Maternity Workforce

East Suffolk and North Essex NHS Foundation Trust

Clinical Workforce
CNST MIS Safety Action 4
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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 also represent the Clinical Negligence Scheme for Trusts' (CNST) biggest area of spend.

Of the clinical negligence claims notified to NHS Resolution in 2021/22, obstetrics claims represented 12 per cent of clinical claims by number, but accounted for 62 per cent 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 (MIS) run by NHS Resolution 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 clinical workforce planning is taking place and reviewed on a regular basis covering the Obstetric workforce, Neonatal Medical Workforce, Neonatal Nursing Workforce and the Anaesthetic Medical Workforce (**Safety Action 4)**

This paper summarises the Trust's position against this standard.

Safety Action 4a - Obstetric Workforce Part 1 – Use of Short-term locums

East Suffolk and North Essex NHS Foundation Trust

NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:

a. *currently work in their unit on the tier 2 or 3 rota or*
b. *have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or*
c. *hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.*

Trusts/organisations should audit their compliance via Medical Human Resources and if there are occasions where these standards have not been met, report to Trust Board Trust Board level safety champions and LMNS meetings that they have put in place processes and actions to address any deviation. Compliance is demonstrated by completion of the audit and action plan to address any lapses

ESNEFT Position

An audit has been undertaken of short-term locums used on each site from Feb23 to Aug 23 as per MIS technical guidance.
The data will be presented in the final medical workforce paper prior to CNST submission.
However, both sites only use staff on the Tier 2 or Tier 3 rota and therefore will be compliant with this standard with no further action required.

Safety Action 4a - Obstetric Workforce Part 2 – Use of long-term locums

East Suffolk and North Essex NHS Foundation Trust

Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

ESNEFT Position

- The RCOG guidance is summarised in the table which serves as a checklist when employing long-term locums.
- An SOP covering this induction process has been drafted and approved in line with the guidance and is embedded.
- An audit is underway to monitor compliance and will be included in the final workforce paper prior to CNST submission

Compliance	Completed Y/N	Date
Locum doctor CV reviewed by consultant lead prior to appointment		
Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment		
Departmental induction by consultant on commencement date		
Access to all IT systems and guidelines and training completed on commencement date		
Named consultant supervisor to support locum	Name:	
Supernumerary clinical duties undertaken with appropriate direct supervision		
Review of suitability for post and OOH working based on MDT feedback		
Feedback to locum doctor and agency on performance		

Safety Action 4a Obstetric Workforce Part 3 - Compensatory Rest

East Suffolk and North Essex NHS Foundation Trust

Safety Action 4 – a) 3
Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day.
Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.
In addition, the technical guidance states that an SOP must be in place by October in order to be compliant with this standard.

The BMA / RCOG guidance recommends –

- That consultants who are unable to take 11 hours of consecutive rest per day should be entitled to take compensatory rest.
- This reflects both in person attendance and telephone calls disrupting sleep.
- Compensatory rest should not be calculated on a minute-for-minute basis, with the guidance recommending it should be for the full value of 11 hours' continuous rest with the clock starting when a consultant gets back to resting.

ESNEFT POSITION

A series of meetings have been held with consultants on both sites, facilitated by the Obstetric Clinical Director and Clinical Leads.
An SOP was approved on 30/09/23 (embedded) with principles as follows –

- From 1st October 2023 to 31st December 2023 if overnight activity means the following mornings clinical work must be cancelled the on call Consultant will contact the operations team as promptly as practical in the morning for activity to be cancelled.
- From 1st January 2024 Consultants will prospectively cancel or alter their planned work the morning after night on calls in line with options below.
- We are looking at moving to fixed nights on call where possible to minimise cancellation of clinical activity, although full agreement on this has not yet been reached

An audit monitoring compliance has been commenced.

Safety Action 4a - Obstetric Workforce Part 4 – Roles & Responsibilities

East Suffolk and North Essex NHS Foundation Trust

The Royal College of Obstetric and Gynaecology workforce document ' Roles and Responsibilities of the consultant providing acute care in obstetrics and gynaecology' outlines the roles and expectations of Consultants.
The CNST requirement specifies that units should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG document when a consultant is required to attend in person.
Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non attendance.
A monthly audit should be undertaken for the clinical situations listed and shared within the department at Divisional Board. These audits should be shared with the Maternity Safety Champions and at the LMNS for oversight.

