Maternity Workforce

East Suffolk and North Essex NHS Foundation Trust

Midwifery Workforce Review June 2023

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Purpose of Report

East Suffolk and North Essex NHS Foundation Trust

When things go wrong in Obstetrics, it can be catastrophic and life-changing. Obstetrics represents the Clinical Negligence Scheme for Trusts' (CNST) biggest area of spend with claims representing 12% of clinical claims but accounted for 62% of the total value of new claims; almost £6 billion.

The Maternity Safety Strategy set out the Department of Health and Social Care's ambition to reward those who have taken action to improve maternity safety. The Maternity incentive Scheme run by NHS Resolution (MIS) supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST and rewards trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

The MIS has now entered its 5th year, and as part of this Trusts must evidence that adequate midwifery workforce planning is taking place and reviewed on a 6 monthly basis (Safety Action 5)

Required standard

East Suffolk and North Essex NHS Foundation Trust

The NHS Resolution Maternity Incentive Scheme stipulates that a bi-annual midwifery staffing oversight report is submitted to the Board and that the report includes evidence that:

- A systematic, evidence-based process to calculate midwifery staffing establishment is completed and that funded establishments reflect those calculated
- The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service
- All women receive 1:1 care in labour
- A midwifery staffing report that covers staffing/safety issues must be submitted to the Board every 6 months, during the maternity incentive scheme year five reporting period.
    - Where Trusts are not compliant with a funded establishment based on BirthRate+, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. This plan must also be shared with local commissioners

This paper will address these four key issues and will also provide assurance regarding existing contingencies to cover staffing shortfalls and/or address peaks in activity.

Framework of assessment

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A systematic midwifery workforce review was undertaken in April 2023 utilising the Birthrate Plus (BR+) tool endorsed by NICE. BR+ is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

Due to the way the maternity services are organised across ESNEFT, this review was undertaken on both Colchester and Ipswich sites separately.

This analysis was undertaken prospectively to assess midwifery staffing requirements to enable a safe traditional model of care. The results are based on three months casemix data obtained for the months of July – September 2022. This does not include any adjustment for delivering care in a Maternity Continuity of Care model – which is a national ambition.

Ipswich Hospital Baseline Staffing Requirements

East Suffolk and North Essex NHS Foundation Trust

Birthrate Plus® Ipswich NHST Baseline staffing with no Continuity of Carer: inclusive of 21.50% uplift

Clinical WTE required	
Delivery Suite: • Births • A/N cases • Postnatal Readmissions • Non-viable pregnancies • Induction of labour Brook Birth Centre • Births & postnatal care • Transfers to Delivery Suite	42.51wte RMs *to provide care on D/Suite and Brook Birth Centre*
Orwell Ward - Antenatal Care • Antenatal admissions • Antenatal Ward Attenders	3.98wte RMs
• Postnatal care • NIPE • Extra Care babies • Postnatal readmissions • Postnatal Ward attenders	*32.26wte* *(Includes MSWs for postnatal care)*
Triage - BSOTS Model NOVA Inductions	10.89wte 5.44wte
Outpatients Services • Midwife led • Obstetric/Specialist clinics • Fetal medicine • CDH clinics • Maternity Day Unit	3.77wte RMs 1.98wte RMs
Community Services: • Home births • Community cases • Attrition • Additional safeguarding	39.88wte *(Includes MSWs -postnatal care)*
Total Clinical WTE	**140.71wte RMs & PN MSWs**

Birthrate Plus Baseline Staffing Table 7

The total clinical establishment will contain the contribution from Band 3 MSWs. Most maternity units work with a minimum of 90/10%. The current skill mix is based on **91.5%** of RMs, and **8.5%** Band 3 Midwifery support workers on the Postnatal Ward/Community. In addition, there is a need to have band 2 support staff. These roles are essential to the service but are not included in the midwifery ratio.

Ipswich Hospital Specialist Midwifery

East Suffolk and North Essex NHS Foundation Trust

The total clinical establishment as produced from Birthrate Plus® with 21.50% uplift of **140.71wte** excludes the non-clinical midwifery roles needed to provide maternity services, as summarised below: -

Such as Head of and deputy Head of Midwifery, Matrons, Governance Lead, Bereavement Midwife, Antenatal / Newborn Screening Midwives, Perinatal Mental Health, Practice Development, Infant Feeding, Diabetes midwives, Governance lead Fetal Medicine, PMA, Smoking Cessation Midwife, Clinical Effectiveness and Fetal Surveillance Midwife.

