Safe Staffing Levels for
Midwifery, Nursing and Support Staff
For Maternity Service - Approved
Document
V1.5
June 2017

Jan Walters
Head of Midwifery
Women, Children and Sexual Health Division
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</table>
1. **Introduction**

1.1 This guideline applies to all non-medical staff working within the maternity service at RCHT.

1.2 The priority for modern maternity services is to provide a choice of safe, high quality maternity care for all women and babies. In order to do this it is essential that an appropriately skilled maternity workforce has the ‘right people in the right place at the right time’.

1.3 The maternity workforce has historically been characterised by rigid role definitions across different professional groups but increasing emphasis is placed on developing a more flexible approach which can prove more productive via role enhancement (a person taking on new skills), role substitution (working across professional divides), delegation (moving a task up or down grades within a profession) or innovation (creating new roles to fill competency gaps) (‘NHS Workforce Planning: Limitations and Possibilities’, King’s Fund, 2009)

1.4 It is recognised that the number of maternity staff required to care for women and their newborn is dynamic and will fluctuate in the short term depending on daily work load (both predictable and unpredictable) and in the medium to long term depending on birth rate trends, changing case mix and local and national imperatives.

1.5 This version supersedes any previous versions of this document.

1. **Background**

2.1 Royal Cornwall Hospital NHS Trust (RCHT) provides the maternity service for the majority of residents in Cornwall and the Isles of Scilly.

2.2 Antenatal and postnatal care is provided in a variety of settings and locations including Health Centres, GP Practices, Children’s’ Centres, the Birth Centres and at home.

2.3 Intrapartum care is provided at home, in birth centres in St. Austell, Helston and on the Isles of Scilly and in the Royal Cornwall Hospital Consultant-led unit.

2.4 The community birth rate averages 11% of which 4.4% deliver at home.

2.5 There are three Community Midwifery Teams – West, Central and North/Penrice - each managed by a full time Band 7 Team Leader with ring fenced management time (22.5 hours). Midwives are located at various bases across the community to reduce the burden of travel but attend monthly meetings in their locality to ensure good communication and to facilitate peer support.

2.6 The acute unit based in Princess Alexandra Wing comprises:

- an 11 bedded antenatal ward plus a self-contained bereavement suite
- an antenatal assessment and fetal medicine unit
- a 9 room delivery suite with integral obstetric theatres and recovery room
- a 25 bedded post natal ward

2.7. The Neonatal Service is a designated Local Neonatal Unit (LNU) and provides care for babies above 27 weeks gestation. There are 20 cots – 4 intensive care cots, 3 high dependency cots and 13 special care cots; in reality the cots are used flexibly to meet the demands of the service.

2.8. The neonatal unit is located in the maternity unit and is clinically adjacent to the the delivery suite.

2. Purpose of the Document

3.1. This document describes minimum safe staffing levels for all midwives, nurses and support workers employed within the maternity services, RCHT (Appendix 3).

3.2. It describes the process for an annual review of staffing levels and describes what circumstances should trigger an immediate review and the action that should be taken.

3.3. The maternity internal management and external escalation plan is attached as Appendix 4 and details the action to be taken in the event of sudden increases in activity and acute and chronic staffing shortfalls.

3.4. The procedure for managing sudden increases in activity and acute and chronic staffing shortfalls in the community is described in Appendix 5.

3. Roles and Responsibilities

4.1. Head of Midwifery

4.1.1. The Head of Midwifery (HoM) has overall responsibility for the professional leadership and operational and strategic management of the maternity service.

4.2. Maternity Matrons

4.2.1. The midwifery matrons for inpatient and community services are responsible for providing professional and managerial leadership for midwives, nurses and support workers within the maternity service.

4.2.2. The matrons have responsibility for the day to day provision of a safe, effective service delivering high quality care to mothers and their infants in order to ensure positive clinical outcomes and a good patient experience.

4.2.3. The matrons provide clinical leadership, advice and guidance and are pivotal in facilitating good communication between the multi-professional team and in overseeing appropriate use of resources.
4.2.4. The community midwifery matron manages the specialist midwives for practice development and risk management and is the nominated deputy for the Head of Midwifery.

