

## Quality and Patient Safety Committee December 2023

<b>Report Title:</b>	<b>Maternity Workforce Report</b>
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<b>Report author(s):</b>	Amanda Price-Davey, Director of Midwifery
<b>Previously considered by:</b>	

**Approval**
                 
  **Discussion**
                 
  **Information**
                 
  **Assurance**

### Executive summary

The purpose of this report 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 services.

The required standard;

- A. A systematic, evidence-based process to calculate midwifery staffing establishment is completed and that funded establishments reflect those calculated
- B. 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
- C. All women receive 1:1 care in labour
- D. 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.

Evidence of meeting these standards is detailed below;

#### Part A

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 Concerns around changes in leadership, the accuracy of the data used (as quite out of date) and also distribution of staffing suggested across both sites were raised as part of this report to Board.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

The recent reports suggests a midwifery workforce totalling just under 300 WTE

	<b>Ipswich</b>	<b>Colchester</b>	<b>Total wte</b>
Total Clinical, Specialist and Management wte	141.40	158.37wte	299.77wte

*Total Clinical, Specialist and Management wte Table 10*

The recommended skill mix requirements for the larger maternity units, such as ESNEFT, is 90/10 within clinical staffing. This equates to **273 WTE RMs and 26.76 WTE Support Staff** delivering postnatal care.

Current funded establishment for **RMs 275.9 WTE**, and **band 3 MSWs is 26.4 WTE**  
**This demonstrates our funded establishment meets the requirements of BR+ with appropriate skill mixing**

#### **Part B**

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.

Audit data has demonstrated that in each instance the NHSR criteria for loss of SN status was not met.

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 1-7<sup>th</sup> December 2023, there were 0 reported incidents of loss of SN status

**We are therefore compliant with this standard**

#### **Part C**

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.

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 1-7<sup>th</sup> December 2023, 100% compliance with 1:1 care in labour was maintained for this time period.

**We are therefore compliant with this standard.**

#### **Part D**

Following on from the staffing paper that was submitted to Trust Board in December 2022, a further report was prepared and taken through Quality and Patient Safety and to Trust Board in July 2023 by the Director of Midwifery. This paper completes this process for 2023 and is the second paper to be presented (ensuring that they are brought 6 monthly)

**We are therefore compliant with this standard.**

#### **For noting**

- This 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 as evidenced in file 0.6
- 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.

**Action requested of the Committee**

The Committee is requested to approve the Midwifery workforce paper as evidence of compliance with Safety Action 5 of the Maternity Incentive Scheme as part of CNST and to note the plans for future workforce development.

Link to Strategic Objectives (SO)		Pleas e tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>

<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>	<p>If the Trust is unable to meet the requirements of the Maternity incentive Scheme then there is the potential that pregnant people and their babies will be placed at increased risk of poor outcomes and experience and an associated impact on staff morale and retention within the Trust.</p> <p>If the Trust does not meet the CNST required standards then it will have a significant impact on the Trust financially where the CNST contribution will not be refunded to the Trust. This equates to over £1m</p> <p>There is a risk to the Trusts reputation if it were not to meet the required standards again this year.</p>
<b>Trust Risk Appetite</b>	Compliance/Regulatory: The Board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them.
<b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	If ESNEFT is unable to meet the requirements of the MIS then there is an increased risk of breaches to the Fundamental Standards and associated Regulations as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.
<b>Financial Implications</b>	As well as the risk detailed above, if ESNEFT does not have effective process in place for regulatory requirements then it may not make best use of its resources; failure to deliver improvements in maternity and neonatal services may lead to an increased exposure to potential litigation costs and regulatory sanctions.

<b>Equality and Diversity</b>	The report recognises that there are particular protected characteristics which are at a greater risk of maternal and neonatal complications
<b>1. EVIDENCE submitted to demonstrate full compliance</b>	
<b>0.1</b>	<b>QPS Maternity report June 2023</b>
<b>0.2</b>	<b>ESNEFT Midwifery Workforce Paper June 2023</b>
<b>0.3</b>	<b>QPS Committee minutes 210623 v3</b>
<b>0.4</b>	<b>Minutes of Board in Public 060723 v2</b>
<b>0.5</b>	<b>ESNEFT Midwifery Workforce Paper December 2023 v4</b>
<b>0.6</b>	<b>LMNS Maternity Workforce Action Plan 161123</b>
<b>0.7</b>	<b>Minutes of QPS Dec 2023</b>
<b>0.8</b>	<b>Minutes of January 2024 Trust Board</b>
<b>0.9</b>	<b>Minutes of LMNS strategic group January 2024</b>