In addition to the clinical staffing requirements **15.48wte** is recommended for the above roles which equates to **11%.**

The current funded establishment for specialist roles is 11.11, meaning a variance of -4.37 wte

Colchester Hospital Baseline Staffing Requirements

East Suffolk and North Essex NHS Foundation Trust

Birthrate Plus® Baseline Staffing requirements inclusive of 21.50% uplift

CLINICAL WTE	
Labour Suite: • Births • A/N cases • P/N readmissions • Non-viable pregnancies • Transfers out • IOLs	37.64wte RMs
Triage - BSOTS Model 2 RMs 24/7	13.15wte RMs
Juno Birth Centre • Births & postnatal care • Transfers to Delivery Suite • Triage cases	7.70wte
Antenatal Ward - Lexden Ward • A/N Admissions • Inductions of Labour Postnatal Ward • Postnatal women • NIPE • Extra Care Babies • Postnatal readmissions	5.19wte 29.42wte *(Includes MSWs for postnatal care)*
Outpatients Services • Colchester Midwife led clinics • Colchester Obstetric/Specialist clinics • Midwife scanning • Fetal medicine • Maternity Day Care Unit	4.20wte RMs 2.40wte RMs
Colchester/Harwich Community Services: • Home births • Community cases • Attrition • Additional safeguarding	31.87wte RMs and PN MSWs
Clacton Birth Centre/Community • Births • Triage • Transfers out • Obstetric clinic • Community cases	14.33wte RMs and PN MSWs
Total Clinical WTE	**145.90wte RMs & PN MSWs**

Staffing requirements table 9

The total clinical establishment will contain the contribution from Band 3 MSWs. Most maternity units work with a minimum of 90/10%. The current skill mix is based on **93%** of RMs, and **7%** Band 3 Midwifery support workers on the Postnatal Ward/Community. In addition, there is a need to have band 2 support staff. These roles are essential to the service but are not included in the midwifery ratio.

Colchester Hospital Specialist Midwifery

East Suffolk and North Essex NHS Foundation Trust

The total clinical establishment as produced from Birthrate Plus® with 21.50% uplift of **145.9wte** excludes the non-clinical midwifery roles needed to provide maternity services, as summarised below: -

Such as Head of and deputy Head of Midwifery, Matrons, Governance Lead, Bereavement Midwife, Antenatal / Newborn Screening Midwives, Perinatal Mental Health, Practice Development, Infant Feeding, Diabetes midwives, Governance lead Fetal Medicine, PMA, Smoking Cessation Midwife, Clinical Effectiveness and Fetal Surveillance Midwife.

In addition to the clinical staffing requirements **16.05 wte** is recommended for the above roles which equates to **11%.**

The current funded establishment for specialist roles is 13.94, meaning a variance of -2.11 wte

We do have some staff currently in specialist roles from our clinical funded establishment. This is a historic issue and requires reviewing to ensure it remains fit for purpose. This piece of work is planned

Summary of total staffing deficit

East Suffolk and North Essex NHS Foundation Trust

Ipswich Site

Summary of Results

Current Funded Clinical, specialist and management roles	Birthrate Plus wte	Variance wte
135.04	156.19	-21.15

Total Clinical, Specialist and Management wte Table 11

Colchester Site

Summary of Results

Current Funded Clinical, specialist and management roles	Birthrate Plus wte	Variance wte
157.45	161.95	-4.50

Total Clinical, Specialist and Management wte Table 14

ESNEFT requires an additional 25.65 WTE over and above current funded establishments To meet the required CNST standard of safe staffing.

This does not factor Maternity Continuity of Care into the numbers

Current Challenges

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- The service has carried a significant maternity leave and sickness leave rate over the summer and early autumn period for 2022 which has been a focus for the division to manage.
- This is compounded by a national shortage of midwives which has been felt throughout the country.
- The Covid pandemic has significantly impacted our staff and on our students qualifying across the system
- More midwives now are choosing to work part time to achieve a more balanced life outside of work
- The new Core Competency Framework which has been released and embedded this year in CNST, requires staff to undertake 5 days of mandatory role specific training alongside the Trust mandatory training. The current uplift for training is not sufficient to cover this and impacts on clinical availability.

