oversight of all elements related to the maternity birthing service at Whyalla Hospital and Health Service

3. Terms of Reference of Review

3.1 Terms of Reference

On 30 June 2023, the Minister for Health and Wellbeing announced an independent review into the attrition of midwives leading to the closure of birthing services at Whyalla, would be undertaken as a matter of urgency. The Terms of Reference (ToR) finalised on 5 July 2023 has the following deliverables as detailed:

1. Understand how and why the midwifery attrition happened;
2. Understand what system or cultural changes could be implemented to support recruitment and retention of midwives;
3. Identify relevant midwifery models of care, staffing levels and skill mix at the Whyalla Hospital and Health Service; and
4. Provide recommendations on how to move forward and provide a safe birthing service.

3.2 Duration

The Review was expected to operate from Monday 10 July 2023 to Friday 14 July 2023, but interviews extended through to 25 July 2023 and documentation review remained ongoing until the completion of this report.

3.3 The Review Team

The Review was undertaken by:

1. Peta Fisher, Acting Nurse and Midwifery Director, South Metropolitan Health Service, Fiona Stanley Hospital, Western Australia.

Project support for the Review was undertaken by:

2. Betty O'Connor, Principal Consultant, People and Culture, Department for Health and Wellbeing.

3.4 Review Methodology

The review consisted of a comprehensive stepwise approach using quantitative and qualitive methods. The process centred around undertaking fact finding, reviewing data and interviews with stakeholders. Two literature reviews were undertaken *Recruitment of Nurses and Midwives (Employer of Choice) and Midwives Wellbeing and Resilience.* The reviewer utilised these reviews and other literature to shape and inform the recommendations in relation to the thematic analysis of the combined interviews and data supplied by the FUNLHN executive.

The reviewer was given access to relevant material required, including but not limited to:

1. Internal reviews already undertaken including remediation strategies and progress against any strategies.
2. South Australian (SA) Health policies / procedures / clinical guidelines.
3. Copies of relevant committee agendas, minutes etc.
4. Copies of relevant communications between midwifery and medical staff and maternity management.

The reviewer interviewed, met with or requested information from a number of individuals and organisations relevant to the TOR, including:

1. Chief Executive Officer (CEO), FUNLHN
2. Executive Director of Nursing and Midwifery (EDON/M), FUNLHN
3. Director of Nursing and Midwifery (DON/M), Whyalla Hospital and Health Service
4. Previous Midwifery Unit Managers (MUMs) and Assistant Midwifery Managers (A/MUMs)
5. Current managers responsible for the maternity service
6. Director of People and Culture, FUNLHN
7. Clinicians
8. Medical staff
9. Current Whyalla Hospital and Health Service staff
10. Past Whyalla and Health Service staff
11. Agency staff
12. Royal Flying Doctor Service (RFDS)
13. Past and present Rural Support Service (RSS) employees
14. ANMF -SA representatives

The reviewer was informed by:

- Qualitative one-on-one interviews with open questioning techniques undertaken in person and by Microsoft Teams.
- Review of file notes and correspondence between management and medical and midwifery staff.
- Review of quantitative hospital data related to staffing levels, attrition, number of births per month, etc.

4. Key Findings and Observations: How and why the midwifery attrition happened

4.1 Context and overview

The FUNLHN was established from the 1st of July 2019 following the devolution of Country Health SA Local Health Network to six regional local health networks. The FUNLHN Executive have reported that with this new LHN structure there was a more robust management of patient safety and clinical incidents and the safety and quality strategy developed quickly. They have indicated that this created challenges for some staff with some safety and quality issues being identified prior to the MGP implementation including adherence to the Perinatal Practice guidelines. The Executive accepted that it takes time to implement these changes and provide a shift in culture. Change Management theory and research supports that embracing change, can be met with resistance and hesitation. It necessitates a shift in mindset and a willingness to adapt to evolving standards and practices. Moreover, implementing these changes is a process that demands both time and patience. It involves thorough training, revaluation of existing processes, and the integration of methodologies to enhance safety measures. Cultivating a culture of safety awareness and accountability among all employees becomes a fundamental aspect of this transformational period of any new health network.

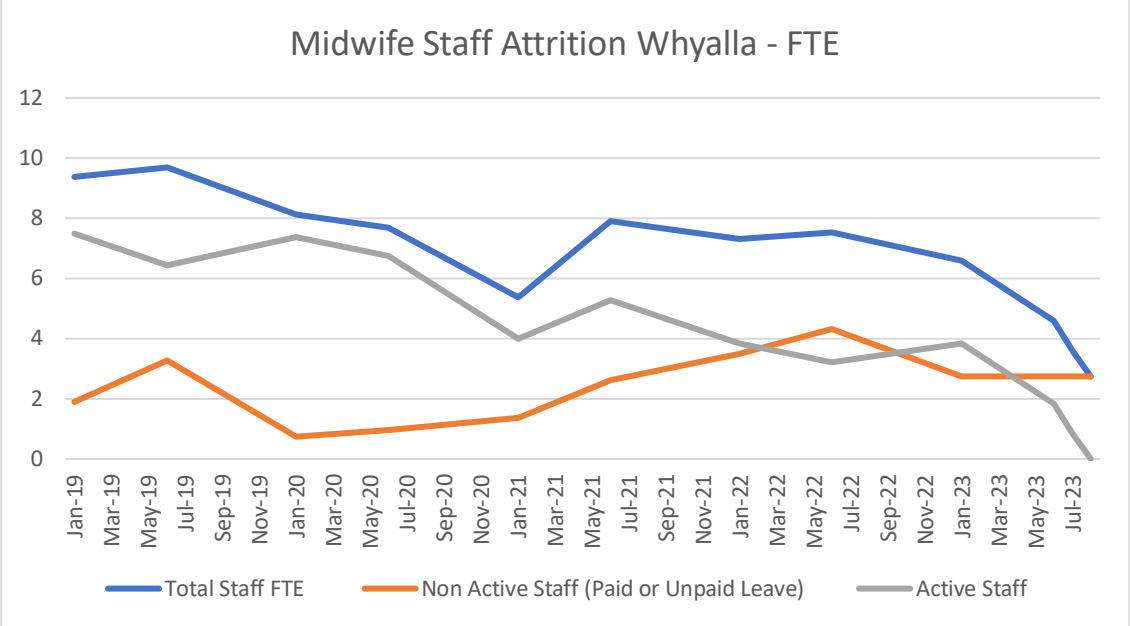
It appears that the confluence of the MGP launch and a transitioning LHN may have brought these performance issues to the forefront. It is acknowledged by the reviewer and the FUNLHN executive that clinical and safety operational risks do need to be addressed through performance development opportunities and performance management within a framework supported by SA Health policies.

