Meeting Date	**26 October 2021**	**Agenda Item**	**3.2**
Report Title	Maternity Services' Critical Staffing Levels		
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Report Sponsor	Gareth Howells, Executive Director of Nursing and Patient Experience (Interim)		
Presented by	Lesley Jenkins, Group Nurse Director Melanie Llewelyn, Interim Deputy Head of Midwifery		
Freedom of Information	Open		
Purpose of the Report	To provide the Quality and Safety Committee with an update in relation to critical midwifery staffing levels and the centralisation of services in order to maintain safe staffing and effective business continuity.		
Key Issues	• Midwifery absence has reached critical levels; • Home births have been temporarily discontinued; • Freestanding Midwifery Unit has been temporarily suspended; • Community services have been centralised to maximise available resources; • Ongoing response to COVID pandemic has posed challenges in women's choice in place of birth; • The paper provides assurances regarding the actions taken to control and mitigate the risk posed by critical levels of unavailability of midwifery staff.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: **NOTE** the contents of the report and support the ongoing risk mitigation measures.

MATERINTY SERVICES' CRITICAL MIDWIFERY STAFFING LEVELS

1. INTRODUCTION

The purpose of the paper is to provide the Quality and Safety Committee with an update in relation to critical midwifery staffing levels and the centralisation of services in order to maintain safe staffing levels and effective business continuity.

2. BACKGROUND

During the COVID-19 pandemic the Royal College of Gynaecologists (RCOG) and Royal College of Midwives (RCM) published guidance for provision of midwife-led settings and home birth in the evolving coronavirus pandemic (Appendix A). This was developed to support maternity leads in decision making about midwife-led birth settings during the pandemic and recommends a staged approach in responding to emerging staff absences and other service pressures during the pandemic. The guidance describes a phased approach and identifies the need to have a flexible approach to service provision – stepping up into a more centralised service as the impact of the pandemic on staffing reaches its peak. Phase three of this guidance is triggered once the midwifery absence reaches a critical point (likely to be over 30%). If the safety of homebirth cannot be assured and midwifery staffing does not allow safe staffing of all places of birth, centralisation is recommended. Alongside midwife-led units will be the only midwife-led settings available to women.

In July 2021, unplanned staff absence resulting from COVID-19 related sickness, shielding and self-isolation, alongside other current absences, resulted in critical staffing levels escalating to an unavailability level of over 30% of the registered midwifery workforce.

A 'No Surprises' notification was submitted to Welsh Government on the 9th July 2021 advising of critical midwifery staffing levels with unavailability levels of over 30% (excluding annual leave). Phase 3 implementation of the RCOG/RCM guidance (Appendix A) was initiated by taking action to centralise services and specialist midwives at Singleton Hospital and to suspend Home Birth services due to the frequency of community midwives being called to support safe staffing of the main Obstetric Unit and Alongside Midwifery Unit (Bay Birth Unit) at Singleton Hospital.

On the 15th of September 2021 due to increased unavailability of community midwives who can coordinate and lead the specialist service in the Freestanding Midwifery Unit (FMU) in Neath Port Talbot Hospital, Welsh Government was updated of the action taken to temporarily suspend services at the FMU.

3. GOVERNANCE AND RISKS

The risk rating (ID 2788) in relation to critical midwifery staffing was escalated from 20 to 25 on the 24th September 2021 as a result of increased staff unavailability (37%)

together with challenges achieving the required baseline staffing levels in the obstetric unit despite the controls and mitigating actions summarised in Table 1.

Table 1.

Control and Mitigating Actions		Communication
Implementation of Phase 3 of the RCOG and RCM Guidance **(Appendix A)**	• Centralisation in AMU/obstetric units • Temporary suspension of home birth services • Temporary suspension of FMU • Centralisation of community services between Neath, Swansea and Port Talbot including a modified schedule of routine antenatal and postnatal care directed by RCOG/RCM recommendations • Centralisation of management teams and specialist midwives at Singleton Hospital • Support from neighbouring health boards when possible • Introduction of a Community Workbook to increase oversight of Community workload in order to maximise efficiencies	• Welsh Government reporting via Early Warning Notifications and updates • Weekly reporting of position to Welsh Government through Maternity network meeting • Community Health Council (CHC) updates • Health board and social media communication and updates • All women more than 34 weeks gestation contacted by named midwife to advise of the service change • Community midwives prioritising 36 week birth discussion visit toward decision for place of birth • Maternity helpline
Workforce	• Rapid PCR testing for staff • Deployment of available internal resources e.g. specialist midwives and management roles • Utilising medical teams to support where possible • Part-time midwives and health care support workers temporarily working full time where possible • Targeted enhanced overtime rates • 8.8 wte band 6 vacancies – fast track recruitment of 11 midwives (8.76 wte)	• Weekly RCM updates • Unison updates • Weekly staff briefing • Development of Standard Operating Procedure for establishment of Midwifery Bank and utilisation of Midwifery Agency • Engagement with Clinical Supervisors for midwives for staff support • 24/7 On-call manager