Supernumerary Status of the co-ordinator

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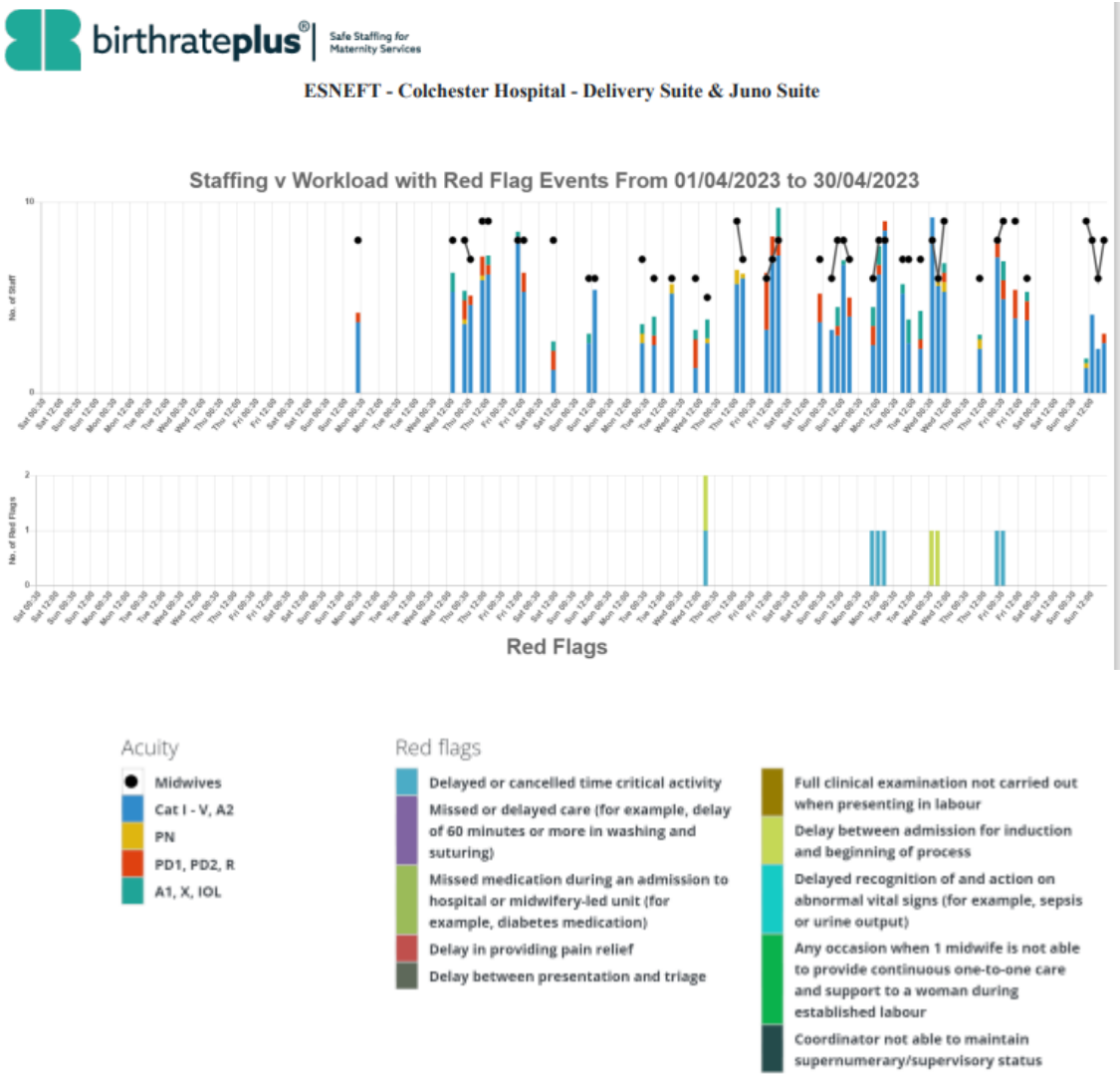
NHS Resolution stipulates that the midwifery coordinator in charge of the labour ward must have supernumerary (SN) status; (defined as having no caseload of their own during their shift) to ensure that there is an oversight of all birth activity within the maternity unit. From our Birthrate Plus reports we can highlight red flags where this was not maintained.