4.2.5. The acute unit midwifery matron manages the screening, fetal medicine, diabetes and bereavement specialist midwives.

4.2.6. The named midwives for safeguarding and vulnerable adults work as part of the central safeguarding team and are line managed by the named nurse for vulnerable adults.

4.3. Divisional Governance Lead (DGL)

4.3.1. The DGL co-ordinates clinical governance activity across the Division including overseeing the management of complaints and PALS contacts, monitoring clinical incidents and maintaining the risk registers.

4.4. Risk Management Midwife

4.4.1. The Risk Management Midwife is responsible for coordinating clinical risk activities within the maternity service including the day to day operational management of clinical risk and related issues within the service which includes promoting safe practice, disseminating learning related to adverse incidents and complaints and the production and review of clinical policies and guidelines.

4.4.2. This role ensures effective communication on risk management issues amongst medical and midwifery staff and the complaints and litigation department.

4.4.3. The Risk Management Midwife receives all incidents, relating to maternity services reported via the Trust electronic reporting system (DATIX) and performs an initial assessment of the level of the incident and takes action accordingly.

4.5. Practice Development Midwife

4.5.1. The practice development midwife is responsible for the induction of new staff, identifying and addressing the continued learning and developmental needs of midwives and registered nurses, developing and delivering a programme of multidisciplinary skills/drills training and contributes to the production and review of clinical guidelines and policies.

4.6. Community Team Leader

4.6.1. The Team Leader is responsible for the safe delivery of services and operational activities within their teams including workforce, safeguarding and budgetary control.

4.7.2. Team Leaders are required to attend the monthly Senior Midwife Meetings at Royal Cornwall Hospital and the Maternity Risk Management Forum on a rotational basis.
4.7. **Ward Managers**

4.8.1. The antenatal and postnatal ward managers have allocated managerial time and are responsible for the safe delivery of services and operational activities within their clinical areas including workforce, safeguarding and budgetary control.

4.8.2. Ward Managers lead by example, facilitating team cohesion and effective communication and act as expert resources for junior staff.

4.9. **Delivery Suite Co-ordinators**

The Delivery Suite is an experienced midwife who acts as a supernumerary co-coordinator to manage every clinical shift; this is monitored on a shift by shift basis. This includes responsibility for safe staffing levels, appropriate allocation of cases to midwives (taking into account their experience and skills), managing patient safety, linking to the shift leader on the maternity wards and NNU and liaising with the maternity matron, ensuring suitable escalation of issues in relation to staffing, safety and periods of high activity. The Delivery Suite Co-ordinator also ensures effective communication is established between various members of the multi-disciplinary team order to ensure a safe, calm and well-ordered environment.

4.10. **Specialist Midwives**

4.10.1. The maternity service employs the following specialist midwifery staff:

- Named Midwife for Safeguarding and Vulnerable Adults
- Diabetes
- Antenatal and Newborn Screening
- Fetomaternal medicine midwife ultrasonographers
- Bereavement Midwife
- Risk Management Midwife
- Practice Development Midwife

4.11. **Band 6/5 Midwives**

4.11.1. Band 6 midwives are experienced practitioners who actively participate in the 24 hour provision of flexible midwifery care to ensure a safe and seamless service for users of the service and work in partnership with colleagues to deliver a comprehensive service in acute and primary health care settings.

4.11.2. Band 5 Midwives are newly qualified midwives and have preceptee status until full ‘sign off’ of clinical competencies following which they are upgraded to a band 6. These midwives work in the acute unit participating in the 24 hour provision of flexible midwifery care under the indirect supervision of more experienced midwives.
4.12. **Band 5 Registered Nurses**

4.12.1. Band 5 Registered Nurses work in the obstetric theatre, recovery and HDU settings of Delivery Suite and, if needed, on the postnatal ward caring for post-operative surgical patients or women who have had a complex delivery.