The impact of the COVID 19 pandemic response on the MGP implementation and ongoing operational issues is not truly understood. It is understood that FUNLHN executive and managers had many competing demands and priorities during this period in a health service that responded to the safety and wellbeing of the broader community and ensuring other core services remained operational.

As identified in the SA Rural Nursing and Midwifery Workforce Plan 2021-2026, attracting and retaining an appropriately skilled health workforce, especially midwifery staff, is a key challenge faced by health services across the whole of Australia, and particularly the rural, regional and remote areas. Programs to encourage health professionals to live and work in rural and remote areas have been implemented at State and Commonwealth levels and continue to be developed to mitigate what is becoming a concerning trend in regional and rural healthcare.

It is important to see the Whyalla midwifery attrition within this context, as well as the specific local issues outlined above that have contributed to the attrition levels and the subsequent closure of birthing services.

At the commencement of the MGP the total available midwifery FTE on 27 March 2021 was 9.2 FTE, with 6.3 FTE required for the new MGP model. All maternity services with small FTE builds remain vulnerable to any unplanned changes in workforce build and this is more evident in regional and rural areas due to the limitations in available workforce to back fill.



The review team conducted 29 interviews with 35 past and present staff members /stakeholders and a thematic analysis was conducted by reviewing all the interview notes to ensure causation of attrition was identified.

There are several factors which have been identified as contributing to the midwifery attrition at Whyalla Hospital, including:

1. Planned transitions to retirement of midwifery workforce.
2. COVID vaccine mandates.
3. Issues arising from the transition to a MGP model; and
4. Fractured relationships between the executive leadership team, middle management, and the midwifery staff.
5. Lack of professional Midwifery support

Each of these factors is considered below.

4.1.1 Transitions to Retirement

In 2019, FUNLHN Executive had identified, as part of their workforce analysis and planning, there were going to be several planned transitions to retirement of midwives at the Whyalla Hospital and Health Service. The formation of an MGP model of care was planned as an organisational response to potential FTE deficits and aimed to ensure the ongoing sustainability of the maternity services. This accounted for a head count of three midwives working 2.0FTE.

4.1.2 COVID Vaccine Mandates

South Australia's COVID mandatory vaccination policy for healthcare workers was established in November 2021. The introduction of vaccine mandates resulted in the resignation or long term

personal leave of three midwives at Whyalla Hospital and Health Service. These three midwives accounted for 2.0FTE.

This presented an additional challenge for the change management and sustainability of the MGP model as these three midwives were viewed as powerful advocates for the model, and instrumental in providing clinical support to the broader team throughout the change process.

4.1.3 Midwifery Group Practice

4.1.3.1 Relevant Background to MGP model at Whyalla Hospital and Health Service

In March 2021, Whyalla Hospital and Health Service maternity services transitioned from a traditional rostered midwifery model to a MGP model of care.

The decision to transition to this model was based on several factors.
Firstly, the midwives working at the Whyalla maternity service at that time were reportedly dissatisfied with the traditional rostered care model as they felt unsupported and isolated working as the sole midwife, particularly on night duty. Management reported that many midwives expressed that they felt their midwifery practice was compromised by the organisational requirement to participate in care of general patients on the mixed ward.

Further, the locum obstetric model in place at Whyalla Hospital and Health Service also presented challenges for the continuity of care of women, and a high number of low-risk women from Whyalla were choosing to birth in Port Augusta.

Additionally, the MGP model of care was perceived as a response to anticipated staff attrition given there were several planned impending retirements set to occur.

Throughout our consultation meetings, the Whyalla Hospital and Health Service DON and the FUNLHN EDON/M reported that at the time, several of the midwives employed at Whyalla were strong advocates for the MGP model and drove the initial discussions about transitioning to this new model of care. From management's perspective, there was an extensive consultation process with various stakeholders, including midwifery staff and the ANMF-SA. Further, a senior midwife was seconded to work at another rural MGP for several weeks to gain insight and understanding of the MGP model for its implementation at Whyalla.

Management also reports undertaking a thorough literature review, examining similar models of care implemented in other healthcare settings was undertaken which they believe supported the implementation of the MGP model at Whyalla. This includes a review of the pilot program and implementation of the MGP model in Yorke and the Northern Local Health Network (YNLHN) and a review of the formal evaluation of the pilot program undertaken by University of South Australia. At the time of transition, the Midwifery Unit Manager employed by Whyalla Hospital and Health Service spent considerable time in YNLHN reviewing their model and service.

4.1.3.2 Planning and Implementation Process Observations

There are several factors at the planning and implementation stages which may have contributed to the lack of a sustainable MGP model of care at Whyalla Hospital and Health Service.

First, it is the reviewer's understanding that a Project Officer to lead the planning and execution of the transition to the MGP model and change management process was unavailable. A dedicated Project Officer can ensure organisational readiness for change, enhance communication across all stakeholder groups, provide mentorship and ensure all staff had the required capability sets and competencies to optimise the scope of practice required for MGP midwifery.

Further, an organisational readiness for implementing change (ORIC) assessment was not undertaken prior to implementation of the MGP model. There is extensive evidence supporting the adoption of ORIC assessments in the change implementation process in healthcare settings (Adelson, Yates, Fleet, & McKellar, 2021; Shea, Jacobs, Bruce, & Weiner, 2014). While transition to a MGP Model at Whyalla Hospital and Health Service may have been initially supported by the midwifery workforce, an ORIC assessment would have revealed both levels of change commitment and change efficacy, reflecting organisational members shared belief in their collective capability to implement change (Shea, Jacobs, Bruce, & Weiner, 2014)). This includes a consideration of task knowledge, resource availability and situational factors (Shea, Jacobs, Bruce, & Weiner, 2014).

As an ORIC assessment was not undertaken, it cannot be concluded that the results of a hypothetical assessment would have anticipated or foreshadowed issues with change commitment and change efficacy that were experienced during implementation of the MGP model. Indeed, as reported by management, the impact of certain situational factors on the midwifery workforce were unknown at the time of the planning and subsequent transition in March 2021, such as compulsory workforce vaccination for COVID-19.

