

Inner North East London Joint Health Overview and Scrutiny Committee

26 October 2015

Minutes and matters arising

Item No

4

OUTLINE

Attached please find the draft minutes of the meeting held on 27 May 2015.

MATTERS ARISING

There were two actions from the previous meeting as follows:

Action at item 6.43:

ACTION	<i>Ms. Kelly to provide a short briefing note on the 'Birthrate Plus' system and how it operates</i>
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Response from Barts Health:

Birthrate Plus® is a framework for maternity workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988. The Royal College of Midwives [RCM] and Royal College of Obstetricians and Gynaecologists [RCOG] recommend the use of Birthrate Plus® which was endorsed by the RCM Council in 1999, and in the Audit Commission Report; First Class Delivery (1997).

The Birthrate Plus® methodology is based on an assessment of clinical risk and needs of women and their babies during labour, delivery and the immediate post-delivery period, utilising the accepted standard of 1 midwife to 1 woman, in order to determine the total midwife hours, and therefore staffing required, to deliver midwifery care to women across the whole maternity pathway using NICE guidance and acknowledged best practice. In addition Birthrate Plus® determines the staffing required for antenatal inpatient and outpatient services, postnatal care of women and babies in hospital and community care of the local population birthing in either the main hospital or neighbouring ones.

For a period of three months, Barts Health audited women who came to us in labour and had their baby. This information categorised women into five groups based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. A scoring was then applied to reflect the different processes of labour and delivery, and the degree to which these deviate from obstetric normality. Five different categories were created (I, II, III, IV, V) - the lower the score the more normal are the processes of labour and delivery. In addition we counted the number of women who came to the units but didn't

deliver, and how many women we provided only postnatal care for. Together with the casemix, the number of midwife hours per patient category (based upon the well-established standard of one midwife to one woman throughout labour), plus extra midwife time needed for complicated categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

In 2014/15, Barts Health funded midwife to birth ratio was:

WX 1:30
RLH 1:32.8
NUH 1:31.2

All of our maternity units monitor birth numbers monthly, and as this can have significant changes from month to month, we report on the midwife : birth ratio on a quarterly basis. If there is a sudden and sustained increased that requires further investment, we raise this through the Clinical Academic Group and to Trust Board to ensure there is a robust risk assessment and action plan. This is something that we do in partnership with our commissioning colleagues. On average in London, the standard midwife : birth ratio is expected to be at least 1:30, however this is not based on the use of the agreed workforce planning tool that looks at the clinical needs of the women and how many midwives are required to meet those needs. As described above, we conducted a review of our workforce needs last year using Birthrate Plus® which indicated that we required the following ratios:

WX 1:26
RLH 1:28
NUH 1:26

Based on these figures, the Trust has agreed, within the June 2015 budget, to fund maternity at the London average ratio of 1:30. This will mean seven additional midwives for Newham and 15.5 midwives for RLH immediately and is an excellent response to our staff and service user needs. The teams on each site are updating their recruitment plans to reflect this and continue with their plans to actively recruit to a small numbers of vacancies (some posts have been recruited to and we are just waiting for staff to start).

Action at 6.47

ACTION:	<i>That the Chair writes to Tower Hamlets and Newham CCG Chairs expressing the Committee's concern at their response thus far to the CCG inspection reports.</i>
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The Chair's letter and responses from both CCGs are attached.

ACTION

The Committee is requested to agree the minutes and note the matters arising.