Maternity Service Staffing Levels
& Labour Ward Staffing
## Executive Summary

Assessments of current and future workforce requirements should be made locally to identify the number and experience of staff required to provide appropriate and safe cover in all care settings. Appropriate staffing levels and skill mix across all midwifery, nursing and support staff are essential for providing a safe maternity service. Further to this, appropriate consultant obstetrician, obstetric anaesthetist and their assistants staffing levels and skill mix are essential for providing a safe service. 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. Safer Childbirth (RCOG, 2007) and Standards for Maternity Care (RCOG, 2008) have both stated that one of the main principles for provision of safe maternity services is that intrapartum care should be provided by appropriately trained staff.

### Description of Amendment(s)

- Updated to reflect NHSLA CNST maternity standards 2013/2014
- Inclusion of Consultant Obstetrician hot week cover
- Removal of designated clinics

### This policy will impact on: Maternity Services

### Financial Implications: Non Known

### APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation: Obstetricians MSLC Representation, Educational Link Tutor, GP Representative, Anaesthetists, Outreach Service, Midwives, Paediatricians ODP</td>
<td>April 2014</td>
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<tr>
<td>Approved by: Maternity &amp; Women’s Service Clinical Governance Committee</td>
<td>April 2014</td>
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<tr>
<td>Received for information: IT Dept &amp; Legal Services</td>
<td>May 2014</td>
</tr>
</tbody>
</table>
Contents

1.0 Policy Statement
1.1 Background
1.2 Organisational Responsibilities
2.0 Individual Roles and Responsibilities
2.1 Planning and implementation
2.2 Measuring performance and audit
2.3 Review
3.0 Service profile
3.1 Staff groups utilized within the maternity service
4.0 Required staffing levels
5.0 Staff Duties
5.1 Process for annual review of staffing levels
6.0 Process for the development of business plans
6.1 Process for the development of longer term contingency plans
6.2 Contingency plans to address short term midwifery, nursing and support staff shortfalls
7.0 Contingency plans to address long term Consultant Obstetrician staffing shortfalls
7.1 Contingency plans to address short term Consultant Obstetrician staffing shortfalls
7.2 Contingency plans to address long term anaesthetic staffing shortfalls
7.3 Contingency plans to address short term anaesthetic staffing shortfalls
8.0 Audit /Monitoring compliance with this guideline
9.0 References
10.0 Appendix 1 Equality & human rights assessment tool
1.0 Policy Statement

The purpose of this guideline is to set out the staffing levels for all staff groups involved in providing care to women throughout the pregnancy continuum. This includes:

- Midwives – both in the Hospital and community.
- Obstetricians.
- Anaesthetists and Anaesthetic support staff (Operating Department Practitioners).
- Support staff for maternity services.

This document includes both the current staffing levels, contingency plans and business continuity plans for all areas to ensure the provision of a safe service. It stipulates the role of the Consultant Obstetrician and Labour Ward Co-ordinator and explains the position of the East Cheshire NHS Trust Maternity Service in relation to the role of the Duty Anaesthetist.

1.1 Background

Assessments of current and future workforce requirements should be made locally to identify the number and experience of staff required to provide appropriate and safe cover in all care settings. Appropriate Consultant Obstetric, Anaesthetic, Midwifery and support staffing levels and skill mix across maternity services are essential for providing a safe service.

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. Safer Childbirth (RCOG, 2007) and Standards for Maternity Care (RCOG, 2008) have both stated that one of the main principles for provision of safe maternity services is that intrapartum care should be provided by appropriately trained staff.

This guideline reflects the requirements for NHSLA CNST Maternity Standards 2013/2014 Standard 1 Criterion 3 Staffing Levels (Midwifery & Nursing); Standard 1 Criterion 4 Staffing Levels (Obstetricians); Standard 1 Criterion 5 Staffing Levels (Anaesthetists and Assistants); Standard 1 Criterion 6 Labour Ward staffing.

1.2 Organisational Responsibilities

Chief Executive

Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust. This responsibility may be delegated to an appropriate colleague.

Clinical Leads/Head of Midwifery

Where Clinical Leads/Head of Midwifery are accessed to ratify this guideline they are responsible for the review of the guideline and the final ratification prior to the guideline actually being implemented. This ratification process will take place following the consultation and approval process.

Trust Committees

As a group, are responsible for the consultation and approval process required during the development of guidelines for the Trust. The committees are responsible for the review of guidelines submitted to them to ensure that guidelines are appropriate, workable and follow the principles of best practice.
All Staff
It is incumbent on relevant staff, when asked, to provide comments and feedback on the content and practicality of guidelines that are being developed and reviewed. It is the duty of all staff when asked, to provide assistance during the development and review stages of guideline formulation.

