Canterbury
District Health Board
Te Poari Hauora ō Waitaha

# CORPORATE OFFICE

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19 August 2019

9(2)(a) [redacted]

**RE Official information request CDHB 10154**

I refer to your email dated 22 July 2019 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.**

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| 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) | = | 9.5 FTE |
| 17 Registrars (RMO) (One job share) | = | 17 FTE |
| 132 Midwives (Permanent and Casual) | = | 86.55 FTE |
| 2 Enrolled Nurses | = | 1.1FTE |
| 15 Registered nurses (who work on maternity ward) | = | 13.1 FTE |
| **Total** | **=** | **144.95 FTE** |

**Please note:** There are also two Gynae-Oncologists available for the maternity service but not included in the figures above, to deal with complicated surgeries when required.

In addition we have:

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| **Senior midwives**- | | |
| Director of Midwifery | = | 1.0 FTE |
| Midwifery Manager | = | 1.0 FTE |
| 5 Charge Midwives- | = | 3.7 FTE |
| 13 Coordinating Midwives who cover the unit 24/7) | = | 10.4 FTE |
| 2 midwives (Educators) | = | 1.6 FTE |
| 2 Lactation consultants | = | 1.2 FTE |
| BFHI co-ordinator | = | 0.5 FTE |
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| 23 Ward Clerks | = | 8.4 FTE |
| 36 Hospital Aids | = | 19.7 FTE |
| **Total** | **=** | **47.5 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 of 16 FTE Obstetricians/SMO budgeted positions we currently have 13.5 permanent FTE. We have successfully recruited to the 2.5 FTE vacancies but these SMOs do not start until later this year. We also have one SMO on extended leave, due back February 2020. We have backfilled with some fixed term roles and SMOs picking up additional duties in the interim.
- Of the total of budgeted 86.55 FTE for nurses and midwives we currently have vacancies of 16.1 FTE (these are be filled by a varying FTE combination of from 0.4 to fulltime).
- We are recruiting for nurses and midwives on a continuous basis but there are very small numbers of midwives available to fill these vacancies.
- We have 9 graduate midwives (7.2 FTE) contracted to start at the end of January 2020.
- We also have ongoing and regular changes to staffing availability due to non-work related ACC such as a fractured hip, car accident, and maternity leave with three midwives currently on maternity leave plus two others due to go on leave in the near future.
- The Christchurch Women's Hospital antenatal clinic is fully staffed.
- Our community maternity units are also 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 **Appendix 1 Table one** (attached) for staffing issues reported via Safety 1st from Maternity Ward and Birthing Suite between 1 November 2017 and 30 June 2019. Staff have escalated staffing concerns and ways in which they to address them out of hours between 3-6 times per month during this time. We have removed any identifying information under section 9(2)(a) of the Official Information Act i.e. *"…to protect the privacy of natural persons, including those deceased."*

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:

- Short notice sickness during the winter months or additional service pressures related to increasing acuity of women requiring one to one care.
- Staff rostered and at short notice being unavailable to work additional duties over and above their base roster.

To address gaps in the roster we are working to recruit and educate registered nurses to work in specific areas within maternity work alongside midwives in a more supportive way than can be achieved with locum or agency staff. This is starting to have a positive impact on our service with both midwives and nurses beginning to feel that they are providing better care for women and their babies. While we still need to maintain a critical number of midwives on roster in the maternity ward and in the Birthing Suite we are also looking at supporting registered nurses to work in the Maternity High dependency area.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek a review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Yours sincerely

