

Trust Board Meeting in Public: Wednesday 8 May 2019

TB2019.58A

Title	Maternity Safe Staffing
--------------	--------------------------------

Status	For information
History	Maternity Clinical Governance Committee 26/04/2019

Board Lead(s)	Sam Foster			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper is to provide assurance of an effective system of midwifery workforce planning to meet the required safety standard 5 for the NHSLA Maternity Incentive Scheme for a six month period between June and November 2018

2. There are four approaches used within the Maternity Directorate to monitor safe midwifery workforce and outcomes:

- Monitoring the midwife to birth ratio
- Monitoring key performance indicators
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Twice daily staff safety huddle

3. Between June and November 2018, the Maternity Staffing Red Flags were highest between July and October 2018 reflecting the high vacancy level in the maternity service at that particular time. Beds were closed and other mitigations were taken during this period of time to and ensure safe care provision.

4. Adjustments to the data provided on ORBIT PLUS have been made to reflect mitigating actions identified in the Staffing Safety Huddles. This has highlighted further communication is required to all staff groups to ensure accurate and robust reporting mechanisms. The planned introduction of the Birthrate Plus Acuity Tool for midwives into the clinical areas will improve timelier reporting. This tool will enable staff to assess their 'real time' workload arising from the number of women needing care and the level of care required dependent on clinical factors. An action plan has been developed to improve a more timely reporting system to monitor safe maternity workforce (see Appendix 2).

5. There is a robust system of monitoring midwifery workforce and activity levels within the Maternity Directorate. However, the receipt of timely information can be improved by introducing BirthRate Plus acuity tool to all inpatient areas. An action plan has been developed to improve the timeliness of reporting safe maternity workforce.

6. **Recommendation**

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

1. Purpose

This paper is to provide assurance of an effective system of midwifery workforce planning to meet the required safety standard 5 for the NHSLA Maternity Incentive Scheme between June and November 2018.

2. Background

The Maternity Incentive Scheme Safety Standard 5 requires that the number of red flag incidents (associated with midwifery staffing) reported in a consecutive six month time period within the last 12 months is reported to the Trust Board as part of assurance on effective midwifery workforce planning. This should include how they are collected, where/how they are reported and any actions arising.

There are four approaches used within the Maternity Directorate to monitor safe midwifery workforce and outcomes:

- Monitoring the midwife to birth ratio
- Monitoring key performance indicators
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Twice daily staff safety huddle

3. Monitoring the midwife to birth ratio

The agreed ideal target for midwife to birth ratio is 1:29, and to red flag when the ratio goes over 1:31. In 2018-2019 the Maternity Directorate has struggled to meet the ideal or acceptable ratio. In the period covered by this paper (June – November 2018) we red flagged every month. During this period of time the Berkshire/Oxfordshire/Buckinghamshire Local Maternity System (BOB LMS) commissioned an external review of maternity staffing using the recognised Birthrate Plus tool (NICE NG4 2015). The outcome of the Birthrate Plus review recommends an overall ratio of 1:25. The full findings and recommendations will be considered in a separate paper to be submitted to the Trust Board. A business case is in the process of being developed.

4. Monitoring key performance indicators (KPI)

Information is collected on a monthly basis from Orbit+ to monitor the outcomes against agreed measures which can be seen on the Maternity Dashboard in Appendix 1. The dashboard is reviewed monthly at Directorate, Divisional and Corporate Clinical Governance Committees and the Clinical Commissioning Group. Any KPI red flags are discussed and reported with appropriate actions.

5. Twice daily staff 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

The RAG rating for the Maternity Directorate 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 (updated November 2018) with agreed action pathways to be taken for each rating.

6. 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 or 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.

Any issues that would require reporting under the 'staffing red flag' criteria are monitored over a 24 hour period. During the day this is done by the Maternity

Operational Manager and at night by the Delivery Suite Band 7 Coordinator. Any concerns and subsequent actions to mitigate highlighted safety issues are recorded on the daily operational sheets and are discussed at the Safety Huddle. The staffing red flags are uploaded onto the Trust system by one of the Midwifery Managers.

