

MIDWIFERY STAFFING REPORT Q1 2020 / 21 (April / May / June 2020)

1. Background

It is a requirement that as NHS providers we continue to have the right people with the right skills in the right place at the right time to achieve safer nursing and midwifery staffing in line with the National Quality Board (NQB) requirements.

Organisational requirements for safe midwifery staffing for maternity settings (NICE 2017) states that midwifery staffing establishments develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings.

Previously midwifery staffing data has been included in the nurse staffing paper, however, to provide evidence for NHS Resolutions Maternity CNST Incentive Scheme, a separate paper is now provided.

2. Executive Summary

This report gives a summary of all measures in place to ensure safe midwifery staffing; including workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, compliance with supernumerary labour ward coordinator, one to one care in labour and red flag incidents.

3. Birthrate Plus Workforce Planning

A formal Birth Rate Plus assessment was completed in 2016, which reviewed the acuity of women who used maternity services, at what was then, Heart of England NHS Trust. This review recommended a birth to midwife ratio of 1:25 across the Trust.

NICE (2017) recommend that an assessment is carried out every three years. Prior to the Covid 19 pandemic, Birth Rate Plus were commissioned to undertake an assessment over a three month period, however, this was delayed due to Covid. This review has recently commenced and is based on pre covid activity. Results and recommendations are expected in December 2020. Following this an action plan will be created to address the findings.

4. Planned Versus Actual Midwifery Staffing Levels

The following table outlines percentage fill rates for the inpatient areas by month (Delivery Suite / Willow Birth Centre / Aspen / Cedar / Maple / Eden suite).

Birmingham Heartlands Hospital

	Day qualified %	Night qualified %
April 2020	92	93
May 2020	91	91
June 2020	82	83

The fill rates are higher for April, May and early June due to the temporary closure of Aspen ward during the Covid -19 pandemic allowing staff on that ward to be redeployed to the other areas.

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	Day qualified %	Night qualified %
April 2020	95	98
May 2020	97	99
June 2020	93	97

June was lower compliance during the day shifts due to a combination of long term sick, maternity leave and Covid -19 related absence and the cover of night shifts was prioritised.

When staffing (as detailed above) is less than optimum, the following measures are taken:

- Request midwifery staff undertaking specialist roles to work clinically
- Elective workload prioritised to maximise available staffing
- Managers at Band 7 level and above work clinically
- Relocate staffing to ensure one to one care in labour and dedicated supernumerary labour ward co-ordinator roles are maintained
- Activate the on call midwives from the community to support labour ward
- Request additional support from the on call midwifery manager
- Liaise closely with maternity services at opposite sites to manage and move capacity as required

All the above actions are designed to maximise staffing into critical functions to maintain safe care for the women and their babies.

In addition a significant number of bank hours have been used across the service to cover maternity leave and long and short term sickness. More recently the midwifery establishment has been increased by 20 WTE using bank funding to address this and reduce bank usage.

5. Birth to Midwife Ratio

The birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the actual monthly delivery rate. This has now been added to the maternity dashboard so that it can be monitored alongside clinical data.

Currently data from this quarter is being validated as covid related absence data was collected separately. This will be reported as soon as it has been validated.

6. Specialist Midwives

Birth Rate Plus recommends that 8-10% of the total establishment are not included in the clinical numbers, with a further recommendation of this being 10% for multi-sited Trusts. This includes management positions and specialist midwives. The current percentage

for UHB is calculated to be 8.8% however this could change following the Birth Rate Plus assessment currently undertaken.

7. Birth Rate Plus Live Acuity Tool

The Birth Rate Plus Live Acuity Tool was introduced in the intrapartum areas on 1st June 2020 and on the other inpatient areas on 1st July 2020. It is a tool for midwives to assess their 'real time' workload arising from the number of women needing care, and their condition on admission and during the processes of labour, delivery and postnatally. It is a measure of 'acuity' and the system is based upon an adaption of the same clinical indicators used in the well-established workforce planning system Birth Rate Plus.

The Birth Rate Plus classification system is a predictive/prospective tool rather than the retrospective assessment of process and outcome of labour used previously. The tool is completed four hourly by the labour ward co-ordinator. An assessment is produced on the number of midwives needed in each area to meet the needs of the women based on the minimum standard of one to one care in labour for all women and increased ratios of midwife time for women in the higher need categories. This provides an assessment on admission of where a woman fits within the identified Birth Rate Plus categories and alerts midwives when events during labour move her into a higher category and increased need of midwife support.

