Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 09 March 2022

TB2022.024

Title:	**Maternity Safe Staffing for Quarter 1 and Quarter 2 of 2021/22**

Status:	**For Information**
History:	**Maternity Clinical Governance Committee 28/02/2022**
	Regular Reporting

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

Executive Summary

1. This is the first bi-annual report for 2021/22 which reviews Safe Staffing levels Quarter 1 and Quarter 2.

   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	Submission of a midwifery staffing oversight report that covers staffing/safety issues to the board every 6 months during the incentive scheme year four reporting period

Recommendations

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

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Maternity Safe Staffing for Quarter 1 and Quarter 2 of 2021/22

1. Purpose

1.1. 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 April 2021 to September 2021. 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 bi-annual 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 calculated.

Following the systematic evidence-based process of BirthRate Plus® tool in 2018, a business case was submitted which resulted in an agreement for an additional 2.8wte midwives at band 6. Further increases to establishments have occurred since 2018 as a result of; the move from 20 to 23% uplift for inpatient areas, the Lotus Team, the Bereavement midwife, the Perinatal Mortality review Midwife, the trainee Consultant midwife post (this was linked to the maternal request caesarean sections), the Fetal Monitoring Specialist Midwife, the Continuity Midwife, the Diabetes Specialist Midwife and Obstetric nurses.

Maternity is currently in the process of refreshing the BirthRate Plus analysis and will report the findings in the next paper.

3.2 Details of planned versus actual midwifery staffing levels – to include evidence of mitigation/escalation for managing a shortfall in staffing.

The midwifery staffing levels are reviewed a minimum of twice a week, to check planned staffing against the agreed establishment for each clinical area. In the day the 1570 Maternity Operational Bleep Holder works with the multi-disciplinary team to ensure that when there is staff sickness, staff vacancies or an increase in demand within the maternity service, midwifery and support staff are moved to areas that require additional support, ensuring that whenever possible women in labour have 1:1 midwifery care. At night the 2nd Band 7

supporting the Delivery Suite Coordinator will carry the 1570 bleep and will work in partnership with the Midwifery Manager on-call to ensure that women in labour have, where possible, 1:1 midwifery care. There is a robust staffing and escalation policy in place. Furthermore, to highlight and address any staffing shortfall, the Maternity Operational Bleep Holder leads multidisciplinary Safety Huddles (see appendix 1) which review actual midwifery staffing versus acuity levels.

The RAG rating agreed at the morning Safety Huddle is reported to the Trust SafeCare 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 April through to September 2021. Green signifies that the maternity service has available beds and appropriate staffing levels for the workload on that particular day.

	RAG Rating		
	GREEN	**AMBER**	**RED**
April 2021	17	13	0
May 2021	27	4	0
June 2021	20	10	0
July 2021	23	8	0
August 2021	9	22	0
September 2021	0	30	0

Actions were taken as per Staffing and Escalation Policy to militate against any RAG rating of Amber. This included “staff movement between areas” and “supernumerary workers within numbers” as reflected in the Red Flags reported, (see appendix 4) as well addressing staff shortfall by using on-call staff and sourcing additional staff. Please note that maternity was in local contingency planning from 8pm on Thursday the 26th of August which meant that two of the freestanding Midwifery Led Units were closed to intrapartum care as well as the Co-located Midwifery Unit being closed to inpatient and bereavement care. This accounts for 5 of the August amber RAG declarations as well as amber RAG rating for the entirety of September.

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

In Q1 and Q2 this period we have recruited 24.65wte. In the same period there were 24.83wte leavers. This is not reflective of the number of new starters the maternity service recruit as recruitment is occurs predominately September to November each year.

Midwives	April-21	May-21	June-21	July-21	Aug-21	Sept-21	Total
New starters	1.46	3.84	1.59	1.6	1.8	14.36	24.65
Leavers	0	6.31	2.52	1	7.16	5.64	24.83

3.4 The midwife: birth ratio

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

Midwife to birth ratio	April-21	May-21	June-21	July-21	Aug-21	Sept-21
	1:26.99	1:24.07	1:26.34	1:30.18	1:29.29	1:29.29
	Quarter 1 average 1:25.80			Quarter 2 average 1:29.59		

The midwife to birth staffing ratio for Q1 averaged 1:25.80 and Quarter 2 averaged 1:29.59. This is reflective of the higher number of mothers birthed over the summer months. The midwife to birth ratio is monitored monthly on the maternity dashboard and reported at the monthly MCGC meeting.

3.5 The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate Plus® accounts for 8-10% of the establishment which are not included in clinical numbers. This includes those in management positions and specialist midwives.

The 2018 BirthRate Plus® report recommended that management or specialist midwife roles should not be included in the clinical numbers. The report suggested that within OUH 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 and continue to work clinically to support safe care provision.

