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### Safe midwifery staffing



# Safe Maternity Care

## PERSONALISED CARE



## SAFER CARE



## CONTINUITY OF CARER



## BETTER POSTNATAL AND PERINATAL MENTAL HEALTHCARE



## WORKING ACROSS BOUNDARIES



## MULTI-PROFESSIONAL WORKING



## PAYMENT SYSTEM



**Making safety a thread running through everything**

**BIRTHRATE PLUS®**

**WARD ACUITY TOOL  
MARIE WASHBROOK**

[www.birthrateplus.co.uk](http://www.birthrateplus.co.uk)

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# BIRTHRATE PLUS® - BACKGROUND

Started in 1986 to provide a midwifery workforce planning system based on:

- The principle of one to one care in labour and delivery cited as the standard of care in several government reports\*
- A classification for intrapartum care which uses clinical indicators to assess the level of need of both mother and baby
- Collecting real time data on the length of time a woman requires care during labour and delivery with the addition of extra midwife time for those with a high level of need/ intervention or emergency.
- Extended to include all hospital & community areas – inpatient & outpatient

\*Short 1980, Winterton 1992, Cumberlege 1993

# BIRTHRATE PLUS® WORK IN PARTNERSHIP WITH THE RCM, ENDORSED BY NICE

The safe staffing toolkit supports a majority of the components in the NICE guideline on [safe midwifery staffing for maternity settings](#) \*including:

- Workforce Planning –  
Factors needed in setting maternity staffing establishments (exception - bed utilisation and patient turnover). The standard output unit is whole time equivalent.  
Monitoring and evaluation of long term maternity staffing establishment.
- Intrapartum - “Real-time” assessments of maternity staff levels during the intrapartum phase of care in relation to patient needs.

\*Safe midwifery staffing for maternity settings  
NICE guideline [NG4] Published date: February 2015

# **BIRTHRATE PLUS® - SERVICES PROVIDED**

- 1. Workforce Assessment – working with the maternity service to calculate midwifery and support staffing for ante, intra & postnatal services in hospital & community, and based on ‘models of care’.**
  - 2. Intrapartum Acuity – training in & supporting implementation of the tool to enable labour wards to monitor workload v staffing in real time and take appropriate action to maintain safety levels and reduce risk**
  - 3. Ward Acuity – New Tool to enable staff to identify the level of workload on the ante-natal and post-natal wards at the beginning of a shift and take measures to maintain safe staffing in real time**
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# BIRTHRATE PLUS® - INTRODUCTION

- Workforce planning in Maternity Services has been based upon data gathered over several months and producing the required establishment of staff including time for sickness, study leave and annual leave.
- The dilemma for managers arises when seeking to deploy these staff in an effective way, which matches the constantly fluctuating flow of women, and their varying individual needs.
- To address this problem for delivery suites, the acuity tool is a real-time method of assessing the demand arising from the progress of labour & delivery plus the care of newborns and comparing that with the numbers of midwives available to provide care, based on the standard of a minimum of one to one care throughout labour.

# BIRTHRATE PLUS® - INTRODUCTION

- The next largest deployment of staff is within the postnatal care wards. Like the delivery suite, their women may be admitted at any times of the day or night and there is a rapid throughput as the majority of clients will be transferred out to the care of the community midwives with 24 - 48 hours.
- Therefore a need arose to attempt to produce an Acuity Tool which would be able to compare the hours of care required per shift with the numbers of midwives & support staff deployed.
- The tool includes antenatal women who are ward attendees and inpatients.

# RED FLAGS

The Intrapartum tool (update available November 2016) and Ward Acuity tool incorporate the ability to monitor the majority of Red flags (NICE – Safer Staffing\*) v workload