ESNEFT Audit data

	Colchester				Ipswich			
Month	**Calls**	**Attended**	**Not required**	**Did not attend - breach of SOP**	**Calls**	**Attended**	**Not required**	**Did not attend - breach of SOP**
Feb	9	7	2	0	3	2	1	0
Mar	6	5	1	0	7	5	2	0
April	11	8	3	0	9	8	1	0
May	12	12	0	0	6	4	2	0
June	13	12	1	0	5	2	3	0
July	12	9	2	1	4	3	1	0
Aug	5	5	0	0	6	3	3	0
Total	**68**	**58**	**9**	**1**	**40**	**27**	**13**	**0**

There has only been one breach where a consultant did not attend when required to do so. This was on the Colchester site in July with a locum consultant

Actions

- Adoption of RCOG guidance of employment of long-term locums
- Case discussed with consultant directly
- Locum no longer employed by ESNEFT

Safety Action 4b - Anaesthetic Medical Workforce

East Suffolk and North Essex NHS Foundation Trust

This standard requires that a duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)

ESNEFT Position

There is an obstetric anaesthetic Consultant who has sole responsibility to delivery suite between 8am and 6pm Monday to Friday on both sites. Outside of the normal working week there will a general consultant anaesthetist available for escalation. The rota for each site is embedded as evidence for this.

We make it our aim to offer epidural analgesia within 30 minutes of request, if this is not possible (where the duty anaesthetist is busy in Obstetric theatre for example), this will be escalated to the consultant responsible.

An anaesthetist is required to attend twice daily board round handovers and ward round for high risk patients at 8am and 8pm on delivery suite, this may be the anaesthetic consultant (weekdays) or the duty obstetric anaesthetist out of hours. This is being audited and will be included in the next workforce report.

Safety Action 4c - Neonatal Medical Workforce

East Suffolk and North Essex NHS Foundation Trust

It is required that the neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing. If the requirements have not been met in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies.
If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies.
Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

For the first time, all three tiers of medical staffing are included (the consultant workforce did not form part of this standard in previous years.
Both Colchester and Ipswich are Local Neonatal Units (previously described as level 2 units) and therefore must meet the BAPM standards specified for this level of unit.

Safety Action 4c - Neonatal Medical Workforce

East Suffolk and North Essex NHS Foundation Trust

BAPM Requirement for Medical Workforce in Local Neonatal Unit	Colchester Neonatal Unit Current Position	Ipswich Neonatal Unit Current Position	Actions required
Tier 1 At least one resident tier 1 practitioner immediately available dedicated to providing emergency care for the neonatal service 24/7.	**Remains compliant**	**Remains compliant**	No action required
Tier 2 An immediately available resident tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit e.g. between 09.00 - 22.00, seven days a week. LNUs undertaking either >1500 Respiratory Care Days (RCDs) or >600 Intensive Care (IC) days annually should have immediately available a dedicated resident tier 2 practitioner separate from paediatrics 24/7.	**Remains compliant** 1236 RCDs (below threshold of 1500 RCDs) and 302 IC days, therefore does not meet criteria for 24/7 separate Tier 2. hence we do not really need to have as yet Tier 2 - 24 hr with separate rota. Separate Tier 2 doctor designated to Neonatal Unit from 0900-2200, with a single tier 2 doctor covering both paediatrics and NNU overnight	**Compliance borderline – progress made against last year's action plan** Since MIS Year 4 investment has been made to fund two additional ANNP posts, creating an additional slot on the rota. On paper this achieves compliance. However vacancy in both ANPs and medical workforce means that there is not always a separate Tier 2 doctor available.	Application to Neonatal ODN for additional funding for further Trust registrar / ANP – outcome awaited Ongoing recruitment to vacancy and use of locums to achieve compliance Audit to be undertaken to monitor % of uncovered shifts