	• Band 5 graduates from 2020 - plan for completion of their preceptorship and transition to Band 6 roles (2 have completed, 9 due by end of December 2021) • 11 newly registered Band 5 midwives (2021 graduates) commencing October 2021 • Midwifery Bank established • Utilisation of Midwifery agency to achieve baseline staffing in the obstetric unit • Occupational Health review of CEV staff and supported phased return to work • Liaison and working closely with the Local Authorities to utilise Jigso Team where possible • Suspension of training • Cancellation of PROMPT training in September	
Daily Safety and Staffing Escalation Meetings	• Birth rate plus Intrapartum acuity tool completed 4 hourly to guide safe service provision and escalation • Daily Director led Service Group staff escalation meetings and daily review of safety and quality outcomes	• Weekly staff updates • Staff wellbeing support

3.1 OBSTETRIC UNIT STAFFING AND MONITORING SAFETY AND QUALITY

The obstetric unit aims to have 13 midwives on every shift which provides staffing for the labour ward, the alongside midwifery unit (AMU), antenatal assessment unit (AAU), antenatal and postnatal wards.

During the period from the 9th July 2021 to the 13th October 2021 there were 126 shifts that fell below the required staffing levels.

One to one midwifery care is provided on the labour ward and patient acuity is monitored 4 hourly using the Birthrate Plus Acuity Tool to determine the required number of midwives based on the individual needs of the woman. In addition, red flag events are monitored and reported in accordance with NICE Guidance 2021 - Safe midwifery staffing for maternity settings overview (Appendix B).

Table 2 summaries red flag events that are currently monitored within the labour ward, AAU and the antenatal ward:

Table 2.

• Cancelled elective caesarean sections • Missed or delayed care • Delayed or cancelled induction of labour • Delay of 2 hours or more between admission for induction of labour and beginning of process • Delay of 30 minute or more between presentation and triage

3.2 CURRENT RISK RATING

The rationale for the current risk score acknowledges that the centralisation of maternity services remains essential to maintain quality and safety in basic service provision. There are however acknowledged risks with the temporary change in service provision:-

- Restricted schedule of routine and postnatal care outside of NICE guidance but in line with RCOG/RCM COVID-19 professional recommendations (Appendix C);
- Home visits may not be completed during pregnancy;
- Safeguarding issues may not be identified appropriately;
- Effective action on mental health needs may be reduced;
- Inability to meet demands of Continuity of Midwifery Carer - this risk can increase birth intervention and adverse perinatal outcomes;
- There is a known increase in intervention for women starting labour in Alongside Midwifery Units versus a Freestanding Midwifery Led Unit (Birthplace 2011, NICE 2014 (Appendix D)), higher rates of transfer to the obstetric unit and intervention including caesarean section, instrumental birth and episiotomy. This will increase the acuity in the obstetric unit and impact on maternal short and long term health outcomes.

3.3 DE-ESCALTION AND RESTORATION OF SERVICES

The RCOG/RCM Guidance (Appendix A) identifies a phase 4 process for de-escalation or restoration of services (Table 3.).

Table 3.

Midwifery absence critical (e.g. over 30%)	**Midwifery absence significant (e.g. 20-30%)**	**Midwifery absence nearing normal levels (e.g. below 20%)**
Centralisation in alongside midwife-led and obstetric units	• Reinstate restricted homebirth service • Reinstate Freestanding Midwifery Led Unit	• Reinstate homebirth service for all women • Reinstate all options for place of birth

	• All-inclusive rota for community and midwifery – let unit midwives	

As staff availability improves, a recovery plan will be developed in accordance with the midwifery staff that become available.

It is projected that the timeline of recruitment of new band 6 midwives, commencement of band 5 newly registered midwives and the completion of preceptorship programmes for band 5 graduate midwives from the 2020 University cohort will improve staff availability and skill mix by the beginning of December 2021. In addition, the newly amended guidance on the 13th of October 2021 (Appendix E) to allow asymptomatic staff who live in the same household as the person who has tested positive for Covid-19 to return to work in line with the processes set out in the guidance, will support improved staff availability across the services.

4. FINANCIAL IMPLICATIONS

The financial implications are accounted for within the Service Group. The Service Group is mitigating the risks associated with staff shortages through the use of the newly developed Midwifery Bank, enhanced overtime and agency. As a result of the ongoing absence due to staff shielding, maternity leave, short and long term sickness, annual leave, fluctuating surge capacity and acuity the costs associated with the mitigations are likely to continue and pose a significant financial challenge for the Service group this financial year.

5. RECOMMENDATIONS

Members are asked to:

NOTE the contents of the report and support the ongoing risk mitigation measures.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
The patient experience, incidents and complaints are monitored daily as part of the Service Groups' daily maternity escalation meeting in order to mitigate staffing constraints and take forward any learning to mitigate recurrence.		
Financial Implications		
Financial implications will be assessed monthly.		
Legal Implications (including equality and diversity assessment)		
Incident and complaints and will be managed in accordance with the Civil Procedure Rules of the NHS Concerns, Complaints and Redress Arrangements Wales Regulations 2011.		
Staffing Implications		
Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No Implications.		
Report History	Monthly via the Q&SGG	
Appendices	**Appendix A** Guidance for provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic **Appendix B** NICE Guidance 2021 - Safe midwifery staffing for maternity settings overview **Appendix C**	

	Restricted schedule of routine and postnatal care outside of NICE guidance but in line with RCOG/RCM COVID-19 professional recommendations **Appendix D** Intrapartum care for healthy women and babies **Appendix E** **COVID-19 contacts: guidance for health and social care staff**