

Document Control

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| Author | | | Author's job title Head of Midwifery |
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1. Purpose

Introduction

High quality maternity services rely on having an appropriate workforce, with the leadership, skill mix and competencies to provide excellent care at the point of delivery

This document sets out Northern Devon Healthcare NHS Trust’s Operational Policy for the Maternity Services. It provides a robust framework to ensure a consistent approach across the whole organisation for dealing with any woman in our care during the Antenatal, Intrapartum and Postnatal period, whether she has decided to give birth in hospital or in any other care/home setting.

Purpose

The purpose of this document is to ensure adherence to the minimum Safer Birth (RCOG 2007) Standards for Maternity Care (RCOG 2008) Maternity Matters (DH 2007), Better Births (2016) and Healthy Child Programme (DH 2009)

The policy applies to all staff working within the Maternity Services

Implementation of this policy will ensure that:

The Maternity Service has approved safe staffing levels for all Midwives, Support Staff, Consultant Obstetricians, Anaesthetists and Assistants and Paediatricians in all care settings.

There is clear identification of roles and responsibilities within the Maternity Services for each professional group.

There is a process for developing a contingency plan to address short term staffing shortfalls across all professional groups due to an increase in workload or excessive sickness.

There is a process for developing a contingency plan to address ongoing staffing shortfalls.

There is a process for undertaking an annual review of staffing levels across all professional groups and developing a Business Plan that will be presented to the Executive Directors Team

Background

North Devon Maternity Services cover an area of 930 sq. miles.

Ladywell Unit has approximately 1650 births per annum

There are 6 delivery rooms including 2 birthing pools

1 dedicated obstetric theatre/ alongside second theatre

18 antenatal / postnatal beds

1 Antenatal Clinic

Day Assessment Unit

The Maternity services are supported by a team of hospital and community based midwives.

2. Responsibilities

There is a multidisciplinary team of professionals at NDHCT that provide maternity care for all women from initial antenatal contact and booking to postnatal discharge. This care is provided over a 24 hour period and is available in all care settings with the exception of centralised High Risk Obstetrics, Anaesthetics and Paediatrics. All staff; Midwives, Maternity Care Assistants, Obstetricians, Anaesthetists and Paediatricians must be 'work ready' for the duration of their allocated working hours, therefore on-site, in uniform and ensuring they can be readily contacted.

The organisational structure for the Northern Devon Healthcare Trust Maternity Services is attached as appendix 1.

The multidisciplinary teams consists of

Midwives

Obstetric team including Consultant, Associate Specialist, Staff Grade / Middle Grade, Senior House Officers and Medical students.

Anaesthetic team including Consultant, Associate Specialist, Staff Grade / Middle Grade, Senior House Officers, Specialist Anaesthetics trainees and Anaesthetic support staff.

Paediatric/neonatal team including Consultant, Staff Grade / Middle Grade, Senior House Officers and Specialist Paediatric trainees.

Clinical Pharmacist.

Role of Midwives and Maternity Care Assistants

The Head of Midwifery

Has the overarching responsibility for the Operational and Strategic management of the Maternity Service as a whole.

Provides professional leadership and is an advocate for women.

Ensures Budgetary Control, Management of Human Resources, Strategic Planning and Clinical Governance of the Service

The Lead Midwives:

Assume responsibility in the absence of the Head of Midwifery.

Are responsible for the Operational Management of the Hospital Maternity services and Community Services on a day to day basis inform workforce and service development planning.

Need to ensure a quality service through evidence based guidelines, overseeing a robust risk management framework , safe and effective resourcing of equipment and developing support systems for all staff they line manage including new and preceptorship midwives.

The Maternity Clinical Risk Midwife:

To inform the development of Clinical Risk Management initiatives and strategies thereby ensuring risks to women, employees and members of the public are identified and appropriately addressed.

Ensure the timely, effective investigation of incidents are undertaken including the completion of risk assessments where necessary.

Be responsible for the ongoing monitoring of risks identified through the DATIX incident reporting system and will ensure that necessary actions and learning takes place.

The Role of Labour Ward Coordinator

Has 24-hour responsibility for the day to day management of the Labour Ward and Antenatal/Postnatal midwives and provides leadership, advice, supervision and co-ordination of midwifery staff.

Act as a mentor for all midwives and other support staff.

Has 24-hour responsibility for a specialised clinical area including the obstetric theatre and is responsible for the organisation of the department and the effective deployment of staff on a daily basis.

Provides specialist advice to midwives and other members of a multi-disciplinary team and supervises preceptorship midwives and other members of maternity staff.

The Role of the Midwife:

To be an accountable practitioner

Provide the necessary support, supervision, care and advice to all women during pregnancy, labour and the postpartum period.

Conduct births on their own responsibility and to care for the newborn in any care setting.

Taking preventative measures, the detection of abnormal conditions in mother and baby, calling for medical assistance and undertaking emergency measures in the absence of medical help.

Act as a mentor for all midwives and maternity staff.

Midwives rotate through all hospital service areas in order to maintain clinical skills across the range of antenatal, intrapartum and postnatal care.

The role of the midwife, her function and scope of practice, is established in statute and CANNOT be delegated to anyone else. (NMC 2004)

The minimum service delivery of midwife to woman ratio is 1:28 for continuous level of service and to ensure the capacity to achieve one to one care in labour

Maternity Care Assistants

Are required to work within a team, responsible to and supervised by a midwife or any other regulated member of staff.

Rotation to both day and night duty and to work in all areas of maternity services delivery

Have special expertise and this will be in areas such as breastfeeding, parenting skills in the early postnatal period, obstetric theatre duties and the care of both low and high risk women.

The key principle in incorporating Maternity Care Assistants within the workforce skill mix is to complement not to substitute the midwife.

Midwifery and Maternity Support Staff – Audit requirements

To ensure there is an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery. There will be a documented annual audit undertaken to establish whether staffing levels are in line with the maternity services required staffing levels.

For midwives and midwifery support staff this audit will be measured against the calculations recommended by Birthrate Plus (Safer Childbirth Table 6) / NICE Guidance safe staffing Midwifery (2015)

The current recommended ratio is 1:28 (1 wte midwife for every 28 women).

This should not include midwives in other specialist non-clinical roles.

