



East Suffolk and
North Essex
NHS Foundation Trust

Midwifery Workforce Review

June 2024



Purpose of Report



**East Suffolk and
North Essex**
NHS Foundation Trust

The purpose of this report to Board is inform Trust Board of current workforce plans that have been developed and update on progress against this workforce plan

The report also aims 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 6th year, requires that Trusts evidence they have adequate midwifery workforce planning in place and is reviewed on a 6 monthly basis.

Required standard

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) A systematic, evidence-based process to calculate midwifery staffing establishment has been completed within the last three years.
- b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated as above.
- c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.
- d) All women in active labour receive one-to-one midwifery care.
- e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Trust Board every six months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period. This report will form the first of these for MIS year 6



Birthrate Plus® Baseline Staffing requirements



East Suffolk and
North Essex
NHS Foundation Trust

Birth rate plus report approved November 23

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



Internal Acuity Review

A full review of the acuity was undertaken, led by the DMT and supported by clinical teams, Finance and HR BPs, to ensure it drew the same conclusions as the BR plus report. Benchmarking with other similar size units was also factored into the outcomes

Ipswich		
Area	Band	WTE
Deben	Band 7	6.24
	Band 6	27.15
	Band 3	5.39
Triage	Band 7	5.74
	Band 6	13.42
Orwell	Band 7	1.0
	Band 6	11.73
	Band 5	5.24
	Band 4	2.62 (TC)
	Band 3	12.42
Nova	Band 6	5.39
	Band 3	5.39
Brook	Band 6	5.39
	Band 3	5.39
Community/outpatient		
ANC/DAU	Band 7	1.0
	Band 6	3.75
	Band 3	5.3
Community Teams	Band 7	4.0
	Band 6	28.02
	Band 3	4.0
Total	RM s	112.83
	RN s	5.24
	TC	2.62
	MSW s	37.89

Colchester		
Area	Band	WTE
CDS	Band 7	6.24
	Band 6	33.52
	Band 3	10.8
Triage	Band 7	5.74
	Band 6	10.95
Lexden	Band 7	1.0
	Band 6	21.63
	Band 5	0.94
	Band 4	2.62
	Band 3	10.88
Juno	Band 6	10.8
Community/outpatient		
ANC/DAU	Band 7	1.0
	Band 6	3.75
	Band 3	5.3
Community	Band 7	4.0
	Band 6	28.71
	Band 3	8.45
Totals	RM s	127.34
	RN s	0.94
	TC	2.62
	MSW s	35.43

Internal Acuity Review



**East Suffolk and
North Essex**
NHS Foundation Trust

Director of Midwifery 9	1.0
Deputy Director of Midwifery 8d	1.0
Lead Midwife 8b	4.0
Lead Midwife 8a	5.0
Total	11.0

Total Specialist	ESNEFT WTE (split equally between both sites)
Registered Midwives B7	20.8
Registered Midwives B6	5.8
Band 4 Clinical	2.0
Band 4 clerical	2.8
Band 3 MSW	6.4

Totals	ESNEFT WTE
Registered Midwives	277.57
Registered Nurses	6.18
Band 4 Clinical	7.24
Band 4 clerical	2.8
Band 3 MSW	77.72

With some minor adjustments to skill mix and a review of the enhancements allocated, the division have managed to reallocated resource in a sustainable and efficient way. Ensuring that our highest risk areas have increased resource appropriately.



Summary of Results



**East Suffolk and
North Essex**
NHS Foundation Trust

There have been no changes to the current funded establishment since the last report to Board, however following an internal acuity review with some changes to skill mixing and enhancement allocation being brought up to date, there have been some changes to the skill mix split and allocation of resource with the service.

The recommended skill mix requirements for the larger maternity units 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 **273.82** WTE, RNs **6.18** WTE and MSWs **77.72** WTE

This demonstrates our funded establishment exceeds the requirements of BR+ with appropriate skill mixing

Workforce	Substantive Budget	Contracted	Vacancy	Bank Budget	Bank	Over Budget	Maternity	Maternity Adjustment	Sickness	Sickness above 3.5%	Agency	Agency Adjustment
Registered nursing, midwifery and health visiting staff	81.89	75.53	6.36	2.41	27.72	18.95	2.93	16.02	11.66	8.79		16.02
Support to nursing staff	103.87	110.89	-7.02	1.44	11.49	17.07	3.49	13.58	4.91	1.28		13.58
Midwife	273.82	285.69	-11.87			11.87	13.68					-1.81

Supernumerary Status of the co-ordinator



**East Suffolk and
North Essex**
NHS Foundation Trust

Changes to the MIS for year 6 have been reflected of the challenges that have been seen across the country in relation to staffing. NHS Resolution requirements are that there that the midwifery coordinator in charge of labour ward must have supernumerary status; (defined as

having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.

The staffing escalation plan has been fully reviewed in May/June 2024 and includes all of the requirements detailed for MIS year 6. Following the internal acuity review, the division have also included a second band 7 within the template establishment (bleep holder) for each shift. This role will be able to substitute for the coordinator when they are not available at the staff of a shift due to unforeseen circumstances. We also have a Manager on call within the escalation policy who could step in as a safety net.