Maternity Staffing red flags results uploaded onto Trust system June-November 2018

Red flag (title)	Number of shifts per month with a red flag (multiple events within one category would count as one red flag)						Total
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
(All Areas) Staff moved between speciality areas (including use of on-call midwives)	29	75	67	127	78	27	403
(All Areas) Supernumerary workers within the numbers	14	5	3	17	2	21	62
(All Areas) Administrative or Support staff unavailable	3	5	4	7	7	8	34
(All Areas) Staff unable to take recommended meal breaks or working over their scheduled finish time	4	2	2	1	0	0	9
(All Areas) Delays in answering call bells	3	2	2	0	0	0	7
(All Areas) Delay of more than 30 minutes in providing pain relief	0	0	0	0	0	0	0
(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	1	0	0	1	0	0	2
(All areas) Beds not open to fully funded number - state number not staffed and reason	1	62	60	60	62	60	305
(All areas) Elective activity or tertiary emergency referrals declined	0	0	0	0	0	0	0
(Maternity Only) Delay of 30 minutes or more between presentation and triage	0	0	0	0	0	0	0
(Maternity Only) Full clinical examination not carried out when presenting in labour	0	0	0	0	0	0	0
(Maternity Only) Delay of 2 hours or more between admission for induction and beginning of process*	8	8	8	14	10	8	56
(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.	0	0	1	0	0	0	1
Total	56	152	139	213	149	116	

*Data has been adjusted to incorporate information from the Safety Huddles

Between June and November 2018, the Maternity Staffing Red Flags were highest between July and October reflecting the high vacancy level in the service. Beds were closed during this period of time to consolidate staffing and ensure safe care provision.

Adjustments to the data have been made to reflect mitigating actions identified in the Staffing Safety Huddles. This has highlighted further communication is required to all staff groups to ensure accurate and robust reporting mechanisms. The planned introduction of the Birthrate Plus Acuity Tool for midwives into the clinical areas will improve timelier reporting. This tool will enable staff to assess their 'real time' workload arising from the number of women needing care and the level of care required dependent on clinical factors. An action plan has been developed to improve a more timely reporting system to monitor safe maternity workforce (see Appendix 2).

7. Conclusion

There is a robust system of monitoring midwifery workforce and activity levels within the Maternity Directorate. However, the receipt of timely information can be improved by introducing a BirthRate Plus acuity tool to all inpatient areas. An action plan has been developed to improve the timeliness of reporting safe maternity workforce. .

8. Recommendation

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

Sam Foster
Chief Nurse
May 2019

Written by: Rosalie Wright, Director of Midwifery

Annie Williams, Quality Assurance and Improvement Midwife

Appendix 1 – See excel spreadsheet for Maternity Dashboard

Appendix 2 - Action plan 2019/2020.

Issue	Specific Action Required to achieve standard	Lead	Timescale	Evidence	Outcome
To implement the Birthrate Plus Acuity Tool to monitor acuity and staffing levels throughout the 24 hour period	To purchase Birthrate Plus Acuity Tool for all Maternity clinical areas	Delivery Suite Clinical Midwifery Manager	November 2018	Tool purchased	Complete
	To cascade the tool to all inpatient areas, commencing with Delivery Suite, Observation Area and the Spires Alongside Midwifery Led Unit		October 2019	Acuity Reports	Complete for Delivery Suite, Observation Area and Spires
To ensure that frontline staff are aware of the process for escalating staffing red flags	Email to all Maternity Operational Managers	Clinical Midwifery Managers for Outpatients and Inpatients	March 2019	Email	Complete
	Area-specific training to match the red flags that would be associated with the specific clinical area		June 2019	Training plan for individual clinical areas, and signed record of understanding	Ongoing
	To review current systems for frontline staff reporting any staffing red flags during their shift and identify any areas for improvement		June 2019	Written report of recommendations to be submitted to Maternity Clinical Governance	Ongoing
Increase the midwifery establishment in line with Birthrate Plus Report	Submit a business case	Director of Midwifery	May 2019	Business case to be submitted to Trust Board	Ongoing