4.13. **Maternity Support Workers**

4.13.1. Maternity Support Workers (MSW) support the multidisciplinary team and undertake clinical and non-clinical practices in order to provide timely and appropriate patient-centred care. The maternity support workers undertake a range of delegated duties in both the acute and community settings without the direct supervision of a Registered Midwife although a Registered Midwife retains overall responsibility for the care given by this group of staff.

4.14. **Other Support Staff**

4.14.1. A range of other staff e.g. ward clerks, support the maternity unit in order to provide safe, high quality care and a positive patient experience.

5. **Six Monthly Review of Staffing Levels**

5.1. The maternity service reviews staffing levels at six monthly intervals, to provide assurance to Trust Board that the maternity unit provides safe staffing levels. If the review identifies deficiencies, the risk will be added to the risk register and a business case will be developed to support further staffing increases.

5.2. However, the following will trigger an immediate review of staffing levels:

- significant change in demand (>5% in any rolling three month period)
- rise in incident reporting with an identified adverse outcome for mother and/or baby where staffing is identified as a contributory factor in any rolling three month period
- declaration of a Serious Incident requiring investigation (SI) where staffing is a significant contributory factor

6. **Staffing Levels, Internal Management and Escalation Plan**

6.1. The staffing levels for the acute unit, can be seen in Appendix X.

6.2. The escalation plan (Appendix 4) is explicit about the action required if staffing falls below this standard.

6.3. The escalation plan also describes action to be taken to cover sudden surges in activity and/or sudden or predicted on-going reduction in workforce.

6.4. Activation of the external escalation plan is reported through the Trust electronic incident reporting system (DATIX) for the purpose of monitoring quality and safety and these are reported monthly on the maternity dashboard.
The Chief Nurse and Divisional Management Team receive a copy of the maternity dashboard monthly. The Chief Nurse is the designated Trust Board champion for maternity services.

The maternity service is unable to close to admissions due to its geographical isolation.

7. **Maternity Workforce Requirements to Provide Safe Staffing Levels**

7.1. The maternity service has not implemented the NICE staffing guidance for maternity services as there are significant gaps in the evidence to support the tool proposed.

7.2. The maternity service continues to use Birthrate Plus² * and is planning a full Birth Rate Plus assessment in the Autumn recognising that although the birth rate continues to fall the increasing complexity of the women cared for and the additional duties required of midwives e.g. NIPE, administration of flu/pertussis etc. adds significantly to midwifery workload.

*Birthrate Plus² = 1: 42 wte/births for DGH with case mix of > 50% births in higher need category plus 1:98 ratio community care for women who give birth in hospital plus 1:35 for home/birth centre births.

8. **Updating and Review**

8.1. If an immediate review of staffing is triggered through compliance monitoring this document will be reviewed as part of the process.

8.2. Maternity staffing levels are reviewed at six monthly intervals; if change is required this document will be updated following this review.

8.3. If no change to the document is required from either staffing review this document will be reviewed and updated on a 3 yearly basis.

8.4. Changes to legislation and/or emerging national guidance may trigger a review of this policy.

9. **Equality and Diversity**

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

**Equality Impact Assessment**

9.1. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

9.2. Governance Information is at Appendix 1.
10. Monitoring compliance and effectiveness

| Element to be monitored | • Staffing levels in relation to required staffing levels  
|                         | • Staffing levels in relation to activity  
|                         | • Use of the escalation plan  

<table>
<thead>
<tr>
<th>Lead</th>
<th>Head of Midwifery &amp; Midwifery Matron</th>
</tr>
</thead>
</table>

| Tool | • Did staffing levels fall below the minimum level more than 4 times a month consistently over a 3 month period?  
|      | • Was the escalation policy implemented more than 4 times in a month, consistently over a 3 month period?  
|      | • Was the delivery suite coordinator not supernumery more than 4 times a month over a 3 month period?  
|      | • If yes to any of the above, did it trigger an immediate review of staffing levels?  
|      | • Was there a rise in incident reporting with an identified adverse outcome for mother and/or baby where staffing is identified as a contributory factor in any rolling three month period?  
|      | • Was there declaration of a Serious Incident requiring investigation (SI) where staffing is a significant contributory factor?  
|      | • If yes to either of the above, did this trigger an immediate review of staffing levels?  
|      | • Was a delivery suite coordinator available for every shift?  
|      | • Was the annual review of staffing report received at the MRMF? |