Safety Action 4c - Neonatal Medical Workforce

East Suffolk and North Essex NHS Foundation Trust

BAPM Requirement for Medical Workforce in Local Neonatal Unit	Colchester Neonatal Unit Current Position	Ipswich Neonatal Unit Current Position	Actions required
All LNUs should ensure that all Consultants on-call for the unit also have regular weekday commitments to the neonatal service. This is best delivered by a 'consultant of the week' system and no consultant should undertake fewer than 4 'consultant of the week' service weeks annually. No on-call rota should be more onerous than one in six and all new appointments to units with separate rotas should either have a SCCT in neonatal medicine or be a general paediatrician with a special interest in neonatology or have equivalent neonatal experience and training LNUs providing >1500 RCDs or >600 IC days annually should strongly consider providing a dedicated Tier 3 rota to the neonatal unit entirely separate from the paediatric department	**Not compliant** Unit does not currently meet threshold for an entirely separate rota There are 12 consultant paediatricians, all of whom cover the NNU on call. All 12 take part in the paediatric COTW and cover the neonatal unit in the afternoons and at weekends. Six of the consultants have neonatal expertise and take part in a neonatal COTW covering mornings Mon-Fri only. Six consultants do not do a COTW on the NNU. The expertise provided by the neonatal consultants would be hard to maintain if all the consultants took part in the neonatal COTW.	**Not compliant** Unit does not currently meet threshold for an entirely separate rota There are currently 11 consultants with a twelfth consultant recruited. All 11 consultants cover NNU on call and at weekends.	All paediatricians to maintain neonatal CPD (at least 10 points per year) as mitigation, with skills days Options review to be undertaken to decide whether to change the rota with the current workforce (will result in less expertise on the units, significant change in job plans, reduction in other specialty work) or to work towards separate neonatal on call. To explore the feasibility of a cross site neonatal on call rota.

Safety Action 4d - Neonatal Nursing Workforce

East Suffolk and North Essex NHS Foundation Trust

Staffing standards are important not only to the delivery of safe services and good outcomes but also for the wellbeing of staff providing care. In neonatal care, as is common in other forms of unscheduled care, the workload varies enormously hour by hour. Dealing with the peaks and troughs in demand is one of the challenges for neonatal services.

Cots numbers and levels of unit are agreed at network level. Following agreement the nurse staffing establishment should be calculated using BAPM standards for hospitals providing neonatal care (2010), calculated on the basis of an average 80% cot occupancy.

CNST requirements are as follows –

- *The neonatal unit meets the BAPM neonatal nursing standards.*
- *If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. If the requirements had been met previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies.*
- *Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).*

The Neonatal nursing workforce calculator demonstrates that the service meets the required specification for the neonatal nursing standards whereby we are established to the required number of all levels of neonatal nursing to support service demands as per BAPM (2010)

Safety Action 4d - Neonatal Nursing Workforce – BAPM Standards

East Suffolk and North Essex NHS Foundation Trust

- Staffing requirements are based upon minimum standards for each category of neonatal care as described in the BAPM service standards for hospital providing neonatal care (2010)
  - 1:1 for ITU, 1:2 HDU and 1:4 for Special care.
- A minimum of 70% of the registered nursing establishment must hold an accredited post registration qualification in specialised neonatal care (Qualified in Speciality - QIS).
- There should be a supernumerary team leader on every shift in addition to those staff providing direct care for the babies on the unit
- All intensive and high dependency care should be undertaken by a registered nurse qualified in speciality or undertaking QIS training under the supervision of a registered QIS nurse.
- For special care, registered to non registered staff ratios are calculated at 70:30

Neonatal Nursing Workforce Calculator Colchester September 2023

East Suffolk and North Essex NHS Foundation Trust

Activity (HRG 2016)		
	Activity	Commissioned cots
HRG 1 (IC)	278	1
HRG 2 (HD)	773	4
HRG 3 - 5 (SC)	2,396	12
Total	**3,447**	**17**

Staffing numbers (WTE) DIRECT PATIENT CARE ONLY		
	Budget	In post
Total QIS	16.21	22.24
Total Non QIS	15.08	7.06
Total Non Reg	5.75	4.96
Total	**37.04**	**34.26**