If the results of the audit demonstrate that staffing levels are not being achieved then a risk assessment will be completed and registered on the Trust Risk Register, with a corresponding business plan and timely action.

Role of the Obstetrician

The Consultant Obstetrician

The skills and time of the Consultant Obstetrician will be utilised to:

- to ensure highest standard of care for women and their babies with medical or obstetric needs. This will include;
 - clinical practice according to the specific job plan and clinical sessions,
 - leading and participating in the Trust and speciality clinical governance processes of risk management, education and audit,
 - providing advice, teaching, mentorship and support for all members of staff in their role as a professional leader as well as part of the Trust and deanery training programme. Support medical and Obstetric trainees with their learning needs.
 - developing their own clinical practice, knowledge and skills within their professional requirement for lifelong learning.
 - be available during on-call and clinical sessions for all women and their babies with medical or obstetric needs including acute, severe and life-threatening clinical situations.
 - provide 40 hours presence on the Labour Ward (Safer Childbirth RCOG 2010) to include conducting ward rounds to review all Obstetric cases ensuring they have a clearly documented and time bound care plan, attending for and completing operative/emergency procedures and emergencies. The 40 hours are dedicated to labour ward and the obstetrician has no other clinical commitments to obstruct him/her from being physically present.
 - conduct a ward round as the Consultant on call at least twice per day 7 days per week, reviewing all Obstetric cases ensuring they have a clearly documented and time bound care plan and prioritising those who are particularly high risk or referred from other members of the multi-disciplinary team.
 - be available within 30 minutes to provide a physical Consultant presence at NDDH during their on-call rotation. The Consultant Obstetrician on-call must attend;

- for all high risk cases with escalating concerns or deterioration including pre-eclampsia, eclampsia, maternal collapse, septic shock, massive obstetric haemorrhage, caesarean section for complex cases, uterine rupture, return to theatre with laparotomy, fetal demise, complex instrumental deliveries,
for all cases where their senior clinical skills and expertise are deemed required by the clinical assessment and/or where there is any concern raised by the maternity team that requires their presence to ensure patient safety.
- escalate any concerns about risk within the unit or women and their babies arising from a deteriorating clinical picture or operational concern.

The Role of the SAS Staff Grade Obstetrician

The skills and time of the SAS Staff Grade Obstetrician will be utilised to:

- to ensure highest standard of care for women and their babies with medical or obstetric needs. This will include;
 - clinical practice according to the specific job plan and clinical sessions namely admissions, clinical assessment, routine clinic attendances, ward rounds, clinical emergencies, follow up, documentation with a clear, time bound plan,
 - Effective and timely communication with the multi-disciplinary team and other specialities to ensure safe, effective care for women and their babies,
 - leading and participating in the Trust and speciality clinical governance processes of risk management, education and audit,
 - providing advice, teaching, mentorship and support for all members of staff in their professional role as well as part of the Trust and deanery training programme. Support medical and Obstetric trainees with their learning needs.
 - developing their own clinical practice, knowledge and skills within their professional requirement for lifelong learning.
 - be available during on-call and clinical sessions for all women and their babies with medical or obstetric needs including acute, severe and life-threatening clinical situations.

- provide a physical presence during duty hours on the Ladywell Unit to include conducting ward rounds on CDS and Bassett ward to review all Obstetric cases ensuring they have a clearly documented and time bound care plan, and prioritising those who are particularly high risk or referred from other members of the multi-disciplinary team, attending for and completing operative/emergency procedures and emergencies.
- escalate any concerns about risk within the unit or women and their babies arising from a deteriorating clinical picture or operational concern.

The role of the Obstetric trainee

The skills and time of the Obstetric trainee will be utilised to:

- to ensure highest standard of care for women and their babies with medical or obstetric needs. This will include;
 - clinical practice according to their professional competency namely admissions, clinical assessment, routine clinic attendances, ward rounds, clinical emergencies, follow up, documentation with a clear, time bound plan,
 - effective and timely communication with the multi-disciplinary team and other specialities to ensure safe, effective care for women and their babies,
 - participating in the Trust and speciality clinical governance processes of risk management, education and audit,
 - providing advice, teaching, mentorship and support for all members of staff according to their professional competency as part of the Trust and deanery training programme,
 - developing their own clinical practice, knowledge and skills within their individual training plan requirements and as part of the Trust and deanery training programme.
 - be available during on-call and clinical sessions for all women and their babies with medical or obstetric needs including acute, severe and life-threatening clinical situations.
 - provide a physical presence during duty hours on the Ladywell Unit to include attending ward rounds on CDS and Bassett ward to review all Obstetric cases ensuring they have a clearly documented and time bound care plan, and prioritising those who are particularly high risk or referred from other members of the multi-disciplinary team, attending for and completing operative/emergency procedures and emergencies.
- escalate any concerns about risk within the unit or women and their babies arising from a deteriorating clinical picture or operational concern.

Obstetric team – Audit requirements

To ensure there is an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery. There will be a documented annual audit undertaken to establish whether the Obstetric service staffing levels are in line with the recommendations in Safer Childbirth

The audit will be measured against the standards set out in Table 8 Safer Childbirth (RCOG 2010) adapted form "The future role of the Consultant" (RCOG 2005)

For the Obstetric service in North Devon, rated at Category A unit, instructs enough Consultant hours to provide 40 hours dedicated labour ward time and a 24 hour on call service.

The audit will be assessed against workforce in post, off duty rotas, incident forms relating to staff shortages and the proportion of time Consultants have other commitments within the 40 hours.

The audit should also address the standards for both routine AND emergency cover.

If the results of the audit demonstrate that staffing levels are not being achieved then a risk assessment will be completed, registered on the Trust Risk Register, with a corresponding business plan and timely action.

This audit will form the basis of any business case / plan presented prior to the beginning of each financial year in support of requests for an increase in funded establishment.

The Obstetric Anaesthetist

The skills and time of the Consultant Anaesthetist and their team will be utilised to:

Undertake all aspects of delivery of anaesthesia and analgesia to women in labour or preparing for an operative intervention

Provide information on procedures to women including information about related complications

Assess women for anaesthesia who indicate a possible risk during procedure

A duty anaesthetist of appropriate competency and dedicated only to the labour ward is immediately available.

The anaesthetic team's response time should be such that a caesarean section may be started within a time appropriate to the clinical condition.