| Frequency | • All of the above issues will be subject to on-going monitoring by the HOM/Deputy, who will be responsible for immediate identification and necessary action |

| Reporting arrangements | • The MRMF will review the maternity dashboard on a monthly basis and receive assurance from the HOM/deputy that appropriate action has been taken, should any of these triggers be identified |

| Acting on recommendations and Lead(s) | • If deficiencies are identified the MRMF will receive a report and action plan from the HOM/deputy identifying the process for immediate review of staffing levels and whether this requires immediate or routine escalation to the lead executive for maternity services/on call executive |

| Change in practice and lessons to be shared | • The action plan will be monitored by the MRMF in conjunction with the dashboard monitoring |
Appendix 1: Governance Information

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Safe Staffing Levels for Midwifery, Nursing and Support Staff For Maternity Service – Approved Document</th>
</tr>
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<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>7th July 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>7th July 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>7th July 2019</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Jan Walters  
Head of Midwifery |
| Contact details: | 01872 253471 |
| Brief summary of contents: | This document governs safe staffing levels for all midwives, nurses and support workers employed within the maternity services, RCHT. It describes the process for an annual review of staffing levels and what circumstances may trigger an immediate review. Maternity Internal Management and Escalation Plan (Appendix 4) details what action is to be taken in the event of below minimum staffing level or high activity. |
| Suggested Keywords: | Maternity services, staffing, workforce, safe, safety, midwives, escalation |
| Target Audience | RCHT | PCT | CFT | KCCG |
| Executive Director responsible for Policy: | Chief Nurse |
| Date revised: | 7th July 2016 |
| This document replaces (exact title of previous version): | Safe Staffing Levels for Midwifery, Nursing and Support Staff For Maternity Service - Approved Document V1.2 |
Approval route (names of committees)/consultation:
Maternity Risk Management Forum
Obs and Gynae Directorate
Women, Children and Sexual Health
Divisional Board

Divisional Manager confirming approval processes
Head of Midwifery

Name and Post Title of additional signatories
Not Required

Signature of Executive Director giving approval
Chief Nurse

Publication Location (refer to Policy on Policies – Approvals and Ratification):
Internet & Intranet

Document Library Folder/Sub Folder
Clinical/Midwifery and Obstetrics

Links to key external standards
CNST 1.4, 1.6

Related Documents:
- Safe Staffing Levels for Obstetric Consultant Staffing on Delivery Suite – Approved Document
- Safe Staffing Levels for Obstetric Anaesthetist and obstetric Operating Department Practitioners – Approved Document

Training Need Identified?
No

Version Control Table

<table>
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<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
</table>
| January 2010 | 1.0        | Initial document                                                                    | Jan Clarkson
                                                          Maternity Risk Manager
                                                          Helen Ross-McGill
                                                          Clinical Governance Lead |
| December 2012 | 1.1        | Included current review of staffing levels Calculation of required staffing levels using local workforce tool Escalation plan for below minimum staffing and high activity | Jan Walters
                                                          Head of Midwifery & Divisional Nurse |
<table>
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<tr>
<th>Date</th>
<th>Revision/Correction</th>
<th>Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th November 2013</td>
<td>Revision of staffing levels and escalation plan</td>
<td>Jan Walters Head of Midwifery &amp; Divisional Nurse</td>
</tr>
<tr>
<td>5th June 2014</td>
<td>Correction of acute staffing levels, see Appendix 3</td>
<td>Treena Figg Clinical Midwifery Lead</td>
</tr>
<tr>
<td>6 July 2016</td>
<td>General review and update and correction of acute staffing levels, Appendix 3</td>
<td>Jan Walters Head of Midwifery &amp; Divisional Nurse</td>
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<tr>
<td>20 June 2017</td>
<td>Correction of Supervisor of Midwives availability following cessation of statutory supervision, statistics and titles.</td>
<td>Jan Walters Head of Midwifery</td>
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</table>

