



East Suffolk and
North Essex
NHS Foundation Trust

Midwifery Workforce Review December 2023



Purpose of Report



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The purpose of this report to Board is to demonstrate compliance with Safety Action 5 of the Maternity Incentive Scheme. 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, now in it's 5th year, requires that Trusts evidence they have adequate midwifery workforce planning in place and is reviewed on a 6 monthly basis.

The report also informs workforce plans that are current being developed in collaboration with the ICB and other system partners. Progress against this workforce plan will form part of this report going forward once these have been completed.



Required standard



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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



Framework of BR+ assessment



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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.

The method works out the clinical establishment based on agreed standards of care and specialist needs and then includes the midwifery management and specialist roles required to manage maternity services. Adjustment of clinical staffing between midwives and competent & qualified support staff is included.

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of the local % for annual, sick & study leave allowance and for travel in community.

Cross border activity can have an impact on community resources in two ways. Some women may receive antenatal and/or postnatal care from community staff in the local area but give birth in another Trust. This activity counts as extra to the workload as not in the birth numbers. They have been termed as "imported" cross border cases. Equally, there are women who birth in a particular hospital but from out of area so are 'exported' to their local community service. Adjustments are made to midwifery establishments to accommodate the community flows. Should more local women choose to birth at the local hospital in the future adjustments will need to be made to workforce to provide the ante natal and intrapartum care.



Background and Context



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A systematic midwifery workforce review was undertaken in early 2023 utilising the Birthrate Plus (BR+) tool endorsed by NICE. This report was based on activity and case mix data from 2021/2022 and came into Trust in April 2023.

This report informed the workforce paper that came to Board in July 2023. Concerns around changes in leadership, the accuracy of the data used (as quite out of date) and also distribution of staffing suggested across both sites were raised as part of this report to Board.

Due to this, a review of the data sets, both case mix and activity data, were requested from BR+. The analysis was undertaken prospectively to assess midwifery staffing requirements to enable a safe traditional model of care and were based on three months casemix data obtained for the months of July – September 2022 and annual activity data from 2022/2023 and the final report was received by the Trust on 28th November 2023.

This report is reflective of the service model that we are currently utilising and doesn't factor in any additional midwives for opening a triage telephone line separately from current triage services.

Due to utilising the more recent data sets, the reduction in overall births at ESNEFT has impacted on the staffing requirements of this report



Birthrate Plus[®] Baseline Staffing requirements



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CLINICAL WTE	IPSWICH	COLCHESTER
Delivery Suite	37.63wte RMs	38.56wte RMs
Induction Suite	5.44wte RMs	<i>On ward</i>
Triage	13.15wte RMs	13.15wte RMs
Birth Centre	<i>n/a</i>	5.44wte RMs
Maternity Ward		
Antenatal care	2.84wte RMs	5.82wte RMs
Postnatal care	28.36wte RNs and PN MSWs	29.93wte RNs and PN MSWs
Outpatients Services		
Clinics	3.77wte RMs	4.20wte RMs
Day Care Unit	1.98wte RMs	2.40wte RMs
Community Services	35.34wte RMs and PN MSWs	27.73wte RMs and PN MSWs
Clacton		14.17wte RMs and PN MSWs
Total Clinical WTE	128.51wte RMs and PN MSWs	141.40wte RMs and PN MSWs

	Ipswich	Colchester
Midwifery wte (90%)	115.66	127.26
MSWs in postnatal care (10%) <i>(maternity ward and community)</i>	12.85	14.14



Clinical Specialists



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The total clinical establishment as produced from Birthrate Plus® with 21.5% uplift excludes the non-clinical midwifery roles needed to provide maternity services. Roles such as;

- Head of Midwifery/Deputy HoMs
- Matrons
- Consultant Midwife
- Governance Lead Midwife
- Patient Safety Midwives
- Professional Midwifery Advocate
- Bereavement Midwife
- Antenatal / Newborn Screening midwives
- Perinatal Mental Health
- Infant Feeding
- Diabetes midwives
- Fetal Medicine
- Smoking Cessation
- Clinical Effectiveness
- Practice Development
- Fetal Surveillance
- Maternal Medicine
- Preterm Birth

Many of these roles are required across both sites due to the complex nature of how the services are currently running and many have been mandated by the DOH accepted Ockenden report.

