


**Board of Directors' Meeting**  
**14 July 2022**

|   |   |   |                               |   |
|---|---|---|-------------------------------|---|
| <b>Agenda item</b>                        | 137/22 (a)  |   |                               |   |
| <b>Report</b>                             | Maternity Safe Staffing for Quarter 4 of 2021/22  |   |                               |   |
| <b>Executive Lead</b>                     | Hayley Flavell, Director of Nursing   |   |                               |   |
|   | <b>Link to strategic pillar:</b>  |   | <b>Link to CQC domain:</b>    |   |
|   | Our patients and community  | √ | Safe                          | √ |
|   | Our people  | √ | Effective                     | √ |
|   | Our service delivery  | √ | Caring                        | √ |
|   | Our partners  |   | Responsive                    | √ |
|   | Our governance  | √ | Well Led                      | √ |
|   | <b>Report recommendations:</b>  |   | <b>Link to BAF / risk:</b>    |   |
|   | For assurance   | √ | BAF204                        |   |
|   | For decision / approval   |   | <b>Link to risk register:</b> |   |
|   | For review / discussion   |   |                               |   |
|   | For noting  |   |                               |   |
|   | For information   |   |                               |   |
|   | For consent   |   |                               |   |
| <b>Presented to:</b>                      | Women's & Children's Divisional Committee   |   |                               |   |
| <b>Dependent upon</b><br>(if applicable): |   |   |                               |   |
| <b>Executive summary:</b>                 | <p>This is the first quarterly report of the new Director of Midwifery which reviews safe staffing levels for Maternity Services. The aim of this report is to provide assurance of an effective system of workforce planning.</p> <p>The report provides assurance of the following:</p> <ul style="list-style-type: none"> <li>a) A systematic, evidence-based process to calculate midwifery staffing establishments is complete</li> <li>b) The midwifery coordinator in charge of delivery suite has supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of support for all midwives within the service</li> <li>c) All women in active labour receive one to one midwifery care</li> <li>d) A quarterly midwifery staffing oversight report that covers the staffing/safety issues is submitted to the Board</li> </ul> <p>The evidence described in this paper provides assurance that SaTH has an effective system of midwifery workforce planning and monitoring of safe staffing levels with the appropriate escalation plans in place.</p> |   |                               |   |
| <b>Appendices</b>                         | Appendix 1- Maternity red flag events, NICE (2015)*<br>Appendix 2 – Quality Impact Assessment & Overlying SBAR*<br>Appendix 3 – Ockenden Final Report Letter* <i>*In Supplementary Information Pack</i>   |   |                               |   |
| <b>Lead Executive:</b>                    |    |   |                               |   |

# Midwifery Staffing Report

## 1.0 Purpose

The aim of this report is to provide assurance to the Trust Board that there is an effective system of midwifery workforce planning and monitoring of safe staffing levels during January to March 2022. This is a requirement of the NHSLA Maternity Incentive Scheme for safety action 5 (NHSLA, 2021).

The report also provides an accurate account of the current workforce status and includes an update from recommendations within the paper presented in February 2022. In addition, gaps within the clinical midwifery workforce are highlighted with mitigation in place to manage this. A clear breakdown of BirthRate Plus or equivalent calculations to demonstrate how the required establishment has been calculated is also included.

## 2.0 Background

The NHSLA Maternity Incentive Scheme requires that the SaTH demonstrates an effective system of midwifery workforce planning to the required standard using the following standards prescribed within safety action 5 of the MIS:

|   |   |
|---|---|
| a | A systematic, evidence-based process to calculate midwifery staffing establishments is complete   |
| b | The midwifery coordinator in charge of delivery suite has supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of support for all midwives within the service. |
| c | All women in active labour receive one to one midwifery care  |
| d | A quarterly midwifery staffing oversight report that covers the staffing/safety issues is submitted to the Board  |

The activity within maternity services is dynamic and can change rapidly. It is therefore essential that there is adequate staffing in all areas to provide safe, high-quality care by staff who have the requisite skills and knowledge. Regular and ongoing monitoring of the activity and staffing is vital to identify trends and causes for concern, which must be supported by a robust policy for escalation in times of high demand or low staffing numbers.

