

Mid & South Essex Midwifery Birthrate Plus Report

1.0 Background

For maternity services we rely on Birthrate Plus® (BR+) which is a framework for workforce planning and strategic decision-making and has been in use in UK maternity units for a significant number of years to support safe staffing levels in our maternity units.

It 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 is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives (RCM) and Royal College of Gynaecologists (RCOG).

The RCM strongly recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, as BR+ is the only recognised national tool for calculating midwifery staffing levels. Birth outcomes are not influenced by staff numbers alone. Nevertheless, a recognised and well-used tool like BR+ is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour.

It is sensitive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services. All maternity units and services must be able to assess its staffing needs using a tried and tested system of workforce planning. BR+ has been used to calculate staffing requirements in all three units:

2.0 Activity Data

Hospital	Total Births	Inductions	Triage/Assessment
Mid Essex Hospital	4476	1250 (30%)	16,400
Southend University Hospital	3695	1300 (35%)	N/A
Basildon University Hospital	4585	2416 (53%)	N/A
Mid and South Essex Group	12756	4966 (39%)	

The method works out the clinical establishment based on agreed standards of care and specialist needs and also includes the non-clinical midwifery roles essential to manage maternity services. Skill mix adjustment of the clinical staffing between midwives and competent & qualified support staff have been applied.

Additional factors considered affecting Maternity Services which are included within the Birthrate Plus® Study are: The Governance agenda, which includes evidence-based guidelines, on-going monitoring and audit of clinical practices and clinical training programmes, as they have an impact upon the required midwifery input; and other key health policies. Birthrate Plus® allows for inclusion of the requisite resources to undertake such activities.

The NICE guideline on Antenatal Care recommends that all women are 'booked' by 10 weeks' gestation, consequently more women are meeting their midwife earlier than in previous years. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal.

3.0 Summary of Workforce Planning Results

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of 21% for annual, sick & study leave allowance and 15% for travel in community. Non-clinical midwifery roles are included.

3.1 MEHT

The overall clinical establishment for total number of births is summarised as follows:

• Broomfield Hospital	118.24 WTE
• Chelmsford Community	19.00 WTE
• WJC Birth Centre & Braintree Community	17.41 WTE
• St Peters Birth Centre & Maldon Community	17.15 WTE
Total clinical Hospital & Community	171.80 WTE
Additional non-clinical Midwifery roles @ 9%	15.46 WTE

Total Births 2017/18 were **4,476** of which:

3,301: Delivery Suite & Obstetric Theatre Broomfield Hospital
 722: Midwife Led Birth Centre
 259: WJC Birth Centre in Braintree
 149: St. Peters Hospital Maldon
 45: Home or BBAs in community

COMPARISON OF BR+ WTE WITH CURRENT FUNDED WTE (21% UPLIFT)

MID ESSEX NHS TRUST		13/03/2019		
	RMs	MSWs	Bands 3 - 7	
Current Total Clinical	142.39	21.26	168.85	
Contribution from Specialist MWs	5.20			
Total Current Funded	147.59	21.26	168.85	
BR+ Clinical wte			171.66	
Skill Mix Adjustment (88/12)	151.06	20.60		
Variance +/-	-3.47	0.66		
TOTAL CLINICAL VARIANCE		-2.81		
	BR+	Current	Variance	
NON CLINICAL (9%)	15.45	9.25	-6.20	
			-9.67	

The above table indicates there is a shortfall of **3.47 WTE** Registered Midwives for clinical care and the postnatal support staff total is adequate.

In addition, the non-clinical midwifery establishment is **6.20 WTE** less than calculated using 9% as is generally acceptable.

4.0 Summary of Workforce Planning Results for SUHFT

The overall clinical establishment for total number of births is summarised as follows:

Hospital Services	112.86.WTE
Community Services	41.10 WTE
Total clinical Hospital & Community	153.96 WTE
Additional non-clinical Midwifery @ 9%	3.86 WTE

Total Births 2017/18 were **3,695** of which:
 2824: Delivery Suite and Obstetric Theatre
 700: The Birth Centre
 171: Home or BBAs in community

COMPARISON OF BR+ WTE WITH CURRENT FUNDED WTE (20%Uplift)

Southend University Hospital 13.04.2019			
	RMs	MSWs	Bands 3 - 7
Current Total Clinical	122.31	14.77	140.38
Contribution from Specialist MWs	3.30		
Total Current Funded	125.61	14.77	140.38
BR+ Clinical wte			153.96
Skill Mix Adjustment (90/10)	138.56	15.40	
Variance +/-	-12.95	-0.63	
TOTAL CLINICAL VARIANCE		-13.58	
	BR+	Current	Variance
NON CLINICAL @ 9%	13.86	13.98	0.12
			-12.83

The above table indicates there is a shortfall of **12.95 WTE** Registered Midwives for clinical care, however the postnatal support staff total is adequate.

In addition, the non-clinical midwifery establishment is 13.98 WTE slightly more than calculated using 9% as is generally acceptable.