Stakeholders
Are those people with an interest in a guideline who contribute, comment and agree to the content of the guideline. They include specific committees, groups or forums, individual colleagues, whole departments, service users and their families.

2.0 Individual Roles and Responsibilities
The Head of Midwifery and the Clinical Lead Consultant Obstetrician are responsible for ensuring and maintaining safe and appropriate staffing levels within the maternity service, and that contingency plans are in place.

Labour Ward coordinators are responsible for monitoring staffing levels and implementing contingency plans where necessary.

2.1 Planning and Implementation
The objectives of this guideline are aimed to ensure the provision of a safe service when the delivery of maternity care is likely to be compromised.

Newly ratified guidelines are included on the maternity newsletter. Relevant staff have the responsibility to ensure awareness of the contents of the guideline and to inform their Line Manager of any training needs which may affect their ability to follow this guideline.

2.2 Measuring Performance and Audit
The Trust will measure performance of this guideline against the NHSLA criteria stated under the heading Audit/Monitoring Compliance below.

2.3 Review
This guideline will be reviewed every three years or sooner following findings from audit, changes to national guidance, or in response to clinical practice. The responsibility for the review of guidelines lies with the Practice Development Midwife who will report to the overarching maternity clinical governance committee.
3.0 Service Profile

East Cheshire NHS Trust undertakes approximately 2000 births per year. The maternity unit provides outpatient, inpatient antenatal, intrapartum and postnatal care for low and high risk cases. Consultant Led and Midwifery Led care is provided. The site includes Neonatal Unit facilities (NNU), which is a level one plus, caring for babies above 30 weeks gestation. There is also provision of a maternity day assessment unit which operates Monday, Wednesday, Thursday all day and Tuesday and Friday afternoon only. The Early Pregnancy Assessment unit operates Monday to Friday 08:00 – 11:00. The antenatal clinic facilities midwifery group practice bookings and antenatal clinic staff undertake core bookings. In addition antenatal ultrasound scanning and antenatal screening tests take place in the antenatal clinic.

The senior management team for the midwifery services consists of the Head of Midwifery supported by the Deputy Head of Midwifery/Matron. Senior midwifery support is provided by a Clinical Governance Midwife, Labour Ward Organisational Lead, Antenatal Clinic Manager, Antenatal/Postnatal Ward Manager (with responsibility for Safeguarding), 3 Midwifery Group Practice Team Leaders, Practice Development Midwife, and 6 Labour Ward coordinators. The Practice Development Midwife undertakes 7.5 hours per week as labour ward coordinators. There are 8 Supervisors of Midwives.

There are 8 Midwifery Group Practice teams headed by the 3 team leaders. Each team consists of an experienced band 6 midwife with deputizing duties supported by other band 6 and band 5 midwives. The Midwifery Group Practice Midwives work within a flexible, integrated system to provide antenatal, intrapartum and postnatal care in a variety of care settings; hospital, home, GP surgeries and Children’s Centres. They participate in an on call system to facilitate a home birth service and provide staffing support for the maternity unit when necessary.

In addition there are core band 5 and 6 midwives who work predominantly night duty with annual rotation onto day duty in the hospital setting and band 5 and 6 midwives based in the antenatal clinic and antenatal day assessment unit.

The Midwives are supported by Maternity Care Assistants (Band 3) and Health Care Assistants (Band 2)

Administration staff also support the management of the maternity unit, working in Antenatal Clinic, Antenatal/Postnatal ward and Labour ward.

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

Undergraduate training is provided to Midwifery, Nursing, Medical students. Mandatory training is provided to Obstetricians, Paediatricians, Anaesthetists, Midwives, Nurses and support workers.

3.1 Staff groups utilised within the Maternity Service - Midwives, Nurses and Support Staff, Consultant Obstetricians, Anesthetists and Anesthetist Assistants.

Midwives
It is recognised that regardless of place of birth, midwives will care for women and their babies. At East Cheshire NHS Trust, Midwives work throughout all areas of the Maternity Service.
Hospital Services
Within the hospital, Midwives work on the labour ward and the ante/postnatal ward 24 hours per day 7 days per week. Midwives work in the Ante natal clinic Monday - Friday 08.00 hrs – 17.00 hrs. This includes the Fetal Assessment Unit which operates Monday, Wednesday, Thursday all day and Tuesday and Friday afternoon only.