Applying 12% to the Birthrate Plus clinical wte provides additional staff of 32.39 wte across the whole service with it being a local decision as to which posts are required and appropriate hours allocated

Ipswich	Colchester	Total wte
15.42wte	16.97wte	32.39wte



Changes implement in the previous 6 months



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Staffing forecast templates have been developed to support matrons and operation teams to manage elective activity across the two sites. Examples of which are seen below;

Midwives Inpatient	Planned Staffing						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Total Early (14)	15	14	14	16	13	15	13
Total Late (14)	14	14	14	16	13	15	13
Total Night (12)	12	13	12	12	12	12	12
Triage Early (2)	2	2	2	2	2	2	2
Triage Late (2)	2	2	2	2	2	2	2
Triage Night (1)	1	1	1	1	1	1	1
CDS AM (7 with co)	7	7	7	6	7	7	7
CDS PM (7 with co)	7	7	7	7	7	7	7
CDS NIGHT (7 with co)	7	7	7	6	6	7	7
Juno Night (1)	1	1	1	1	1	1	1
Lexden AM (3)	3	3	3	3	3	3	3
Lexden PM (3)	3	3	3	3	3	3	3
Lexden Night (3)	3	3	3	3	3	3	3
Electives (1)	1	1		1			
DAU (1)	1	1	1	1	1	1	1
Community							
Bleep Holder (1)	1	1	1	1	1	1	1
Column1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clacton birthing unit - R/M's	2	2	2	2	2	1	1
Community - Clacton / Harwich	4	6	5	3	5	2	2
Clacton / Harwich clinics	3	4	4.5	3	3	1	1
Community Colchester R/M's	14	12	11	12	14	9	9
Colchester clinics	4	4	5	5	5	3.5	2.5
On Calls	2+2	2+2	2+1	3+1	2	2+1	2+1
Clacton / Harwich- support	4	6	5	3	5	2	2
Venepuncture clinics	1	2	2	1	2	0	0
Colchester support	3	3	3	3	3	1	1
Venepuncture clinics	0	1	1	0	0	0	0
Total staff (community RM)	20	18	21	19	20	12	12

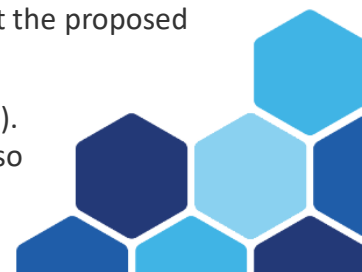
Support Staff - MSW and HCA	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Total Early (6)	6	5	6	4	5	5	4
Total Late (6)	6	5	6	4	5	5	4
Total Night (5)	4	5	5	4	5	5	5
Trained Nurse							
Total Early (1)	1	1	1	1	1	1	1
Total Late (1)	1	1	1	1	1	1	1
Total Night (1)	1	1	1	2	1	1	1
NHSP UNIT		Day	Night				
Monday	RM	0	1				
	Support	0	1				
Tuesday	RM	0	2				
	Support	0	3				
Wednesday	RM	1	2				
	Support	1	3				
Thursday	RM	1	3				
	Support	1	1				
Friday	RM	1	2				
	Support	1	1				
Saturday	RM	3	2				
	Support	1	2				
Sunday	RM	0	0				
	Support	1	2				
NHSP - Community	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RM	0.5	0.5	0.5	0.5	0.5	0	1
Support	0	0	0	0	0	0	0
Total	0.5	0.5	0.5	0.5	0.5	0	1

	DAY	Night
Monday	1x super numary midwife	
Tuesday	14 template for LSCS days	1x supernumary midwife
Wednesday		
Thursday	X2 supernumary midwife	
Friday		
Saturday	x2 supernumary midwife	
Sunday	x1 supernumary midwife	

Vacancy rates remain low, as of October 2023 data, we are currently over established for midwives, this is evidenced through our RPQOG monthly submission and PWR data. We have 0.26 WTE vacancy rate for band 3 maternity support workers, it is slightly higher for band 2s at 6.08 WTE

The Midwifery establishment is due to a decision taken by the Division to recruit all of our ESNEFT trained students. We believed it was essential to do this is the current climate and has been received well by the frontline staff. We are also mindful that the proposed future consultations may impact on turnover rates.

The Division has taken the decision to implement a second band 7 being rostered onto each shift (bleep holder role). This band 7 will support the coordinator to maintain safety in all areas of maternity as well as labour ward. It will also support the maintenance of SN status even during peaks of activity.



Future workforce planning



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The Divisional are working in partnership with system colleagues, including leaders for Midwifery education and NHSE to develop our future workforce plans.

Within ESNEFT we have recognised that there is a need to address some of the statutory requirements being asked of maternity services. There are extensive training requirements that midwives now have to undertake as part of the Core Competency Framework v2 which is mandated for 2024/2025 as part of CNST, BR+ were asked to calculate the requirement to increase to a 25% uplift for the clinical component of all registered midwives from 21.5%.