We therefore continue to be compliant with this standard.



One to One care in Labour



**East Suffolk and
North Essex**
NHS Foundation Trust

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), the division has reviewed a report to review if 1:1 care has been maintained at all times.

We have detailed evidence from these sources that we are compliant with this standard.



Maternity Staffing Red flag report



**East Suffolk and
North Essex**
NHS Foundation Trust

Over view

During March we had 47 red flag events on the birth rate plus and 27 on Datix

RED flags Were due to delays in IOL or Delays in the process of commencing IOL

We have commence a Flow audit and a IOL audit to Deep dive into themes we also have a IOL Working group to enable us to Aline process across site , staffing and capacity.

Red Flag reports commenced in March 2024 - audit data for Q1 April to June is due to Mat Neo Safety Champion meeting in July

Red Flag Incidents

A Red flag incident in maternity is an alert that the staffing may not be appropriate for the level of need. These might be due to reduced staffing to template or raised acuity or a mixture of both.

Red Flags – BR+ Acuity Tool

- 38 Red Flags due to Delay in time critical activity.
- 19 Delays in admission for IOL

Red Flags - Datix

- 27 Red Flag
- 15 Were Due To Staffing
- 10 Due To Delays In Iol
- 2 Divert

Maternity Staffing



**East Suffolk and
North Essex**
NHS Foundation Trust

Themes, appeared to consistently be in relation to;

Staffing shortage or inappropriate skill mix, which has led to delay in admission for IOL and commencing procedures

Or unit capacity.

As a result we have;

started an IOL working group to look at all aspects of the procedure to improve patient experience, manage expectations better and improve outcomes.

We have commenced a Flow audit from delivery suite to deep dive into the reason for delay to ward or discharge home

Co coordinator's supernumerary status continues to be reviewed and audited monthly to monitor

Staffing is currently affected by below template cover due to high levels of maternity leave and sickness which are monitored and managed daily by the Matron team.

Our HR Business partner has also commenced a deep dive review into reviewing all sickness absence to see how we can better support our teams to reduce these sickness levels.

Regular review of Red Flags continue, appropriately escalated, investigated and actions completed.

Robust escalation plans in place – review of continued effectiveness is part of our next steps.

Conclusions



**East Suffolk and
North Essex**
NHS Foundation Trust

- ❖ The Trust has a funded establishment that meets 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 non compliant for MIS year 6 to date.
- ❖ 1:1 care in labour for the same reporting period has been evidenced as 100% on both sites.
- ❖ Red Flag reports have commenced and are being reported regularly

Workforce Action Plan

Issues and opportunities	Action to Address Issue	Timeframe	Action Owner	Rag
Workforce Strategy	This requires a review and refresh in line with the changing workforce challenges	December 2024	DDoM/ Education lead	Green
Development of our support staff in maternity services	We will be applying for funding from NHSE to undertake a review of our support worker team to ensure we align our workforce to the refreshed Maternity Support Worker National Framework.	March 2025	DoM	Green
Ensure leadership structure is effective and sustainable	Development of the senior midwifery leadership structure has now been agreed 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	extended to august 2024	DMT	Yellow
Oversight of staffing across the service	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	March 2024	DoM	Blue

Workforce Action Plan

Issues and opportunities	Action to Address Issue	Timeframe	Action Owner	Rag
Recruitment and Retention	One FTE post funded on each site from NHSE to support R&R until March 25 Retention Midwives cross site have relaunched Retention Café Drop ins in Ward areas to promote discussion regarding 2023 Staff Survey themes of concern highlighted such as Work/Life Balance, Flexible Working and Health and Wellbeing – these are commencing from Friday 21 st June and will run on a monthly basis cross site in Ipswich and Colchester, with the Retention Midwife, HR Retention Partner and HRBP present at them	Complete	DMT	
	Consultation has identified new leadership structure to support development of career pathways	August 24	DMT	
	Once new leadership structure in place, next priority is to development Midwifery Workforce plan	October 24	DDoM	
Rostering requires adjustment to ensure appropriate oversight of each budget	Budget owners to be identified following conclusion of consultation process	August 24	DMT	
	Rosters adjusted to align with budget holder and areas of responsibility to ensure greater grip and control at BH level	August 24	DMT	
	Acuity review to ensure templates are accurate	May 24	DOM/FBP	
	Adjust rosters to reflect agreed templates following acuity review	July 24	DoM/FBP	
Midwifery staff not all in appropriate roster	Align staff to appropriate roster and allocated job role (<i>this may take some time to try and avoid further consultation and undertake through natural attrition</i>)	Dec 24	DMT	
Utilisation of rostering functionality	Additional training to be put in place for matron and deputy HoM team	August 24	HRBP	
	Check and Challenge meetings put in place to sign off rosters and ensure KPIs are met	August 24	DoM	
High levels of sickness driving bank spend	Deep dive into factors driving sickness levels	July 24	HRBP	
	Once identified develop plan to address	August 24	HRBP	
Study Leave	61 hours of study leave has been identified for all midwives to complete to ensure compliance with Core Competency Framework v2 (to meet CNST requirements)	Working with CDSG to develop plan	DMT	