Community Services
Midwives provide both Antenatal and postnatal care within the community setting. For those women who request a home birth this care is provided by the team Midwives. Midwives work in the community between 08.30 hrs and 17.30 hrs. Outside of these hours an on call service is provided.

Maternity Care Assistants
Maternity Care Assistants are an integral part of the team and act under the supervision of midwives to assist the multidisciplinary team in delivering an individualised plan of care for mothers and babies. Part of this role is to provide scrub cover for caesarean sections and assisting with clinical duties in the maternity unit and antenatal clinic. This support service is provided 24 hours per day.

Health Care Assistants
Health Care Assistants are an integral part of the team and act under the supervision of midwives to assist the multidisciplinary team in delivering an individualised plan of care for mothers and babies. They will undertake delegated support tasks as specified by midwifery staff.

Nursery Nurses
Nursery Nurses act under supervision to assist the multidisciplinary team deliver individualised planned care for babies. They will undertake delegated clinical responsibilities as specified by midwifery staff.

Student placements
The maternity service also offers clinical placements for student midwives and student nurses.

Consultant Obstetricians
From Monday to Friday (except Bank Holidays) 09:00am until 17:00pm a Consultant Obstetrician will have designated responsibility to provide professional cover for the labour ward to ensure a high standard of care for women and their babies with complex medical or obstetric needs, and to be available for the acute, severe and often unpredictable life threatening emergencies. This designated time will be known as providing ‘hot week cover’.

In providing hot week cover the designated Consultant Obstetrician will also be responsible for a gynae and maternity ward round and senior support for the Early Pregnancy Unit and Antenatal Day Unit.

During hot week cover the designated Consultant Obstetrician will have no other clinical commitments.
A consultant rota is available in all relevant clinical areas. This rota will indicate the Consultant Obstetrician available for hot week cover. The Consultant Obstetrician can be contacted via Bleep number 9202.

Outside of Monday to Friday 09:00 until 17:00pm a Consultant Obstetrician is available on an on call basis, and can be present on the labour ward within 30 minutes. There are 2 whole time equivalent Resident Consultant Obstetricians who are included on the middle tier rota.

**There is a requirement for the Consultant Obstetrician attendance in person in the following clinical situations:**

- eclampsia
- maternal collapse (such as massive abruption, septic shock)
- caesarean section for major placenta praevia
- postpartum haemorrhage of more than 1.5 litres, where the haemorrhage is continuing and a massive obstetric haemorrhage protocol has been instigated
- uterine rupture
- return to theatre – laparotomy
- when requested

**Anesthetists and their assistants**

National reports have emphasized the importance of anaesthetists as an integral part of the obstetric team and in the management of mothers who become severely ill.

At East Cheshire NHS Trust there are three dedicated anesthetic sessions per week. During this time the anesthetist dedicated for maternity is responsible for the elective caesarean section list and other labour ward duties.

The designated obstetric consultant anaesthetist provides a weekly antenatal clinic. In addition there is one consultant anaesthetist who provides cover for maternity and theatres and one consultant anaesthetist who provides cover for the Intensive Care Unit (ICU) (who can be called upon in the event of an emergency and if other anaesthetists are unavailable.

Out of working hours there is one consultant anaesthetist who provides cover for a 12 hour period for maternity, accident and emergency and ICU.

**Middle grade/SpR**

East Cheshire NHS Trust provides 24 hour anaesthetic cover with a Consultant/ Middle grade/SpR. The Consultant/Middle grade/SpR will provide cover for maternity and ICU.

**Anesthetist Assistant Cover**

Operating Department Practitioners (ODP) provide 24 hour on site cover for all obstetric/emergency activity. A second on call ODP is rostered to provide 24 hour obstetric emergency cover in the event of the on site ODP being busy.

**Others**

The care needs of women whilst pregnant can be diverse and demanding. The provision of the appropriate care to these women can only be provided when the staff caring for them have the appropriate skills.
No other groups of staff are employed within the maternity service. The maternity service however utilizes the skills of the appropriate professionals when necessary or as described within the clinical guidelines used within the service.

4 Required staffing levels

There should be a minimum midwife-to-woman ratio of 1:28 for safe level of service to ensure the capacity to achieve one-to-one care in labour and there should be a ratio of 1 maternity care assistant/health care assistant for every 4-6 midwives (Safer Childbirth 2007).