Carolyn Gullery
**Executive Director**
**Planning, Funding & Decision Support**

**Appendix 1 –**

**Table one: Safe Staffing Report – Maternity Ward and Birthing Suite – 1 November 2017 to 30 June 2019.**

| Event Date | Brief Factual Description |
|---|---|
| 14/04/2018 | Shift short staffed by 2 MWs<br>Covered by 1 Pool nurse<br>Birthing Suite unable to cover but 1 x MW sent from BS at 0200<br>BS ACMM kept 6 women on BS who were postnatal<br>High clinical complexity<br>13 transitional babies - many on IV Abs/ requiring phototherapy/blood tests |
| 05/05/2018 | Staffing insufficient to cover service<br>high workload with both complex and neonatal issues, previous day no transfers to primary units due to complexity, both empty.<br><br>42 women and 26 babies<br>delays in care of 60-120minutes - very stretched service due to 3x .8FTE going off on Thursday for a two to three weeks sick/ ACC as well as sick calls<br><br>distressed staff coping with workload<br>17 expected discharges, 11 achieved<br>international day of the midwife- massages provided by NCOM Canty west coast region gratefully received- 11 staff<br><br>was not escalated externally to on call maternity |
| 09/05/2018 | Period of days starting 9th May 2018 through till and including 13th May 2018 Maternity ward was consistently fluctuating in a state of 'gridlock' with added challenge of staff sickness/ACC and bereavement leave. Staffing assisted by receiving RNs from Pool but these staff members are unfamiliar with the care of high risk babies, though their supported was gratefully received.<br><br>Higher than normal numbers of babies requiring complex cares by midwives with NICU involvement and 4-5 day stay on ward due to being low birth weight, late pre-term gestation at birth (35/36 weeks) and/or requiring IV antibiotics/phototherapy. For each date (9-13/May) there were 12-16 babies requiring the above mentioned level of care, making up half of the ward numbers and impacting on potential discharges. |
| 10/05/2018 | **workload for one midwife today:**<br><br>one new admission post LSCS with baby<br>one new admission woman following birth GDM observations not done, dizzy on arrival<br>four other women with four babies requiring high level care<br>1 - 3 hourly feeds and IV antibiotics<br>2- preterm , 3 hourly feeds<br>3 - >9centile requiring 3 hourly feeds<br>4 baby GDM requiring blood sugar testing<br><br>two staff sick this morning, this staff member sent from birthing suite to help had not worked on ward for a while.<br>Check with ACMM what assistance did she seek? However totally too much work, midwife described above overwhelmed and upset that she had not given her best. |
| 29/05/2018 | 0 day LSCS had no observations performed from 2030 28/05/18 until 0715 29/05/18. Night midwife handing over to morning midwife stated that the observations for this woman had not been performed overnight as it was too busy and she would need to check them after handover.<br><br>Night team leader was not informed of any concerns with workload or inability to complete tasks. |
| 29/05/2018 | Today on the maternity ward the workload, the volume of unwell mothers and babies and co-morbidities, the amount of admissions and discharges along with inheriting delays in care from the previous shift has impacted the team to respond to the needs and care required by the mothers and babies in our care in a timely manner. Some delays in care 60-90 minutes has occurred. |

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| 01/06/2018 | Safe staffing escalation for pm shift 1 June 2018 and into night shift 2 June 2018<br><br>complicated by sick call for Birthing suite night shift<br><br>8 admission requests for maternity since 1515<br>CMM DM notified<br>see escalation plan added to safety first. |
| 02/06/2018 | safe staffing escalation<br>too busy 5 admissions and 8 discharges, complex women<br>before breakfast 2 admissions and 3 x lscs to accommodate no beds |
| 02/06/2018 | came onto gridlocked maternity ward<br>previous ACMM had escalated care<br>pool nurse here for night shift, pm midwife overtime until 0300<br>due to increase allocation delay in medication<br>delay in iv insertion<br>Midwife on OBM moved to OBD due to sickness |
| 22/06/2018 | 25 hours post Cat 2 LSCS on IV antibiotics for choroamnionitis. Antibiotic was due at 2000 on 22/6/18 but was not administered until 2300 when next shift arrived on duty and checked MedChart for drugs due. English is not a first language for this lady and she was not informed of the situation at the time or about the complaints process. This will be passed onto the morning CCO to discuss when and interpreter is available.<br><br>Friday afternoon CCO stated at handover that it had been a very busy shift for her team and she had provided a high level of clinical support. Afternoon staff passed on numerous delayed, late and missed cares to the oncoming night staff. This caused considerable increase of workload on a very busy clinical background until 0200 when all delays in care were caught up.<br>There were 8 staff and 1 CCO on duty on Friday afternoon and 7 staff and 1 CCO on Friday night into Saturday morning. |
| 07/09/2018 | Short staffed on Birthing suite on Night shift (5 staff in total instead of 6 and two midwives short on Maternity). With lack of staff across the service, we were left without the ability to respond adequately in time of urgent clinical need. Epidural handovers were unable to be provided and ARM's were unable to be performed. |
| 19/09/2018 | Very busy ward with high acuities and 2 members of staff off sick therefore patient care was compromised. We had babies and mothers who did not receive appropriate feeding support. Some drug administrations were also delayed. DNM was asked for support prior to commencement of PM shift but due to sickness in ChCh Hospital was unable to provide adequate cover. |
| 20/09/2018 | Busy shifts all day with multiple social work, Oranga Tamariki, long stay babies with complex needs. Morning shift only 7 midwives + discharge m/w and ACMM. Afternoon shift fully staffed but extremely busy a request for a registered nurse from pool not able to be filled. Night shift had 4 midwives, 3 RN's and an ACCM |
| 21/09/2018 | 21/09/18 PM shift extremely busy with 7 midwives and an ACMM. There were also two 2nd year midwifery students rostered to the ward as one midwife had been sent to help staff birthing suite and could not be replaced. One morning midwife stayed to do overtime until 1630hrs. Two midwives stayed post PM shift for overtime due to acuity and being unable to complete their clinical records. |
| 22/09/2018 | Staff extremely busy on shift. Rostered 5 RM's and 2 RN's plus a Team Leader. Team leader felt they needed more staff. One staff member did not get a meal break. Team leader reported "busyness of the ward makes it almost impossible to give the care needed and people are being missed. There is a linked safety 1st for this shift |
| 22/09/2018 | Very busy night shift Safety First completed for delayed cares |
| 22/09/2018 | Very busy shift on ward. OT challenges. Team Leader for shift required to spend nearly 2 hours of liaising with on call social workers |
| 23/09/2018 | 3 staff sick calls received on morning shift for night duty computer night 24 September 2018.<br>One staff member able to cover a night shift as an extra shift. No pool nurses available as public hospital have 25 requests to cover night duty. Escalated to Service Manager. 2 afternoon shift staff did overtime until 0045 and 0200hrs. Ward had 37 women and 21 babies. |