We use an acuity app in Maternity aligned to Birthrate Plus. Staff review the acuity of the women in our intrapartum areas and the staff availability to care for them on a 4 hour basis. This is more embedded in practice at Ipswich than Colchester, which is evident in the data that is being captured. This is a work in progress with new area leads in post and we will demonstrate improvement in the use of BR+ within the next workforce report. We use these red flag reports to ascertain if there have been any gaps in the coordinators ability to remain supernumerary.

Supernumerary Status of the co-ordinator Colchester data April 2023

East Suffolk and North Essex NHS Foundation Trust



Although the data isn't input consistently, what is there demonstrates there were no occasions where the supernumerary status of the coordinator is has been lost for April 2023

Supernumerary Status of the co-ordinator Colchester data May 2023

East Suffolk and North Essex NHS Foundation Trust

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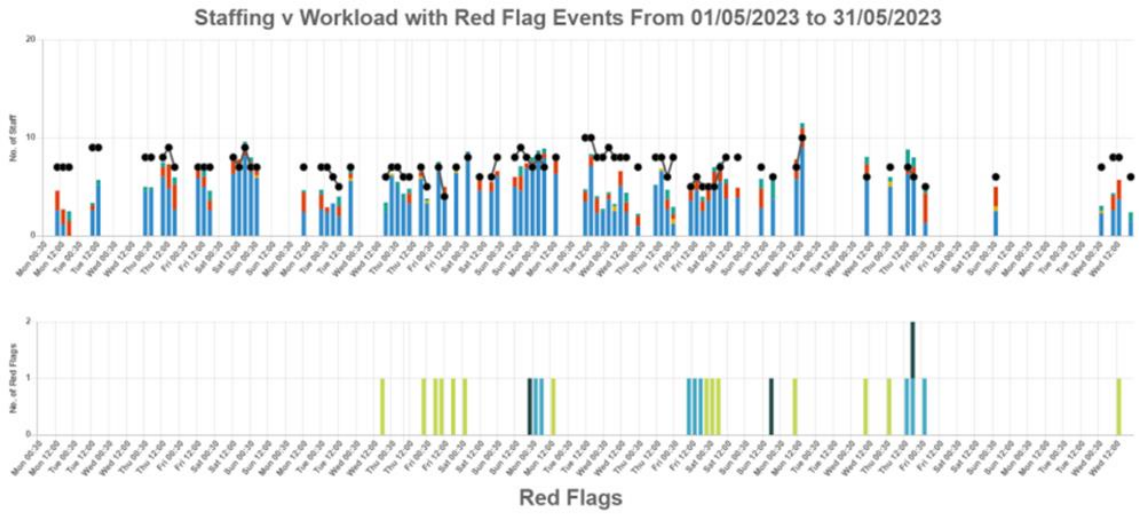
ESNEFT - Colchester Hospital - Delivery Suite & Juno Suite



Acuity

- Midwives
- Cat I - V, A2
- PN
- PD1, PD2, R
- A1, X, IOL

Red flags

- Delayed or cancelled time critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay in providing pain relief
- Delay between presentation and triage
- Full clinical examination not carried out when presenting in labour
- Delay between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- Coordinator not able to maintain supernumerary/supervisory status

For May the data is more consistent, there were however 3 occasions where the SN status was lost. An action plan to improve this is currently being developed, with main focus of this being the implementation of a second band 7 on shift 24/7 to be based in triage