East Cheshire NHS Trust minimum staffing levels in all care settings as agreed by the Maternity Clinical Governance Committee

<table>
<thead>
<tr>
<th></th>
<th>Maternity unit</th>
<th>ANC including Fetal assessment unit</th>
<th>Community</th>
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</thead>
<tbody>
<tr>
<td>Early</td>
<td>Labour ward coordinator x1</td>
<td>Mon, Wed, Thurs x3 MW, x3 MCA</td>
<td>8 midwives covering community commitments 09:00-17:00</td>
</tr>
<tr>
<td></td>
<td>Midwives x5 MCA/HCA x1/2</td>
<td>Tues x2 MW, x2 MCA Fri x1 MW, x1 MCA</td>
<td></td>
</tr>
<tr>
<td>Late</td>
<td>Labour ward coordinator x1</td>
<td>Mon, Wed, Thurs x3 MW, x3 MCA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Midwives x5 MCA/HCA x1/2</td>
<td>Tues x2 MW, x2 MCA Fri x1 MW, x1 MCA Up to 17:00</td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td>Labour ward coordinator x1</td>
<td>Mon, Wed, Thurs x3 MW, x3 MCA</td>
<td>From 21:00-07:30 2 team midwives on call for home birth/support for maternity unit</td>
</tr>
<tr>
<td></td>
<td>Midwives x5 MCA/HCA x1/2</td>
<td>Tues x2 MW, x2 MCA Fri x1 MW, x1 MCA</td>
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</table>

A band 7 labour ward coordinator will be in charge on every shift

**Supervisor of Midwives**
There is one supervisor of midwives on call for support and advice 24 hours a day.

**Consultant Obstetricians**
Safer Childbirth state that it is essential for all units with more than 2500 births a year to move to 40-hour consultant (or equivalent) presence and for those with 6000 or more births a year to have at least a 60-hour presence immediately.
To ensure the best use of resources, both financially and in terms of manpower, an individual risk assessment exercise will plan labour ward presence compatible with the needs of the unit. (Safer childbirth 2007)

In recognition that East Cheshire NHS Trust has a birth rate of approximately 2000 per year, 40 hour Consultant Obstetric presence is provided. In addition there are 2 whole time equivalent Resident Consultant Obstetricians who are included on the middle tier rota.

There is 24 hour on call Consultant obstetric cover for the labour ward.

**Anaesthetists and their Assistants**

**Consultant Anaesthetists**

East Cheshire NHS Trust has a birth rate of approximately 2000 per year. A delivery rate of less than 2500 is considered by Safer Childbirth to be relatively few births, and in relation to Consultant staffing levels, a smaller unit.

To ensure the best use of resources, both financially and in terms of manpower, an individual risk assessment exercise will plan labour ward anaesthetist sessions compatible with the needs of the unit. (Safer childbirth 2007)

During working hours East Cheshire NHS Trust provide three dedicated consultant obstetric anaesthetist sessions per week. During this time the consultant is responsible for the elective caesarean section list and other labour ward duties.

**Arrangements for ensuring availability of a duty anaesthetist on the labour ward 24 hours a day 7 days a week.**

There is one Consultant Anaesthetist who provides cover for maternity and theatres and one Consultant Anaesthetist who provides cover for the ICU (who can be called upon in the event of an emergency and if other Anaesthetists are unavailable).

Out of working hours East Cheshire NHS Trust has one Consultant Anaesthetist who provides cover over a 12 hour period for maternity, A&E and ICU.

**Middle grade/SPR cover/SHO**

East Cheshire NHS Trust provides 24 hour anaesthetic cover with a middle grade/SpR and SHO. The middle grade/SpR/SHO will provide cover for maternity and the ICU.
Anaesthetist Assistant Cover
Operating Department Practitioners (ODP) provide 24 hour on site cover for all obstetric/emergency activity.

A second on call ODP is rostered to provide 24 hour obstetric/emergency cover in the event of the on site ODP being busy.
On call ODP is onsite Monday – Friday 08:00-19:00

ODP on call provides off site cover Monday – Friday 19:00-08:00

ODP on call provides off site cover 24 hours Saturday and Sunday from 08:00

ODP on call provides off site cover 24 hours on bank holidays from 08:00

Out of hours emergency activity is covered by on site ODP/anaesthetist. If first team is busy the 2nd on call team ODP/Consultant Anaesthetist is available for maternity cover.

Requirement to have an experienced midwife who acts as a shift coordinator on the labour ward

Labour Ward Coordinators

For each shift on the labour ward at East Cheshire NHS Trust there will be a band 7 designated labour ward coordinator.