BirthRate Plus provides an evidence-based methodology for calculating midwifery staffing requirements based on the case mix for women and babies accessing the service. This staffing report will focus on the recommendations of the BirthRate Plus Report (2021) and how safer staffing is facilitated by adoption of the recommendations, as outlined in the previous staffing paper presented in February 2022.

NICE (2015) published guidance on safer midwifery staffing and identifies red flags where further action is required to ensure safety of women and babies. This maternity staffing report will highlight frequency of maternity safer staffing red flags and the reasons for the red flags.

### 3.0 Current position

Following the systematic, evidenced based process of the BirthRate Plus tool which was undertaken in 2020 and published in 2021, the required clinical workforce was recommended as 200.55wte which, upon the introduction of the Band 3 Maternity Support Worker (MSW) role using a 90/10 split, would be made up of 180.55 clinical midwives, and 20.05 MSW's.

Table 1 presents the current workforce position of both clinical and non-clinical midwives, MSW's, and includes the required number of additional midwives needed to reopen Wrekin MLU on a full-time basis.

Table 1

|                               | Establishment* | In post | Vacancy  |
|-------------------------------|----------------|---------|----------|
| Midwives Bands 5-7            | 180.55         | 176.01  | 4.54     |
| MSW's Band 3                  | 20.05          | 11.6    | 8.45     |
| Specialist Midwives Bands 6-8 | 22.06          | 30.22   | +8.16**  |
| To reopen Wrekin MLU          | 4.84           | 0       | 4.84     |
| Total                         | 227.5          | 216.83  | 17.83*** |

\* Based upon an establishment which is exclusive of MCoC

\*\* Includes fixed term secondments to support the Maternity Transformation Programme

\*\*\* Excluding specialist midwife posts

Table 2 presents the same data within columns 2&3 of table 1, however also includes an update on positions that have been recruited to but are not yet in post. The vacancy position within column 5 of table 2 is an over recruitment to compensate for attrition rates and unavailability.

Table 2

|   | Establishment* | In post | Recruited to but not in post   | Vacancy  |
|---|----------------|---------|--|----------|
| Midwives<br>Bands 5-7                   | 180.55         | 176.01  | B6 = 2.0<br>B5 = 25.8<br>RTP B5 = 0.8<br>2 trainee MW sonographer 1.6*** | +24.06** |
| MSW's<br>Band 3                         | 20.05          | 11.6    | 1.6  | -6.8     |
| Specialist<br>Midwives<br>Bands 6-8**** | 22.06          | 30.22   | 2.0  | 0        |
| To reopen<br>Wrekin MLU                 | 4.84           | 0       | 0  | -4.84    |
| Total                                   | 227.5          | 216.83  | 32.2   | +21.53   |

\* Based upon an establishment which is exclusive of MCoC

\*\*Over recruitment to compensate for attrition rates and cover unavailability; majority of the workforce available from Autumn 2022

\*\*\*Not included in vacancy position as establishment excludes midwife sonographers

\*\*\*\*All specialist midwives (including managers) in Bands 6-8 have an element of clinical to their role, using either a 50:50, 60:40 or 80:20 split

### 3.1. Unavailability

In addition to the current vacancy position, the speciality is also dealing with a significant unavailability rate which is made up of the following:

Table 3

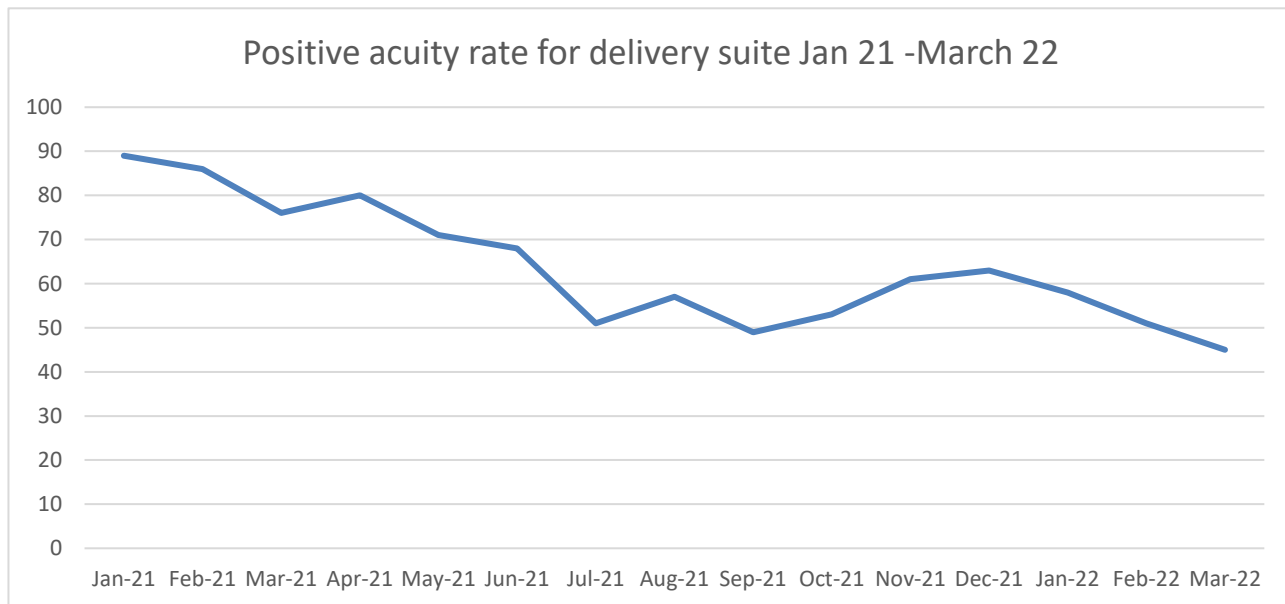
|                             |          |
|-----------------------------|----------|
| Maternity leave             | 14.92wte |
| Long term sickness absence* | 14.5wte  |
| Total                       | 29.42wte |

\*including covid absence

As a service, Maternity has a higher-than-average number of staff on maternity leave, year on year. These posts are usually advertised as temporary positions to enable backfill, however they have historically been difficult to recruit into due to them not being substantial. Given that the service can evidence such a high attrition rate for maternity leave, the decision has been made as part of our workforce plan to convert a portion of the temporary vacancies into permanent positions, resulting in an additional 10wte substantial posts.

### 3.2. Acuity Data

Graph 1



As can be seen in the graph above, there has been a decline in safe staffing for delivery suite over the last 14 months which is largely due to the transitional phase of introducing the 90/10 skill mix into the clinical workforce and our current vacancy position. This is in addition to unavailability of clinical midwives due to long term sickness and planned maternity leave (table 3). These clinical pressures are being felt operationally daily and are causing challenges in opening the alongside MLU at Wrekin. This is being managed by the escalation policy and twice daily management huddles to ensure services are safely maintained and the MLU is opened when acuity and staffing allows.

Table 4

| Month         | Number of red flags | 1 to 1 care not met | Coordinator not supernumerary | Positive (green) acuity % | acuity red % | Acuity amber% | Acuity compliance rate |
|---------------|---------------------|---------------------|-------------------------------|---------------------------|--------------|---------------|------------------------|
| January 2022  | 51                  | 0                   | 5                             | 58%                       | 10%          | 32%           | 88.71%                 |
| February 2022 | 109                 | 4                   | 11                            | 51%                       | 14.37%       | 34.63%        | 91.07%                 |
| March 2022    | 108                 | 0                   | 10                            | 45%                       | 15.0%        | 40.0%         | 89.25%                 |

The above table evidences the red flag data, in addition to a breakdown of the acuity data for Q4 2021/22. Assurance can be gained from the compliance rate as it is above 85% as agreed by the regions Directors of Midwifery.