4.1.3.3 Ongoing MGP operational Issues

In October 2021, despite demonstrating successful consumer outcomes, a Whyalla internal review into the MGP was undertaken in response to reported concerns around several operational and professional conduct matters, including:

- respectful behaviour
- communication.
- documentation practices
- escalation of women of concern
- adherence to Perinatal Practice Guidelines; and
- other issues/concerns.

These behavioural and operational matters were addressed with MGP midwifery staff via meetings with individual staff members and the DON. Following these meetings, an email dated 12 October 2021 was sent to the MGP Midwifery Staff summarising the purpose of those meetings and reminding staff of their professional and employment obligations.

Further, the following changes were made to the MGP Model of Care (MoC) with the consolidation of Midwifery FTE following consultation with affected midwifery staff. Rostering changes were made to support and decrease the burden of on-call hours which was leading to midwifery team fatigue.

Between October 2021 and April 2022, management reports that behavioural and operational concerns continued and were ultimately escalated by the MGP MUM to the EDON/M on 27 April 2022.

On 4 May 2022, the EDON/M advised the ANMF -SA via email of her intention to address operational issues being experienced within the MGP. On the same date, the EDON/M emailed seven members of the MGP to advise them of the same.

On 16 May 2022, an email from ANMF-SA to EDON/M was received, seeking a meeting to discuss claims of “managerial bullying / severe staffing deficits / environment being described as toxic”.

On the 19 May 2022, a meeting convened with ANMF-SA, EDON/M, DON, FUNLHN Director of People and Culture and Whyalla Hospital and Health Service staff. The matters were raised by ANMF-SA officials on behalf of members of the midwifery group. The agreed outcome of this meeting was that an investigation was to be undertaken by the Director of People and Culture into the claims of managerial bullying and the environment being described as toxic.

Between May 2022 and September 2022, the Director of People and Culture led the investigation into the allegations of misconduct, including managerial bullying and toxicity in the workplace. Eight members of the MGP provided written submissions but no interviews were conducted with the MGP midwifery staff. The allegations were ultimately found to be unsubstantiated. Instead, the process again identified several operational matters related to midwifery behaviour, performance and the MGP model, which were communicated to the MGP midwives via email on the 14 November 2022. It is noted that these matters had already been addressed in MGP meetings and/or via correspondence to staff from EDON/M on 4 May 2022.

During this investigative period, further staff attrition and retirement occurred. These positions were unable to successfully be recruited to and this led to an increasing reliance on agency and more recently, rotational staff from Metropolitan LHNs.

In April 2023, the MGP was suspended in favour of a hybrid model of midwifery care due to the inability to provide continuity of care, as required for the MGP model, with rotational staff.

On 26 June 2023, birthing services were suspended at Whyalla Hospital and Health Service. FUNLHN Executive had been working with the ANMF-SA to negotiate a return to a formal ward-based midwifery model of care which took effect from 1 July 2023.

4.1.3.4 ***Review Consultation***

The review aims to consider the cause of the midwifery attrition at Whyalla Hospital and Health Service. In doing so, it is appropriate to consider how the transition to a MGP model contributed to workforce attrition.

The MGP model was discussed extensively during the interviews with the MGP midwives, past midwifery managers and present NUMs responsible for the maternity service. The qualitative data collected from these interviews provides many perspectives for the failure of the MGP model of care at Whyalla, with common themes arising.

The themes were consistent, with many interviewees reporting that in hindsight, the adoption of the MGP model of care was inappropriate and an organisational response to a staffing issue. Further, many interviewees felt that the model of care was not implemented in a manner that gave staff a complete understanding or operationalisation of the requirements of the "midwife continuity model". These themes are supported by the FUNLHN Executive's reports of ongoing MGP operational issues in 2021 and 2022, particularly with regards to time management, timesheets, the expected levels and standard of communication between MGP midwives and management, record keeping and staff fatigue.

The staff reported that, although there had been a genuine excitement for a midwifery-led model of care, they now felt that it was the wrong model for the Whyalla maternity service, due to its embedded historical maternity model and the implementation process. They described the model and its implementation as lacking a robust, experienced midwifery leader with the knowledge to lead and support this change. They also felt that such leadership would have ensured that midwives were mentored, educated, and supported through this transformational period. The midwives interviewed demonstrated transparency and honesty with their responses and disclosed that there were cultural issues within the midwifery MGP teams. They also disclosed behaviours in MGP team meetings that were sometimes suboptimal. They described "big personalities" "that were difficult at times to manage and navigate" but overwhelmingly reported they had no clinical issues and felt well supported by the other MGP midwives.

When discussing the MGP rostering patterns the FUNLHN executive report that they established rosters in accordance NMEA SA Appendix 8, Midwifery case load agreement.
The on-call roster was described by the midwives as onerous, subject to frequent changes (due to high levels of unplanned leave). They directly attributed this to burn out and fatigue and a lack of work life balance with on call being changed at very short notice to cover the escalating personal leave within the team. Many midwives felt ill prepared for this aspect of the MGP model as they had limited experience across the continuum of care**,** having not previously delivered care in the antenatal period or postnatal home visiting areas.

The midwives reported an "opt in/opt out" (of MGP and accordingly, midwifery services) as the only options available for a midwife at Whyalla. This was reported by multiple interviewees as a reason for resignation, early retirement, reducing hours and activating personal leave due to the ongoing workplace stressors.

The midwives consistently reported that communication and escalation of concerns was problematic as they felt their queries and opinions were often misrepresented to the Executive team.
The operational concerns raised by midwifery staff were consistent with those raised by the ANMF -SA in March 2022, when the ANMF-SA cited, “Concerns of reduced staffing within the MGP, due to members feeling unsupported or valued; day shifts being covered by ward or casual nurses that are not members of the MGP; excessive use of agency staff”.

While FUNLHN led operational reviews into the MGP at Whyalla, a formal evaluation of the effectiveness of the MGP model of care implementation, acceptability and sustainability was not undertaken at any point by the FUNLHN Executive or Whyalla Leadership. Such an assessment would have likely provided contemporaneous information on the satisfaction and perspectives of all stakeholders, service users and providers on change efficacy and commitment to the model of care. The MGP model has been successfully implemented in other LHNs in South Australia, but the model of care implemented at Whyalla was identified by the majority of Whyalla midwives interviewed as a major factor contributing to the attrition rates due its exacerbation of operational and workplace cultural issues.