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| 23/09/2018 | Night Duty Shift 23-24 September 2018. Only 4 midwives on roster plus ACMM. Director of Midwifery worked Night Duty to assist staff shortage. Escalation plan had been put in place earlier on 23/09/18. Some afternoon staff from 23/09/18 stayed on to do overtime to assist night staff to organise work load. |
| 24/09/2018 | Night duty shift 25/09/18 short staffed by 3 staff initially requiring CMM to work the shift. ACMM required to work on Birthing Suite from 0100-0300hrs due to high acuity in that area. Requests for staff from pool unsuccessful due to high requests at CPH. 6 high acuity babies on the ward |
| 04/10/2018 | A pool nurse who had no experience on the maternity ward was given a caseload for a night shift, rather than being a 'floater' to help as usual. Safety First for this shift as nurse struggled with acuity of the cares needed |
| 07/10/2018 | Delay in Birthing Suite commencing oxytocin due to high core staff care with a number of women being 1:1 care and no lMCs available. Including PACU, AOU and epidural handover. Night shift also short and staffing was escalated to management. Thought to be resolved then someone didn't turn up for shift. |
| 20/10/2018 | The patient describes a delay in attention from staff and she identifies the wrong staff were sent to care for her. She also identifies that her diagnosis was delayed as a result of this.<br><br>Specifically, as a Pre-eclampsia patient, she tells me the time of her care request was 2200 (approximately our handover time) and that a hospital aide attended her call bell and she had to call many more times when a pool nurse attended to her needs. Patient's assigned midwife did not see her for approximately 2 hours while her epigastric pain escalated. There were attempts made to help get patient comfortable but the delay caused her much distress and essentially she was treated immediately and urgently when her assigned midwife saw her condition.<br><br>It appears the clinical notes documentation does not match the events as patient describes them or the MEOWS observation chart recordings. |
| 25/10/2018 | 24/10 into the 25-10/2018. Very busy shift and short staffed. |
| 25/10/2018 | Ward was very busy on two shifts |
| 16/11/2018 | 16/11/18 morning shift on maternity ward. Major delays in discharging and reviews of complex inpatient women. NO medical reviews performed until 2100 at night.<br>Ward became gridlocked at one stage as discharges were unable to be performed. Doctors also short staffed and very busy<br>Woman waiting until 2115 for discharge home.<br><br>Delays in NICU reviews due to NICU and birthing suite acuity at high levels. This caused delays in commencing plans of care which were given for babies following reviews. Acute requests were seen, but discharge reviews were delayed.<br><br>Many women and families were very angry due to the delays, some chose to self-discharge after waiting for 5-9 hours for medical clearance- these were women not suitable for a midwife led discharge.<br>Once medical team informed of potential self-discharge, they would very quickly review.<br><br>The discharge process was further delayed due to incomplete reviews or absent reviews from the day before. |
| 18/11/2018 | **18/11/18** for night duty to come on shift - 1 ACMM + 4 RM'S<br>Unsafe staffing to provide safe care<br><br>escalation tool used at 0930, Service Manager aware. |
| 12/12/2018 | Unsafe staffing this shift-unable to provide safe and timely care to the women and babies currently in our care.<br>Maternity ward running very clinically busy, short staffed to 1800 when midwife arrived on duty.<br>Admissions x 5 kept on birthing suite until 1800 to facilitate workload.<br>multiple delays in care - clinically very busy with transitional care babies with 3 hourly feeds, SBR's, phototherapy.<br>Concerns for safe staffing for night duty - x1 ACMM and 5 MW's on night duty tonight. Have obtained X1 EN from NZNA and x2 aides from CNB for night duty as unable to source staff from pool, gynae or primary units. |
| 07/01/2019 | Safe staffing escalation registration of concern initiated at 20:00 07/01/19 |
| 19/01/2019 | Unsafe staffing levels to provide to clinical care required for the afternoon shift.<br>6 midwives with 7-8 women each and 4 to 6 babies each also requiring care.<br>2 agency staff-x1 EN X1RN and x1 pool RN who have never worked on the ward before.<br><br>Delays in care due to overwhelming workload.<br><br>Service Manager informed of situation at 1720. |

