Cover page	
Meeting	Trust Board
Paper Title	Appendix 1: Midwifery Staffing report Q1 2020/21
Date of meeting	30th July 2020
Date paper was written	20th July 2020
Responsible Director	Maggie Bayley, Interim Chief Nurse
Author	Nicola Wenlock, Director of Midwifery

Executive Summary

This paper is an appendix to the CNST paper regarding Safety Action 5

NICE published the report Safe midwifery staffing for maternity settings in 2015, updated in 2019. This guideline aims to improve maternity care by giving advice on monitoring staffing levels and actions to take if there are not enough midwives to meet the needs of women and babies in the service. The guidance was produced in response to previous reports such as the Francis report (2013).

The Maternity Incentive Scheme operated by NHS resolution asks whether the service can demonstrate an effective system of midwifery workforce planning to the required standard. This report provides the monthly data which relates to those elements of the standard including:

- Midwife to Birth ratio
- Red flags
- The provision of 1:1 care in labour and a supernumerary coordinator on each DS shift
- Details of the specialist midwives employed

The main findings of this report are:

- Delivery Suite (DS) is achieving the required level of positive acuity
- Red flags continue to be reported and are reducing with 12 noted during the quarter. This is a significant reduction
- There continue to be time when the labour ward coordinator is not supernumerary with 2 episodes this quarter.
- The Birthrate Plus assessment has now commenced and will provide more accurate data as to the required staffing levels for the current configuration of maternity services

Previously considered by	Maternity Governance, Maternity Assurance Committee

The Board (Committee) is asked to:			
☐ Approve	☐ Receive	☑ Note	☑ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☑ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☐ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☐ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	Number 1204

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	◉ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	

Main Paper

Situation

The maternity service currently operates a hub and spoke model of care. The Obstetric unit is situated at PRH, with a midwifery led unit situated within the main hospital. A new build MLU alongside the OU was opened for antenatal and postnatal clinics on 9th April.

The Freestanding Midwifery led unit at RSH is currently closed to births whilst essential building work takes place but both antenatal and postnatal clinics operate from there.

In addition there are 3 freestanding midwifery led units; Oswestry, Bridgnorth and Ludlow. Births are currently suspended in all of these units pending a public consultation as to the future of midwifery led services in these units. All of the units provide antenatal and postnatal care.

The service also provides community midwifery care via teams of community midwives linked to each of the MLUs. There are consultant led antenatal clinics, a triage unit and a day assessment unit.

The current model of care is a traditional model of team working to provide antenatal and postnatal care with core midwives providing inpatient care on DS and the wards and outpatient care in triage, DAU and ANC.

The activity within maternity services is dynamic and can change rapidly. It is therefore essential that there is adequate staffing in all areas to provide safe high quality care by staff who have the requisite skills and knowledge. Regular and ongoing monitoring of the activity and staffing is vital to identify trends and causes for concern, which must be supported by a robust policy for escalation in times of high demand or low staffing numbers.

Background

NICE published the report Safe midwifery staffing for maternity settings in 2015, updated in 2019. This guideline aims to improve maternity care by giving advice on monitoring staffing levels and actions to take if there are not enough midwives to meet the needs of women and babies in the service. The guidance was produced in response to previous reports such as the Francis report (2013). A gap analysis was completed against this and this is currently being reviewed by the Director of Midwifery

Safety action number 5 of the Maternity Incentive Scheme asks:

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

The required standard for this is detailed below:

a) A systematic, evidence-based process to calculate midwifery staffing establishment is complete.
b) The midwifery coordinator in charge of labour ward must have 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) Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board.

The minimal evidential requirements for this standard are:

The bi-annual report submitted will comprise evidence to support a, b and c progress or achievement. It should include:

• A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated.
• Details of planned versus actual midwifery staffing levels. To include evidence of mitigation/escalation for managing a shortfall in staffing.
• An action plan to address the findings from the full audit or table-top exercise of BirthRate+ 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.
• The midwife: birth ratio.
• The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.
• Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls.
The year 2 standard also included information regarding red flags which have been omitted from year 3 but due to the importance of noting and acting upon these they have been reported in this paper.

