Worcestershire Acute Hospitals NHS Trust

SAFE STAFFING LEVELS MATERNITY DEPARTMENT

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Key Amendments

Date	Amendments	Approved by

The continual provision of Maternity services staffed at a safe and effective level is vital for the delivery of maternity care. WAHT maternity services are provided across three sites, The Alexandra Hospital, Kidderminster Hospital, Worcestershire Royal Hospital and community services covering Worcestershire.

Midwives, nursery nurses and maternity support workers deliver Worcestershire maternity services in the acute and community settings.

Monitoring of staffing levels is reviewed by the head of midwifery, matrons and general manager, verbal updates and reports are discussed at senior midwife and directorate meetings.

The board receives assurance regarding safe staffing levels via Maternity Dashboard.

Monthly establishment data is collated by the Local Supervisory Authority - LSA for annual audit purposes. Where the recommended numbers of staff are not in place business and contingency plans will be implemented and their effectiveness monitored by the senior directorate management team in order to manage the situation.

Monthly workforce information is collected and sent the SHA. This is being co-ordinated locally by workforce leads in each SHA and are collated and analysed at cluster level using a modified Birthrate Plus tool.

Where annual reviews identify failure to meet safe staffing midwife to birth ratios as recommended by *Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour* Actions will be monitored via the risk register.

This paper outlines the process for review of Maternity Staffing for Worcestershire Acute Hospitals Trust Maternity Services, incorporating the guidance for safe staffing as set out in Safer Childbirth: Minimum Standards for the Organisation and Delivery of care in labour (2007) and Maternity Matters (DoH 2007).

Definitions

Minimum Midwifery Staffing Levels:

The aim is to achieve a ratio of 1:28 in line with Safer Childbirth 2007. In addition for high risk case loads (social and clinical determinants) these areas should have a minimum ratio of 1:25. These ratios are to provide clinical care and should not include other required specialist posts such as Practice Development, Risk Management, Infant feeding specialist, and antenatal screening coordinator (RCOG 2007).

One to one (1:1) definition of the requirement:

The National Service Framework requires maternity services to develop the capacity for **every woman to have a designated midwife to provide care for them when in established labour for 100% of the time**[1]

1:1 midwife care in established labour means:

- A woman in established labour (NICE definition[2], as modified by clinical judgement) receives care from a designated midwife for the whole of that labour, or the midwife's whole shift, whichever is the shorter. This midwife will be available to care for the woman 100% of the time.

- At the end of the shift, if necessary, care will be handed over to another designated midwife, who will continue the one-to-one care of that woman.

3. Service Profile

Maternity services at the Alexandra and Worcestershire Royal Hospitals provide outpatient, triage, inpatient antenatal, intrapartum and postnatal care. a level 2 Neonatal Intensive Care Unit (NICU) at WRH for babies above 28 weeks gestation. Kidderminster Treatment Centre provides a maternity day assessment and satellite consultant / midwifery antenatal clinic.

A senior management team for the midwifery services is lead by the Head of Midwifery and supported by 3 matrons, a risk manager for maternity services and a specialist clinical midwife. WAHT supports Supervisors of Midwives, aiming to provide a midwife to supervisor ratio of 15:1.

Women and families are able to consult the Head of Midwifery or a Supervisor of Midwives directly for help or guidance on maternity care.

Four Community Midwifery teams are located at various bases across the county. The teams cover the following areas.

- Bromsgrove and Redditch
- Kidderminster
- Droitwich and Evesham
- Malvern and Worcester

Each of the 4 community teams have a specialist midwife for vulnerable groups providing vital links with multi agency health professionals across Worcestershire. Each Community team is supported by at least 1 maternity support worker.

Community midwives provide a home birth service, antenatal care in home, hospital and children's centres, plus postnatal care at home or in designated postnatal clinics.

Delivery Suite Midwifery Leadership

The service is organised to ensure a senior midwife is on duty 24/7 to co-ordinate the shift. This Band 7 co-ordinator is a senior and experienced midwife whose role includes overall unit responsibility on shift for safe staffing levels, allocation of cases to appropriate skill mix, patient safety and a vital link with members of the maternity team. It is the coordinators role to escalate any concerns relating to the safety of women and babies, staffing and potential compromise of maternity's business continuity to a member of the directorate senior management team.