In Q1 and Q2 the number of management and specialist midwife roles in post accounted for 7.94% of the workforce.

A consultation was planned in Q2 to increase our Fetal and Maternal Medicine midwifery team band 7 specialist midwives by 2 wte while maintaining the overall establishment within the department. This would result in 1 additional wte band 7 specialist midwife for maternal medicine and 1 wte additional band 7 specialist midwife for fetal medicine. This would support both the learning and development of staff within our tertiary level service and support succession planning to stabilise the future workforce.

The BirthRate Plus re-fresh will provide up to date calculations for us to review against our establishment.

3.6 Evidence from an acuity tool (which may be locally developed), local audit, 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/escalation to cover any shortfalls

The twice daily Safety Huddle (see appendix 1) monitors, among other things, the provision of 1:1 care in labour and the supernumerary status of the Delivery Suite Co-ordinator. If there is an occasion when 1:1 care in labour is in jeopardy and/or the Delivery Suite Co-ordinator does not have supernumerary status this is promptly escalated to the Maternity Operational 1570 Bleep Holder. Mitigating action is then taken to address the issue and the corresponding Red Flag is uploaded to the electronic Health Roster System as appropriate. This data is also reviewed at the Maternity Clinical Governance monthly meeting.

In this data period there has been 100% compliance with the provision of 1:1 care in labour and 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 Q1 and Q2 have been outlined in appendix 4.

Q2 saw 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 Maternity Operational 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 please note that it does not indicate that the Delivery Suite Coordinator had stopped being supernumerary, as described above.

To militate against any shortfall in staffing over summer period, the 'Flexible Midwifery Pool Scheme' continued to focus on night and weekend shifts. The pool provides staff incentives by paying an enhanced rate to work with the NHSP Bank. The table below shows the total number of on call hours used across Q1 and Q2. The significant spike in on call hours used throughout July, August and September is indicative of the consistent pressure on maternity services throughout those months and the escalation and mitigations put in place to ensure 1:1 care in labour and the maintenance of the supernumerary status of the delivery suite co-ordinator was protected.

	April-21	May-21	June-21	July-21	Aug-21	Sept-21
On call hours	38	64	65.5	252	158	283

4. Assurance

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

5. Recommendation

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

6. Appendix 1 – Safety Huddle

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

- Maternity Operational Bleep Holder
- Delivery Suite co-ordinator
- Duty Consultant Obstetrician
- Duty Consultant Anaesthetist
- Neonatal Unit Duty Sister (this was introduced in April 2021 to improve communication)
- Midwifery Manager on-call (may represent via telephone)
- Director of Midwifery
- Clinical Midwifery Managers for each area (or deputy)

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 or 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.

7. Appendix 2 – Action Plan for BirthRate Plus 2021/2022.

Issue	Specific Action Required to achieve standard	Lead	Timescale	Evidence	Outcome
Monitor the midwifery establishment in line with BirthRate Plus	2022 Re-fresh of BirthRate Plus	Director of Midwifery	April 2022	Evidence collated for 12 month period due for submission for analysis by BirthRate Plus Team March 2022	Ongoing
	Review area staffing levels using the KPMG tool to ensure appropriate staffing levels in line with BirthRate Plus.	Leadership Team	December 2020	Completed tools for all clinical areas with evidence of adjusted staffing.	Complete
	To review monthly the midwife to birth staffing ratio on the dashboard and present at MCGC meeting.	Leadership Team	Rolling programme	Minutes of monthly MCGC meeting with up-to-date dashboards.	Rolling
	To annually review the recruitment and retention plan.	Leadership Team	Rolling programme	Recruitment and retention plan for 2020/2021	Rolling

8. 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.

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

Red Flags for all areas	April-21	May-21	June-21	July-21	Aug-21	Sept-21
Staff moved between specialty areas	69	35	26	90	77	81
Supernumerary workers within the numbers	2	8	2	22	23	13
Administrative or Support staff unavailable	0	0	0	0	0	0
Staff unable to take recommended meal breaks	0	0	1	4	3	1
Staff working over their scheduled finish time	11	4	1	7	1	2
Delays in answering call bells	0	0	0	0	0	0
Delay of more than 30 minutes in providing pain relief	0	0	0	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	0	0	0
Beds not open to fully funded number - state number not staffed and reason	0	0	0	0	11	60
Elective activity or tertiary emergency referrals declined	0	0	0	0	0	0
Delay of 30 minutes or more between presentation and triage	0	0	0	0	0	1
Full clinical examination not carried out when presenting in labour	0	0	0	0	0	0
Delay of 2 hours or more between admission for induction and beginning of process	21	7	14	41	38	35
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	0	0	0

10. Conclusion

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

11. Recommendations

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