5.0 Summary of Workforce Planning Results for BTUH

The overall clinical establishment for total number of births is summarised as follows:

Basildon & Thurrock University Hospital	142.59 WTE
Community	49.21 WTE
Total clinical Hospital & Community	191.80 WTE
Additional non-clinical Midwifery roles @ 9%	17.26 WTE

Total Births are **4,585** of which:

3,317: Delivery Suite and in Obstetric Theatres
 1160: Willow Birth Centre
 108: Home or BBAs in community

COMPARISON OF BR+ WTE WITH CURRENT FUNDED WTE (22% Uplift)

BASILDON AND THURROCK UNIVERSITY HOSPITALS		18/03/2019		
	RMs	MSWs	Bands 3 - 7	
Current Total Clinical	157.21	8.29	166.30	
Contribution from Specialist MWs	0.80			
Total Current Funded	158.01	8.29	166.30	
BR+ Clinical wte			191.80	
Skill Mix Adjustment (90/10)	172.62	19.18		
Variance +/-	-14.61	-10.89		
TOTAL CLINICAL VARIANCE		-25.50		
	BR+	Current	Variance	
NON CLINICAL (9%)	17.26	10.22	-7.04	
			-32.54	

The above table indicates there is a shortfall of **14.61 WTE** Registered Midwives for clinical care and 10.98 WTE Midwifery Support Workers postnatal support staff total which is significantly less than BR+ recommendation.

In addition, the non-clinical midwifery establishment is 10.22 WTE less than recommended using 9% as is generally accepted.

6.0 Overall Actual WTE v's Birthrate Plus Recommended Establishment

Hospital	Skill	Actual WTE	Birthrate Plus®	Variance
Mid Essex Hospital	Clinical	168.85	171.66	-2.81
	Non-Clinical	9.25	15.45	-6.20
Southend University Hospital	Clinical	140.38	153.96	-13.58
	Non-Clinical	13.98	13.86	0.12
Basildon University Hospital	Clinical	166.3	191.8	-25.50
	Non-Clinical	10.22	17.26	-7.04
Mid and South Essex Group	Clinical	475.53	517.42	-41.89 (8%)
	Non-Clinical	33.45	46.57	-13.12 (28%)

The framework is based upon an understanding of the total midwifery time required to care for women.

It is sensitive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services, etc.

Most maternity units work with a minimum of 90% Registered Midwife (RM):10% Maternity Support Worker (MSW), although this is a local decision by the Senior Midwifery Team, supported by the Board. To have a skill mix adjustment greater than 85/15% would not ensure that midwives are available to cover peak activity on the delivery suite. The skill mix detail in each unit is detailed below:

6.1 Skill Mix Ratio

Hospital	RM: MSW
Mid Essex Hospital	88:12
Southend University Hospital	89:11
Basildon University Hospital	95:05

As well considering case mix BR+ takes all variants into account to support it to determine the appropriate staffing levels required to provide safe maternity care. Of the 54 maternity units in England who have undertaken a BR+ assessment from 2015 to 2017, the average % of women in Categories IV & V is 56% ranging from 41% to 69%.

6.2 Mid & South Essex Case Mix

Hospital	Cat I & II	Cat III	Cat IV & V
Mid Essex Hospital	22.3%	13.7%	64.0%
Southend University Hospital	24.2%	12.2%	63.6%
Basildon University Hospital	26.5%	15.5%	58.0%

7.0 Conclusion

- In conclusion, the nationally recognised and recommended framework, Birthrate Plus tool, has been used consistently across the group to confirm the current funded establishment and the detailed findings and recommendations have been presented locally, at the appropriate site forums.
- The exercise has highlighted there is a consistent case mix which is in line with the 54 other maternity units BR+ have reported on.
- The Group's Skill mix ratio is in keeping with that recommended by the Royal College of Midwives.
- In terms of establishment the Group has been assessed as having 42 clinical staff short (Registered Midwives and Midwifery Support Workers) representing 8% of the total recommended establishment.
- For non-clinical staff there is a 28% (13wte) shortfall against recommended establishment which will have an impact on the Clinical establishment, and overall oversight.
- It is important to note that NHS Resolution is operating a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.
- The maternity incentive scheme applies to all acute trusts that deliver maternity services. As in year one, the scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.
- Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard? Requires Trusts to:
 1. Use systematic, evidence-based process to calculate midwifery staffing establishment

2. Confirm the obstetric unit midwifery labour ward coordinator has supernumerary status
3. Evidence women receive one-to-one care in labour (this is the minimum standard that Birthrate+ is based on)
4. Ensure a bi-annual report that covers staffing/safety issues is submitted to the Board

8.0 Next Steps

It must be recognized that this summary report and the individual site reports have yet to have a professional view and action plan developed to support the findings.

The reports do highlight some further work in terms of clinical outcomes and the impact this has on clinical staffing models in maternity.

The reports have been shared with the NED Maternity Safety Champions.

There is work in progress to develop the role of the Director of Midwifery to support the development and plans of the findings.

There are robust mechanisms in place to support the monitoring of these findings.