4.1.4 Fractured relationships across the executive, middle management, and midwifery workforce

Another theme that emerged from the consultation process was the breakdown in trust in the relationship between midwifery staff and management. Concerns with regards to the communication and demonstratable midwifery leadership were reported.

Whyalla Leadership and the FUNLHN Executive identified operational and professional conduct issues amongst MGP midwives. These issues and how they were managed by the Whyalla Leadership and FUNLHN Executive were reported to have contributed to a workplace culture described by former staff as toxic and ultimately are the cause of the fractured relationship between the midwifery, middle management, and Executive teams.

As summarised by the Whyalla Leadership and the FUNLHN Executive, those issues related to respectful behaviour, communication, documentation, escalation of women of concern, adherence to Perinatal Practice Guidelines and other issues/concerns of professional conduct.

In May 2022, there was a meeting with Whyalla Leadership and the FUNLHN Executive and the ANMF-SA, where the ANMF-SA detailed the concerns of its members. This resulted in an agreed investigative review process to be undertaken, culminating into the investigation into reported *managerial workplace bullying and toxic work environment* by the Director of People and Culture at FUNLHN (as discussed in *4.1.1.4.3*). It is reported that there were no interviews with staff members during this review. Midwifery and medical staff, agency midwives and middle management were provided an opportunity to make written submissions as part of this process. The midwives detailed what they felt was a lack of transparency or independent external oversight in this process. They were unsure as to how the findings were made and as such this further contributed to a lack of trust in the system and the processes.

CEO correspondence sent to the midwives following the review detailed a **recommendation:** ***"****it is also recommended that, with the support of Organisational Development Consultant, [redacted], a Team Charter be created to support the MGPs vision, mission, communication protocols and success*". This action was not progressed because of "the depletion of MGP members". This was seen to be a further indication of what the midwives described as a lack of true understanding or insight into their concerns and situation.

Though the claims made in this internal investigation were unsubstantiated, it contributed to and was indicative of the fractured relationship between the MGP midwives, middle management and the FUNLHN Executive.

During consultation of this Review, FUNLHN Executive and Whyalla Leadership provided evidence of performance, behaviour and management issues amongst the midwifery workforce. These issues had been highlighted since October 2021. Those issues were addressed in several manners, including 1:1 meeting with individual members of the MGP and the DON and email/letter correspondence dated 12 October 2021, 4 May 2022 and 14 November 2022 sent to all members of the MGP. More serious matters were referred to AHPRA.

Many midwives detailed that the fractured relationship resulted in a breakdown in communication, trust and collaboration between the different levels of the health service. They described what appeared to the midwifery group to be a lack of understanding or appreciation of the challenges faced by the midwifery workforce. They reported that decision-making appeared to be disconnected from the realities of what was occurring on the ground, which led to directives that were ineffective and not well-received. Further, it was felt that middle management struggled to bridge the gap between the Executive and midwifery workforce. This led to a perception amongst the MGP midwives that the Executive was unsupportive and unable to address their concerns regarding operational and HR issues or retain the midwifery workforce. The midwives describe feeling marginalised and undervalued, with their expertise and insights not being considered in decision-making processes. This led to further frustration, a decrease in motivation and the high levels of attrition among the midwives and in due course middle midwifery management.

Ultimately, this fractured relationship has resulted in decreased morale and productivity (resulting in high levels of personal leave and attrition) and quality of care provided by the midwifery workforce (evident by the lack of a true midwifery continuity model.)

These combined historical issues will require a commitment to strong experienced midwifery leadership, open communication, active listening and a willingness to collaborate across all levels of the organisation to rebuild trust and work towards a shared vision of quality care for the maternity patients in the Whyalla area.

4.1.5 Lack of professional support at Whyalla Maternity Service

During consultation, many the midwives detailed “a lack of professional support at Whyalla Hospital”, reporting that this manifested in various ways.

Some common themes included:

1. *High workload and inadequate staffing*: Employees faced overwhelming workloads due to continuing staffing shortages, leading to increased stress and burnout.
2. *Sole midwife responsibilities*: Midwives described feeling isolated with the lack of midwifery support with clinical decision making, fresh eyes with CTG interpretation and support in obstetric emergencies. They were appreciative of the medical support, and it appears that this was seen to be a positive element of the maternity services at Whyalla Hospital and Health Service.
3. *Limited training and development opportunities*: Insufficient access to training and professional development. There were reports of study days being cancelled due to the ongoing high levels of staff personal leave and this hindered the employees’ ability to enhance their skills and knowledge.
4. *Inadequate Neonatal/Paediatric support, especially out of hours*. The midwives described their fears when stabilising neonates for transfer in the absence of onsite presence. They did discuss MedSTAR and the limited role they play until arrival of the transfer team.
5. *Absence of mental health support*: Lack of resources for mental health support can negatively impact employees’ well-being, especially considering the emotional demands of working in a maternity service. The staff described an environment that was lacking in workplace psychological safety. They were aware of EAP but would have benefited from onsite mediation and counselling at times.
6. *Inadequate work-life balance*: The demanding nature of the MGP combined with limited support made it challenging for employees to maintain a healthy work-life balance. The changing of on call in the rosters was frequent and a cause of ongoing anxiety for the workforce.
7. *Lack of recognition and appreciation*: Midwives detailed situations and incidents that led them to feel undervalued and described how their efforts and contributions were often not recognized or appreciated.
8. *Leadership and decision-making*: Midwives reported that they felt management practices often led to confusion, inefficiency, and decreased morale. This was acknowledged in the CEO communication dated 30/09/2022.

   “It is acknowledged, that the extensive number of operational matters brought to the fore, may well create an air of frustration and confusion within the workplace”.

Addressing the professional support issues is crucial to create a supportive and positive work environment for maternity service employees, ultimately benefiting the quality of care provided to patients and ensure service sustainability.

5. The Future: relevant midwifery models of care, staffing levels and skill mix at the Whyalla Hospital and Health Service

Any decisions on the appropriate midwifery model of care, staffing levels and skill mix would be premature at this stage, due to the absence of any midwives employed at the Whyalla Hospital and Health Service, the current recruitment challenges and total reliance on agency staff.

Further, the absence of a senior midwifery leader to implement cultural and clinical change and represent midwifery staff would likely result in suboptimal service outcomes.

