

# Maternity Services The Common Staffing Method Case Study



## Introduction/Aim

In 2023/24 NHS Greater Glasgow and Clyde Maternity services used all 9 elements of the CSM to seek to understand the complex relationship between workforce and delivery of high quality, safe effective care.

## Method

Through use of the CSM the maternity team validated, analysed and discussed the outputs from the tool run.

## Results

The Maternity service:

- ✓ Identified key themes from the CSM reports
- ✓ Calculated the staffing deficit
- ✓ Produced a final CSM outcome
- ✓ Explored service redesign

## Solutions

The Maternity service explored:

- What changes are required
- Risks and mitigations
- Review of skill mix across all sites and community
- Short term aims/key priorities
- Longer term aims
- New revised specialty specific staffing level tool in progress

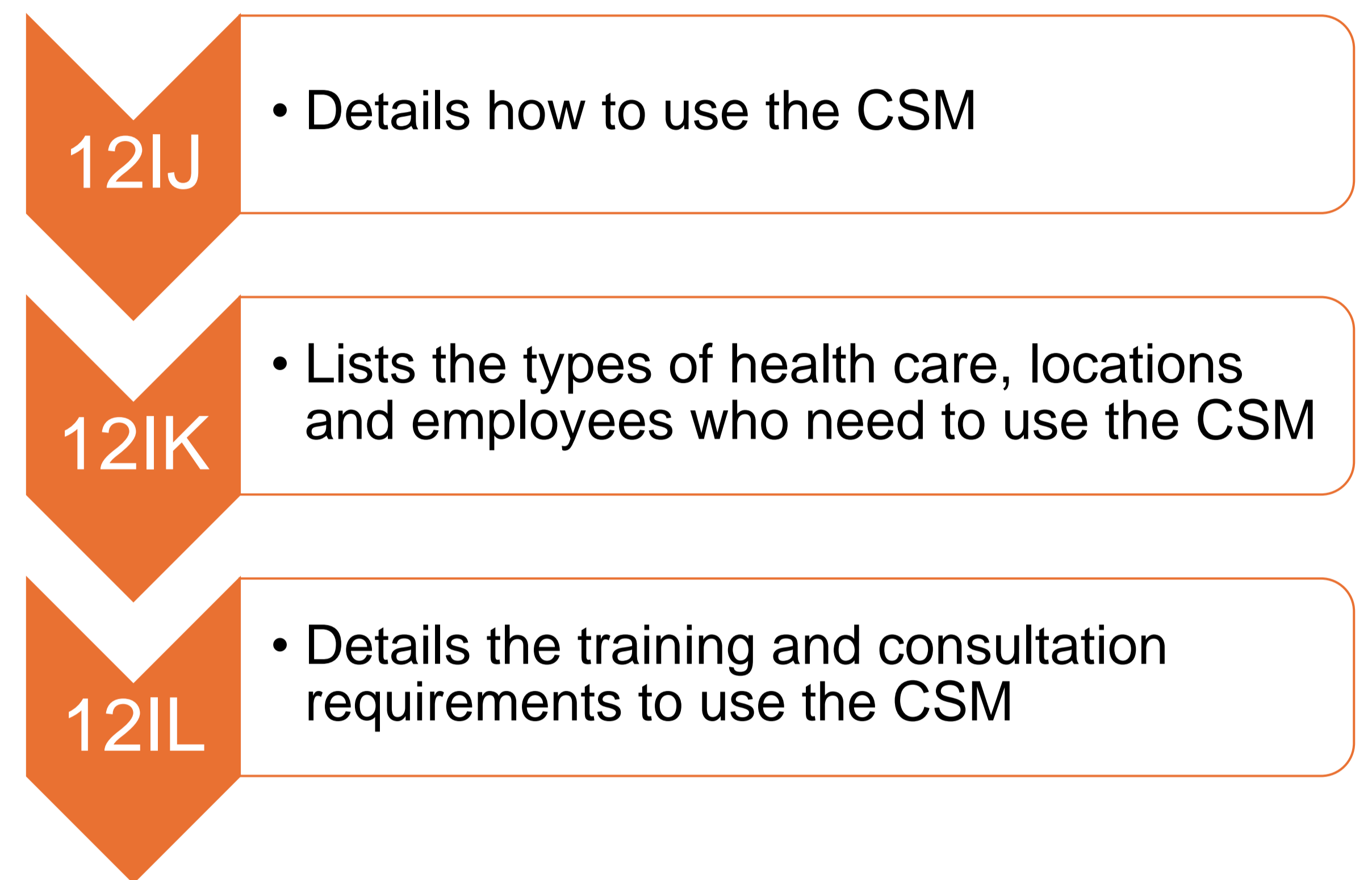
## Key Points

- Build on arrangements already in place for local and national workforce planning
- Promotes transparency and an open and honest culture
- It is not a new concept; it strengthens existing structures and arrangements and replaces existing regulations for Care Services
- It is not prescriptive about staffing requirements – there are no specific numbers of staff for services within the Act or required within reporting