**All or part of this document can be released under the Freedom of Information Act 2000**

This document is to be retained for 10 years from the date of expiry.  
This document is only valid on the day of printing

Controlled Document  
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

| Name of Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description): Safe Staffing Levels for Midwifery, Nursing and Support Staff for Maternity Service – Approved Document |
|---|---|
| Directorate and service area: Obs & Gynae Directorate | Is this a new or existing Policy? Existing |
| Name of individual completing assessment: Elizabeth Anderson | Telephone: 01872-252879 |

1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?
This document governs safe staffing levels for all midwives, nurses and support workers employed within RCHT maternity services. It describes the process for an annual review of staffing levels and what circumstances may trigger and immediate review. Maternity Internal Management and Escalation Plan (Appendix 4) details what action to take in the event of below minimum staffing level or high activity.

2. Policy Objectives*
Safe staffing levels for all midwives, nurses and support workers employed within the maternity services, RCHT.

3. Policy – intended Outcomes*
Safe Staffing levels within RCHT Maternity Services.

4. *How will you measure the outcome?
Compliance Monitoring Tool

5. Who is intended to benefit from the policy?
All midwives, nurses and support workers employed within RCHT maternity services. All pregnant women.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
No

b) If yes, have these *groups been consulted?
N/A

C). Please list any groups who have been consulted about this procedure.
N/A

7. The Impact
Please complete the following table.

| Safe Staffing Levels for Midwifery, Nursing and Support for Maternity Services - Approved Document |
|---|---|
| Page 13 of 22 |
Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
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<th>Rationale for Assessment / Existing Evidence</th>
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<td>All midwives, nurses and support workers</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>employed within RCHT maternity services. All</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>pregnant women.</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
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<td>All midwives, nurses and support workers</td>
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<td></td>
<td></td>
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<td>pregnant women.</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
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<td>All midwives, nurses and support workers</td>
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<td></td>
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<td></td>
<td>pregnant women.</td>
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<tr>
<td>Disability - learning</td>
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<td>All midwives, nurses and support workers</td>
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<td>employed within RCHT maternity services. All</td>
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<td>pregnant women.</td>
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<td>disability, physical disability, sensory</td>
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<td>impairment and mental health problems</td>
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<td>Religion / other beliefs</td>
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<td>All midwives, nurses and support workers</td>
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<td>pregnant women.</td>
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<tr>
<td>Marriage and civil partnership</td>
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<td>All midwives, nurses and support workers</td>
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<td></td>
<td></td>
<td></td>
<td>pregnant women.</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No | X |

9. If you are not recommending a Full Impact assessment please explain why.

N/A

Signature of policy developer / lead manager / director
Jan Walters, Head of Midwifery & Divisional Nurse

Date of completion and submission
5th June 2014

Names and signatures of members carrying out the Screening Assessment

1. 
2. 

Safe Staffing Levels for Midwifery, Nursing and Support for Maternity Services - Approved
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Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed: Jan Walters

Date: 7th June 2017
Appendix 3: Acute Unit Staffing Levels

The table below outlines the expected staffing levels for the acute unit; minimum staffing levels have not been defined as these would be dependent on activity within the unit at any given time.

<table>
<thead>
<tr>
<th>Role</th>
<th>Monday - Friday</th>
<th>Saturday - Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RM*</td>
<td>DSC</td>
</tr>
<tr>
<td>Early</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Late</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Night</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

*RM numbers do not include the DSC or DAU/triage midwife (out of hours)

Key

RM - Registered Midwife
DSC - Delivery Suite Coordinator
DAU - Day Assessment Unit
RN – Registered Nurse

Midwifery Support Workers play a vital role in supporting midwives so whilst no fixed minimum number has been set for this group (because they would not trigger escalation) consideration must be given to ensuring that there are sufficient numbers available per shift and that they are deployed to maximum effectiveness.
Appendix 4

Maternity Internal Management and Escalation Plan
(June 2017)

1. Introduction

1.1. Royal Cornwall Hospital NHS Trust (RCHT) provides the maternity service for the majority of residents in Cornwall and the Isles of Scilly and has seen an increase in the birth rate of >20% in the last ten years. In 2016/17 the maternity service delivered 4,274 women.