To effectively operate a ward-based service, it is estimated that Whyalla Hospital and Health Service will require **6.8 FTE midwives**. However, this number is subject to change based on the specific recommendations adopted from this review, the RSS report and the proposed *Independent Review of FUNLHN Maternity Services.*

Based on this, it is recommended that Whyalla Hospital and Health Service initially focuses on recruitment of midwives and an experienced senior midwifery leader. Simultaneously, it should continue to provide antenatal and postnatal services. It is noted that presently, these services are currently delivered using agency staff. This should continue in the interim with a view to transitioning those services to employed midwives, depending on recruitment outcomes.

An initial proposed model of care is a midwifery-led Antenatal and Postnatal continuity of carer, without the requirement for continuity at birth. This model is commonplace in the United Kingdom and has been successfully implemented at the Royal Hospital for Women in the South Eastern Sydney Local Health District. It is planned to be piloted at Osborne Hospital in Perth Western Australia (WA Health - North Metropolitan Health Service, 2023).
MAPS – or Maternity Antenatal and Postnatal Service – offers advantages of a known midwife/midwives without the burden of an on-call system for birth. This model of care could be implemented once there were sufficient midwives recruited to the Whyalla Hospital and Health Service.

This phased service approach will allow the service to gradually build its capacity and expertise while working towards re-establishing birthing services.

The idea of rebuilding the service with midwives based in Whyalla is not feasible for several reasons: some have retired, others are not COVID vaccinated and some are disengaged from the Whyalla service.

Metropolitan hospital rotations, whilst appreciated, are challenging due to the limited skill set and temporary nature. If a robust local leadership team was in place, these types of rotational arrangements would be more successful and sustainable.

6. Recommendations: Providing a safe birthing service inclusive of system and cultural changes that support recruitment and retention of midwives

The independent external Review has comprehensively examined the issues contributing to midwifery attrition and the cessation of birthing services at Whyalla.

Accordingly, in line with the overarching purpose of the Review, the recommendations are made to ensure there is a demonstrable way to move forward and provide safe birthing services whilst addressing the cultural and system causation.

1. Establish a Senior Midwifery Leadership Position at FUNLHN to oversee both Whyalla and Port Augusta services and the Review recommendations.
2. Develop an Operational Network Plan specific to the maternity and neonatal services within FUNLHN, that aligns with its Strategic Plan 2021-2026, FUNLHN Service Plan Stage One (2020) and the SA Health Statewide Midwifery Framework.
3. Establish a system for consumer engagement with maternity services at Whyalla Hospital and Health Service.
4. Relocation of the labour and delivery ward to Minya Jida A (already identified by FUNLHN Executive).
5. Establish a 24/7 virtual midwifery telehealth service to provide support to midwives at Whyalla Hospital and Health Service.
6. Implementation of the following midwifery workforce recommendations:
    - Recruitment strategies to support targeted top-down and bottom-up recruitment.
    - Support for workforce flexibility.
    - Implementation of a fully paid Registered Nurse to Registered Midwife student midwifery model.
    - Establishment of a rural skills development program.
    - A financial incentives program that provides recruitment and retention incentives to attract Midwives and Midwifery Managers to the service.
    - Establishment of Endorsed Midwifery positions within the LHN.
    - Establishment of a midwifery refresher program.
    - Partnerships with tertiary metropolitan maternity services
7. Triangulation of the three reports (being this Review, the Rural Support Services (RSS) Report (to be provided) and the proposed Independent Review of FUNLHN Maternity Services, scheduled to occur later in 2023 in response to the findings of the RANZCOG Accreditation undertaken in Port Augusta in June 2022.
8. Community partnership with local industries to incentivise relocation of families and couples.

These recommendations provide a roadmap for positive change and allow the FUNLHN Executive to take the necessary steps towards providing a framework to re-establish birthing services at Whyalla. It also ensures the midwifery profession is supported and developed allowing the growth of a more sustainable and resilient LHN with demonstrable service capability and capacity to respond to the demands of its community.

The recommendations are to be supported by a top-down/bottom-up approach for the rebuilding of the maternity service. The top-down approach refers to creating a Senior Midwifery Leadership position to work with the Executive in making decisions about the service and driving the necessary cultural change. The Senior Midwife will be responsible for recruiting midwives, designing and creating midwifery specific operational plans, relocating the labour and delivery ward to Minya Jida A and establishing consumer engagement opportunities.

Separately, the bottom-up approach involves seeking and incorporating input and feedback from midwifery staff, other healthcare professionals, patients and the local community to design a birthing service that best meets the needs of the staff and community. Further, it allows the maternity service to establish appropriate educational training plans and programs to ensure the ongoing progression and sustainability of the workforce. By combining these approaches, the top-down approach would provide the overall framework and resources and the bottom-up approach would ensure that the service is tailored to the specific demands and needs of the community.

Recommendation 1. Establish Senior Midwifery Leadership Position

The absence of senior operational midwifery leadership is seen to have not only contributed to the attrition of midwifery workforce in Whyalla but is also a major contributory factor to the ongoing lack of recruitment.

It is the reviewer's belief that to be able to successfully recruit a senior midwife it requires utilising a targeted recruitment campaign outlining that this senior midwife would lead this body of work. This position needs to be underpinned with an appropriate financial incentive/relocation package.

The elevation of midwifery expertise in drafting network operational plans, engaging consumers, utilising birth space design while simultaneously time growing the midwifery workforce bottom-up would be highly attractive to emerging and established leaders in midwifery. The Senior Midwifery Leadership position should sit above the MUM and AMUM roles. Their responsibilities should include:

- Recruiting the MUM and AMUM positions at Whyalla Hospital and Health Service.
- Coordinate and oversee the redesign of the service with a view to increased midwifery leadership and responsive models of care as the service is rebuilt to ensure capability and sustainability.
- Drafting a network operational plan specific to maternity and neonatal services, and midwifery.
- Establish and operationalise a maternity advisory group.

- Being the clinical project lead for the relocation of the Women's Health Unit at Whyalla Hospital and Health Service.

Recommendation 2. Create Network Operational Plan

FUNLHN Service Plan Stage One, the Whyalla Hospital and Health Services and Port Augusta Health Services reflects the overarching future for the provision of health services in the area. The plan provides a range of information and data from a variety of sources, which highlight recent patterns of service delivery.

Though it is stated that analysis will continue to inform a collaborative approach with other key service providers to plan and develop services to meet the changing needs of the catchment population in the medium term, it is recommended that a Maternity Network Operational Plan is also developed. It is the reviewer's belief that due to ongoing changes in the level of care and model of care being delivered at Whyalla there is a risk not having a more current and operationally driven plan.