- Tools are only one element of one duty within the legislation and there use only applies to certain types of health care / locations / employees
- It won't solve staffing issues overnight
- Not designed to be punitive, but to enable improvement
- Doesn't change NHS Board accountability

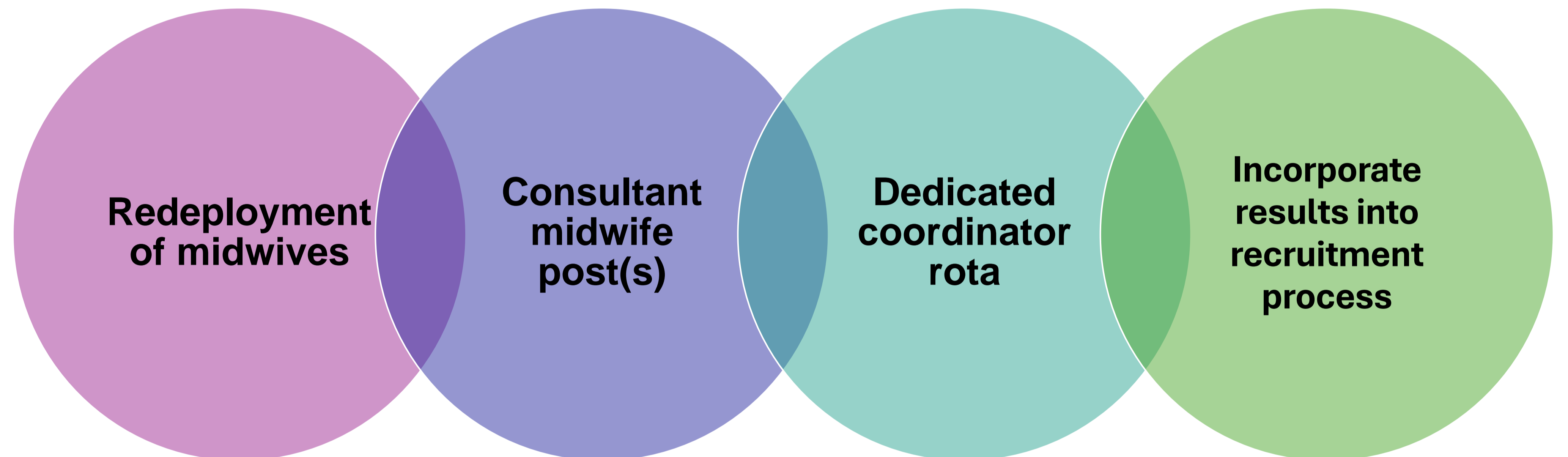
## Next Steps



## The Health and Care (Staffing) (Scotland) Act (2019)



**Theme Example**  
Recurring theme from 2019 output in terms of insufficient staffing across maternity triage.



## Report Limitations

- Does not capture the workload across all areas within maternity – new tool will enable all roles to be captured and areas such as transitional care, theatres and maternity triage.
- BOXI does not have the capability to produce a maternity board report, which makes the data analysis more challenging
- Majority of SCMs sit on different rosters and therefore can influence the data output.
- Frequent movement of staff across rosters to mitigate clinical risk has a direct impact on our workforce
- Some clinical teams are sitting across multiple rosters and aligned to one establishment - makes reporting challenging
- Not all beds are captured on SSTS