Wherever possible, the shift coordinator role is to work without a clinical caseload as per the national Safer Births guidance [2007], to ensure that she/he is available as a knowledgeable resource for clinical emergencies, leadership, clinical advice or teaching as required.
The labour ward coordinator is a vital point of contact for the community teams. Communication links including early warnings of potential transfers in from home births enables the coordinator to plan for fluctuations in activity.

Band 7 Midwives

Lead and coordinate the clinical, managerial, and educational requirements of midwives and support staff within a defined area e.g. Delivery Suite, Wards, Antenatal Clinics and Community Setting.

Band 6 Midwives

Experienced band 6 midwives provide care and advice to women during pregnancy, labour and the postnatal period. The experienced midwives act autonomously in the provision of direct client care conducting deliveries on their own responsibility and providing care for the newborn; provide preceptorship for band 5 midwives; support the band 7 midwives in the management of a defined clinical area or caseload, effectively coordinating and professionally leading the clinical midwifery team in their absence.

New Entrant Midwives Band 5

Provide care and advice to women during pregnancy, labour and the post partum period. The newly qualified midwife acts autonomously in the provision of direct client care but has a named preceptor for a minimum of 12 months to facilitate completion of the band 5 competencies and movement on to the Band 6 pay scale. The newly qualified midwife provides care on a one to one basis but also manages a caseload of mothers and babies in a defined clinical area.

Role of the Supervisor of Midwives

The Supervisor of Midwives provides leadership, guidance and support to all Midwives in the maternity service. Supervisors of Midwives ensure the process of statutory supervision is in place, they are a point of contact for women and their families, Midwives, Medical Staff, Trust Clinical Governance Groups and the Board on aspects of supervision, practice, difficult or challenging clinical situations. Outside normal working hours a supervisor of midwives can be reached via both delivery suites.

Senior Midwifery Management Team

A member of the senior midwifery team is available 24/7. During the hours of 9am –5pm the senior team can be contacted via hospital pagers. An on call senior midwife rota 5pm – 9am ensures that management advice is available via switchboard out of hours.

Registered Student Midwives

Provide care under direct or indirect supervision from qualified midwives in all care settings.

Obstetric Theatre Sister RGN:

The Obstetric Theatre Sister has responsibility for the day to day running of the obstetric theatre. His/her role supports the Delivery Suite coordinator in the management of the obstetric theatre. Acts as scrub practitioner for elective and emergency caesarean sections and assists with high dependency procedures.

A key role for the Obstetric Theatre Sister is in the promotion of best practice in theatres and in the provision of teaching and training programmes to enable midwives, student midwives, medical students and junior doctors to develop appropriate scrub practitioner and theatre skills.

Nursery Nurses in Transitional Care Unit (WRH only)

Nursery Nurses work under supervision to assist the multidisciplinary team to deliver individualised planned care for babies following a treatment plan. They undertake delegated clinical responsibilities as specified by the experienced midwifery staff.

Maternity Support Workers

Maternity Support Workers are an integral part of the team and act under the supervision of midwives to assist the multidisciplinary team in delivering an individualised plan of care for mothers and babies.

Specialist Midwives:

Specialist Midwives have specific roles and responsibilities e.g. Risk Management, Practice Development. They also provide and coordinate care for women with specialist needs e.g. substance misuse, antenatal screening and infant feeding. These Midwives provide clinical care which has a significant positive impact on care delivery

(N.B these posts are excluded from calculating the trusts midwife to birth ratios).

Required Safe Staffing Levels

To provide the level of one-to-one midwifery care throughout labour, the midwife-to-birth ratios must be determined by the case mix. This is to provide basic standards for midwife-to-birth ratios in intrapartum care, according to the setting and is based on information from the Birth Rate Plus categories and evaluations, as set out in Safer Childbirth (2007).

The minimum recommended midwife-to-birth ratio is 1:28 for safe levels of service, to ensure the capacity to achieve one-to-one care in labour. The midwifery total care ratios for services with a more

complex case mix should aim for 1:24 ratio (Safer Childbirth 2007). The West Midlands

SHA supports an overall 1:30 ratio.

The recommended maternity support worker staffing level is set out in Safer Childbirth (2007). For home births and low risk women (category I and II), there should be 1 maternity support worker (MSW) for 6 midwives on duty, for all other women this should result in 1 MSW for 4 midwives each shift.

