

Public Trust Board Meeting: Wednesday 10 March 2021

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Title: **Maternity Safe Staffing for Quarter 3 of 2020 to 2021**

Status: **For Information**
History: **Maternity Clinical Governance Committee**
 Regular Reporting

Board Lead: **Chief Nursing Officer**
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Confidential: **No**
Key Purpose: **Assurance**

Executive Summary

1. This is the third quarterly report which reviews Safe Staffing levels for Maternity.
The aim of this report is to provide assurance of an effective system of midwifery workforce planning.
2. The report provides assurance of the following:

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

3. The evidence described in this paper provides assurance that OUH FT has an effective system of midwifery workforce planning and monitoring of safe staffing levels from October 2019 to March 2020.

Recommendations

4. The Trust Board is asked to note the results of this paper.

Maternity Safe Staffing for Quarter 3 of 2020 to 2021

1. Purpose

The aim of this report is to provide assurance to the Trust Board that there was an effective system of midwifery workforce planning and monitoring of safe staffing levels from October to December 2020. This is a requirement of the NHSLA Maternity Incentive Scheme for safety action 5.

2. Background

2.1. The NHSLA Maternity Incentive Scheme requires that OUH FT demonstrates an effective system of midwifery workforce planning to the required standard. This report will demonstrate that:

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

3. Evidence update

3.1. A clear breakdown of BirthRate Plus® or equivalent calculations to demonstrate how the required establishment has been completed

Following the systematic evidenced based process of BirthRate Plus® tool in 2018, there has been an increase in the midwifery staffing establishment. The average midwifery staffing ratio in 2018 was 1:29.3 in Q3. There has been a review of staffing using the KPMG calculation tool to review staffing establishments. This has led to changes to the staffing establishments in identified clinical areas. The current midwifery staffing establishment is closer to the recommendations of BirthRate Plus® of 1:25.

3.2 Details of planned versus actual midwifery staffing levels

The midwifery staffing levels are reviewed a minimum of twice a week, to check planned staffing against the agreed establishment for each clinical area. Furthermore, twice a day the Safety Huddle (see appendix 1) reviews the actual midwifery staffing and acuity levels, to ensure a fast response with mitigating actions to address any highlighted staffing shortfall.

The RAG rating agreed at the Safety Huddles is reported to the Trust staffing meeting once a day via dial-in, and is updated via email if it changes. There is a robust escalation policy with agreed action pathways to be taken for each rating.

The table below shows the RAG rating for actual midwifery staffing levels for November to December 2020. Green signifies that the maternity service has available beds and appropriate staffing levels for the workload on that particular day.

	RAG Rating – Number of Available Beds			
	GREEN	AMBER	RED	Not Declared
October 2020	14	17	0	0
November 2020	23	7	0	0
December 2020	29	2	0	0

Actions were taken as per Escalation Policy to militate against RAG ratings of Amber. This included “staff movement between areas” and “supernumerary workers within numbers” as reflected in the Red Flags reported, as well addressing staff shortfall by using on-call staff and sourcing additional staff.

3.3 An action plan to address the findings from the full audit or table-top exercise of BirthRate Plus® or equivalent undertaken. Where deficits in staffing levels have been identified, maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls

An updated action plan can be found in Appendix 2.

Following the recent KPMG review of staffing levels, staffing establishments have been adjusted to reflect the outcome of this process.

The Maternity Directorate continues to actively recruit new staff. The table below shows the number of new starters (in wte) balanced against the numbers of leavers.

Midwives	October	November	December	Total
New Starters	17.08wte	6.95wte	0wte	24.03wte
Leavers	5.87wte	1.91wte	2.8wte	10.58wte

3.4 The midwife: birth ratio

Following this successful recruitment campaign the midwife to birth staffing ratio for Q3 has been an average of 1:24.9. This is a *significant* improvement in comparison to the same period last year which was a midwifery staffing ratio of 1:27.8. The midwife to birth ratio is monitored monthly on the maternity dashboard and reported at the monthly MCGC meeting.

The table below shows the midwife: birth ratio in the period covered by this paper.

