This Briefing summarises some of the findings, successes and learning from the second of the NHS Employers’ large scale workforce change (LSWC) programmes to introduce the role of maternity support workers across maternity teams in the NHS.

Key findings

- Trusts have shown that introducing a maternity support worker is helping them to work within tariff while improving their services.
- With a maternity support worker in post the choices a trust can offer women can be improved, by making more efficient use of maternity team skills and releasing highly skilled midwifery time.
- Learning from the LSWC programme has produced top tips to help any trust wishing to introduce a maternity support worker role appropriately and effectively into a maternity team.
- One trust has identified potential savings of up to £65,000 per year in lost bed days.
- NHS Employers is continuing to help the NHS to safely and appropriately develop the role of a maternity support worker by working with the Royal College of Midwives to develop a national training framework.

The programme ran from August 2006 to June 2007, with the aim of developing and introducing trained support workers into the maternity team, to help release highly skilled midwifery time from administration and clerical duties and some minor clinical activities, and to direct it more towards patient care.

Within this Briefing we highlight some of the benefits trusts, patients and staff have secured from implementing the maternity support worker role as part of this programme over a ten month period, how these results were obtained and some top tips for success when implementing the role.

This Briefing will be of particular interest for NHS staff that have responsibility for the delivery and quality of maternity services within their organisation.

Background

The first maternity support worker implementation programme, run by NHS Employers in 2005, was funded by the Department of Health to help maternity teams provide the improved access, quality and flexibility of care needed to deliver a choice agenda. Trusts with maternity support workers felt better positioned to meet the markers of good practice, outlined in the Maternity National Service Framework Standard 11, and to
comply with the European Working Time Directive (EWTD). The maternity support worker role was also found to improve the working lives of midwives and therefore help to retain their skills within the NHS.

Fifty-seven NHS trusts participated on the NHS Employers’ first maternity support worker implementation programme, which ended in January 2006, securing measurable benefits for both patients and staff. Full results and learning from this programme can be found on NHS Employers’ website at www.nhsemployers.org/workforce/workforce-881.cfm. A further 14 organisations secured similar benefits on this second LSWC maternity support workers programme which we cover in this Briefing.

How did the programme help trusts achieve implementation?

The LSWC methodology, which has had significant success and has helped make huge service impacts in the NHS in the past, was used to support teams to deliver service improvements. This programme adopted and adapted experiences from previously run programmes and provided participating trusts with redesign solutions to enable the teams to meet their organisation’s needs. The teams were taught improvement skills and diagnostics, given service and role redesign training and were assisted in measuring their progress, outcomes and the impact of the changes made in their organisation.

What approach did the trusts take?

Building on the successes of the first wave of participating trusts, teams were asked to identify specific areas in which they wanted to focus their efforts.

Learning achieved by the first LSWC programme was used to demonstrate that significant gains in patient satisfaction and in efficiency and productivity could be secured.

Developing sustainable maternity support worker roles in demand ‘hot spots’ such as theatre, can take longer to implement but the efficiency and productivity gains secured are significant. Maternity support workers in these settings are preventing the build up of pressure that can cause delay and blocks.

The most important first step for every participating trust was to undertake a simple analysis of midwifery activity per shift, in the setting they had chosen to focus on. They used this analysis to identify and agree within their own organisations which categories of work could be delegated safely to the maternity support worker. This information was then used to build up the job description for the role.

Training and education packages were developed and delivered locally at each individual trust. Some
trusts found the Royal College of Midwives support worker development package, *Preparation of Maternity Care Assistants* (available from the RCM website [www.rcm-publications.co.uk](http://www.rcm-publications.co.uk)) useful in developing the role. The LSWC team advised trusts to strengthen the sustainability, transferability and consistency of the job profiles being created by underpinning them with competence based training, so that support workers had the skills needed to perform each specific duty.

**Sharing the learning**

**Top tips for successful implementation**

Much was learnt by trusts during the programme on introducing and implementing maternity support worker roles. Here one of the trusts – Shrewsbury and Telford Hospitals NHS Trust – share their top tips for successfully implementing a maternity support worker role.

1. Gather simple baseline information before you make changes to ensure you can show how the role has made a difference and how it benefits patients, staff and the organisation.

2. Undertake a diary exercise to identify the amount of time spent on non-midwifery duties. Identify which duties release most midwifery time and use this information to form the basis of the maternity support worker job description.