This operational plan would identify a range of service initiatives which will support the provision of maternity safe, quality services closer to home and is underpinned by a number of key strategic drivers at both the LHN and system level.

An operational plan will describe business as usual within the LHN's maternity and neonatal services, and the escalation pathways required when business falls outside usual activity/demand, detailing:

- Planning and review of networked services and their designated service capability (hub and spoke).
- Governance process that articulates the current responsibility and accountability of each maternity site as part of the LHN.
- Risk identification in the LHN related to the clinical presentations.
- Current pathways and processes for consultation, referral, transfer of care and/or shared care within the LHN.
- Processes for management of situations where the LHN cannot safely manage demand and the support of other LHNs is required.
- Responsibilities of the Transfer Coordination role/s in each facility/district.
- Strategies to facilitate communication pathways for Whyalla and Port Augusta.
- Data capture and monitoring.
- Process for case review and analysis of trended data that includes all aspects of transfers including advice, escalation, communication, coordination and outcomes.
- Education, training, policy and guideline development.

Recommendation 3. Establish a Maternity Advisory Group (consumer engagement)

The review found that there appeared to be minimal consumer engagement within the Maternity service and there were opportunities to develop this further to improve service delivery.

Consumers could be used to assist in developing a model of care which is community led, be part of a quality improvement strategy and provide advice in a clinical governance model for service delivery.
It is recommended to develop a system for consumer engagement across Whyalla maternity services by actively seeking community representation for key decision-making committees and governance forums. This could be a **Maternity Advisory Group** with expressions of interest sought from the wider FUNLHN area to represent the LHN consumer catchment.

Recommendation 4. Relocation of the Labour and Delivery ward to Minya Jida A (identified by FUNLHN executive) that will become *The Women's Health Unit.*

The outdated physical working conditions and infrastructure in the existing birthing suite and women's health unit had a significant impact on staff satisfaction and retention. Importantly, to successfully recruit a motivated midwifery workforce, it is imperative to have an environment for midwives to practice evidence-based midwifery.

The physical birth environment underpins feelings of safety and satisfaction with labour and birth. Birthing environments that have incorporated birth space design consistently show improved clinical outcomes for women and babies. There is extensive evidence about the importance of each element of birth space design, including:

- Privacy; the bed; access to immersion in water; shower and ensuite toilet;
- Lighting;
- Windows;
- Noise;
- Décor, furniture and equipment;
- Ability and space to move around;
- Inclusion of nature, olfactory aspects, personal items;
- Provisions for support people; and
- Cultural considerations. (Foureur, et al., 2010).

Birth space design recommendations can guide relatively straightforward and low-cost changes to existing birth environments. With considered implementation, the evidence-based design recommendations will contribute to enhancing the outcomes and birth experiences of women in all birthing settings and provide an environment for midwives to utilise full scope of practice and all elements of evidenced based midwifery. This forms part of a recruitment and retention strategy.

FUNLHN Executive has prepared a Project Plan Memorandum to relocate the maternity service from its existing location to Minya Jida A. However, this plan lacks consideration of elements of Birth Space Design, vital to ensuring staff in maternity care settings are supporting normal physiological birth with evidenced based midwifery. While the concept of woman-centred care has, in many cases, altered the way that health services organise and deliver maternity care, often relatively little attention is given to the physical environment in which most women labour and birth. The key elements of the birth environment may impact on women's ability to give birth and their experience of doing so (Jenkinson, Josey, & Kruske, 2013). There is a wealth of information and literature that is intended

for use by architects, designers, policy makers, clinicians and consumers involved in the planning of new birth environments, informing women and clinicians about how to modify or augment existing birth spaces or for those considering refurbishments (Balabanoff, 2023).

This refurbishment/movement of the birthing services needs **consumer input** and to be led by a **senior midwife** (as per recommendation 1) who can utilise all elements of **birth space design**.

Recommendation 5. Creation of 24/7 Midwifery Telehealth support

Lack of midwifery support was a continuous theme that was identified as not only contributing to attrition but seen by the midwives as being a barrier to recruitment, service capability and sustainability.

Midwifery and obstetric emergency telehealth services play a crucial role in addressing healthcare challenges and improving access to care in regional areas that often face limited access to specialised health care services.

Centralised telehealth services can also provide support to local healthcare providers in regional and remote areas, enabling them to consult with specialists, enhance their knowledge, and deliver better care to their patients. Midwifery telehealth in other States in Australia offer an ability for midwives to access a team of senior midwives (Clinical Midwifery Consultants) available 24/7 to support their colleagues in delivering high-quality care to the maternity patients across the LHN's hospitals and health services.

The support includes and is not limited to:

- Second clinician reviews of Cardiotocographs (CTGs) for one midwife birthing sites
- Senior midwife advice, support and second opinions
- Obstetric support/consultation via a regional on-call system
- Support for maternity and neonate transfers including coordination of Newborn Emergency Transport Service and RFDS videoconferencing
- Support to non-birthing sites for unplanned maternity and gynaecological presentations.
- The service also has the capability for in reaching at the beginning at each shift to vulnerable sites and outreaching with the CMC spending defined periods of time at regional areas whilst operating the telehealth service from those sites.

This has supported recruitment and retention in vulnerable regional birthing sites in Western Australia and when implemented in South Australia will ensure high level support and sustainability for SA regional maternity services.

Remote Accessibility is addressed by telehealth services and enables expecting mothers in remote and underserved areas to access specialised care and support from qualified midwives and potentially obstetricians, bridging the gap between rural and urban healthcare facilities. The reviewer is aware that there is a current submission to *Establish a Virtual Maternal and Fetal Operation Centre* pilot. These two models have synergy and would support each other not only to produce improved

outcomes but support midwifery in the regions therefore reducing attrition and maximising recruitment.

Timely Interventions and improved health outcomes: In Obstetric emergencies, telehealth can provide rapid advice and decision-making, helping to address critical situations promptly and potentially reducing the risk of complications and improving overall health outcomes for both mother and baby, especially in areas with limited access to immediate medical assistance.

Emergency midwifery telehealth services help in reducing disparities in healthcare access and outcomes between urban and rural areas, promoting health equity for all pregnant women regardless of their geographical location while supporting midwifery workforce in the regions.