There is a separate Consultant anaesthetist for each formal elective caesarean section list

Extra antenatal outpatient clinic time is available each week for specialist anaesthetic antenatal referrals

The unit has a lead obstetric anaesthetist responsible for the organisation and audit of the service, providing anaesthetist input to the maternity services patient safety forum and for training and support of junior members of staff

Assistant Anaesthetists:

Support the Anaesthetists whilst undertaking their training

Take leadership and guidance from the Obstetric Anaesthetist

Anaesthetic team – Audit requirements

To ensure there is an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery. There will be a documented annual audit undertaken to establish whether the Anaesthetic service staffing levels are in line with the recommendations in Safer Childbirth (2007)

For the Anaesthetist service this means enough Consultant / Specialist Grade cover to provide elective caesarean section theatre lists according to demand, a 24 hour on call Consultant service and 10 Consultant programmed activities or sessions per week. (Safer Childbirth 2007).

The audit will also assess the level of support for the anaesthetists provided by their anaesthetic assistants to include Operating Department Practitioners according to the needs of the maternity service.

The audit will be assessed against workforce in post, off duty rotas, incident forms relating to staff shortages and the number of Consultant programmed sessions being achieved per week.

The audit should also address the standards for both routine AND emergency cover.

If the results of the audit demonstrate that staffing levels are not being achieved then a risk assessment will be completed and entered on the Trust Datix system and an action plan created to address the shortfall.

This audit will form the basis of any business case / plan presented prior to the beginning of each financial year in support of requests for an increase in funded establishment.

The role of the Paediatrician

The skills and time of the Consultant paediatrician and his team will be utilised to:

To ensure a high standard of care for all babies born within the unit whether healthy or sick

To provide a presence at all operative vaginal births, pre term deliveries, emergency caesarean sections and any delivery where there are concerns about the well being of the fetus.

Provide a full examination of the newborn baby (NIPE) prior to discharge home.

Be responsive to any concerns about the health of a newborn baby either on delivery suite or on the postnatal ward.

Paediatric team – Audit requirements

To ensure there is an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery. There will be a documented annual audit undertaken to establish whether the Paediatric service staffing levels are in line with the recommendations in Safer Childbirth (2007) for a Level 1 unit.

For the paediatric service at North Devon which is a Level 1 unit this means having a named Consultant paediatrician who has responsibility and a special interest in neonatology. They must also be the designated link for the labour ward and neonatal service, responsible for the clinical standards of care of newborn babies.

There must be 24 hour availability of a consultant paediatrician trained and assessed as competent in neonatal advanced life support who can attend within 30 minutes.

The audit will be assessed against workforce in post, off duty rotas, incident forms relating to staff shortages and the number of Consultant programmed sessions being achieved per week.

The audit should also address the standards for both routine AND emergency cover.

If the results of the audit demonstrate that staffing levels are not being achieved then a risk assessment will be completed and entered on the Trust Datix system and an action plan created to address the shortfall.

This audit will form the basis of any business case / plan presented prior to the beginning of each financial year in support of requests for an increase in funded establishment.

The role of the Clinical Pharmacist

The Clinical Pharmacist provides advice and guidance to maternity staff in addition to attending the unit daily to complete medicines reconciliation on admission and checking of patients own drugs, reviewing drug charts on a daily basis for prescribing and administration accuracy, monitoring and checking stock levels, and screening all pre-discharge TTAs.

Escalation of clinical concerns

A team approach is essential to effective maternity care and within this communication is the cornerstone. Where any clinician has clinical concerns they must seek appropriate peer, senior, experiential or alternative professional review of the woman, fetus or baby about whom they have concerns. Please refer to the flowchart in Appendix 4 and the Escalation, Communication and Record Keeping in Maternity Guideline for further details.

The role of Maternity Services Patient Safety Forum

To act as a central point for the coordination of maternity service issues and will also address clinical risk and governance issues throughout the maternity services for Northern Devon Healthcare Trust.

Accept, review and monitor obstetric and midwifery reports from external bodies such as the Care Quality Commission, NICE and MBRRACE, as well as those generated within the Trust.

Provide guidance on the management of midwifery and obstetric complications and facilitate cross professional interests.

Ratify all guidelines and policies for the maternity services.

Review recommendations from external agencies with regard to the impact they will have on Maternity Services.

This group reports to the Quality Assurance Committee.

3. The Maternity Unit

The maternity unit provides care for all women during their pregnancy, birth and post-natal needs. Women come under the care of the Maternity staff when they have been referred either by their GP and/or self referred to a midwife.

The women are categorised in two groups, low risk who are booked for Midwifery Led Care and High Risk women who are booked for Shared obstetrician and midwifery care.

Births are conducted both within the hospital and the community settings.

There is a lead midwife for labour ward who provides a crucial role in the smooth and efficient management of the labour ward and provides advice, support and guidance including resource management, a robust risk management framework and a support system for mentoring new and preceptorship midwives and students.

There is a lead consultant obstetrician for labour ward who has overall responsibility for the organisation, standard setting and audit on the labour ward and can manage the performance of the labour ward both in terms of the efficient and effective use of all resources and the development and maintenance of the highest standards of delivery of patient care

Both these individuals will work closely together to reduce the risks associated with care for women and their babies on labour ward.

4. Standards of care

Antenatal care

Routine antenatal care should focus on maintaining and improving health and wellbeing, ensuring that women are equal partners with healthcare professionals in planning their care. For women with an uncomplicated pregnancy, the number of scheduled antenatal appointments should be planned in accordance with national guidance. (NICE Antenatal Care 2012).

A system of clear referral paths should be established and pregnant women who require additional care are managed and treated by the appropriate specialist teams when risks are identified.

Structured maternity records must be used for antenatal care and maternity services should have a system whereby women carry their own maternity records and all other hospital based maternity records are easily available 24 hour a day.

Intrapartum care

Promoting normal birth is the philosophy of the Maternity Services in North Devon.

Each birth setting has protocols based on clinical, organisational and system needs. Core responsibilities of the multidisciplinary team should be clearly defined and effective multidisciplinary working is essential to the efficient delivery of the service, communication between the multidisciplinary team is a keystone to good clinical practice. All women should receive information about the range of analgesia available and epidural analgesia is available 24/7.