25% uplift	Ipswich	Colchester
Clinical wte	131.06	143.42
Additional Specialist and Management wte	15.73	17.21
Total Clinical, Specialist and Management wte	146.78	160.64

Total Clinical, Specialist and Management wte with 25% uplift Table 11

We recognise that there will be a need to review in 2024/2025 as part of our usual staffing reviews.



Supernumerary Status of the co-ordinator

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. We can pull data from two sources to evidence this; from our Birthrate Plus reports we can highlight red flags where this was not maintained and also from our incident reporting system as a Datix must be completed for all red flag events including any episodes of loss of SN status.

There have been some instances where loss of SN status has been reported and also where 1:1 care in labour was not met. In order to understand what has caused this and develop an action plan for improvement, a deep dive was undertaken during the reporting period (31st May 2023 to 30th November) to ascertain what triggered these reports. NB To ensure full compliance up to the end of the reporting period, Datix and BR+ have been reviewed on both sites for the period of 1-7th December 2023, there were **0** reported incidents of loss of SN status

Audit data has demonstrated that in each instance the NHR criteria for loss of SN status was not met which means **we are compliant with this standard.**

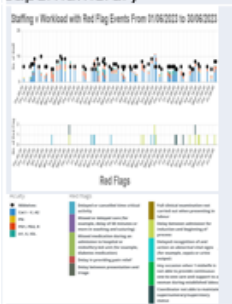




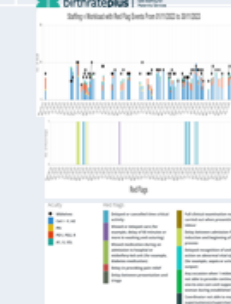
Highlights from the audit are noted below. The most common reason for the SN loss report was supporting post natal care to cover break relief.



Supernumerary status of the co-ordinator and 1:1 care in labour deep dive - Colchester



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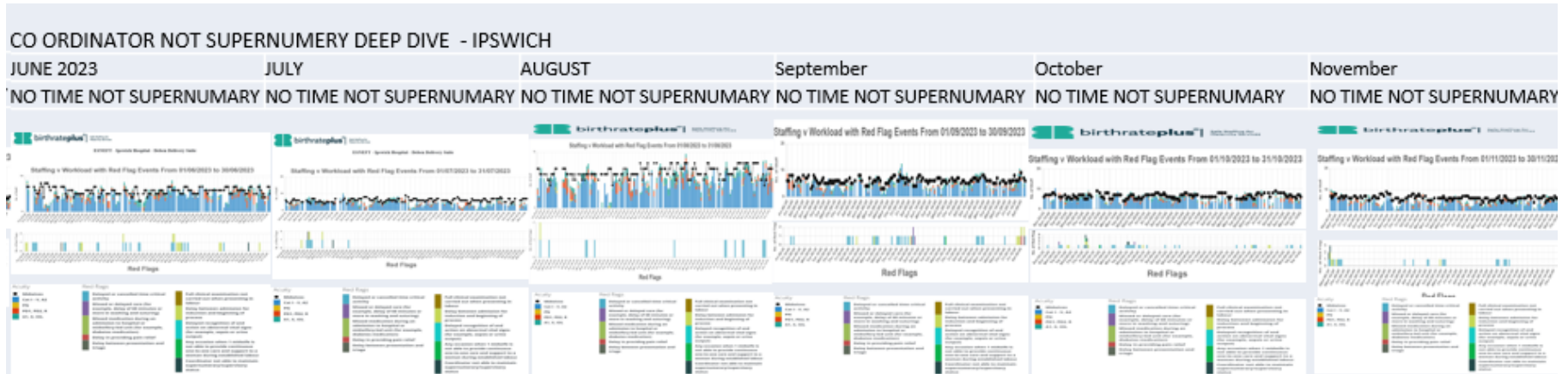
CO ORDINATOR NOT SUPERNUMERY DEEP DIVE COLCHESTER						
JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	
NO TIME NOT SUPERNUMARY IN JUNE	NO TIME NOT SUPERNUMARY IN JULY	NO TIME NOT SUPERNUMARY IN AUGUST	NO TIME NOT SUPERNUMARY IN SEPT	NO TIME NOT SUPERNUMARY IN OCTOBER	NO TIME NOT SUPERNUMARY IN NOVEMBER	
15/06 08:00 PN CARE 24/07 12:00 PN CARE BREAK 16:00 PAUSED IOL CARE 25/07 16:00 PAUSED IOL CARE 27/07 12:00 PN CARE BREAK	03/07 04:00 AWATING CMW no 1:1 required 03/07 16:00 ECV/PN CARE 05/07 08:0 PN CARE 31/07 04:00 PN CARE	No Datix re co ordinator not supernumary	16/09 PN care 17/09 AN care not in labour No Datix re co ordinator not supernumary	25/09 Pn Care 29/09 Pn Care No Datix re co ordinator not supernumary		
No Datix re co-ordinator not supernumary	No Datix re coordinator not supernumary					
						