5.0 Duties
- Day to day management of the team and provision of leadership, advice, supervision and coordination of staff within the integrated team
- Mentor for junior midwives and others
- Supervision of junior midwives and other members of staff
- Provision of specialist advice to midwives and other members of the multidisciplinary team

5.1 Process for how and when annual review of staffing levels will be conducted.

Monitoring and review all staff groups

There will be an annual audit of all staffing levels.
- To establish whether prospective consultant obstetrician presence on labour ward is in line with Safer Childbirth (RCOG 2007).
- Midwifery, nursing and support staffing levels, in relation to the current delivery rate and the recommendations of Safer Childbirth.
- To establish whether obstetric anaesthetist staffing levels are in line with Safer Childbirth (RCOG 2007)
- To establish whether anaesthetic assistant staffing levels are in line with the maternity services required staffing levels
The results of audit and any subsequent action plans will be presented to the Maternity Clinical Governance Committee for monitoring and review.

6.0 Process for the development and monitoring of business plans

Where audit results identify that particular staff groups are not in line with national recommendations, i.e. Consultant Obstetricians, Anesthetists and their assistants, Midwives, and Support staff, a business plan will be presented to the Clinical Management Board to address staffing shortfalls. The Maternity and Women’s Service Clinical Governance Committee will monitor progress of the business plan.

6.1 Process for the development and monitoring of longer term contingency plans

If the annual review undertaken indicates a deficit of staff for any of the groups a contingency plan will be drawn up to address this deficit and monitored via the Maternity & Women’s Service Clinical Governance Committee.

Contingency plans to address long term midwifery, nursing and support staff shortfalls

In the case of long term staff absence such as maternity leave, temporary fixed term contracts may be utilised.

Staff may be redeployed for a fixed term to other areas of the service.

6.2 Contingency plans to address short term midwifery, nursing and support staff shortfalls

Short term staffing shortfalls e.g. to cover sickness will be addressed where possible by redeployment of staff and by utilizing the midwifery bank system. Where these measures fail to manage the staffing short fall, the staffing/workload escalation process will be initiated – see below.

Where escalation measures have been exhausted and it becomes necessary to close the maternity unit, an incident form must be completed.
Staffing/workload escalation process

Contact bank staff
↓
Reallocate team midwives covering community commitments to unit
↓
Reallocate specialist midwives, Band 7 midwives with managerial time to unit
↓
Cancel planned study days
↓
Contact staff on annual leave/days off
↓
Alert paediatricians & obstetricians to facilitate prompt discharge of suitable patients
↓
Ensure effective discharge management e.g. Early discharge for suitable patients from labour ward, redeployment of staff to discharge duties
↓
Assess planned activity postponement i.e. induction of labour, elective caesarean section
↓
Follow temporary closure of maternity unit guideline if escalation measures exhausted
↓
Complete incident form if closure necessary
7.0 Contingency plans to address long term Consultant Obstetrician staffing shortfalls

The clinical lead will review consultant job plans and reorganise if necessary to span any gaps in the existing cover arrangements.

If job plans cannot be reorganised, the maternity service will seek to employ locum Consultants to span any gaps in the existing cover arrangements.

7.1 Contingency plans to address short term Consultant Obstetrician staffing shortfalls

At times of increased workload or sickness the additional work is absorbed by utilizing the existing consultant presence supported by the on call system.

7.2 Contingency plans to address long term anesthetic and anesthetic assistant staffing shortfalls

The clinical lead for anaesthetics will review consultant job plans and reorganise if necessary to span any gaps in the existing cover arrangements.

If job plans cannot be reorganised, the anaesthetic service will seek to employ locum Consultants to span any gaps in the existing cover arrangements.

In relation to the anesthetic assistant’s cover, in the case of long term staff absence such as maternity leave, temporary fixed term contracts may be utilised.

Staff may be redeployed for a fixed term to enable all areas of theatre are covered.

7.3 Contingency plans to address short term anesthetic and anesthetic assistant staffing shortfalls

At times of additional workload or sickness the additional workload is absorbed by the existing anaesthetic on call system.

In relation to the anesthetic assistant’s short term staffing shortfalls e.g. to cover sickness will be addressed where possible by redeployment of staff and by utilizing agency.

7.4 Process for monitoring progression of business plans and contingency plans, review of results and subsequent monitoring of action plans for all staff groups.

The progression of business plans and contingency plans, review of results and subsequent monitoring of action plans for all staff groups will be undertaken at The Maternity & Women’s Services Clinical Governance Committee.
8.0 Audit /Monitoring compliance with this guideline

Frequency

This guideline will be audited in line with current CNST requirements.