3. Produce clear guidelines on duties that the maternity support worker can and cannot undertake. The Royal College of Midwives Position Paper 26, *Refocusing the role of the midwife* (available at [www.rcm-publications.co.uk](http://www.rcm-publications.co.uk)) is essential reading when developing these duties, to ensure that your maternity team knows which tasks can be safely delegated to an appropriately trained support worker.

4. To avoid duplication of effort, appoint one person to co-ordinate, lead and monitor the development and implementation of the role in your organisation. This person should be someone who can take overall responsibility for the implementation and be able to make authoritative decisions when required.

5. Develop the role and training package with input from local providers who are responsible for student midwifery education. This partnership approach ensures that the remit and responsibilities of both regulated and unregulated staff is understood and maintained.

6. To improve transferable skills across departments and the wider NHS, link the training package to Skills for Health’s competences, available from [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

7. Secure the skills and knowledge of midwifery supervisors. The aim of midwives supervision is to safeguard and enhance the quality of care for the childbearing mother and her family. Midwifery supervisors are a source of sound professional advice. Their expertise can help shape and monitor the role.

8. In advance of starting recruitment you need to agree the supervisory framework for the role and ensure all staff know who is responsible and accountable for which duties. No maternity support worker should be operating without this in place.
9. Use trained midwives as mentors to facilitate learning and to ensure that a recognised standard in practice is adopted.

10. If you ‘up skill’ existing maternity support staff you should back fill those posts to prevent reversion to lower grade functions. You should consider basic housekeeper roles as part of your maternity skill mix.

Successful case studies

Why should you implement a maternity support worker role in your trust?

Some of the teams achieved very successful implementation of the maternity support worker role in their trust and achieved benefits for service users, staff and the organisation. Here we showcase some of the learning and success to support you in achieving your own implementation of a maternity support worker role. Participating trusts’ case studies are available to help share learning at the NHS Employers’ website: www.nhsemployers.org/kb/kb-785.cfm

Salisbury NHS Foundation Trust

Salisbury participated in the first LSWC programme and is now one of the sites who reports back on progress of their original maternity support worker roles.

Area of work

In this second programme, the trust implemented a maternity support worker in an obstetric theatre scrub assistant role (band 3), to release some of the valuable midwifery hours given to just staff this area.

What they achieved

By introducing a maternity support worker into theatre to carry out an assisting role, the trust released midwifery time, which was then focused on direct patient care. As a result of this simple change the trust expects to save over £18,000 per annum. Service users also benefit with 1.1 WTE of midwifery time being redirected to the labour ward to provide more one-to-one care for women in labour.

‘As a result of this simple change the trust expects to save over £18,000 per annum.’

How they achieved it

The trust learnt that developing an appropriate maternity support worker role in theatre took more development time than the same role in a standard ward or community based setting.

The team prepared carefully and worked closely with main theatre colleagues, obstetricians and anaesthetists. This ensured that the role met the rigorous quality standards, advised by the Perioperative Care Collaborative (PCC), to ensure that maternity support workers are trained to the same national high standard as theatre support workers.

The trust also developed a 12-week in-house programme to start training the maternity support worker, based on Skills for Health’s national occupational standards. This meant that the maternity support worker started training using the same approach that is used by main theatre colleagues. This training underpins safe, reliable and consistent practice. It ensures maternity support workers working in theatre have clear role boundaries.
King’s College Hospital NHS Trust
The trust covers a community population of 550,000 in Lambeth and Southwark and has a birth rate of 4,925, of which 7.8 per cent are home births. The service is supported by 191 WTE midwives.

Area of work
The trust implemented their maternity support worker onto their labour ward (clerical role band 3) with the aim of releasing up to 25 per cent of midwifery time.

released time will enable them to be appropriately supported.

How they achieved it
Initial work carried out during the programme identified organisational difficulties on the labour ward where, each shift, a co-ordinator midwife (band 7) was undertaking many routine administrative duties including taking and recording a high number of incoming calls.

To rectify this, the trust devised a tool to identify clerical areas where midwives were spending their time. The tool broke down the work into nine fields, and two senior midwives started a diary to monitor their activity during a normal 12-hour day on the labour ward. The diary broke the day into 15-minute intervals, and the midwives recorded up to three clerical activities they performed during the intervals of five minutes or over. The result showed that midwifery time spent on simple clerical duties per 12 hour shift ranged from 1.25 hours to 8.25 hours.