#### 4.0 Mitigation

In order to support the workforce during this time of high unavailability and vacancy rates, the following measures have been introduced:

- All specialist midwives have been job planned to work clinically using either a 50:50, 60:40 or 80:20 split which has enabled an additional 4.6wte clinical availability on a weekly basis. This was supernumerary initially however moving forward will be factored into the health roster system and staff counted in the numbers to support safe staffing figures
- Introduction of a 7-day manager of the day rota for maternity services to ensure management support is available to the teams at weekends. This is in addition to the current on-call system as this system is staffed using specialities outside of maternity, i.e., gynaecology, paediatrics, and neonates
- Bank shifts incentivised to 150% for midwives to encourage pick up
- Quality Impact Assessment undertaken to review and suspend Midwifery Continuity of Carer as prescribed within the final Ockenden report (2022) – see appendix 2
- Mobilisation of 4.4wte MCoC midwives into the inpatient workforce to support (with the remaining members of the team
- Representatives of SaTH have joined both Regional and National workforce webinars to ensure the most up to date measures are being undertaken to support staff back to work
- Extension of the HEE funded B7 retention midwife as a commitment to supporting midwives in practice
- Commitment to the Regional campaign of International Midwife recruitment with SaTH committing to supporting 10wte – this commitment also enables the speciality to add diversity to our current workforce

## 5.0 Midwifery Continuity of Carer

Table 5

|                   | Required establishment for 51% MCoC | In Post Currently |
|-------------------|-------------------------------------|-------------------|
| Clinical Midwives | 184.97                              | 176.01            |
| MSW's             | 20.55                               | 11.6              |
| Specialists       | 22.61                               | 30.22             |
| Wrekin MLU        | 7.09                                | 0                 |
| Totals            | = 235.22wte                         | = 217.83          |

It is recognised that the midwifery establishment increases when moving towards the implementation of MCoC as additional staff are required to deliver this model of care. For the purposes of this paper, the establishment has been presented exclusive of MCoC in view of the current pause in rollout following the final Ockenden report (2022) (Appendix 3). However, it is worth noting that the requirement for rollout is still present and will need to be factored into the funded establishment and workforce recruitment campaign therefore the above table (table 5) presents the establishment required to move towards a trajectory of 51% MCoC.

That current BirthRate Plus report should be read with caution as it is only inclusive of the staffing trajectory to achieve a target of 51% and therefore may increase when building in 100% MCoC. Additionally, the report is using data from 2019 despite being published in 2021 therefore it could be argued that it is already out of date. In view of this, there are plans to repeat BirthRate Plus at the earliest opportunity, with a likely start date of June 2022.

## 6.0 Conclusion

Midwifery staffing is complex; acuity can often change rapidly based on individual care needs and complexities of cases and maintaining safe staffing levels has become more complex recently due to national pandemic challenges and staff isolation, and increased pressures on the workforce as a result of the Ockenden Report and other National Maternity reviews.

A full BR+ report (2021) was commissioned and findings shared with Trust Board via an earlier staffing paper in September 2021. A further BR+ report is scheduled to begin in June 2022 which will look at acuity data from April - June 2022 – these months were specifically selected as the service was solely using Badgernet for its maternity health records system and therefore data reliability increases.

It is anticipated that there will be improved acuity levels in all areas across the service due to the control measures introduced and in turn numbers of red flags generated will be reduced (the data for April and May 2022 shows a positive increase which is in-keeping with the control measures introduced during that month).

Finally, this paper highlights additional scrutiny and monitoring that has been applied to ensure all aspects of safe staffing have been triangulated to provide further assurance. With a clear and robust escalation policy in place and twice daily oversight of the maternity unit's acuity verses staffing being monitored, early interventions can be taken to maintain safety and activate deployment of staff to ensure care needs are maintained and safety remains the priority for the service.

The report highlights that despite a challenging year, the service now has improved oversight of staffing vacancies and oversight of safety metrics with a clear plan in place to address these. It also has a clear workforce plan that utilises a more diverse skill mix, which will enhance care provision and strengthen the clinical workforce.

## **7.0 Actions Required of the Board of Directors**

The Board of Directors is requested to

- Receive this report
- Decide if any further actions and/or information are required