Recommendation 6. Midwifery Workforce recommendations

National workforce shortages in midwifery threaten the sustainability of services which have significant and lasting consequences for regional, rural, and remote communities.

Attracting, recruiting, and retaining midwives in regional, rural and remote areas, particularly amid global workforce shortages and a highly competitive market, is a critical challenge for Whyalla health service, FUNLHN and SA Health in general.

An opportunity exists to build the capability and capacity of the midwifery workforce in Whyalla and the whole of regional, rural, and remote South Australia through targeted investment in training pathways that support career progression and enable the workforce to work to their full scope of practice. It is more important than ever that organisations review and rethink recruitment and retention strategy for nursing and midwifery to ensure that they stand out as an employer of choice based on what they can offer potential applicants. An employer of choice organisation outperforms its competition in the attraction, development, and retention of staff with innovative and exciting recruitment, education and support programs

A. Recruitment Strategies

- *Develop specific and appealing Job Description Forms (JDFs)* highlighting the full scope of practice and responsibility. The use of inspirational language communicates the high value of midwifery within the organisation. Reference information about organisational culture, leading-edge technology, future career opportunities, and the uniqueness of the Whyalla hospital system. Review of the current (July2023) Whyalla advertisements indicate that the language does not showcase what midwifery is and is uninspiring.

- *Creation of FUNLHN, Whyalla Midwifery Brand*. Develop a “Join Us in Midwifery at Whyalla” brochure that identifies what the LHN wants the service to stand for, their midwifery priorities, culture vision with community and environmental focus. This will communicate why experienced midwives would want to be a part of it. Once developed, use / adapt the flyer in all nursing and midwifery recruitment.

- *Maximise Online Presence.* The use of a ***Work with Us*** page on the FUNLHN internet site focussing on:
    - Modern, eye-catching appearance
    - Infographics highlighting the proposed work culture (vision)
    - A 2-minute video of "the world of nursing/midwifery" at Whyalla (vision)
    - Images showing midwives making a difference in our hospital/community
    - A focus on work-life balance and not just the job
    - Highlights of learning and development opportunities available
    - Diversity of staff and roles being showcased
    - See Appendix 1 for examples.

- *Re - Recruit Former staff.* It is acknowledged that this will be difficult for both FUNLHN executive and the midwives currently residing in Whyalla. The Executive has actively encouraged some staff to return and during the investigative process there were several former employees who were open to exploring this option dependent on the results of this review and commitment to cultural change. It is acknowledged that it would require professional development support for the previous employees and mediation between the two groups.

- *Emphasise Support Available for Employees.* It is important that we take care of staff. Recruitment resources and discussions with applicants need to emphasise the support that will be provided to assist them in dealing with the stress of the job including the Employee Assistance Provider Program, wellness committees and any programs such as yoga, walking club, discount gym membership and social club etc. that are able to be implemented or leveraged with community support.

B. Support Workforce Flexibility

The current generations of nurses and midwives demand more flexibility in their working lives than previously supported in health services. As an organisation FUNLHN will need to be as agile as possible to support experienced applicants with work life balance requests. Nurse and midwifery managers need to support flexibility in terms of working days and shift lengths to support the attraction of the best candidates.

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C. To implement a fully paid Registered Nurse to Registered Midwife student midwifery model

The Registered Nurse to Registered Midwife paid model is a partnership with an Educational Provider and will enable registered nurses who live locally within LHN, who would otherwise have been unable to undertake Post Graduate midwifery qualifications due to location, unpaid clinical placements and the course costs.

This pilot model has been implemented in the *West Australian Country Health Services* (**WACHs**) in January 2023 for 40 places and is a fundamental measure to address extensive midwifery workforce demands and outcomes in regional, rural and remote areas in West Australia. This is underpinned by full payment of the training course (HECS), paid clinical placement of 0.6 FTE and paid university

study blocks /days. The benefits are a local workforce that is grown from within and workforce ready within 18 months- 2 years.

The local clinical placements will enable the registered nurse to work closely with registered midwives and other clinicians in the development of their midwifery skills, whilst undertaking and completing university program, assessments, attend classes and residentials and complete Continuity of Care ensuring course completion within the optimum timeframe.

D. The Rural Skills Development Program and a commitment to ongoing professional development for midwives:

This will build regional workforce capability by supporting nurses and midwives to work to their full scope of practice across key priority areas. The promotion of these midwife-led initiated interventions will improve patient flow and the timeliness of treatment. For midwives this could include perineal suturing, IV cannulation, ECG and advanced CTG interpretation courses.

E. Financial incentives program

Ongoing financial incentives will need to underpin recruitment and retention strategies. In addition to wage levels dictated by the Award, we need to highlight the additional incentives available for staff considering employment at FUNLHN. These need to be highlighted in advertisement materials, online and in conversation. These need to be competitive with other jurisdictions and therefore attract staff to rural regional SA and in particular Whyalla.

Benchmarking across Australia indicates that the following are utilised:

- Relocation expenses / bonus
- Commencement bonus
- 1 Year anniversary bonus
- Daily living expenses for short term contracts
- Supported housing packages
- Childcare support for nominate vulnerable health service areas
- Financial support for employees to enrol in master's level midwifery program, Graduate Certificate in Midwifery Diagnostics and prescribing, International Lactation certification courses and examination fees and other career development. These can be underpinned by contractual obligations re length of service to ensure this contribution to workforce is realised.

F. Creation of Endorsed Midwifery Positions

The creation of Endorsed Midwife positions to work at Whyalla maternity services offers a professional pathway incentive. It is noted that SA Health has indicated their intention to facilitate public sector midwives to work to their full scope of practice and have a process to support prescribing in midwifery roles. This aligns with the Nursing and Midwifery Strategic Directions 2019-

2022, which states that midwives will 'continue to work collaboratively to extend their full scope of practice;' and 'provide compassionate, reliable woman-centred care that is timely, appropriate and supports wellbeing.' This forms a valuable recruitment strategy by elevating and recognising midwifery as a profession and supports an efficient high-level workforce. The MoC this position sits within is open to the midwifery leadership decision around future models.

G. Midwifery Refresher Program

It was noted that several Registered Nurses at Whyalla Hospital and Health Service had consciously not renewed their Midwifery Registration. The reasons were varied but upon questioning as to whether they were open to completing a refresher program this was met with positive response. The West Australian Chief Nursing and Midwifery Office **(CNMO)** partnered with the Australian College of Midwives (ACM) in 2021 to offer scholarships for Midwifery refresher packages provided by the ACM. The clinical placements were coordinated by the CNMO. This model would be easily adaptable by SA Health and would provide a source of permanent midwifery workforce to commence in a MAPS MoC within a short time frame.