Postnatal care

Every mother must receive continuing assessment and support throughout the postnatal period to give her the best possible start with her new baby and for the change in her life and responsibilities.

All women should be assessed immediately after giving birth by a suitably qualified member of the birth team and again prior to transfer to community home care and / or within 24 hours of giving birth. An individualised plan of care should be developed with the woman for her postnatal period.

Training

All maternity care providers are responsible for ensuring the provision of a skilled maternity care workforce of fit for practice practitioners working in multi-professional teams to maximise the quality of care. A training needs analysis tool has been developed for the service and must be adhered to, including statutory, mandatory and essential training programmes.

During times of severe staffing shortages the training programmes may need to be reviewed and a risk assessment should be completed if there is any non-compliance with training.

Clinical Governance

A comprehensive clinical governance framework is in place to monitor the quality of care provided to women and their babies, encouraging clinical excellence, enabling the continuous improvement of standards and providing clear accountability.

Clinical excellence and safety is the top priority in all care and identifying and addressing staffing shortfalls in any of the multidisciplinary teams is paramount to maintaining a safe service.

5. Staffing Levels

Staffing levels set out in the table below have been calculated to provide the level of one to one midwifery care throughout labour. This is adapted from information on Birthrate + categories and evaluations and reflects guidance from Safer Childbirth (2010).

The minimum midwife to woman ratio is 1:28 this is to ensure that safe care can be provided throughout all stages of pregnancy and is based on recommendations from Safer Childbirth (2012).

| | Labour Ward | Bassett Ward | DAU 09:00 – 17:00 | Community Teams |
|-------|--|--|---|---|
| Early | Lab Wd Midwife Coordinator x1 Midwife x 4 Maternity care asst x1 10.00 – 18.00 Midwife x 1 allocated to cover elective work (LSCS) | Ward manager x 1 Midwife x 2 Maternity care asst x 1 | Midwife x 1 Maternity care asst x 1 | 4- 8 midwives per day shift according to activity, including cover for home births |

| | routinely) | | | |
|-------|---|---|---|---------------------------------|
| Late | Lab Wd Midwife Midwife x 4 Coordinator x1 Maternity care asst x1 | Midwife x 2 Maternity care asst x 1 | Midwife x 1 Maternity care asst x 1 | 2 on call for home births |
| Night | Lab Wd Midwife Midwives x 4 Coordinator x1 Maternity care asst x1 | Midwife x 2 Maternity care asst x 1 | closed | 2 on call for home births |

Each 24 hour period will be covered by an on call

Consultant Obstetrician

Obstetric Staff Grade

Obstetric SHO

Consultant Anaesthetist or designated Specialist Grade

Anaesthetic SHO

Consultant Paediatrician or designated Specialist Grade

Paediatric SHO

Community midwives x 2

This team will be responsible for care in all areas of their expertise to include / cover Labour Ward, Antenatal / Postnatal ward and Obstetric Theatres. Community midwives provide home birth cover.

Business Plan to address on-going Staffing Shortfalls

A business plan is developed to address on-going staffing shortfalls, the process for developing the plan will include a multidisciplinary meeting to discuss the pressures to the service and how they will be addressed this will include:

Complete a skill mix review and devise action plan to address any shortfalls

Use of Birthrate plus, an evidence based workforce planning tool for midwifery services (Safer Childbirth 2012)/NICE guidance safer staffing midwifery (2015)

Yearly review of birth rate and staffing establishment to maintain 1:28 ratio for midwifery services (Safer Childbirth 2012)

Job planning sessions for all Obstetric, anaesthetic and paediatric staff based on staffing levels recommendations of Safer Childbirth (2010).

Any future developments are agreed and taken forward on a Business Case basis through the Executive Directors Group.

These processes apply to all staff groups that make up the multidisciplinary team responsible for providing a maternity service in North Devon to include midwives, maternity care assistants, obstetric team, anaesthetic team and assistants and paediatric team.

6. Monitoring Compliance with and the Effectiveness of the Guideline

Standards/ Key Performance Indicators

Process for Reviewing the Policy

The policy will be reviewed every year. The author will be sent a reminder by the Tarkanet Support Officer four months before the due review date. The author will be responsible for ensuring the policy is reviewed in a timely manner and that the reviewed policy is initially approved and ratified by the Maternity Services Patient Safety Forum and finally ratified by The Lead Clinician for Obstetrics, the, Divisional Director of Womens and Childrens Division the Director of Nursing and the Head of Midwifery. All reviews will be recorded by the author in the Document Control Report.

Process for Revising the Policy

In order to ensure the policy is up-to-date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Where the revisions are minor and do not change the overall policy, the author will present the revised version to the Lead Clinician for Obstetrics and the Divisional Director of Womens and Childrens Division for approval.

Significant revisions will require final approval by the Maternity Services Patient Safety Forum.

All revisions will be recorded by the author in the Document Control Report.

Dissemination of the Policy

After final approval by the Maternity Services Patient Safety Forum, the author will provide a copy of the policy to the Tarkanet Support Officer to have it placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the weekly Chief Executive's Bulletin which is circulated electronically to all staff.

An email will be sent to senior management to make them aware of the policy and they will be responsible for cascading the information to their staff.

In addition, staff will be informed that this policy replaces any previous versions.

Implementation of the Policy

Line managers are responsible for ensuring this policy is implemented across their area of work.

Support for the implementation of this policy will be provided by Maternity services team.

Document Control

The author will comply with the Trust's agreed version control process, as described in the organisation-wide Guidance for Document Control.

Library of Procedural Documents

The author is responsible for recording, storing and controlling this policy.

Once the final version has been ratified, the author will provide a copy of the current policy to the Tarkanet Support Officer so that it can be placed on Tarkanet. Any future revised copies will be provided to ensure the most up-to-date version is available on Tarkanet.

Archiving Arrangements

All versions of this policy will be archived in electronic format within the Maternity Services team policy archive. Archiving will take place by the Senior Midwife/Risk Manager once the final version of the policy has been issued.

Revisions to the final document will be recorded on the Document Control Report. Revised versions will be added to the policy archive held by Maternity Services Team.

Process for Retrieving Archived Policy

To obtain a copy of the archived policy, contact should be made with the Senior Midwife, Maternity Services Team.

