

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CORPORATE OFFICE

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21 November 2017

[REDACTED]
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[REDACTED]

Email: [REDACTED]

Dear [REDACTED]

RE Official information request CDHB 9727

I refer to your email dated 26 October 2017 requesting the following information under section 12 of the Official Information Act from Canterbury DHB.

- 1. The number of full and part time staff currently employed in the maternity ward at your District Health Board. Please separate these by job title i.e. Midwife, senior midwife, obstetrician, nurse etc.**

Clinical Director	=	0.7 FTE
Obstetricians/SMOs (one university employee)	=	16 FTE
Obstetric Physician (Part time)	=	0.7FTE
1 SMO (Covering Ashburton Service)	=	0.3 FTE
8 Senior House Officers (SHO)	=	8 FTE
17 Registrars (RMO) (One job share)	=	16 FTE
134 Midwives (Permanent and Casual) Includes Rangiora and Lincoln	=	76 FTE
2 Enrolled Nurses	=	1.3FTE
7 Registered nurses (who work on maternity ward)	=	6.2 FTE

Please note: There are also 2.5 FTE Gynaecologists Oncology available on call for the maternity service, to deal with complicated surgeries when required. They also operate electively on complex surgical maternity cases e.g. placenta accreta.

In addition we have:

Senior midwives-

Director of Midwifery	=	1.0 FTE
5 Charge Midwives-	=	3.7 FTE
12 Coordinating Midwives who cover the unit 24/7)	=	9.6 FTE
2 midwives (Educators)	=	1.8 FTE
2 Lactation consultants	=	1.6 FTE
1 Project Midwife	=	1.0 FTE
17 Ward Clerks	=	8.8 FTE
28 Hospital Aids	=	19.78 FTE

2. The number of positions that exist or need to be filled - i.e. If there are 20 midwife positions but 10 are currently filled, please state this, and also the length of time the position has been open for.

- Of the total Obstetricians/SMOs - we currently have one 'vacancy' for a Senior Medical Officer (1.0FTE) who has been on long term leave, and who will commence a return to work programme in early January 2018. This position has been back filled by several SMOs on casual contracts (privates mostly who have recently worked for us and our own team doing additional duties) so the service is covered.
- Of the total of 76 FTE for midwives we have vacancies for 9.4 FTE (these will be filled by a combination of FTE from 0.4 to fulltime).
We have 8 graduate midwives who will start at the end of January (6.4 FTE) and another 7.1 FTE contracted to start between end of November 2017 and May 2018.
- Baby Friendly Health Initiative (BFHI) Midwife - awaiting to appoint but a good response to advertisement

There are ongoing and consistent changes to staffing due to Non- work related ACC such as fractured hips, car accidents, ski injuries etc. and maternity leave with three midwives currently on maternity leave and two planning to go on leave.

Christchurch Women’s Hospital antenatal clinic is fully staffed. Our community maternity units are fully staffed at this time.

3. Please provide any reports or information - including internal memos etc. - into staffing problems within the maternity ward, and any issues with recruitment.

Please refer to **Table one** (below) for staffing issues reported via Safety 1st from Maternity Ward. 1 November 2016 – 31 October 2017.

Table one:

Event date	Brief factual description
10/06/2017	“Safe Staffing” escalation tool commenced due to short staffing on night duty - one short in birthing suite - two short on maternity ward
23/06/2017	“Unsafe Staffing” levels on afternoon shift following opening 8 beds on Gynaecology ward for inductions of labour due to Birthing Suite undergoing earthquake repairs in some areas. Midwife moved to gynaecology @ 1830 and unable to back fill a midwife or nurse to assist with care provision on maternity ward. 8 further admissions, overwhelming workload for staff to safely cope with. 13 discharges that shift.
24/06/2017	“Unsafe Staffing” for patient acuity on night duty and poor skill mix. 1 x CCO, 4 x RM's and 2 pool nurses who neither were orientated to the ward, paperwork, equipment and caring for babies. Unable to provide care for ante natal, baby feeding support or care for NICU level babies. Were great at keeping observations up to date, administering medications and answering bells.
24/06/2017	“Unsafe Staffing” levels to provide safe level of care on night shift.
31/08/2017	large volume of women and mothers to be seen on ward no specified RMO on ward this week

two paediatric registrars working in the morning 1st appearance of one of the Obstetric teams at 1345 4 women cleared for discharge following 1400 from Obstetric team additional reason compulsory teaching session for both OB and NICU teams, 39 inpatients in Maternity, NICU occupancy 120% apparent reason for delay large volume to be seen in Gynaecology.

4. I also request any complaints or matters of concern raised by maternity ward staff to management about problems or incidents arising from or related to a lack of staffing within the maternity ward.

As noted above we have reviewed our Safety First data in regard to staffing levels on individual shifts. Most of the reports raised were due to sickness during the winter months or additional service pressure. This related to acuity of women requiring one to one care and staff being unavailable to work additional duties over and above the base roster.

I trust that this satisfies your interest in this matter.

Yours sincerely



Carolyn Gullery
General Manager
Planning, Funding & Decision Support