Monitor

- In real time to take action
- Over a quarter to review trends

## Intrapartum Acuity Tool (update to tool available)

Delay in IOL

Delay in LSCS

Delay to Triage

Provision of 1:1 Care in labour

## Ward Acuity Tool

MEWS not acted on

Critical medication delayed

Pain relief not given within 30 mins of request

Expected care delayed

# WARD ACUITY TOOL – WHY NEED A ‘TOOL’

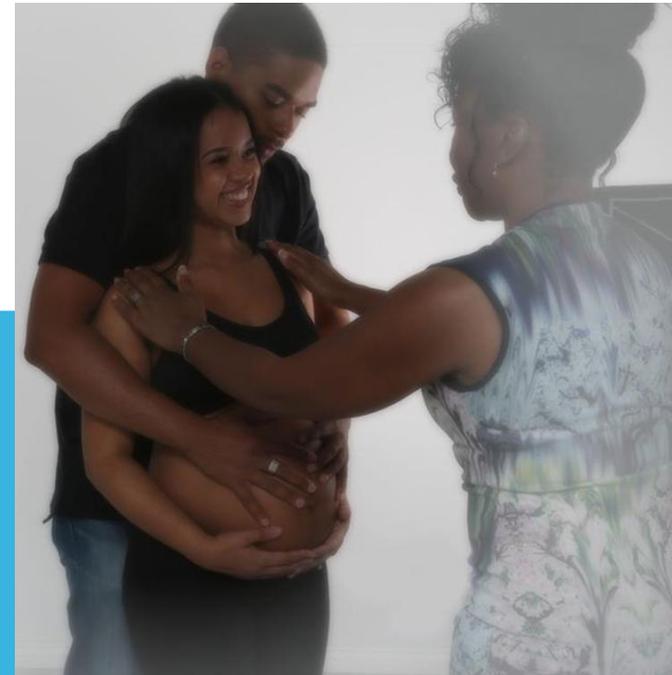
At times of increased workload on the labour ward, staff are frequently sourced from the post natal ward, depleting the level of care provided there, leading to:

## Workforce:

- Increased stress
- Demotivated – can't provide the midwifery care they want to
- Increased sickness & absence
- Inefficient use of staff time

## Women & Babies

- Reduced quality of care
- Dissatisfaction
- Increased complaints
- Reduced continuity of care



# WARD ACUITY TOOL - METHODOLOGY

- System based upon an adaptation of the same clinical indicators for intrapartum care used in the well established workforce planning system
- The tool allocates each woman (& baby) on the postnatal ward a number of CARE hours per shift.
- For women with extra care needs, i.e. LSCS, sepsis, extra hours are allocated to the basic number
- The tool reflects the common themes current on AN/PN wards and builds in the extra midwifery time required to care for these women with complex needs – i.e. babies with additional care needs, safeguarding , sepsis, co-morbidities , etc .

# Ward Acuity Tool - Development

- Early development in 3 maternity units in North Wales
- Subsequently in 6 maternity units in the North West England
- Good district and regional spread
- Consultation with users and redevelopment based on their recommendations
- Expert user panel
- Expert group to review methodology



# WARD ACUITY TOOL - DEVELOPMENT

- Developed in response to management and midwifery staff requests to provide a means of assessing workload on increasingly demanding post natal and antenatal wards
  - Unlike intrapartum care there is no recognised standard for ante-partum and post-natal care on the ward areas.
  - **Clinical hours = CARE hours** as includes direct, indirect & associated time (well defined breakdown of what are within these groups).
  - Time is deducted for ward management, personal & breaks to produce total care hours available of all staff per assessment period.
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# WARD ACUITY TOOL - COMPLETING THE TOOL

## Format

Excel spreadsheet

3 time periods, 2 x 6 hrs in day and 1 x 12 hours at night

Time periods can be locally set to fit in with shift patterns

## Data entry

Familiarity with Birthrate categories is advisable

Completed by midwife in charge of shift at the **start** of each time period

Expected time to complete (once familiarised) 5 minutes

## Assessment

Where workload is expected to be higher than Care hours available, the MW in charge of the shift will consider what, if any, action is required to maintain safe and effective patient care for the shift

# WARD ACUITY TOOL - REPORTING



The tool provides:

- Graphs to review acuity in real time as these are generated in the background as the data is entered
- Ability to monitor some red flags, the time period when they occurred, were they linked to staffing less than expected / less than workload
- Where workload exceeded demand – actions taken in response to this
- Calculation of workload indices – a measure of average staff time per woman

Note: As with the Intrapartum Acuity Tool ( in use for 5+ years), the Birthrate Plus Team will review the tool based on feedback from ‘users’, changes in clinical guidelines &/or staffing standards, etc.; but ensuring its integrity remains intact.

# WARD ACUITY TOOL – HOW TO OBTAIN



- Available from 1<sup>st</sup> January
- Under a license arrangement for 5 year period so receive updates
- Support with training & implementation for a 3 months' period
- Written & electronic guidance provided
- Option of additional support
- Information on website [www.birthrate.plus.co.uk](http://www.birthrate.plus.co.uk)