Process for Implementation and Monitoring Compliance and Effectiveness

Standards/ Key Performance Indicators

Key performance indicators comprise:

- Audit report on Staffing Levels in line with Safer Childbirth
- Completion of successful assessment with CNST Maternity Standards Level 2
- The number of DATIX incidents reported within the Service, including SEA's and SIRI's.

Process for Monitoring Compliance and Effectiveness

Monitoring compliance with this policy will be the responsibility of the Maternity Services Team.

Compliance with this policy will be monitored through a Maternity Dashboard (RCOG) which is presented monthly to the Womens and Childrens Directorate Performance meeting to highlight staffing levels based on a RAG system.

Compliance will also be monitored by a review of the results of the annual audits previously identified as being undertaken for each staff group. The audits are the responsibility of the Head of Midwifery who will delegate appropriate members of staff to undertake these.

Non-compliance will generate a risk assessment which will be entered on the Trust Datix system along with an action plan to address the shortfalls.

The action plans will then be monitored through the Maternity Services Patient Safety Forum and the Womens and Childrens Directorate performance meeting both of which are held monthly.

The Maternity Services Patient safety Forum will report to the Quality Assurance Committee which in return will report to the Trust Board.

Short term staffing shortfalls

Where shortfalls are identified action plans will be developed with named managers and timescales so the gaps are addressed and these will be monitored by the Maternity Services Patient Safety Forum until completion.

Workforce development

Where there is a need to increase staffing levels due to a sustained increase in workload or to meet DoH guidance a business case or job planning must be developed with the Divisional Director of Womens and Childrens Division and will be monitored by the monthly Directorate Performance Meetings.

Document Development Process

As the author, Head of Midwifery, Lead Midwives and Risk Lead for Women's Inpatient Services is responsible for developing the policy and for ensuring stakeholders were consulted with.

Draft copies were circulated for comment before approval was sought from the relevant committees.

Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

7. Consultation, Approval and Ratification Process

Consultation Process

The author consulted widely with stakeholders, including:

Lead Clinicians: Obstetrics/Anaesthetists
Divisional Director of Womens and Childrens Division
Head of Midwifery
Maternity Staff
Director of Nursing/workforce
Quality Assurance Committee
Trust Board

Consultation took the form of a request for comments and feedback via email. Hard copies were available on request.

Policy Approval Process

Initial approval of the policy will be sought from the Maternity Services Guidelines Group and the Maternity Services Patient Safety Forum.

8. References

- RCOG, RCA, RCM, RCPCH, October 2010, Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour

- NHS Litigation Authority, April 2013, Clinical Negligence Scheme for Trusts, Maternity, Clinical Risk Management Standards 2012/2013 V1.
- RCM Midwifery staffing standards (RCM 2009)
- Maternity Matters (DH 2007)
- MBRRACE 2013 – (mothers and babies: reducing risk through audits and confidential enquiries across the UK
- Health Child Programme (DH 2009)
- Birth Rate Plus (Ball 2005, Washbrook 2009)
- Better Births 5 year forward view DH 2016

9. Associated Documentation

- Escalation policy for the closure of the maternity unit
- Sickness absence management policy
- Maternity Services Risk Management Strategy

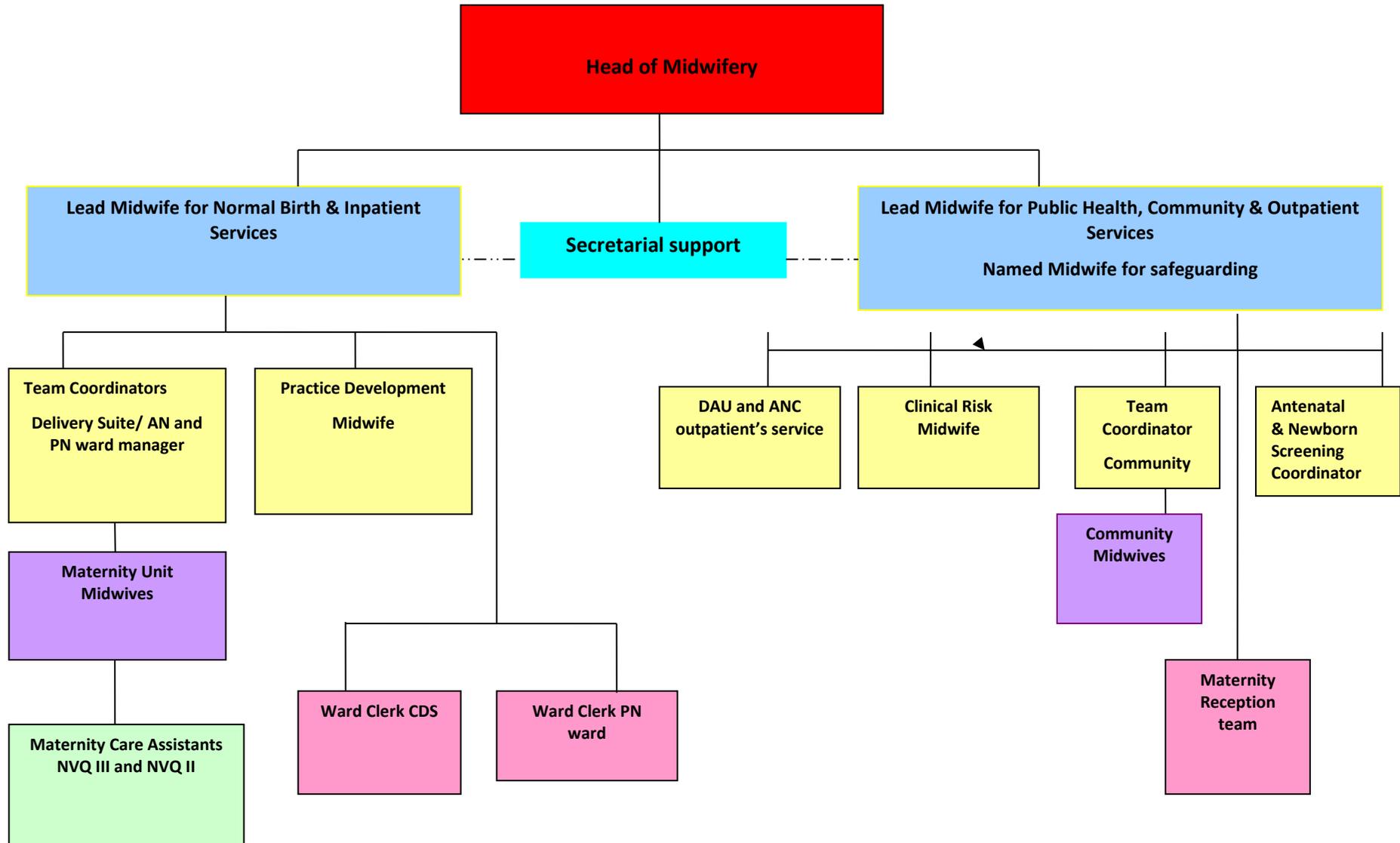


Figure 1: Organisational Chart

Appendix B(1): Contingency Plan to address short term Staffing Shortfalls

A contingency plan has been developed to address short term staffing shortfalls due to unexpected sickness or increased workload, the process for developing the plan will include a multidisciplinary meeting to discuss the pressures to the service and how they will be addressed this will include:

An up to date Escalation Policy for the Maternity Unit and Maternity Services and ensure all those likely to be involved are aware of the process to include both senior midwifery and medical staff

Ensure senior staff have access to and understand system for booking staff through NHSP for midwifery and support staff.

Ensure senior staff have access to and understand system for booking medical staff including Obstetricians, Anaesthetists and Paediatricians.

Involve HR department in monitoring staff sickness absence and adhere to the Trust policy.

Risk assessment to be completed by Head of Midwifery/Clinical Risk Manager for any healthcare professional group with staffing shortfalls due to increased workload or sickness

Action plan to be devised by Head of Midwifery for maternity and support staff with short term staffing issues

Action plan to be devised by the appropriate Directorate General Manager in conjunction with the appropriate Clinical Lead for the professional group with staffing shortfalls to include Obstetrics, Anaesthetics and Paediatrics

Raise issue with Womens and Childrens Divisional Director/Group Manager at monthly Directorate performance meetings.

Appendix B(2): Contingency Plan to address On-going Staffing Shortfalls

A contingency plan has been developed to address on-going staffing shortfalls due to extended / long term sickness or increased workload, the process for developing the plan will include a multidisciplinary meeting to discuss the pressures to the service and how they will be addressed this will include:

Up to date Escalation Policy for the Maternity Unit and Maternity Services and ensure all those likely to be involved are aware of the process to include both midwifery and medical staff.

Ensure senior staff have access to and understand system for booking staff through NHSP for midwifery and support staff.

Ensure senior staff have access to and understand system for booking medical staff including Obstetricians, Anaesthetists and Paediatricians.

Involve HR department in monitoring staff sickness absence and adhere to the Trust policy.

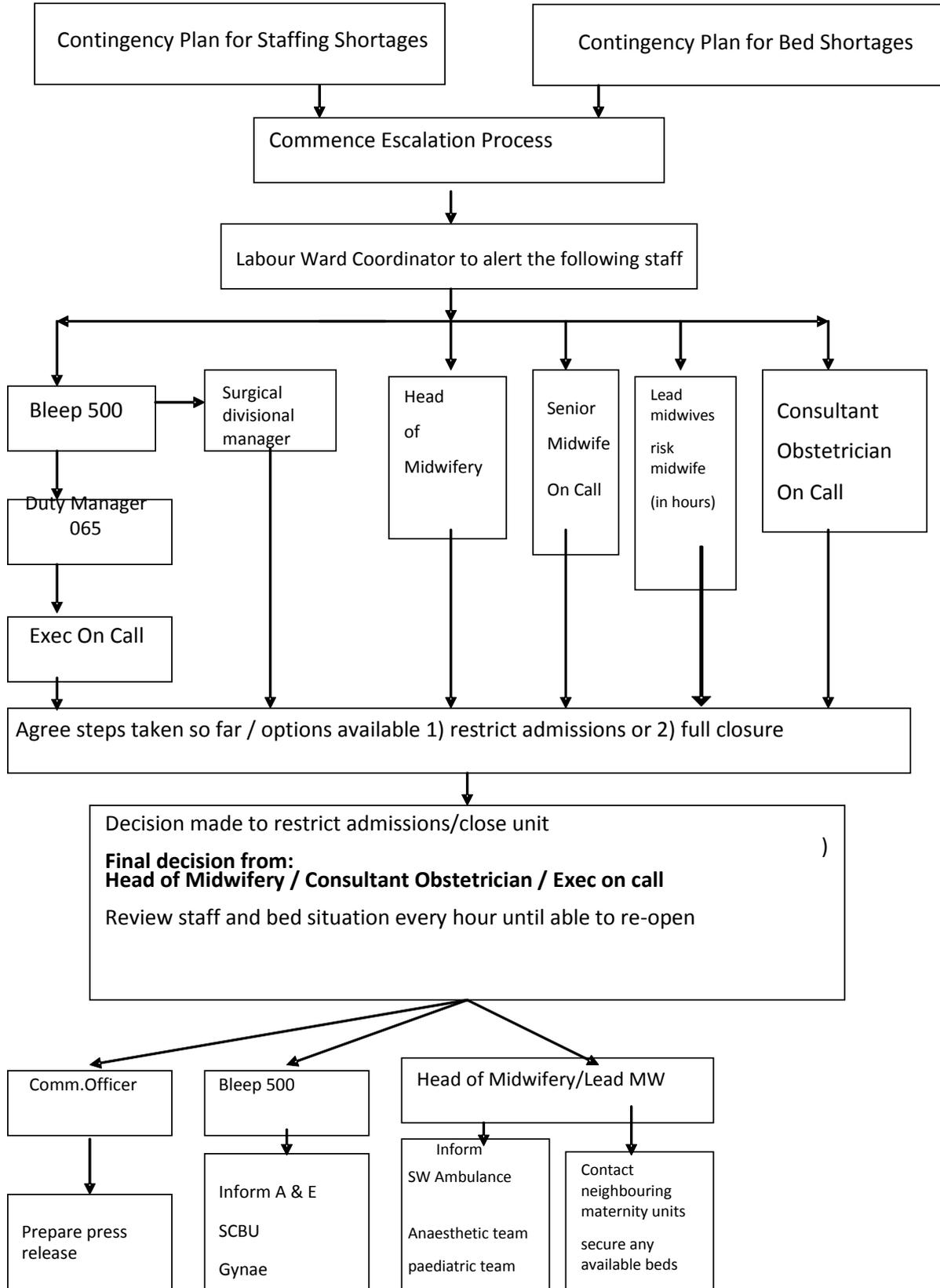
Risk assessment to be completed by Clinical Risk Manager/ Head of Midwifery to include action plan for midwifery/support staffing

Raise issue with Divisional Director of Womens and Childrens Directorate performance meetings.