<table>
<thead>
<tr>
<th>Standard 1 Criterion 3 Staffing levels (Midwifery, Nursing &amp; Support Staff)</th>
<th>Audit Standard</th>
<th>Method of assessment</th>
<th>Criterion</th>
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<td>midwifery, nursing and support staff groups utilised by the maternity service in all care settings</td>
<td>Annual audit</td>
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<tr>
<td>Required staffing levels for all midwifery, nursing and support staff for each care setting (which should be calculated using the figures identified in Table 6 of Safer Childbirth (RCOG 2007))</td>
<td>Annual audit</td>
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<td>Process for how and when the annual review under minimum requirement will be conducted</td>
<td>Annual audit</td>
<td>1.3</td>
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<tr>
<td>An annual review of midwifery, nursing &amp; support staff staffing levels in the maternity service to establish whether they are in line with the recommendations in Safer Childbirth (RCOG 2007)</td>
<td>Annual audit</td>
<td>1.3</td>
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<tr>
<td>Business plan(s) which reflect the results of the annual review to address staffing shortfalls if any</td>
<td>Produce business plan and present to relevant Trust committee</td>
<td>1.3</td>
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<tr>
<td>Contingency plan(s) to address ongoing staffing shortfalls, if any</td>
<td>Annual audit, evidence of use of temporary contracts, redeployment of staff, use of bank staff, use of on call</td>
<td>1.3</td>
<td></td>
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<tr>
<td>Contingency plans to address short term staffing shortfalls, e.g. due to increased workload or sickness</td>
<td>Annual audit, redeployment of staff, use of bank staff, use of on call</td>
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### Standard 1 Criterion 4 Staffing levels (Obstetricians)

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<tr>
<th>Audit Standard</th>
<th>Method of assessment</th>
<th>Criterion</th>
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<tr>
<td>Consultant obstetricians utilized on labour ward</td>
<td>Annual audit</td>
<td>1.4</td>
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<tr>
<td>Established prospective consultant obstetrician presence on labour ward</td>
<td>Annual audit</td>
<td>1.4</td>
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<tr>
<td>Process for how and when the annual review under minimum requirement e. will be conducted</td>
<td>Annual audit</td>
<td>1.4</td>
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<tr>
<td>An annual review to establish whether prospective consultant obstetrician presence on the labour ward is in line with Safer Childbirth recommendations (RCOG 2007)</td>
<td>Annual audit of consultant obstetrician presence &amp; use of on call consultant</td>
<td>1.4</td>
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<td>Business plan(s) which reflect the results of the annual review to address staffing shortfalls if any</td>
<td>Produce business plan and present to relevant Trust committee</td>
<td>1.4</td>
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<tr>
<td>Contingency plan(s) to address ongoing staffing shortfalls, if any</td>
<td>Annual audit of review of job plans, use of locum consultants</td>
<td>1.4</td>
</tr>
<tr>
<td>Contingency plans to address short term staffing shortfalls, e.g. due to increased workload or sickness</td>
<td>Annual audit, evidence of short term cover utilised</td>
<td>1.4</td>
</tr>
<tr>
<td>Process for monitoring progression of business plan(s) and contingency plans(s), review of results and subsequent monitoring of action plans</td>
<td>Minutes of Maternity &amp; Women's Clinical Governance Committee</td>
<td>1.4</td>
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Standard 1 Criterion 5 Staffing levels Anaesthetists and assistants

<table>
<thead>
<tr>
<th>Audit Standard</th>
<th>Method of assessment</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>Obstetric anaesthetist(s) and their assistant(s) utilized by labour ward</td>
<td>Annual audit</td>
<td>1.5</td>
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<tr>
<td>Required staffing levels for each of these groups in line with Safer Childbirth (RCOG 2007)</td>
<td>Annual audit</td>
<td>1.5</td>
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<tr>
<td>Process for how and when the annual review under minimum requirement e. will be conducted</td>
<td>Annual audit</td>
<td>1.5</td>
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<tr>
<td>An annual review to establish whether obstetric anaesthetist staffing levels are in line with Safer Childbirth (2007)</td>
<td>Annual audit</td>
<td>1.5</td>
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<tr>
<td>An annual review to establish whether assistant staffing levels are in line with the maternity service's required staffing levels</td>
<td>Annual audit of anaesthetic cover</td>
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<tr>
<td>Business plan(s) which reflect the results of the annual review to address staffing shortfalls if any</td>
<td>Produce business plan and present to relevant Trust committee</td>
<td>1.5</td>
</tr>
<tr>
<td>Contingency plan(s) to address ongoing staffing shortfalls, if any</td>
<td>Evidence from anaesthetic department regarding contingency plans</td>
<td>1.5</td>
</tr>
<tr>
<td>Contingency plans to address short term staffing shortfalls, e.g. due to increased workload or sickness</td>
<td>Evidence from anaesthetic department regarding contingency plans</td>
<td>1.5</td>
</tr>
<tr>
<td>Process for monitoring progression of business plan(s) and contingency plans(s), review of results and subsequent monitoring of action plans</td>
<td>Minutes of Maternity &amp; Women’s Clinical Governance Committee</td>
<td>1.5</td>
</tr>
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</table>
### Standard 1 Criterion 6 Labour Ward Staffing