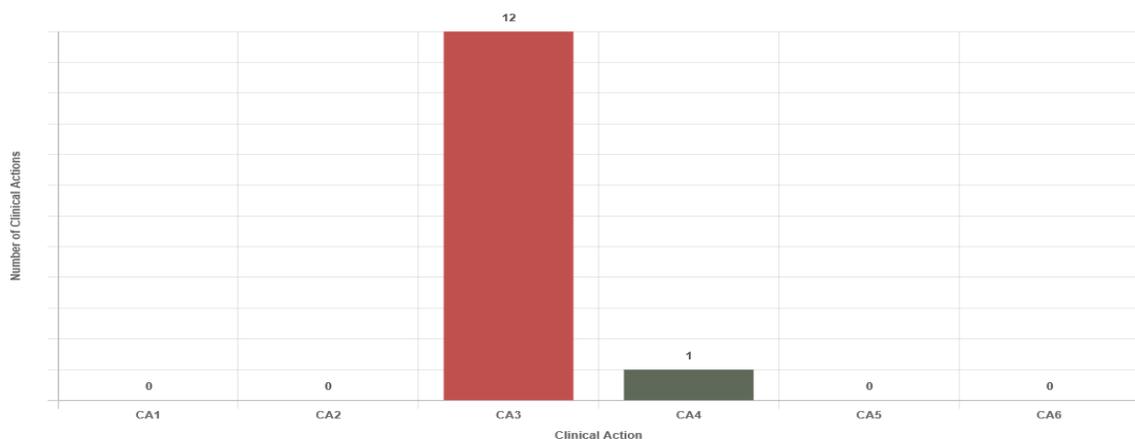
This safe staffing tool kit supports the majority of the components in the NICE Guidance (and is endorsed by NICE) on safe midwifery staffing for maternity settings necessary for the determination of maternity staffing requirements for establishment settings. It provides evidence of what actions are taken at times of higher acuity and use of the escalation policy when required.

The following provides evidence of actions taken (both clinical and management) to mitigate any shortfalls in staffing or for periods of high acuity.

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Number of Clinical Actions Taken

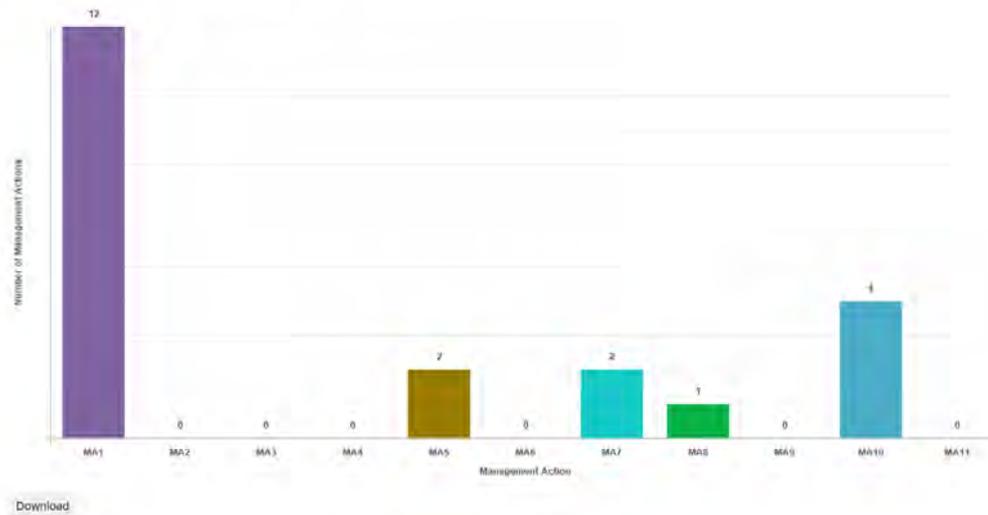
From 01/06/2020 to 30/06/2020



From the June Intrapartum Birth Rate plus acuity data, it is displayed that 13 clinical actions were taken in response to less than optimum staffing, these were; Delay in commencing induction of labour (CA3), and cancellation of elective work (CA4). Delays/cancellations were all appropriately escalated to matron level with clear discussions with patients documented within clinical notes.