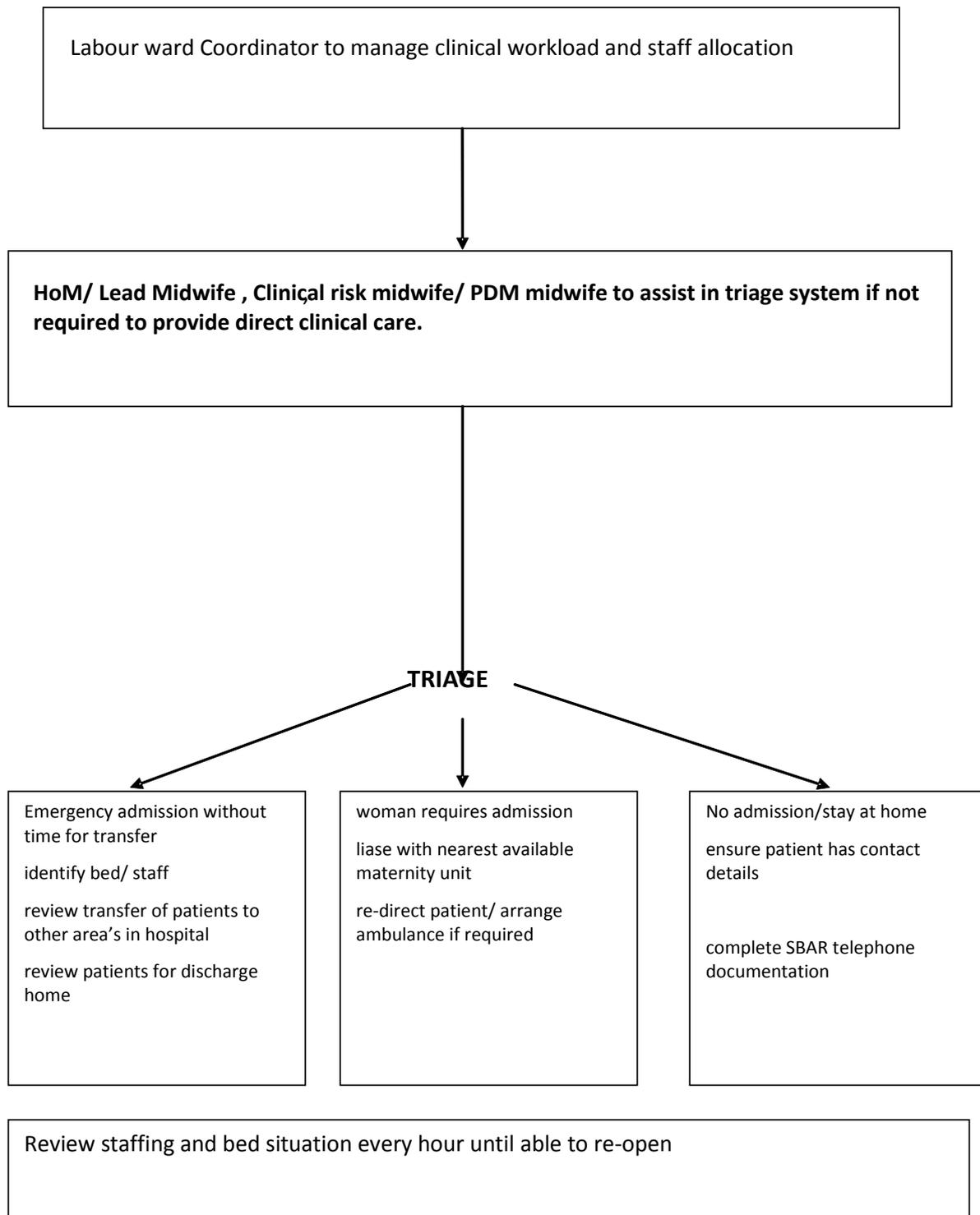
Action plan to be devised by the Surgical Directorate General Manager in conjunction with the appropriate Clinical Lead for the professional group with staffing shortfalls to include Obstetrics, Anaesthetics and Paediatrics

Appendix B(3): 3 Phase Escalation for 'Divert from the Maternity Unit'