<table>
<thead>
<tr>
<th>Audit Standard</th>
<th>Method of assessment</th>
<th>Criterion</th>
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</thead>
<tbody>
<tr>
<td>Requirement of Consultant Obstetrician to attend in person during the following clinical situations.</td>
<td>Maternal records of each clinical situations to demonstrate monitoring compliance</td>
<td>1.6</td>
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<tr>
<td>- Eclampsia</td>
<td></td>
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<tr>
<td>- Maternal collapse (such as massive abruption, septic shock)</td>
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<tr>
<td>- Uterine Rupture</td>
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<tr>
<td>- Caesarean section for major placenta praevia</td>
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<tr>
<td>- Postpartum haemorrhage of more than 1.5 litres, where the haemorrhage is continuing and a massive obstetric haemorrhage protocol has been instigated</td>
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<tr>
<td>- Return to theatre-laparotomy</td>
<td></td>
<td></td>
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<tr>
<td>- When requested</td>
<td></td>
<td></td>
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<tr>
<td>Requirement to have an experienced midwife who acts as a shift-co-ordinator on the labour ward</td>
<td>Off duty</td>
<td>1.6</td>
</tr>
<tr>
<td>The duties of the Shift Coordinator</td>
<td>Maternal records Training reports</td>
<td>1.6</td>
</tr>
<tr>
<td>Requirement to have a duty Anesthetist available for the labour ward 24 hours a day seven days a week</td>
<td>Anesthetic Rotas</td>
<td>1.6</td>
</tr>
<tr>
<td>The duties of the duty Anesthetist</td>
<td>N/A</td>
<td>1.6</td>
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**Frequency**

This Guideline will be audited annually in relation to the current CNST minimum requirements for the applicable level of assessment. This audit will occur as per the Maternity Service Audit Plan.
**Coordination of Audit**

The audit co-ordination is the responsibility of the Practice Development Midwives in accordance with the Maternity Service Audit Plan.

**Reporting Arrangements**

The Practice Development Midwives will report the results of audit to the overarching Maternity and Women’s Services Clinical Governance Committee on an annual basis.

An action plan will be produced if 100% compliance with the CNST standard is not met. Any action plans will be tabled at the overarching Maternity and Women’s Services Clinical Governance Committee by the Practice Development Midwives.

**Acting on Recommendations**

The audit recommendations and subsequent action plan will be discussed and agreed by the overarching Maternity and Women’s Services Clinical Governance Committee.

The Maternity and Women’s Services Clinical Governance Committee will agree which individual will be responsible for action(s) within a specified timeframe. This will be documented on the action plan and within the minutes from the Maternity and Women’s Services Clinical Governance Committee.

**Changes in Practice and Lessons to be Shared**

Any required system or organisational change to practice will be discussed and agreed by the overarching Maternity and Women’s Services Clinical Governance Committee. Changes to practice will be identified and actioned within a specified time frame. A lead member of the team will be identified to take each change forward. This will be documented on the agreed action plan and monitored at the Maternity and Women’s Services Clinical Governance Committee on a monthly basis until completion.

Lessons will be shared with the relevant stakeholders.
9.0 References


10.0 Appendix 1 Equality & human rights assessment tool
What is being assessed? Name of the policy, procedure, proposal, strategy or service:
Maternity Staffing Levels including Labour ward Staffing

Details of person responsible for completing the assessment:
- Name: M Moran Rm SoM
- Job title: Midwife
- Team: Maternity

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)
- The purpose of this guideline is to set out the staffing levels for all staff groups involved in providing care to women throughout the pregnancy continuum

2. CONSIDERATION OF DATA AND RESEARCH
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

**Race:**
The 2005 mid year estimate (Cohesia Report 2008) show that the majority of the population in Cheshire (94.6%) is White British, with 5.4% non White British. Issues for BME communities include lack of knowledge of services, access to services, access to translation/interpretation, cultural differences, family values.