1.2. RCHT provides services from the following sites:
   - Antenatal and postnatal care is provided in a variety of settings and location including Health Centres, GP Practices, Children’s Centres, the Birth Centres and at home
   - The consultant unit based at Royal Cornwall Hospital, Treliske
   - Birth centres in St. Mary’s Hospital, Isles of Scilly, Helston and Penrice St. Austell which is staffed 24/7

1.3. Due to geography and location of the acute obstetric unit there is no option to temporarily close the unit due to staffing issues/sudden surges in activity although very rarely the home birth service may be suspended due to staffing limitations or high community activity in which case the birth centre in St. Austell may be able to provide extra capacity to support continuity of the community birth service in the east and north of the county.

1.4. Patient safety may be compromised when unplanned staff absence, high workload or patient acuity necessitates redeployment of staff across the service or the temporary suspension of the home birth service.

1.5. Every effort will be made to accommodate women booked for maternity care within Royal Cornwall Hospitals NHS Trust.

1.6. The plan outlined below sets out the appropriate actions to be taken in the event of a short-term reduction in staffing levels and/or capacity issues in Royal Cornwall Hospital which in extremis, may lead to the temporary suspension of the home birth service.

1.7. Issues affecting community staffing and workload is managed separately.

1.8. The plan also outlines actions to be taken when on-going staffing short falls are predicted e.g. high numbers of maternity leave or long term sickness.

1.9. This version supersedes any previous versions of this document.

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2. **Purpose of this Plan**

2.1. The purpose of this plan is to:
- Ensure the provision of a safe service through the effective deployment of staff
- Ensure appropriate steps are taken if the home birth service is suspended temporarily for any reason
- Ensure effective communication within the multi-disciplinary team and with users of the service

3. **Scope**

3.1. This policy applies to all patients that present to the maternity service of the Royal Cornwall Hospitals NHS Trust and is to be followed by all midwifery, nursing, support and medical staff and associated Trust staff e.g. site co-coordinators, senior on-call manager etc.

3.2. The prime concern is to ensure the safety of mothers and babies. The service will only be suspended in extremis after a full assessment of the risks involved and all options for redeployment of staff and transfer of activity within the maternity service have been explored.

3.3. The decision to close the maternity service during normal working hours rests with the HoM and Clinical Director in consultation with the Executive Director on-call and out of hours with the Senior Midwife On-call and Consultant on-call in consultation with the Senior Manager On-Call who will then inform the Executive Director on-call.

3.4. Whilst optimum staffing levels have been defined it is not always possible to state a definitive number of staff needed in a ward area in times of shortage or of high activity. Responses to these situations will vary according to the time they occur and patient acuity.

3.5. This plan describes the actions to be taken in the event:
- Sudden increase in activity
- Acute staffing shortfall
- Chronic staffing shortfall

3.6. The maternity bleep holder will implement and co-ordinate the maternity escalation policy.

4. **Assessment and Early intervention**

4.1. **Sudden Increase in Activity**

In any maternity service there are unpredictable peaks in activity and demand which may result in either transfer of activity, temporary suspension of the homebirth service and cessation of elective activity.

4.1.1. **Delivery Suite**

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If the problem is a shortage of delivery suite beds an individual assessment of each woman will be undertaken by the Delivery Suite Co-Ordinator and the Consultant of the Week or Consultant On Call to identify those women who could be safely transferred home (if post natal) or to another clinical area for continuing care once an assessment of activity, acuity of patients and staffing levels across the acute unit has been undertaken.

