
Staffing and leadership

Introduction

The Safe Births inquiry highlighted that while staffing *levels* are important, *how staff are deployed* is crucial to ensuring a safe service. Maternity staff expressed concerns that the lack of available staff with the right skills and experience was a threat to safety.

The King's Fund study on staffing in maternity units (Sandall *et al* 2011), which looked at the available evidence on skill-mix, found that the evidence linking outcomes with absolute staffing levels in maternity is mixed; the skill-mix of available staff and the way they are deployed was more important than absolute numbers. It made a number of recommendations including:

- midwife-led models of care should be deployed across the service for low- and medium-risk women, with a view to providing a more cost-effective service that releases obstetricians to focus on women with more complex needs
- nurses could be used more widely to free up the time of midwives and doctors
- further guidance is needed to establish appropriate levels of training and supervision of maternity support workers
- the deployment of both midwives and doctors in out-of-hours services should be reviewed to ensure sufficient experienced and senior staff
- continuity of care should be encouraged. The use of continuous lay support during labour, in addition to clinical care, could improve women's experiences and should be further explored. Some evidence suggests that continuity of midwife support delivered via a caseload model of care can have better outcomes
- there should be greater use of non-clinical staff to do administrative or clerical work, freeing up clinical staff to focus on patient care.

Discussions during the inquiry identified two areas of concern: leadership at board level and leadership at unit level. The consequence of a lack of leadership at either or both levels, and difficulties getting the board to engage with maternity services, contributed to feelings of disenfranchisement and disaffection among staff.

The lack of experienced midwives who could take on management positions and leadership roles was a particular concern, with many senior midwives reaching retirement age.

Safer Births projects to improve staffing and leadership

The maternity team from Northampton General Hospital NHS Trust identified the need to strengthen their midwife recruitment process to combat low staffing levels and a lack of the appropriate skill-mix. They drew up a new recruitment process with robust shortlisting criteria and assessment. The interview questions were modified to include clinical scenarios and cardiotocography (CTG) interpretation. The process was streamlined by restricting the staff involved to help reduce variation. The team created a practice development team to provide the additional training and support for new staff members.

The aim of Stockport NHS Foundation Trust's Safer Births project was to improve safety and outcome for mothers and babies out of hours. Before joining the programme the maternity department had introduced a resident consultant to provide an out-of-hours onsite consultant presence within the labour ward. The Safer Births programme gave them the opportunity to formally evaluate this initiative, its impact on safety and quality indicators. This also involved reviewing and re-evaluating the roles of other key professionals to ensure improved joint working. A key benefit from the project was senior clinical leadership providing training opportunities for junior medical staff.

Some sites implemented tools to help determine staffing levels needed in relation to clinical activity.

The maternity team at Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) introduced the Birthrate Intrapartum Acuity® System (BRIPAS) into their clinical area, and used the data and findings to develop their escalation policy. In addition, BRIPAS provided objective data to assess the level of staffing, activity and risk to women, and determine whether additional staff were needed.

The acuity tool had a great impact because everyone likes numbers because they are objective. Staff liked it because it gave them a voice – they could demonstrate why it was busy and how busy it was. Management was impressed because it provided objective data...

Senior manager

The maternity team at Stockport NHS Foundation Trust trialled the intrapartum scorecard. The tool enabled the team to record intrapartum activity and the number of midwives available for intrapartum care. In addition to the correct number of staff to meet the activity of the clinical area, the organisational culture is also key for a safe environment and care.

Early on in the Safer Births project, the maternity department at MCHFT identified the need to develop the infrastructure and culture of the unit as paramount to the success of any project. The development of a culture conducive to change and innovation, and a governance framework to support it, was the focus of their project. They ensured a collaborative approach to address issues such as reducing postpartum haemorrhage, implementing the National Patient Safety Agency (NPSA) intrapartum scorecard and Birthrate Intrapartum Acuity® System.

The in-depth consultation with staff, cascading of information to all levels of staff, as well as the use of the governance framework to help the decision-making process, have been instrumental to the team's progress.

At times the team found that major 'culture change' issues could potentially result in major resistance from pockets of staff. However, with strong working relationships and support of line management, these challenges were overcome.

Finally, leadership is vital to drive forward improvement and sustain changes. One area of focus was the development of the labour ward co-ordinators through a series of bespoke midwifery development workshops/awaydays. A number of the sites provided a range of these workshops with the support of the Safer Births programme, and reported an improvement in staff confidence and team working.

Leadership was evident at all levels of the organisation. The inquiry had heard that maternity services were often a low priority for boards and that many board members did not understand the particular safety issues facing maternity services. Sites participating in the Safer Births programme engaged with their board-level sponsors and reported to them regularly. For example, the chief executives at South Warwickshire NHS Foundation Trust and MCHFT had high profiles within the Safer Births project, supporting staff and midwife awaydays.