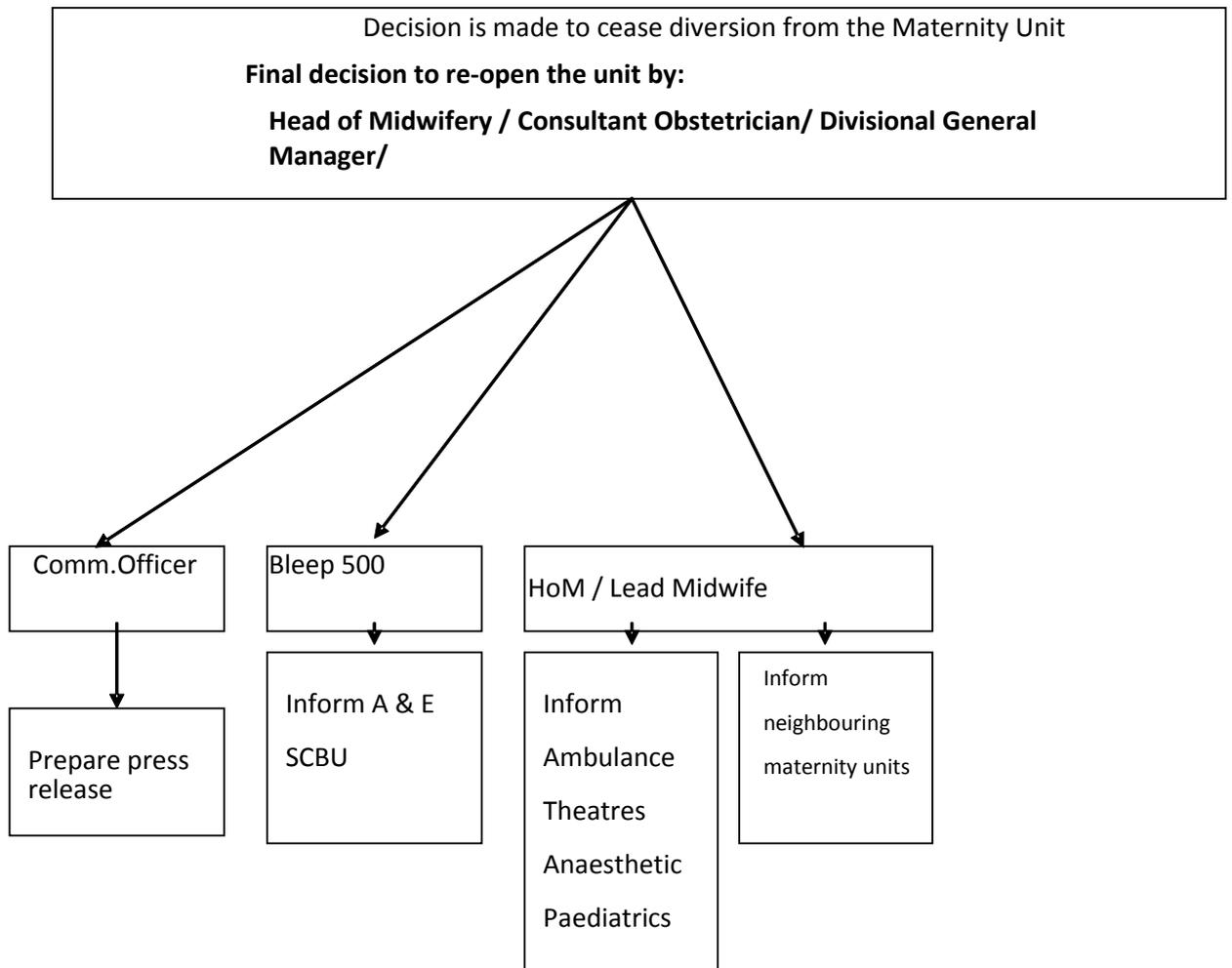
PHASE 1



PHASE 2



PHASE 3

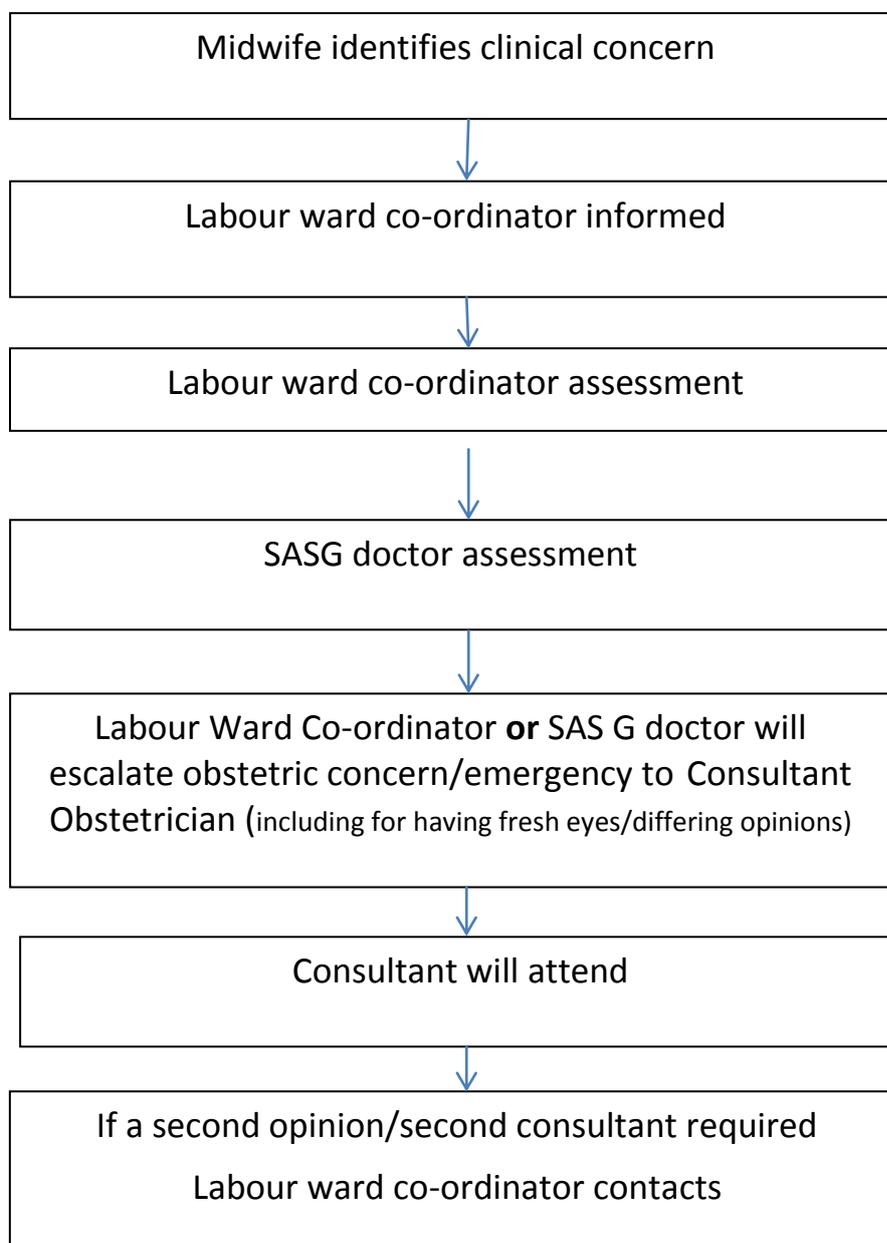


Head of Midwifery / Consultant Obstetrician

- Complete all paperwork relating to the closure
- Complete Datix Incident Report
- Provide debrief for all staff involved, including learning and future planning.
- Send letter for all women affected
 - 1) Closure due to staffing shortages
 - 2) Closure due to bed shortages
 - 3) Closure due to unforeseen event

Appendix B(4): Escalation for contacting senior midwife/obstetric assistance

In/out of hours



Senior midwife on-call

Bleep 500

Duty Manager

Exec on Call

Remember to use SBAR to communicate concerns and document conversation and time