Number of Management Actions Taken

From 01/06/2020 to 30/06/2020

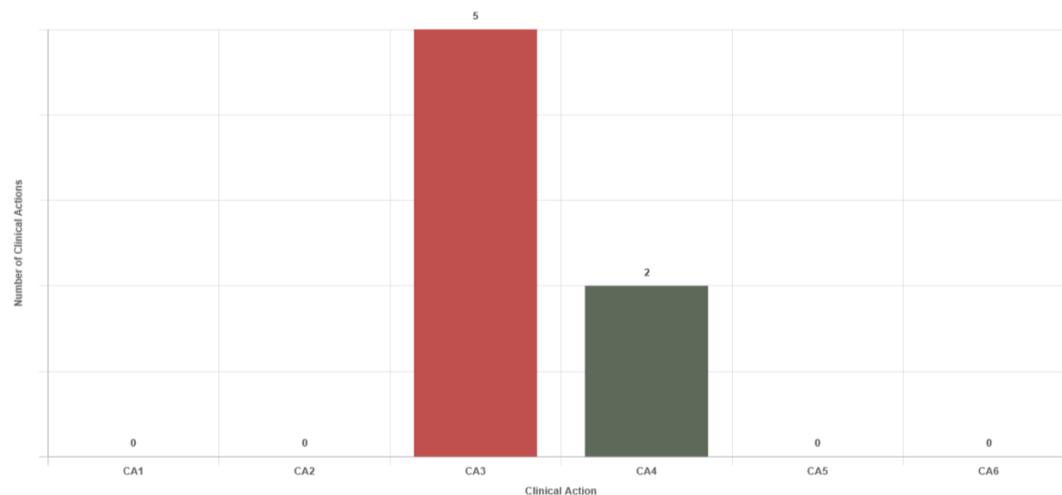


There were 19 management actions taken in response to staffing factors throughout June 2020. These included redeploying staff internally, staff staying beyond rostered hours, matron working clinically to support clinical workload, staff sourced from bank and appropriate escalation to the manager on call.

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Number of Clinical Actions Taken

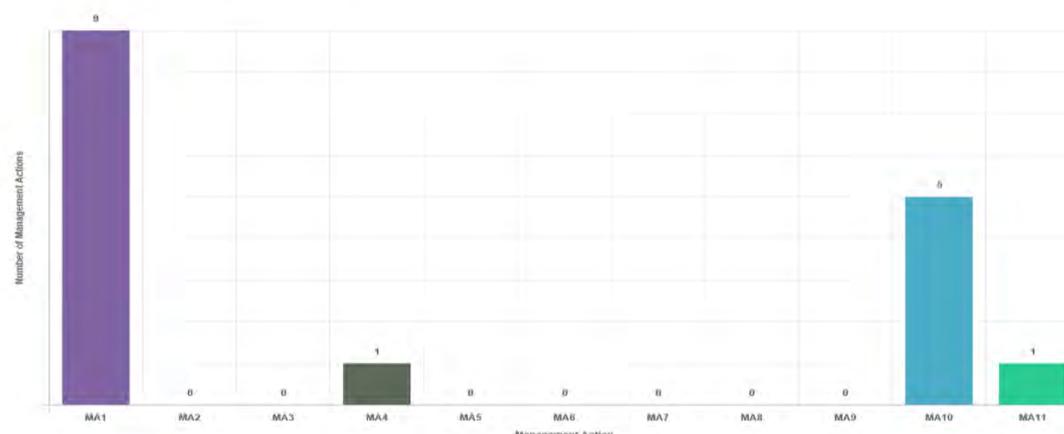
From 01/06/2020 to 30/06/2020



Clinical actions taken included delay in commencing induction of labour (CA3), and cancellation of elective work (CA4). Delays/ cancellations were all appropriately escalated to matron level with clear discussions with patients documented within clinical notes.

Number of Management Actions Taken

From 01/06/2020 to 30/06/2020



In response to recognised and reported acuity levels, twelve management actions were taken including redeployment of staff (MA1), escalation to manager on call (MA10), staff unable to take allocated breaks (MA4) and maternity unit on divert (MA11). When any of the units is placed on divert this decision is taken and managed by the senior midwifery team and Clinical Service lead and is diverted to the other site at UHB.

Supernumerary Labour Ward Co-ordinator

Availability of a supernumerary labour ward co-ordinator is recommended as best practice to oversee safety on the labour ward. This is an experienced midwife available to provide advice, support and guidance to clinical staff and able to manage activity and workload through the labour ward.

Up until June 1st 2020, this data was captured manually; however it is now captured on the live Birth Rate Plus acuity tool. The following table outlines the compliance by month:

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	Number of days per month	Number of shifts per month	Compliance
April 2020	30	60	100%
May 2020	31	62	100%
June 2020	30	60	100%

Good Hope Hospital

	Number of days per month	Number of shifts per month	Compliance
April 2020	30	60	100%
May 2020	31	62	100%
June 2020	30	60	100%

8. One to One in Established Labour

Women in established labour are required to have one to one care and support from an assigned midwife. One to one care will increase the likelihood of the woman having a 'normal' vaginal birth without interventions, and will contribute to reducing both the length of labour and the number of operative deliveries. Care will not necessarily be given by the same midwife for the whole labour.