	October	November	December
Midwife to Birth Ratio	1:26.0	1:26.6	1:22.0

The impact of these successfully recruited midwives is reflected in the midwife: birth ratio as the majority of new starters were in post by December.

3.5 The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate Plus® accounts for 9% of the establishment which are not included in clinical numbers. This includes those in management positions and specialist midwives.

The BirthRate Plus® report recommended that management or specialist midwife roles should not be included in the clinical numbers. The report suggested that management and specialist roles should account for 9% of the establishment.

We continue to review maternity services to ensure the appropriate level of manager and specialist midwives are not included in the midwifery numbers, however during the COVID-19 period a number of manager and specialist midwives were required to work clinically to support safe care provision.

In Q3 the number of management and specialist midwife roles in post accounted for 7.61% of the workforce.

In September a consultation commenced to increase the Senior Midwifery establishment by 1 wte in line with recommendations to structure Senior Midwifery teams within England to include a Director of Midwifery alongside a Head of Midwifery. A further consultation is planned to review the Practice Education Team with the aim to increase training and support of clinical staff.

In December we increased the Diabetes Specialist Midwife team from 1 wte to 2wte in order to support the implantation of a Diabetes Continuity of Carer pathway as part of our aspiration to achieve the goals set out by the Better Births Five Year Plan (2017).

3.6 Evidence from an acuity tool (which may be locally developed) and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward status and the provision of one-to-one care in active labour and mitigation to cover any shortfalls

The twice daily Safety Huddle (see appendix 1) monitors the supernumerary status of the Delivery Suite Co-ordinator to ensure they have oversight of all birth activity in the service. If there is an occasion when the Delivery Suite Co-ordinator does not have supernumerary status this is escalated to the Maternity Bleep Holder. Mitigating action is then taken to address the issue and the corresponding Red Flag is uploaded to the electronic Health Roster System. This data is also reviewed at the Maternity Clinical Governance monthly meeting.

In this data period there has been 100% compliance with supernumerary Delivery Suite Co-ordinator status.

3.7 Number of red flag incidents (associated with midwifery staffing) reported in a consecutive six month time period within the last 12 months, how they are collected, where/how they are reported/monitored and any actions arising.

The agreed staffing Red Flags are listed in appendix 3.

The Red Flag incidents for the Q 3 have been outlined in appendix 4.

October 2020 of Q3 was a peak in birth activity. This is reflected in an increase in Red Flags; evidencing implementation of mitigations (such as the movement

of maternity staff between the clinical areas) to allow all areas to remain open and to ensure women's choice in place of birth is facilitated.

The bleep holder and area co-ordinators continue to focus each day on ensuring staff are able to take breaks and leave on time.

It should be noted that the Red Flags for staffing includes 'Supernumerary workers within the numbers'; this includes staff who are supernumerary in one clinical area being moved to cover a staffing shortfall in another clinical area where they are able to be counted within the numbers. It also includes staff working in offices or on study leave who are relocated to work within the numbers. The data therefore shows a number of occasions where this has flagged, but does not indicate that the Delivery Suite Coordinator has stopped being supernumerary, as described above.

To militate against any shortfall in staffing over the autumn period, the 'Flexible Midwifery Pool Scheme' continued to focus on night and weekend shifts. The proposal provides staff incentives by paying an enhanced rate to work with the NHSP Bank. This continued to have a positive impact in the reduction of the number of hours midwives were called in to maternity unit at JR hospital to support service needs. The table below shows the number of on call hours used in Q3.

	October	November	December
On call hours	112	114.5	25.5

4. Conclusion

4.1. The evidence described in this paper provides assurance that there is an effective system of workforce planning to ensure safe staffing levels.