Supernumerary Status of the co-ordinator Ipswich April 2023 data

East Suffolk and North Essex NHS Foundation Trust

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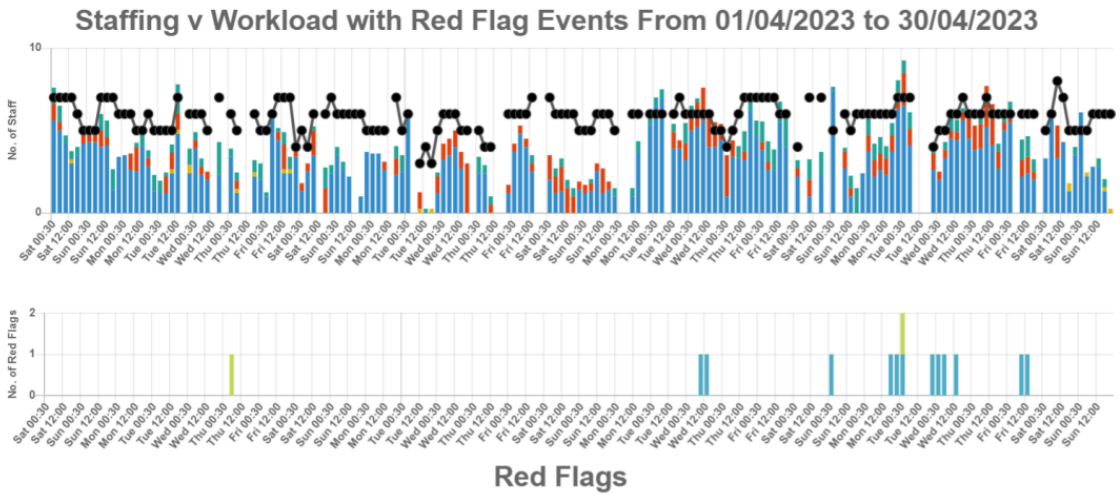
ESNEFT - Ipswich Hospital - Deben Delivery Suite



- Midwives
- Cat I - V, A2
- PN
- PD1, PD2, R
- A1, X, IOL

- Delayed or cancelled time critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay in providing pain relief
- Delay between presentation and triage

- Full clinical examination not carried out when presenting in labour
- Delay between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- Coordinator not able to maintain supernumerary/supervisory status

Data is being captured regularly and it is clear there have been no occasions in April 2023 when SN status has been lost

Supernumerary Status of the co-ordinator Ipswich May 2023 data

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ESNEFT - Ipswich Hospital - Deben Delivery Suite

For May there appears there was one occasion where SN status of the co-orindator was lost, so this will again be the focus of an improvement plan which we will report on monthly through divisional routes and again to Board in 6 months.

One to One care in Labour

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1:1 care in labour is an outcome measure linked to safer staffing which is monitored on a monthly basis within the Division. A review of the maternity dashboard for the first part of this year to date has identified that 100% of women received 1:1 care in labour at our Ipswich site.

			Target	Amber	Red	Measure	Comment	Data Source	2023/24 Performance (from Maternity Statistics workbook)			
									Feb	Mar	Apr	May
Clinical Indicators	1:1 Care in Established Labour	Staff - Brook Birth Centre	100%		<100%	Statistics		Ward Lead Midwives	100.0%	100.0%	100.0%	100.0%
		Staff - Deben	100%		<100%	Statistics		Ward Lead Midwives	100.0%	100.0%	100.0%	100.0%

At our Colchester site, this information is currently collated on the dashboard but instead is reviewed with information obtained from Careflow Maternity. Having reviewed our most current data, in May 1:! Care in labour was achieved 99.6% of the time. In May of the 306 births, 3 did not revive 1:1 care on labour, meaning a rate of 99% compliance. An action plan to bring this to 100% is currently in development and will be monitored through divisional routes and included in our dashboards going forwards.

Maternity Support Workers

East Suffolk and North Essex NHS Foundation Trust

Maternity Support workers make a vital contribution to the delivery of safe and personalised care to all women and their babies. Research has identified that Maternity Support Workers are keen to development their education and skills. At ESNEFT we are reviewing the opportunity to adapt the Maternity Support Worker (MSW) framework to ensure that MSWs can achieve standardised levels of competency required to carry out this vital role.

- The framework outlines the competence and education levels required to support the Better Births and Long Term Plan.
- Providing opportunities to widen the MSW participation by development opportunities of 'growing your own' pathway
- To ensure that all MSWs achieve a standardised level of education and competency for their role
- MSW role boundaries defined
- Up-to-date job descriptions will be developed along with clinically defined competencies.