H. Partnerships with tertiary metropolitan maternity services

Understanding there is an existing partnership program with Metropolitan maternity services in supporting Regional Rural SA, I recommend that this evaluated and further recommendations are made to ensure there is centralised approach to this. The applicants/ interested midwives need to be supported by both the current employer and Whyalla. Interviews with midwives who had engaged in these secondments previously discussed local operational issues around their Induction and orientation, Wages being delayed due to system errors and not being workforce ready by having pathology logons etc. If this recruitment recommendations is refreshed there will need to be relaunched to engage the individuals, Metropolitan managers, and Whyalla Midwifery management.

It is the belief of the reviewer that if a senior midwifery position is advertised and recruited to and is given the delegated authority to oversee the workforce recommendations this would be considered an excellent leadership opportunity, attractive and competitive. It would be advantageous to use all avenues of advertising nationally and internationally to ensure this position is given the prominence.

Recommendation 7. Triangulation of the three reports

FUNLHN will have undergone three reviews in 2023 related to and including maternity services at Whyalla. All three reviews had distinct TOR but there may be cross cutting themes that will further inform in the areas of capability, culture and engagement, resilience performance and assurance. There is validity in the three reports being reviewed for commonalities and being triangulated into one summary document to lead the way forward for FUNLHN and most importantly Whyalla maternity services. This will provide a deep analysis and insight into the operation and workings of the service.

Recommendation 8. Community partnership with local industries to incentivise relocation of families and couples.

It is recommended to ensure FUNLHN is visible as an employer by building relationships within local industry and the community and clearly articulating what the potential of relationship building across these areas offers the community. An opportunity to partner and support families relocating is beneficial not only the to the health service but to any industry / community group that partners with FUNLHN. A number of those interviewed described difficulties for partners finding meaningful employment and a partnership may assist in this space.

7. Conclusion

In conclusion, the findings of this report shed light on the significant challenges posed by midwifery attrition and workplace culture, leading to the closure of Whyalla birthing services. Addressing this issue requires a multifaceted approach as per this list of extensive recommendations. It is essential that all stakeholders at all levels collaborate and commit to ensure the ongoing sustainability of birthing and maternity services and the wellbeing of both midwives and the families they serve.

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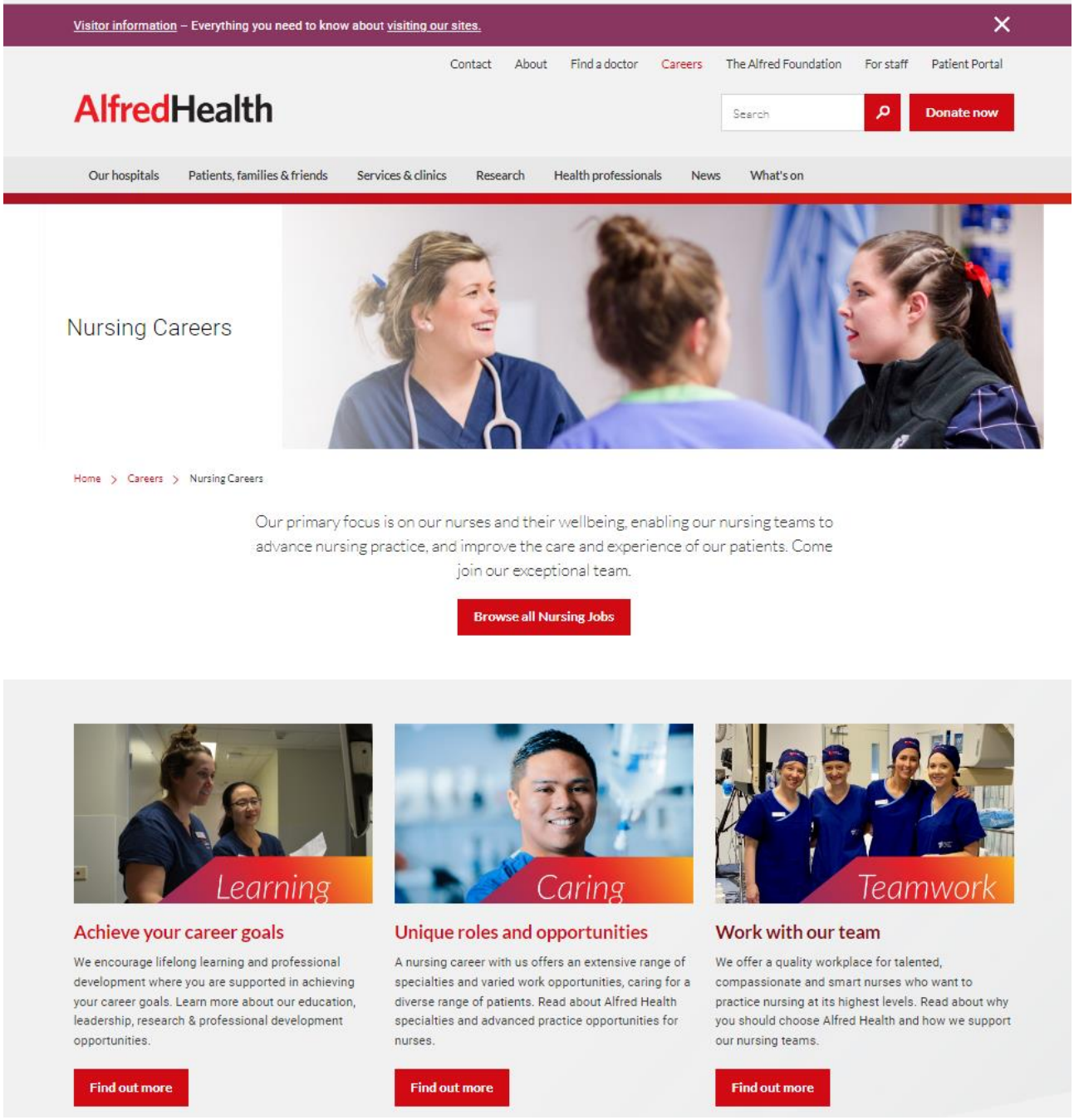
9. Appendix 1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