5. Recommendations

5.1. The Trust Board is asked to note the results of this report.

Appendix 1 – Safety Huddle

The Safety Huddle is a multidisciplinary meeting held twice a day, one at 09:30 and one at 16:00 hours. Members of the Maternity Safety Huddle include:

- Director of Midwifery
- Duty Consultant Obstetrician
- Clinical Midwifery Managers for each area (or deputy)
- Duty Consultant Anaesthetist
- 1570 Maternity Bleep Holder
- Midwifery Manager on-call (may represent via telephone)
Delivery Suite Coordinator

Using the RAG rating system of Red, Amber or Green the safety huddle members will assess the unit's workload, staffing and acuity and declare Maternity's RAG status as follows:

- **Green** signifies that the maternity service has available beds and appropriate staffing levels for the workload
- **Amber** signifies the maternity service is at the upper limits of bed capacity, staffing or activity
- **Red** signifies that there are no available beds and all available staff are committed to labour care. The service cannot guarantee 1:1 midwifery care in labour or safe staffing in other areas of the service.

Appendix 2 - Action plan from Birthrate Plus® 2020/2021.

Issue	Specific Action Required to achieve standard	Lead	Timescale	Evidence	Outcome
To fully embed the BirthRate Plus Acuity Tool to monitor the acuity to ensure safe staffing levels throughout the 24 hour period.	To cascade and relaunch the tool to all inpatient areas; Antenatal ward Postnatal ward Delivery Suite Observation Area Spires Alongside Midwifery Led Unit Achieve 85% compliance with data collection rate	Matron Maternity Outpatients	March 2021	Weekly sense checks Monthly Acuity Report to MCGC 85% compliance achieved	Ongoing
Monitor the midwifery establishment in line with BirthRate Plus	Review area staffing levels using the KPMG tool to ensure appropriate staffing levels in line with BirthRate Plus. To review monthly the midwife to birth staffing ratio on the dashboard and present at MCGC meeting. To regularly review the data from the BirthRate Plus acuity tool to ensure safe staffing levels. Identify risks and mitigate. To annually review the recruitment and retention plan.	Director of Midwifery Senior Midwifery Team Senior Midwifery Team Senior Midwifery Team	December 2020 Rolling programme Rolling programme Rolling programme	Completed tools for all clinical areas with evidence of adjusted staffing. Minutes of monthly MCGC meeting with up to date dashboards. Monthly Acuity Report to MCGC Recruitment and retention plan for 2020/2021	Complete

Appendix 3 - Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' (2015)

The agreed staffing red flags were approved and ratified in 2017

- (All Areas) Staff moved between specialty areas
- (All Areas) Supernumerary workers within the numbers
- (All Areas) Administrative or Support staff unavailable
- (All Areas) Staff unable to take recommended meal breaks
- (All Areas) Staff working over their scheduled finish time
- (All Areas) Delays in answering call bells
- (All Areas) Delay of more than 30 minutes in providing pain relief
- (All Areas) Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan
- (All areas) Beds not open to fully funded number - state number not staffed and reason
- (All areas) Elective activity or tertiary emergency referrals declined

- (Maternity Only) Delay of 30 minutes or more between presentation and triage
- (Maternity Only) Full clinical examination not carried out when presenting in labour
- (Maternity Only) Delay of 2 hours or more between admission for induction and beginning of process
- (Maternity Only) Any occasion when 1 midwife is not able to provide continuous one to one care and support to a woman during established labour.
- (Maternity Only) The Midwifery Labour Ward Coordinator has supernumerary status.

Appendix 4 Maternity Staffing Red Flags uploaded onto Trust system October to December 2020

Red Flags for all areas	October	November	December
	Total	Total	Total
Staff moved between specialty areas	55	54	11
Supernumerary workers within the numbers	5	7	0
Administrative or Support staff unavailable	0	0	0
Staff unable to take recommended meal breaks	30	9	0
Staff working over their scheduled finish time	23	2	6
Delays in answering call bells	0	0	0
Delay of more than 30 minutes in providing pain relief	0	0	0
Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan	0	0	0
Beds not open to fully funded number - state number not staffed and reason	0	0	0
Elective activity or tertiary emergency referrals declined	0	0	0
Delay of 30 minutes or more between presentation and triage	0	0	0
Full clinical examination not carried out when presenting in labour	0	0	0
Delay of 2 hours or more between admission for induction and beginning of process	24	12	5
Any occasion when 1 midwife is not able to provide continuous one to one care and support to a woman during established labour	0	0	0