Activity calculations (HRG 2016)							
	Activity	*For calculations*		Commissioned cots	Occupancy for period	Cots required to meet activity at average 80% occupancy	Variance: declared cots against required
		80% of daily activity	*WTE (6.07 / BAPM)*				
HRG 1	278	*1.0*	*6.07*	1	76.16%	1	0
HRG 2	773	*2.6*	*3.04*	4	52.95%	3	1
HRG 3	2,396	*8.2*	*1.52*	12	54.70%	8	4
Total	**3,447**			**17**	**55.55%**	**12**	**5**

Nursing workforce calculations (WTE) DIRECT PATIENT CARE ONLY					
NB total nurse staffing required to staff declared cots = 42.49, of which 29.74 (70%) should be QIS					
	Current position		Required to meet activity at average 80% occ	Variance: budget against required	Variance: in post against required
	Budget	In post			
Total nursing staff	37.04	34.26	32.34	4.70	1.92
Total reg nurses	31.29	29.30	28.60	2.69	0.70
Total QIS	16.21	22.24	20.02	-3.81	2.22
Total non-QIS	15.08	7.06	8.58	6.50	-1.52
Total non-reg	5.75	4.96	3.74	2.01	1.22
Reg nurses as % nursing staff	84.5%	85.5%	88.4%		
QIS as % reg nurses	51.8%	75.9%	70.0%		

BAPM minimum nurse to baby ratio and QIS standards are currently being met at the Colchester site. Support for Ipswich site forms part of the current action plan, given the activity levels across the organisation.

B7 care co-ordinator covers the supernumerary team leader role 4 days a week, 7am – 5pm. Remainder of the shifts covered by the in charge B6 team. Due to current data collection team leader role not included when B7 not on duty. System updated to ensure accurate reflection of BAPM compliance.

Neonatal Nursing Workforce Calculator Ipswich September 2023

East Suffolk and North Essex NHS Foundation Trust

Activity (HRG 2016)		
	Activity	Commissioned cots
HRG 1 (IC)	287	2
HRG 2 (HD)	1,052	3
HRG 3 - 5 (SC)	3,560	13
Total	**4,899**	**18**

Staffing numbers (WTE) DIRECT PATIENT CARE ONLY		
	Budget	In post
Total QIS	15.78	22.58
Total Non QIS	21.74	11.80
Total Non Reg	5.02	4.93
Total	**42.54**	**39.31**

Activity calculations (HRG 2016)							
	Activity	*For calculations*		Commissioned cots	Occupancy for period	Cots required to meet activity at average 80% occupancy	Variance: declared cots against required
		80% of daily activity	*WTE (6.07 / BAPM)*				
HRG 1	287	*1.0*	*6.07*	2	39.32%	1	1
HRG 2	1,052	*3.6*	*3.04*	3	96.07%	4	-1
HRG 3	3,560	*12.2*	*1.52*	13	75.03%	12	1
Total	**4,899**			**18**	**74.57%**	**17**	**1**

Nursing workforce calculations (WTE) DIRECT PATIENT CARE ONLY					
NB total nurse staffing required to staff declared cots = 47.04, of which 32.93 (70%) should be QIS					
	Current position		Required to meet activity at average 80% occ	Variance: budget against required	Variance: in post against required
	Budget	In post			
Total nursing staff	42.54	39.31	41.47	1.07	-2.16
Total reg nurses	37.52	34.38	35.92	1.60	-1.54
Total QIS	15.78	22.58	25.14	-9.36	-2.56
Total non-QIS	21.74	11.80	10.78	10.96	1.02
Total non-reg	5.02	4.93	5.55	-0.53	-0.62
Reg nurses as % nursing staff	88.2%	87.5%	86.6%		
QIS as % reg nurses	42.1%	65.7%	70.0%		

BAPM minimum nurse to baby ratios are currently being met at the Ipswich site, along with RN to non RN staff ratios.

Current QIS (Qualified in speciality) nursing ratio **does not meet BAPM standards**. The Neonatal team have developed an action plan to address deficiencies (embedded).