*Gypsies and travellers* – at the last count (July 2006) the highest number was recorded in the Borough of Congleton (125). 42% of gypsies and travellers report limiting long term illness compared to 18% of the settled population, with an average life expectancy 10-12 years less than settled population. 18% of gypsy and traveller mothers have experienced the death of a child compared to 1% in the settled population.

**Disability:**
There are over 10 million disabled people in Britain, of whom 5 million are over state pension age. Nearly 1 in 5 people of working age (7 million, or 18.6%) in Great Britain have a disability.

*Hearing loss:* 1 in 4 has a hearing problem.

*Sight problems:* There are 2 million people with sight problems in the UK.

*Learning disabilities:* There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area. Problems encountered can be lack of staff awareness, communication issues, information requirements.

**Carers**
Around 6 million people (11 per cent of the population aged 5+) provided unpaid care in the UK in April 2001. While 45% of carers were aged between 45 and 64, a number of the very young and very old also provided care. By 2037, it is anticipated that the number of carers will increase to 9 million.

**Gender**
On average in Cheshire, 49% of the population are male and 51% are female.

*Transgender:* No local data available, national trends show:
1/12,000 males, transgender from male to female
1/33,000 females, transgender from female to male
Specific issues around access to services, specific services for men or women, and ‘single sex’ facilities. In terms of the transgender population, GIRES (Gender Identity Research and Education Society) gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire East community based on the 2005 mid year estimates, there may be around 2,100 trans people in the area.

**Religion/Belief**
In the Cheshire East area the 2001 census showed:
- Christian - 80%
- Buddhists - 0.16%
- Hindu - 0.15%
- Jewish - 0.12%
- Muslim - 0.36%
- Sikh - 0.05%
- Other religion - 0.15%
- No religion - 11.84%
- Not stated - 6.67%

The Muslim population has the highest levels of ill health amongst faith groups – this includes higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

Consideration must be given to women who are from the Jehovah's witness religion so a discussion can occur regarding an Advanced Directive for use during the maternity episode.

**Sexual Orientation**
Lesbians, gay men and bi sexual people (LGB) make up to 5-7% of the UK population (Dept of Trade and Industry, 2003). 13% of Gay men and 31% Lesbian women are parents (Morgan and Bell, First Out: Report of the findings of Beyond the Barriers national survey of LGB people)

The experience and health needs of gay men and women will differ. However, both groups are likely to experience discrimination, higher levels of mental ill health and barriers to accessing health care

National Health Inequalities data shows that lesbian, gay, bisexual and transgender (LGBT) people are significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Although most LGBT people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse.

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**2.2 Evidence of complaints on grounds of discrimination:** (Are there any complaints either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

None known

**2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?**

No
3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No X

**Explain your response:**
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service. All staff need to be aware that the trust is now using the Bigword as the main supplier, with Intralinks as local around the Crewe area.

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**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes X No

**Explain your response:**
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service.

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**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No X

**Explain your response:**
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service. It may be appropriate to use BSL interpretation, or information in another format suitable to meet their individual needs and to assist in the care of the woman. Carers will be involved as appropriate.

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**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☐ No X

**Explain your response:**
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service.

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**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No X

**Explain your response:**
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service.
This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service.

Staff have access to information on a variety of different cultures and beliefs. There is a privacy, dignity and cultural beliefs booklet. Staff can access training on equality and diversity.

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**CARERS:**

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No X

**Explain your response:**

This is a maternity guideline which relates specifically to the safe staffing levels in the maternity service.

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**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No X

**Explain your response:**

No other impacts identified.

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### 4. Safeguarding Assessment - CHILDREN

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<table>
<thead>
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<tbody>
<tr>
<td>a. Is there a direct or indirect impact upon children?</td>
<td>Yes ☐ No X</td>
</tr>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td>None known</td>
</tr>
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### 5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Labour Ward Forum, MSLC. Obstetricians and Midwives, GP and Lay representative, MSLC Members, Paediatricians Anaesthetist, Operating Department Practitioners

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### 6. Date completed: March 2014  Review Date March  2017

### 7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
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<tbody>
<tr>
<td>None</td>
<td></td>
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</table>

Maternity Staffing Levels & Labour Ward Staffing
Version 4 2014
L. Moorcroft HoM/SoM & M.Moran RM/SoM
8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: March 2014