MSW Competence, Education and Career Development

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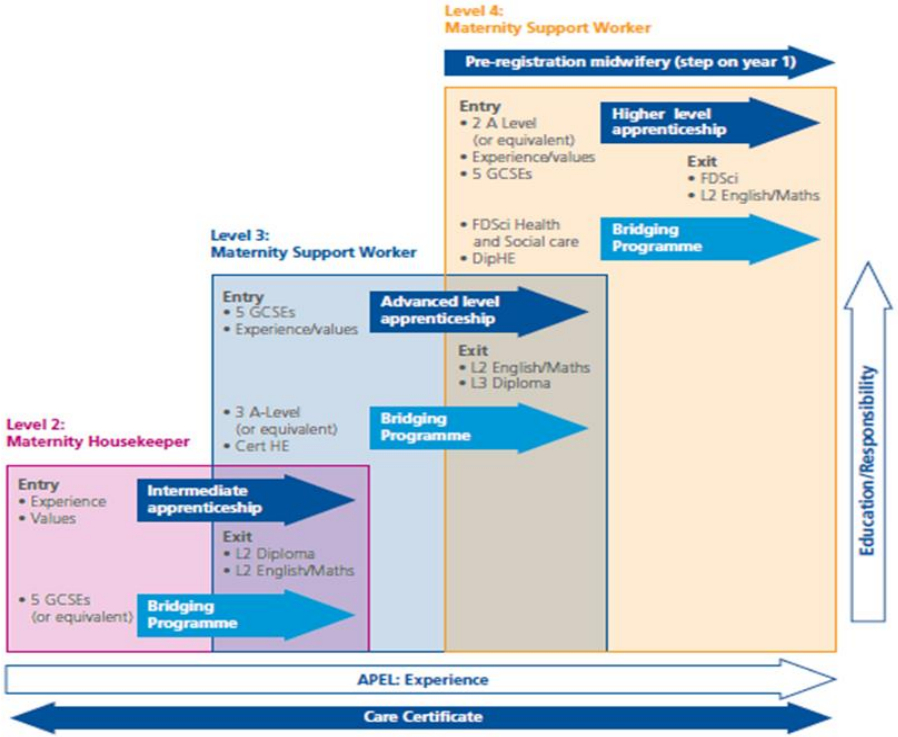

Plans to develop

- New starter orientation and competency workbook to be developed
- The structure aligned with the HEE National Framework
- Incorporation of current Band 2 enhanced clinical skills and competencies
- Work across the Local Maternity System (LMNS) to develop skills passports
- Ensure MSWs are represented as part of the faculty for PROMPT training
- Develop professional portfolios, along with identifying transferable skills and CPD

Staffing Contingency and Escalation

East Suffolk and North Essex NHS Foundation Trust

During periods of high acuity and or reduced staffing numbers, services are reviewed to ensure areas of highest risk are prioritised. Postnatal care has been thoroughly reviewed and services adapted to ensure efficiency of resources. Feedback from service users has been very positive, as care delivered from the community hubs.

Escalation

- Birthrate+ Acuity tool is used 4 hourly on delivery suite on each site, following shift handovers. A safety huddle also takes place daily on both sites at 08.30. there are plans to increase this to twice daily and to review the opportunity to cross site safety huddles
- In case of shortfall against Birthrate+, staff are redeployed to support any maternity area in line with the escalation policy. Additional staff, if needed are taken from the following groups:
  - Specialist midwifery team
  - Community Midwifery teams across all areas
  - Senior Midwifery management team
  - Senior Midwife on call 17.00-08.00 weekdays and 24/7 over the weekend and bank holidays
  - Community escalation on-call

Staffing Contingency and Escalation

East Suffolk and North Essex NHS Foundation Trust

Medical staff

Medical staff cover is reviewed daily

Consultant dedicated to labour ward 08.30 -19.00 (plus separate consultant for gynae 9am -5pm) then combined consultant on call over night

Middle Grade 24/7

Junior doctor (FY2) 24/7 (plus separate F2 for gynae 9-17.30)

Escalation – in case of short notice sickness, the Consultant On call and the Service Manager are informed and a replacement is sought or the Consultant on call will make the decision as to what other action may be needed to ensure adequate medical cover is in place.

Next steps

East Suffolk and North Essex NHS Foundation Trust

- Undertake full review of the senior midwifery leadership structure and specialist midwifery roles to ensure equity across the organisation and support better cross site working
- Develop action plan to for robust assurance inline with the targets for supernumerary status of the co-ordinator and 1:1 care in labour – oversight through EBED
- Early conversations with ICB inline with newly published 3 year delivery plan to support the funding of the additional workforce required to meet the CNST safe staffing standards
- Continued focus on recruitment and also retention to ensure turnover and vacancy rates remain low and staff morale is improved
- Ensure a red flag report for Birthrate+ Acuity is taken through divisional governance routes monthly.