As a result of this analysis, and to free up some midwifery time from clerical duties, the trust introduced 1 WTE maternity support worker, as a pilot to support the midwives in the labour ward.

This was a purely administrative role where the maternity support worker answered phones, made sure the right people got the right information, ensured equipment was booked and supplied when needed.

Heatherwood and Wexham Park Hospitals NHS Trust
The trust covers a socially diverse local population and a high ethnic mix where 105 WTE midwives support 4,700 births per annum.
Area of work

The maternity unit was experiencing high levels of overtime, due to a high vacancy rate. This resulted in high levels of dissatisfaction from midwives, who were frustrated with the level of non-midwifery duties they were undertaking. To address this, the team chose to introduce maternity support workers (band 3) into their discharge lounge and foetal assessment unit.

What they achieved

By introducing the maternity support worker to the discharge lounge the team secured a real improvement in staff satisfaction levels and estimated they can now recover as much as £65,000 in lost bed days over one year (based on £205 per bed day saved).

There were additional gains on the foetal assessment unit which previously only opened from 9am to 5pm. Following the introduction of the maternity support worker, the unit opened from 7am to 9pm, seven days a week, giving service users a better choice, allowing them to attend after work. Additionally, a significant pressure ‘hot spot’ on the labour ward was relieved, allowing more women to have access to beds when needed.

How they achieved it

As part of the programme the team collected baseline data on parts of the patient journey that were known to be problematic. This audit showed an average delay of three hours per patient, causing dissatisfaction amongst service users and staff and also causing a blockage of beds for service users who needed them.

The audit identified two main pressure spots which were, delays in waiting for midwives to prepare discharge paperwork and an overflow demand from the foetal assessment unit. To address these issues a maternity support worker was introduced in the discharge lounge, under the guidance of a qualified midwife, to minimise delays by undertaking discharge paperwork, filing, computer work, breastfeeding support and advice. A maternity support worker was also introduced to support midwives on the foetal assessment unit to enable extended opening hours.

Future work – what next?

NHS Employers is involved in a project led by the Royal College of Midwives to develop a national training framework for maternity support workers. Developing a national training framework will help support trusts to address the key issues raised in the recent King’s College report Support workers in maternity services: a national scoping study of NHS trusts providing maternity care in England 2006 (available at www.kcl.ac.uk/schools/nursing) around standardising maternity support worker training and giving a higher level of consistency to the role.

The project, commissioned by the widening participation in learning strategy unit will also develop further measures to capture how maternity support workers are enhancing care and how released midwifery time is being redirected. As part of the project, NHS Employers will be sharing the
learning from its two maternity support worker implementation programmes and will be inviting participating trusts to contribute to this process.

If you would like to find out more about how the LSWC programme was run and the achievements and learning realised, contact Catherine Devonport, programme lead at catherine.devonport@nhsemployers.org

You can find good practice case studies from all participating trusts on NHS Employers’ website at www.nhsemployers.org/kb/kb-785.cfm along with more about the programmes the large scale workforce change team are running in 2007/08.

Further information

NHS Employers’ first maternity support worker implementation programme results www.nhsemployers.org/workforce/workforce-881.cfm

Preparation of Maternity Care Assistants www.rcm-publications.co.uk

Refocusing the role of the midwife www.rcm-publications.co.uk

Support workers in maternity services: a national scoping study of NHS trusts providing maternity care in England 2006 www.kcl.ac.uk/schools/nursing

Trusts that participated in the second LSWC programme

- Barnsley Hospital NHS Foundation Trust
- Bolton Hospitals NHS Trust
- Calderdale & Huddersfield NHS Trust
- Dartford & Gravesham NHS Trust
- Ealing Hospital NHS Trust
- Heatherwood & Wexham Park Hospitals NHS Trust
- King’s College Hospital NHS Trust
- Lewisham Hospital NHS Trust
- Liverpool Women’s NHS Foundation Trust
- Poole Hospital NHS Trust
- Royal Devon & Exeter NHS Trust
- Stockport NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- University Hospitals of Morecambe Bay NHS Trust
NHS Employers
supporting, promoting, representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work.

The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

www.nhsemployers.org
NHS Employers
29 Bressenden Place
London
SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

This Briefing is available in pdf format at www.nhsemployers.org/publications
Published August 2007
© NHS Employers 2007. This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd
Registered in England. Company limited by guarantee: number 5252407

Ref: EBR103601