If there is an occasion where one to one care cannot be archived then this will prompt the labour ward co-ordinator to follow the course of actions within the acuity tool. These may be clinical or management actions taken.

The following table outlines compliance by Month.

	April 2020	May 2020	June 2020
Willow Birth Centre	100%	100%	100%
Labour Ward BHH	100%	100%	100%
Labour Ward GHH	100%	100%	100%

Further work is required to understand if achieving 100% all of the time is negatively impacting on staffing in other areas.

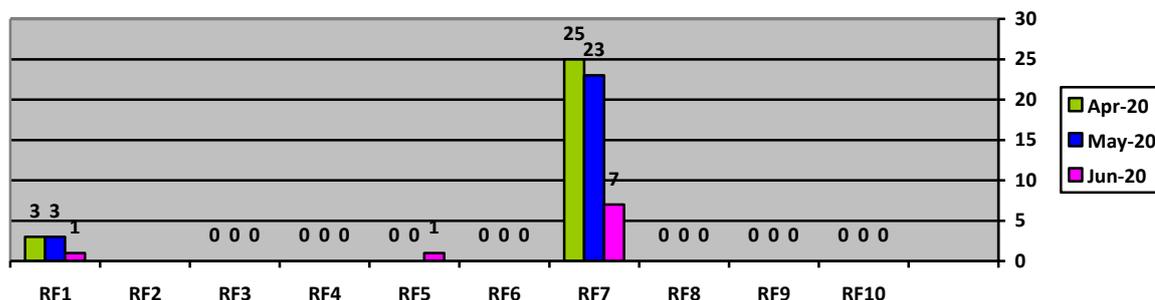
9. Red Flag Incidents

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing (NICE 2015). If a midwifery red flag event occurs, the midwife in charge of the service is notified. The midwife in charge will then determine whether midwifery staffing is the cause and the action that is needed. Red flag events were agreed regionally through the West Midlands Heads of Midwifery Advisory Group to ensure consistent reporting across the West Midlands a number of years ago. This piece of work is currently being reviewed across the network.

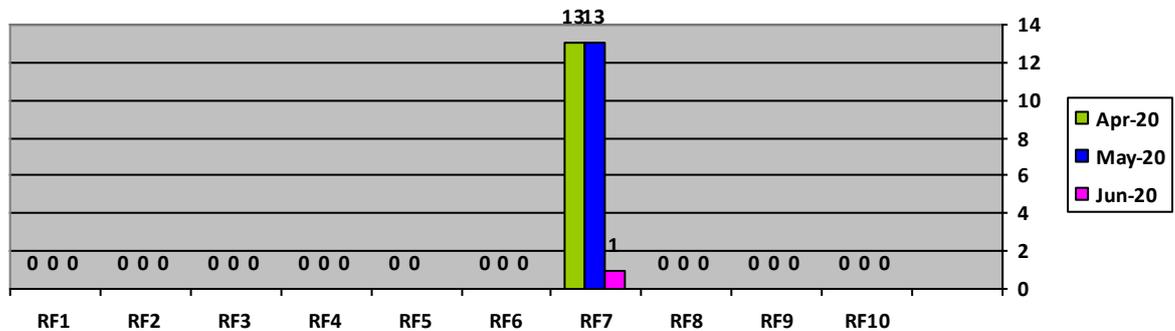
Up until June 2020 red flags have been collected manually, however, they are now able to be collected through the live Birth Rate Plus acuity tool.

The following tables demonstrate red flag events on each site:

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Codes

- RF1 = Delayed or cancelled time critical activity
- RF2 = Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- RF3 = Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- RF4 = Delay in providing pain relief
- RF5 = Delay between presentation and triage
- RF6 = Full clinical examination not carried out when presenting in labour
- RF7 = Delay between admission for induction and beginning of process
- RF8 = Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- RF9 = Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- RF10 = Delivery Suite Co-ordinator not supernumerary

All red flags were appropriately escalated to matron level. Staff have been encouraged to submit Datix's to encourage thorough investigation and future planning regarding red flag incidents. As a result of red flags for this quarter a working group to look at planned inductions of labour has been formed and is actively looking at the processes we use for decision making and booking of induction of labour cross site. The birth rate plus acuity tool is allowing staff to have transparent conversations about activity within both units (BHH & GHH) which is actively reducing delays in care as workload can be shared across both sites when indicated.

The numbers of red flag events are relatively low for a service of this size, which is likely to be related to the manual collection until June and then the use of the new tool. We would expect to see an increase in this as staff become more familiar with the tool.

Alison Talbot, Director of Midwifery, September 2020