A copy of the action plan will be submitted to the LMNS and Neonatal Operational Delivery Network (ODN) and Trust Board in October 2023.

3 nurses are currently undertaking the QIS course. If all nurses complete and pass, this will increase QIS WTE to **74% July 24.**

Increasing to **80% December 24** if a further 2 nurses commence the course January 23. Funding available

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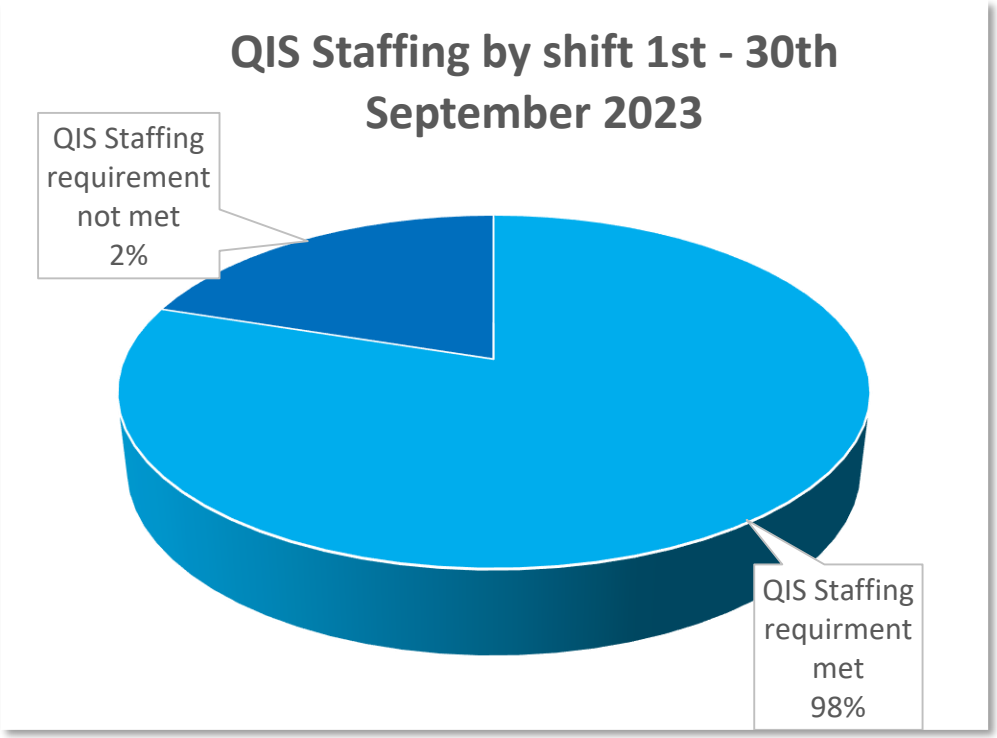
Qualified in Specialty Staffing - Ipswich

East Suffolk and North Essex NHS Foundation Trust



QIS Difference
The difference between the numbers of QIS recommended staff and the total actual staff providing care with qualification or training for qualification.

QIS Staffing
49 out of 50 shifts between September 1st – 30th were staffed with the recommended number of QIS for patient acuity. IC and HDU cot occupancy did not exceed capacity.

Supernumerary Nurse in Charge
Co-ordinating care on all shifts 100% compliant

QIS Deficit
The workforce calculator demonstrates the required Qualified in speciality (QIS) nurses required for the level of NICU we have at ESNEFT alongside the activity we hold based upon the care days provided with data provided by Badgernet. QIS deficit 2.56 WTE

Summary

East Suffolk and North Essex NHS Foundation Trust

The evidence in this paper supports the position that W&C Division will meet the required standard for an effective system of clinical workforce planning for CNST MIS Year 5.

There will be ongoing work to meet final requirements which will be detailed in the next paper due to Board by December 2023.

Areas for completion are as follows –

- Audit of short-term locum use – underway, analysis required (full compliance predicted)
- Audit of long-term locum compliance with RCOG guidance – underway, analysis and action plan required
- Audit of anaesthetic attendance at handover
- Further detail of action plan for Tier 3 Neonatal rota
- Full action plan for Neonatal Nursing workforce