This [attendance by the chief executive at the midwives awayday], made staff feel valued and emphasised the importance given to the day..

Midwife

This section provides a brief overview of some of the tools used by the Safer Births maternity teams to help improve staffing and leadership. The tools included are:

- Birthrate Intrapartum Acuity® System (BRIPAS)
- midwifery leadership development workshop.

Tool		Birthrate Intrapartum Acuity® System (BRIPAS)	
Definition	<p>BRIPAS is a 'predictive/prospective' tool which enables assessment of real time workforce planning within the delivery suite using clinical indicators.</p> <p>Acuity is a measure of the intensity of need arising from the number and clinical status of women and the infants during labour and delivery.</p>		
What is its purpose?	<p>BRIPAS enables health care workers to classify women admitted to the delivery suite in order to identify the acuity or demand and allocate the appropriate ratio of midwife time to meet staffing standards.</p>		
Benefits	<ul style="list-style-type: none"> ■ It is informed by clinical indicators and enables a more proactive and prospective approach to management of risk factors and better use of staffing within the delivery suite, as well as informing workforce planning within the wider midwifery service. ■ BRIPAS is based on the Birthrate Plus® tool which has been cited by national bodies such as the Royal College of Obstetricians and Gynaecologists, and the Royal College of Midwives. 		
How is it used?	<ul style="list-style-type: none"> ■ Regular clinical assessments take place, eg, every two or four hours. ■ Staff make clinical, resource management and workforce decisions based on these hour-by-hour assessments. ■ Classification in the higher need categories is an indicator for an increased ratio of midwife to women. 		
Tips for use	<ul style="list-style-type: none"> ■ Consult widely with staff to gain co-operation and 'buy in' as some staff may consider the data collection labour intensive. ■ Consider incorporating this into the policies and guidelines within the department, with particular reference to the escalation policy. ■ Consider the impact this may have on wider workforce issues and consider involving business/human resources managers in the review of the findings. ■ Ensure BRIPAS is incorporated in teaching sessions/induction days and educational programmes/training. 		
Where to find this tool	<p>The Acuity System is only available from Birthrate Plus® www.birthrateplus.co.uk</p> <p>For further information on the use, score system, etc, contact Marie Washbrook: mariewashb@aol.com</p>		

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Tool	Midwifery leadership development workshop
Description	<p>The key aim is to provide an opportunity for the staff to develop new or existing clinical or non-clinical skills such as managerial leadership. The workshop will be tailored to the specific development needs of the midwifery team.</p> <p>The workshop should provide an opportunity for the clinical leaders to take time out of their day-to-day running of the department, and focus on their personal and professional leadership development.</p>
Benefits	<ul style="list-style-type: none"> ■ Contributes to strengthening the leadership team. ■ Increases the confidence of team leaders. ■ Enhances managerial and leadership skills. ■ Can be used for all grades of clinical leaders. ■ Useful for retaining staff. ■ Can help to inform staff personal development plans.
How is it used?	<p>General recommendations include:</p> <ul style="list-style-type: none"> ■ develop a planning/design team, eg, senior midwives, a representative from learning and development and a professional educator ■ agree the intention/objectives/goals and need for the workshop ■ if possible canvass the opinion and input from staff to help shape the programme according to identified needs ■ organise the speakers/presenters, suitable venue, and provide sufficient notice for staff to attend. A lead time of around 6–8 weeks may be needed ■ ensure there is opportunity for staff to evaluate the workshop to help shape future events. ■ It is important that any outputs from the day, such as action plans, concerns raised, etc, are followed through and communicated to staff. This will increase staff confidence and the credibility for future events.
Tips for use	<ul style="list-style-type: none"> ■ Consult widely with staff to gain ideas/insight for staff development. ■ Consider using external facilitators. ■ Consider structuring the day around current hot issues. ■ Ensure a varied and interactive programme to maintain interest and momentum. ■ Include various activities and consider time out for staff to reflect or deal with urgent calls if absolutely necessary. ■ Consider ongoing support for staff, eg, how will you support staff who are made aware of their weakness and need for development? What kind of support mechanism is available within the clinical setting? ■ Consider whether the workshop will be accredited or become part of personal development plans. ■ Consider how the outputs from the day will be translated to the core business of the department. For example, where an action plan has been agreed by the staff as part of the workshop, how will that be put into practice and followed through in the clinical setting? This can be achieved through incorporating it into governance actions plans, for example.
Where to find this tool	<p>www.institute.nhs.uk/building_capability/general/leadership_home.html</p>