JUNE 100% 121 CARE RECEIVED	JULY 100% 121 CARE RECEIVED	AUGUST 100% 121 CARE RECEIVED	SEPTEMBER 100% 121 CARE RECEIVED	OCTOBER 100 % 121 CARE RECEIVED	NOVEMBER 100% 121 care in labour	
	ALL NOTES REVIEWED 121 CARE RECEIVED	ALL NOTES REVIEWED 121 CARE RECEIVED	No	Staffing levels		
	IN LABOUR IN ALL CASES	IN LABOUR IN ALL CASES	ALL NOTES REVIEWED 121 CARE RECEIVED	ALL NOTES REVIEWED 121 CARE RECEIVED		
			IN LABOUR IN ALL CASES	IN LABOUR IN ALL CASES		



Supernumerary status of the co-ordinator and 1:1 care in labour deep dive - Ipswich



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Detail for loss of SN status report

JUNE	JULY	August	September	October	November
100% 121 CARE RECEIVED	100% 121 CARE RECEIVED	100% 121 CARE RECEIVED	100% 121 CARE RECEIVED	100 % 121 CARE RECEIVED	100% 121 care in labour

	Taking calls from Triage phone line, Triage midwife required to provide 1:1			Admitting a lady in early labour, cannulation (not requiring 1:1 as not in active labour commencing care waiting for a midwife to relieve	Taking triage calls
				Taking calls from Triage	

To ensure full compliance, Datix and BR+ have been reviewed on both sites for the period of 1-7th December 2023, there were 0 reported incidents of loss of SN status and 100% compliance with 1:1 care in labour.

Audit data for May were included as part of the previous workforce paper presented to Board in July 2023 but conclusions are drawn from all data.



One to One care in Labour

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 Efficiency of Care audits, which are undertaken monthly on the Ipswich site have demonstrated no episodes where 1:1 care was not delivered.

For the Colchester site, due to the different Maternity Information System used (Medway), can run a report to review if 1:1 care has been maintained at all times.

In May 2023, there were 3 episodes where Medway recorded 1:1 care was not given which gave a position of 99.6% compliance. When developing an action plan, it became clear that this was a reporting error which was immediately rectified. On Medway reports since this time Colchester have maintained 100% compliance with this standard which negated the need for an action plan to be developed.

We are therefore compliant with this standard.

To ensure full compliance up to the end of the reporting period following the deep dive, Essence of Care audit data and Medway have been reviewed (on both sites) for the period of 1-7th December 2023, 100% compliance with 1:1 care in labour was maintained for this time period.



Conclusions

- The Trust has a funded establishment that exceeds the requirements of our recent BR+ review
- Following a full audit of incident reports and BR+ acuity red flag events, we have found that there have been no instances where supernumerary status of the coordinator has been lost within the reporting period for MIS year 5 (31st May – 7th December 2023)
- 1:1 care in labour for the same reporting period has been evidenced as 100% on Ipswich site. On the Colchester site it has been 100% since June 2023. It was 99.6% in May 2023 but on review to develop an action plan, this was due to reporting errors. This was rectified and Colchester have been at 100% since June 2023 consistently.



Next steps



Action	Source	Target Date
Review of head room (uplift) should be undertaken to form part of the service business planning for next year.	CNST Safety Action 8	March 2024
Ensure continued development of the senior midwifery leadership structure and specialist midwifery roles to ensure equity across the organisation and support better cross site working. We anticipate having the new leadership structure in place by April 2024, although recruitment to some of these roles may take longer the structure should be in place.	EBED	April 2024
Continued focus on recruitment and also retention to ensure turnover and vacancy rates remain low. Divisional decision taken to over recruit to ensure all students trained within ESNEFT had a job at the end of their training for 2023/2024.	Maternity Single Delivery Plan (monitored through EBED)	September 2024
Ensure a red flag report for Birthrate+ Acuity is taken through Mat Neo Safety Champion meeting on a bi-monthly basis to monitor any staffing red flags and action. This will commence in January 2024	Mat Neo Safety Champion Forum	January 2024