Assessment

Birthrate Plus assessment

A full Birthrate plus assessment was completed by the service in April 2017. Services which do not have the recommended number of midwives as detailed in a Birthrate plus assessment have an increased risk of a high number of midwifery staffing red flags and times when the DS coordinator cannot be supernumerary. Agreement was reached in April 2019 to recruit to the recommended level of midwives as detailed in the report. A repeat Birthrate plus assessment commenced 27th April 2020 using retrospective data analysis. Retrospective Birthrate audits take increased time to complete and therefore a completion date is not yet available but progress is being made.

Midwife to Birth ratio

The monthly midwife to birth ratio is currently calculated using the number of Whole time equivalent midwives employed and the total number of births in month. This is the contracted or established Midwife to birth ratio. A more accurate midwife to birth ratio is given when using the actual worked ratio which is in use across the West Midlands network for the calculation of monthly midwife to birth ratio. This takes into account those midwives who are not available for work due to sickness or maternity leave whilst adding in the WTE bank shifts completed in each month. This “worked” calculation will show greater fluctuations in the ratio but provides a realistic measure of the number of available midwives measured against actual births each month. This was a recommendation of the RCOG report 2017. The reporting of the contracted ratio is a useful measure to assess the recruitment and retention of midwives to the service although will show small fluctuations due to this as well as changes in birth numbers each month. The worked ratios have been calculated and these are being validated.

Planned versus actual staffing levels

Each month the planned versus actual staffing levels are submitted to the national database using the information provided from the Allocate rostering system. The template for the areas was corrected in February. The Covid-19 pandemic had an impact on midwifery and WSA staffing and the MLU and home birth service was suspended for approximately one month to support the delivery of care in all other areas.

A full workforce plan will be developed and presented following the completion of the Birthrate plus audit.

Table 1 - Fill rates for Delivery Suite and Wrekin midwifery Led unit - % - monthly comparison

	Fill Rates DS RM		Fill rates DS WSA		Fill Rates Wrekin RM		Fill rates Wrekin WSA	
	Day	Night	Day	Night	Day	Night	Day	Night
Apr	125.17	113.95	97.45	87.13	76.39	55.14	52.92	26.67
May	120	122.7	88.9	96.4	98.8	97.3	53.9	0
Jun	*Awaiting data*							

Table 2 - Fill rates for antenatal ward and postnatal ward - % - monthly comparison

	Fill Rates AN ward RM		Fill rates AN ward WSA		Fill Rates PN ward RM		Fill rates PN ward WSA	
	Day	Night	Day	Night	Day	Night	Day	Night
Apr	98.8	100.14	82.5	85.56	111.83	97.29	93.96	97.78
May	103.3	98.5	80.9	80.9	102.1	98.7	92	94.6
Jun	*Awaiting data*							

Intrapartum Acuity

The maternity service implemented the use of the Birthrate intrapartum acuity tool in 2017. This was initially using an excel based programme. From September 2018 the service introduced the web based App. The data is inputted into the system every 4 hours by the Delivery Suite coordinator and measures the acuity and the number of midwives on shift to determine an acuity score. Birthrate defines acuity as "the volume of need for midwifery care at any one time based upon the number of women in labour and their degree of dependency"

A positive acuity scores means that the midwifery staffing is adequate for the level of acuity of the women being cared for on DS at that time. A negative acuity score means that there may not be an adequate number of midwives to provide safe care to all women on the DS at the time. In addition the tool collects data such as red flags which are defined as a "***warning sign that something may be wrong with midwifery staffing***" (NICE 2015). SaTH has adopted the red flags detailed in the NICE report plus added some local indicators (Appendix 1) and an example of the data collection tool for one day and also the staffing versus workload chart which is produced as a result of the data collection can be reviewed in appendix 2 & 3 respectively.

The Royal College of Midwives in discussion with Heads of Midwifery has suggested that a target of 85% staffing meeting acuity should be set but that this can be reviewed and set locally depending upon the type of maternity service. In addition there should be a compliance with data recording of at least 85% in order to have confidence in the results.