The recommended total care ratios indicate the maximum number of women that a midwife can provide antenatal, intrapartum and postnatal care for within the service. This ratio is not the same as the ratios to determine the total establishment figure. This figure should not take account of midwives in any other roles, for example risk management, practice development, audit, breastfeeding adviser, and antenatal screening midwives. The 2012/13 ratio of midwife to birth is 1:33 as calculated by the SHA workforce review 2012.

Process for Annual Review of Maternity Staffing Levels

An annual review of midwifery, nursing and support staff levels is performed. Each financial year the senior midwifery team review the allocation of staff to specific areas, review the birth rate in each unit and configure staffing levels to meet activity for those areas. Whilst Safer Childbirth recommends a midwife to birth ratio of 1;28, the West Midlands SHA supports a ratio of 1:30. If WAHT maternity services have the appropriate staffing levels in line with the recommendations from the annual review, a business case will not be required.

Process to review the Annual LSAMO report

The senior midwifery team will provide evidence to the West Midlands LSA officer with regards to staffing establishments. The annual report will allow WAHT to benchmark with other maternity services in the region. The annual LSAMO report will be received by the Head of Midwifery shared with Supervisors of Midwives and the senior maternity management team. .

Contingency Plans to address staffing short falls.

Business Plan Process
Where medium to long term midwifery and or support staffing shortfalls are identified by monitoring/ audit or risk management systems a business case is developed to reflect the annual staffing review findings by the Head of Midwifery in line with the Trust Business case process. The Head of Midwifery will monitor the progress of the business plan up date the maternity dashboard , risk register and report to the Directorate, Clinical Governance Committee, Chief Nursing Officer, Executive Risk Management Committee and Integrated Governance Committee.

Contingency Planning Process

Provision of safe staffing levels is essential to providing women with a safe and positive birth experience; this can be affected in the short term by an increase in workload activity within the birth setting, staff sickness or long term by inadequate midwifery staffing levels. Contingency plans are developed to address such circumstances.

Short, Medium and long term staffing shortage

For the periods of short, medium and long term staffing shortfalls please refer to "Maternity/Neonatal escalation policy" which outlines the process for managing staff shortfalls including business continuity plans during unusual, unexpected service disruptions.

Ongoing staffing shortfalls

The Head of Midwifery will develop a contingency / business case where ongoing staffing shortfalls are identified through the annual staffing review or risk management systems. The business case will be presented at the Obstetric Clinical Governance meeting and monitored by this group six monthly. The business plan outlining staff short fall will be recorded on the Obstetric Risk Register. Where long term unresolved short falls continue the General Manager, Head of Midwifery or Clinical Director will escalate the risk to the Trust Board via the Quality Forum and Executive Risk Management Committee (ERMC) or directly through an executive of the trust board.

Process for monitoring compliance with required safe staffing levels

Monitoring of staffing levels is reviewed by the head of midwifery, matrons and general manager, verbal updates and reports are discussed at senior midwife, directorate meetings and obstetric governance committee as a standing agenda item.

Where monitoring has identified ongoing deficiencies in maternity staffing levels, the recommendations and action plans that have been developed must identify the changes the directorate have implemented to address the deficiencies. This will be monitored via the directorate risk register, maternity dashboard, directorate and obstetric governance committee and escalated to the Executive Team via ERMC and IGC.

Monitoring		
How?	Monthly	Maternity Dashboard
Who?	HoM / senior midwifery team	Senior Midwives
What?	Midwife birth ratios Contingency / Business plans Establishment in line with Safer Childbirth	Directorate & Clinical Governance

The following outlines the safe staffing requirements for all care settings

Community Teams Midwifery Safe Staff Levels

Community Team	Weekdays 9-5	Weekend cover	Night On call
Bromsgrove	5	2	1
Redditch	8	3/2	1
Kidderminster	7	3/2	1
Worcester	8	3/2	1st
Malvern	5	2	1
Droitwich	4	2/1	1 from either

Evesham	5	2	

Community Teams Support Staff

Community Team	Weekdays 9– 5	Weekend
Bromsgrove	1 x 3 days	
Redditch	1 x 3 days	
Kidderminster	1 x 3 days	
Worcester	1 x 5 days	
Malvern	1 x 3 days	
Droitwich	1 x 3 days	
Evesham	1 x 3 days	

Midwifery Staffing WRH

A senior midwife band 7 coordinator based on delivery suite will be available for each shift on each site.