In this instance consideration will be given to:

- Transfer home of low risk women who have delivered from Delivery Suite or to Penrice where further intervention is required e.g. breast feeding support
- Assessment of each inpatient on the postnatal ward by the midwife in charge and the Consultant of the Week to identify women suitable for immediate discharge
- Assessment of each inpatient on the antenatal ward by the midwife in charge and the Consultant of the Week to identify women suitable for immediate discharge
- Assessment of low risk women in early or established labour to assess suitability for labour and delivery on the antenatal ward if demand still exceeds capacity on delivery suite

4.1.2. Ante and Postnatal Wards

If the problem is a shortage of ante or post natal inpatient beds an individual assessment of each woman must be made immediately by the midwife in charge and the Consultant of the Week to identify women suitable for discharge.

4.2. Acute Staffing Shortfall

4.2.1. Acute staffing shortfall is nearly always the result of sickness absence, carer’s or compassionate leave.

Minimum Level - if delivery of care is not compromised i.e. there is lower than usual activity then the situation will be kept under review.

If delivery of care is compromised then the Delivery Suite Co-ordinator will lead the process described under ‘Sudden Increase in Activity’ to reduce immediate demand on staffing plus:

Normal Working Hours

a) Internal Management

1. Redeploy midwives/nurses from within the acute unit to the area where demand is greatest where it is safe to do so.
2. Inform the HoM and/or Midwifery Matron and request the redeployment of specialist midwives if needed.
3. The HoM and/or Midwifery Matron will consider if training should be cancelled.
4. Cancellation of elective activity e.g. Caesarean section, induction of labour may considered as a last resort.

a) External Escalation

1. The decision to redeploy community midwives into the acute unit (home birth service may be suspended in certain areas or diverted to birth centres as a result) must be made in discussion with the HoM and/or the Midwifery Matron due to the impact on the community service.
2. The Trust Site Co-ordinator must be informed of external escalation and when escalation is stepped down.

Out of Hours

a) Internal Management

1. Redeploy midwives/nurses from within the acute unit to the area where demand is greatest where it is safe to do so.

b) External Escalation Out of Hours

If the following are enacted the Trust Site Co-ordinator must be informed that the maternity unit is in escalation:

1. The decision to redeploy community midwives into the acute unit (home birth service may be suspended in certain areas or diverted to birth centres as a result) should only be considered as a last resort due to the impact on the community service. Community midwives must not be called in to help clean areas or move patients and the expectation is that the community midwife will be required to work for more than one hour. Where a community midwife is called in she must remain in the unit for no longer than 6 hours; the second on-call midwife must then be called in to relieve the first community midwife and again will be expected to remain in the unit for no longer than 6 hours.

NB. do not contact the on call community midwives to inform them that they may be required only when they are required.

2. On-call Senior Midwife called in.

The Trust Site Co-ordinator must be informed when escalation is stepped down.
4.3. Chronic Staffing Shortfall

4.3.1. Chronic staffing short fall i.e. greater than 4 weeks is usually the result of long term sickness absence or maternity leave and can be predicted.

4.3.2. Advanced planning by the HoM/Midwifery Matron will ensure that staffing levels are brought back to the ‘required’ levels through a combination of:

- allocation of additional hours to substantive staff
- appointment of staff on short term contracts
- use of temporary staff
- cancellation of non-mandatory training
- review of staff of annual leave
Appendix 5. Community Procedure for Managing Acute and Chronic Staffing Shortfalls and Sudden Increase in Community Birth Rate

Acute Staffing Shortfall or Sudden Increase in Birth Rate

1. Suspension of allocated Team Leader management days.
2. Cancel non-essential postnatal visiting.
3. Review non affected community teams and redistribute staff to area affected.
4. Cancel or rearrange parent education classes and breast feeding groups.
5. Explore bank staff availability.
6. Review any training days cancel non mandatory if situation not resolved cancel mandatory training days.
7. Consider temporary suspension of home birth service (must be agreed by either the HOM or Midwifery Matron).

Chronic Staffing Shortfall

1. Review total community maternity establishment and explore temporary redeployment of staff.
2. Establish post natal clinics in all areas.
3. Utilise bank staff and/or offer fixed term contracts.
4. Reduce allocated Team Leader management days.
5. Consider temporary suspension of home birth service (must be agreed by either the HoM or Midwifery Matron).