In Q1 the service achieved the target acuity for both May and June. The majority of negative acuity is amber with up to 2 midwives short with a small percentage of occasions being red which equates to 2 or more midwives short. There are no adverse incidents reported as a result of this

Compliance with completion of the acuity tool has also improved for the scheduled times of reporting (3am 7am, 11am 3pm, 7pm and 11pm) with a confidence rating of >85% being achieved. As a result the data is more reliable. The report now only includes the scheduled data inputs and no longer includes the unscheduled data input. Further improvements are anticipated following meetings with the DS Co-ordinators. These meetings have now commenced. The Escalation policy has been reviewed and updated and will be ratified in August following review in the July guideline meeting.

Red flags
In total there were 12 red flags recorded during in Q1 which is a significant reduction. All delays are reported via the Datix system and care reviewed to assess impact. There are no adverse incidents reported as a result of this

1:1 care in established labour
1:1 care is defined as "care provided for the woman **throughout labour** exclusively by a midwife solely dedicated to her care (not necessarily the same midwife for the whole of labour" (NICE 2015). This excludes babies born before arrival (BBAs) and also planned caesarean section. During Q1 there were no occasions when 1:1 care in labour was recorded as not being provided

Supernumerary status of the coordinator
Supernumerary status of the coordinator is defined as the coordinator not having a caseload. The acuity tool has time built in for the coordinator to be supernumerary when it is recorded. The data identified that the coordinator was not supernumerary on 2 occasions during Q1 . The risk when this happens is that there is a loss of the oversight of delivery suite which increases the longer that the coordinator is not supernumerary. In addition the senior leader is not freely available for support and advice during these times. There have been no adverse incidents reported as a result of this.

Specialist Midwives

The service has a wide range of specialist midwifery posts as detailed below:

- IT
- Bereavement
- Infant feeding
- Risk / governance
- Education
- Safeguarding
- Antenatal and Newborn Screening
- Guidelines
- Professional Midwifery Advocate
- Public Health Midwife
- Diabetes Lead Midwife

Table 3 – Acuity, red flag data and midwife to birth ratio

Month	Red flags	1:1 care not met (number)	Supernumerary not met (number)	Midwife to birth ratio (contracted)	Acuity % Positive	Red %	Amber %	Acuity Recorded
April	5	0	0	1:27	84	2.5	13.5	158
May	4	0	1	1:24.7	93	2.5	4.5	160
June	3	0	1	1:23.7	93.5	2.5	4	155

Recommendation

The Board is requested to:

- Note the findings of this report and take assurance form the actions taken to address staffing issues.
- Note this report will now be included monthly at both Maternity Governance and Care Group Board with a quarterly submission to Trust Board until such a time that the Board agree a bi-annual submisison.
- Note the metrics will be included on the new maternity dashboard which will also provide additional monthly overview at the Maternity Oversight Committee.