Appendix A

SAFER CHILDBIRTH - Midwifery Staffing in Varied Birth Settings Based on Birth rate Plus Case Mix Categories to Provide the Standard of One-to-one Care in Labour

Setting	Birth-rate Plus Case Mix Category	Definition of Category	Midwife-to-Woman Standard Ratio	MSW to Midwife Ratio
Home	I & II	Low risk: midwifery care; 37-42 weeks of gestation, normal birth, no intervention, no epidural, good birth weight and Apgar	1 WTE midwife to 1 woman	1 MCA for team of 6 midwives
Birth Centre	I & II	Low risk: midwifery care; 37-42 weeks of gestation, normal birth, no intervention, no epidural, good birth weight and Apgar	1 WTE midwife to 1 woman	1 MCA for team of 6 midwives
Obstetric unit based on case mix categories, not dependent on size or setting	I & II	Low risk: midwifery care; 37-42 weeks of gestation, normal birth, no intervention, no epidural, good birth weight and Apgar	1 WTE midwife to 1 woman	1 MCA for 6 midwives each shift to cover diverse duties (non-midwifery)
	III	Moderate degree of intervention: induction, fetal monitoring, instrumental birth, third degree tear, preterm birth	1.2 WTE midwives to 1 woman	1 MCA for 4 midwives each shift to cover diverse duties (non-midwifery)
	IV	Higher risk/higher choice or need: normal birth with epidural for pain relief, elective caesarean sections, duties (non-midwifery) post-birth complications	1.3 WTE midwives to 1 woman	1 MCA for 4 midwives each shift each shift to cover diverse duties (non-midwifery)
	V	Highest risk including emergencies; emergency caesarean sections, medical or obstetric complications, multiple births, stillbirths, severe pregnancy-induced hypertension	1.4 WTE midwives to 1 woman	1 MCA for 4 midwives each shift to cover diverse duties (non-midwifery)

Appendix B
Midwifery, nursing and support staff group utilised by maternity service

Establishment		Sum of Fund WTE	Sum of Contra WTE	Sum of Vacant
Evesham/Droitwich Community Midwives	Nurse band 6	9.54	9.79	(0.25)
	Nurse band 7	1.60	1.70	(0.10)
Evesham/Droitwich Community Midwives Total		11.14	11.49	(0.35)
Maternity Dept (KIdderminster)	Admin & Clerical band 2	1.41	1.41	0
	Admin & Clerical band 3	1.65	1.65	0
	Nurse band 2	2.68	3.16	(0.48)
	Nurse band 6	12.36	12.33	0.03
	Nurse band 7	2.21	2.85	(0.64)
Maternity Dept Midwifery Total		14.57	15.18	(0.61)
Maternity Team 1	Admin & Clerical band 2	6.09	5.92	0.17
	Admin & Clerical band 3	1.86	2.40	-0.54
	Nurse band 2	24.40	22.10	2.30
	Nurse band 4	6.08	6.15	(0.07)
	Nurse band 5	0	5.20	(5.20)
	Nurse band 6	62.67	57.10	5.57
	Nurse band 7	10.51	11.10	(0.59)
Maternity Team 1 Midwifery Total		73.18	73.40	(0.22)
Midwifery Alex	Admin & Clerical band 2	5.5	5.62	-0.12
	Admin & Clerical band 3	1.35	1.35	0
	Nurse band 2	17.03	15.02	2.01
	Nurse band 3	1.40	1.60	(0.2)
	Nurse band 4	0	0	0
	Nurse band 5	0	1.60	(1.60)
	Nurse band 6	36.77	36.26	0.51
	Nurse band 7	8.80	10.10	(1.30)
Midwifery Alex Total		45.57	47.96	(2.39)
Redditch /Bromsgrove Community Midwives	Nurse band 6	15.9	15.50	0.40
	Nurse band 7	2.40	2.40	0
Redditch /Bromsgrove Community Midwives Total		18.3	17.90	0.40
Worcester/Malvern Community Midwives	Nurse band 2	1.0	1.60	(0.60)
	Nurse band 6	14.01	13.63	0.38
	Nurse band 7	3.77	2.80	0.97
Worcester /Malvern Community Midwives Total		17.78	16.43	1.35
Imp Maternity & Child Service O&G	Nurse band 2	3.00	1.80	1.20
	Nurse band 7	1.00	1.00	0
	Nurse band 6	13.10	8.93	4.17
Imp Maternity & Child Service O&G Midwifery Total		14.10	9.93	4.17

Appendix C Review Process for maternity establishment