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| 24/01/2019 | See scanned paper reports(to be done Monday 28/1/19) regarding safety concerns raised on a morning shift 24/1/2019<br>Maternity Ward known to have a high level of Clinical Needs and full.<br>Staffed to 8 Midwives/RN mix with Agency Nurses part of this mix. New team Leader in charge of shift<br>Escalation tool used and Service Manager on call was phoned and then CMM for Maternity Ward was also phoned to give support/advice.<br>Senior Management team unable to secure extra staff to increase numbers |
| 07/03/2019 | Short staffed, afternoon midwife stated that she was unable to give adequate, safe care and document in notes. Ward very high acuity 16 patients and 14 babies- 3 midwives |
| 19/03/2019 | Safety Firsts relating to delays in care on 2 shifts |
| 20/03/2019 | Heavy work acuity resulted in delays in care for one midwives caseload on Maternity Ward. |
| 20/03/2019 | Extremely busy shift with extremely high acuity. |
| 13/04/2019 | Only 5 staff and an ACM for night shift. Current patients 27 not allowing for any further admissions. Have tried all avenues to cover and have obtained permission from management to go to the nursing agency for assistance. |
| 24/04/2019 | Double C/S list, with multiple inductions of labour also booked in Birthing Suite. Clinically busy shift with 4 core midwives and ACMM - 5 elective c/s, 4 cat 2 c/s. The electives were delayed as had to use theatre to do an acute c/s. AOU had two unwell women. Assessment full. Most staff had no meal breaks, or late meal breaks. There were delays in provision of care for induction due to staffing issues, and due to busyness of shift, DRs were unable to complete ward round. Staff were pulled from other areas to assess. |
| 13/05/2019 | Brief handover of care at 0240hrs from unwell member of staff of multiple woman. Shift was already short staffed and when member of staff went home unwell left just 2 midwives with 15 mothers and babies. Safety First completed |
| 31/05/2019 | Birthing suite PACU<br>High acuity women and babies, on PET protocols and inotrope support.<br>No midwifery staff available to staff AOU to safely transfer care from PACU to Midwife care.<br>PACU used as AOU.<br>One Midwife available for 4 women, two more scheduled for theatre.<br>Pacu staff in this instance were able to continue support to help with workload |
| 01/06/2019 | Saturday 01/06/19. Busy shift with inadequate midwifery staff. There is delayed care or no care with women asked to ring the bell if need anything. Safety First completed for this shift |
| 08/06/2019 | Lack of midwifery support due to midwifery work load (impacted by high rate of sickness) in Birthing suite PACU to carry out post-operative cares in a timely fashion to ensure patient safety<br><br>The PACU nurses assigned to birthing Suite requested the support of additional PACU staff working in PACU East staff to assist with basic cares On this occasion and others throughout the shift the midwives were unable to assist as overwhelmed with other priorities/responsibilities |
| 08/06/2019 | Full ward - with only 4 midwives & ACMM on to provide care for postnatal and antenatal women. Providing an unsafe environment for staff and for women and their babies.<br>Lots of high needs patients, women and babies.<br>Management were called - who contacted duty manager - Pool nurse was provided. Agency nurse late to come in, who eventually arrived.<br>Others contacted. MW in to take on ACMM role which freed up a MW for the floor. MW came in for overtime and MW came in from 1130 and able to work until 2030.<br>Birthing suite also very busy with multiple admissions, people in AOU and lots of C/s - also 1 staff member short. MW able to come in to help and LMCs were able to come into assist with Oxytocin infusions. |
| 11/06/2019 | Busy, understaffed ward. Some medications missed at specific times (i.e. Clexane), others had been given, but were not signed for on Medchart. Difficulty with some patients understanding whether they had or had not had medications due to language barrier. Very unsafe. |

(Event Date is within 01/11/2017 and 30/06/2019) and (((((File State is equal to "In-Progress") or (File State is equal to "Closed") or (File State is equal to "New")) and (Contributing Factors (Reported) is equal to "Staff - Heavy Workload/Acuity")) or (Contributing Factors (Reported) is equal to "Staff - Rostering Issues/Skill mix")) and (Ward/Area/Unit is equal to "Birthing Suite Theatres/Recovery")) and ((((DHB is equal to "CDHB") and (Directorate/Division is equal to "Women's & Children's") and (Service is equal to "Women's")) or ((DHB is equal to "CDHB") and (Directorate/Division is equal to "Women's & Children's") and (Service is equal to "Children's"))))