Appendix 1

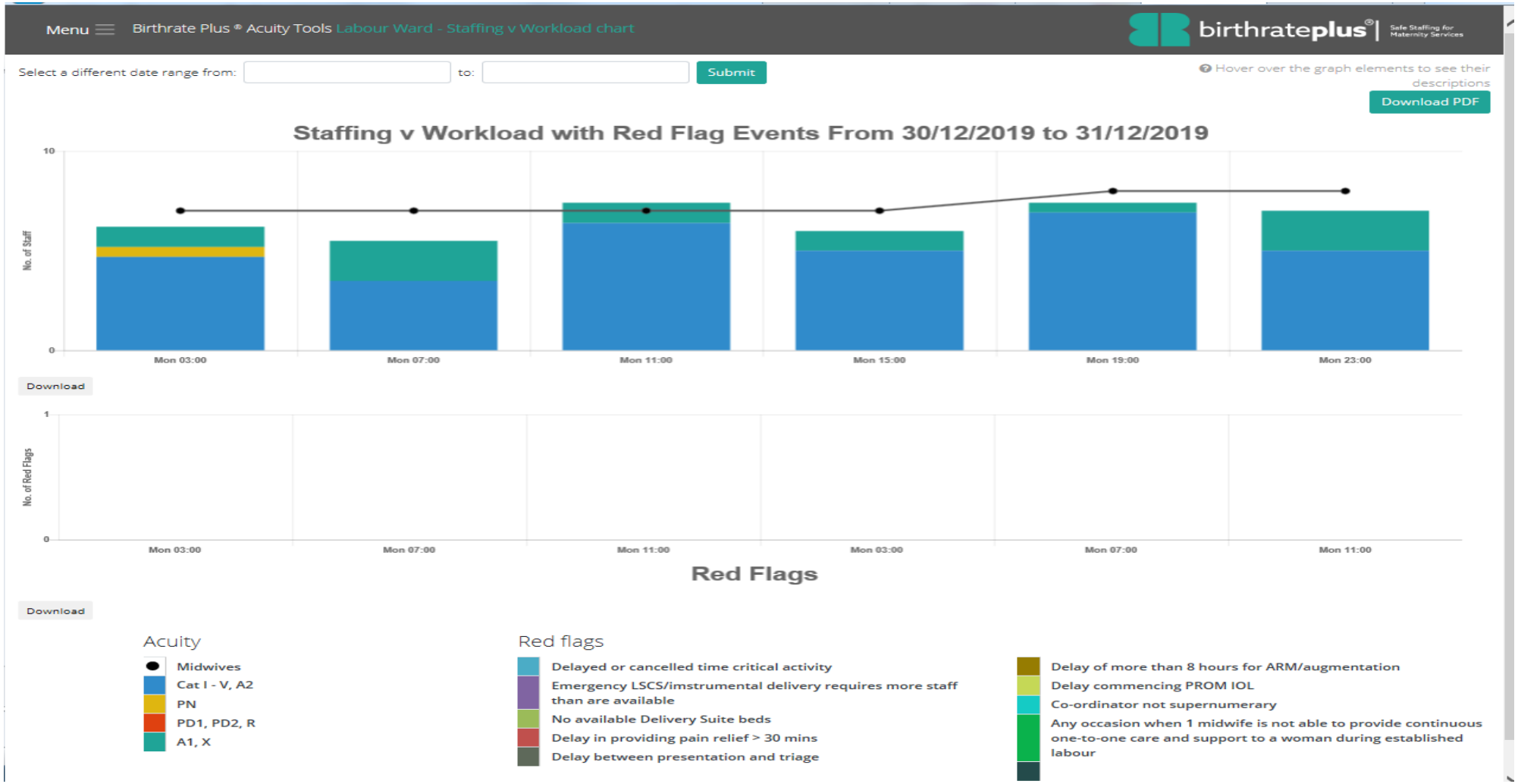
Midiwfery staffing red flags

Appendix 2

Mon 30/12/2019

Time	Cat I	Cat II	Cat III	Cat IV	Cat V	Cat A2	PN Readmission	Cat PD1	Cat PD2	Cat PN	Cat A1	Cat X	MWs & Coordinator	Total no. of women in acuity	Acuity	
03:00		1	2	1						2	2		7	8	0.80	Info
07:00		1	1	1							4		7	7	1.50	Info
11:00			3		2						2		7	7	-0.40	Info
15:00			3		1						2		7	6	1.00	Info
19:00		1	3	1		1					1		8	7	0.60	Info
23:00			2	2							3	2	8	9	1.00	Info

Appendix 3


Menu
Birthrate Plus ® Acuity Tools Labour Ward - Staffing v Workload chart
birthrateplus
Safe Staffing for Maternity Services
Select a different date range from:
to:
Submit
Hover over the graph elements to see their descriptions
Download PDF
Staffing v Workload with Red Flag Events From 30/12/2019 to 31/12/2019
No. of Staff
10
0
Mon 03:00
Mon 07:00
Mon 11:00
Mon 15:00
Mon 19:00
Mon 23:00
Download
No. of Red Flags
1
0
Mon 03:00
Mon 07:00
Mon 11:00
Mon 03:00
Mon 07:00
Mon 11:00
Red Flags
Download
Acuity
Midwives
Cat I - V, A2
PN
PD1, PD2, R
A1, X
Red flags
Delayed or cancelled time critical activity
Emergency LSCS/imstrumental delivery requires more staff than are available
No available Delivery Suite beds
Delay in providing pain relief > 30 mins
Delay between presentation and triage
Delay of more than 8 hours for ARM/augmentation
Delay commencing PROM IOL
Co-ordinator not supernumerary
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour