Consultant Obstetrician Cover Arrangements for Labour Ward UHL Obstetric Guideline

University Hospitals of Leicester NHS
NHS Trust

Trust ref: C112/2008

1. Introduction and who this guidelines applies to;

To provide safe, consistent and quality patient care, the Royal College of Obstetricians and Gynaecologists (RCOG) has set standards for consultant on-call for labour ward based on the clinical activity and number of births per year in the unit[4]. It is recommended that the Consultant must be available in the labour ward when they have a fixed session there and their presence is needed and should be available for telephone advice at all times while on-call.

The prime concern is the safety of mothers and babies. Consultant Obstetric cover will impact on the service when minimum requirements are not met. Assessments of current and future workforce requirements should be made locally to identify the number of Consultant Obstetricians required to provide appropriate and safe cover on labour ward.

The optimum Consultant Obstetrician staffing levels would be in line with national and Safer Childbirth[1] recommendations. The local minimum requirements are outlined in Table 1. The service currently has a Consultant Obstetrician presence of 88 hours per week at the Leicester Royal Infirmary, and 78 hours per week at the Leicester General Hospital. This is below Safer Childbirth[1] recommendations (Appendix 1); we are working towards the recommended levels but the full hours of cover are currently not achievable.

The agreed local minimum levels should be adhered to as a minimum. Annual reviews will allow work force planning to work towards achieving nationally recommended levels in the longer-term.

2. Contingency plans

2.1 Ongoing staffing shortfalls:

Where identified in the annual review of staffing, these should be addressed and actioned by the CMG Manager, Head of Service and the Head of Midwifery/Lead Nurse. Business plans should be drawn up by the CMG Management Team to expand Consultant Obstetrician numbers where necessary. It is the responsibility of the Maternity Service Governance Group to ensure business plans are progressed.

Ongoing shortfalls may be addressed by following measures:

- Recruitment without undue delay where business plans accepted and funded
- Review of existing job plans where additional PA's may be available
- Employment of longer term, suitably qualified locums
- Review of current work patterns

2.2 Short term staffing shortfalls:

These include sickness, absence and increased workload. During office hours these should be addressed and actioned by the Consultant Rota Co-ordinator with the CMG Obstetric Head of Service. Out of office hours and at weekends these should be addressed by the CMG Manager on call and the CMG Obstetric Head of Service. Contact details of all Consultant Obstetricians are available via Switchboard. An incident form should be completed for monitoring purposes.
Short term shortfalls may be addressed by following measures:

- Floater Consultant for out of hours on call
- Short term locum (local and agency staff)
- Cancellation of non-essential commitments
- Redeployment of available staff to cover essential sessions

If there is a **high level of complex activity** on Labour Ward and further out of hours skilled medical presence is required, the Consultant Obstetrician on site and the Labour Ward Coordinator will make the decision to contact the **Consultant Obstetrician on the other site** in the first instance to request attendance and support.

If the Consultant Obstetricians on both sites are busy and further skilled medical help is required out of hours, the following steps should be taken:

- The Head Of Service for Obstetrics is notified
- The Duty Manager or Head of Service calls off duty Consultant grade Obstetricians from a staff contact list, to ask for assistance.

2.3 Ward rounds:

There is a requirement for two consultant ward rounds daily. During the week day this should be at 8am and again in the evening (when the new consultant comes on). On the weekend, the second ward round should be in the afternoon before the consultant goes home at 5pm.

2.4 Monitoring:

This is based on a review of incident forms by the Quality and Safety Co-ordinator in conjunction with the CMG Obstetric Head of Service and the Head of Midwifery, The review will include trend analysis if considered necessary, and will be referred to the Perinatal Risk Group where appropriate. Any action points / plans will then be referred to the Maternity Service Governance Group and CMG Quality and Performance Board.

It is the responsibility of the Head of Midwifery/Lead Nurse and CMG Obstetric Head of Service to review staffing levels annually to establish whether prospective Consultant Obstetrician presence on labour ward is in line with Safer Childbirth (RCOG 2007). Where shortfalls are identified in the annual review of staffing, these should be addressed and actioned by the CMG Manager and the Head of Midwifery/Lead Nurse. Business plans should be drawn up by the CMG management team to expand Consultant Obstetrician numbers where necessary.

2.5 Business Plans:

When shortfalls are identified it is the responsibility of the CMG management team to devise a business plan and contingency plan to address present and future staffing shortfalls. It is the responsibility of the Maternity Service Governance Group to ensure business plans are drawn up and progressed via the CMG Quality and Performance Board to the Commercial Executive.

Where the business plan is not approved, a risk assessment should take place; the risk rating should be entered on the Risk Register and reported to the Maternity Service Governance Group and CMG Board in line with the Trust's risk reporting framework.

2.6 Current minimum levels of Consultant presence on Labour Ward (UHL)

SITE	LRI	LGH
Monday to Friday 08:00-20:00	**Consultant Obstetrician available on site (up to 22:00)** Hot week sessions on a rotational basis, prospective cover **Medical staffing level:** ***am*** One Consultant plus one to two middle grade doctors (ST 3 and/or ST 6-7) on site ***pm*** One Consultant plus one to two middle grade doctors (ST 3) and/or ST 6-7) on site (plus junior tier doctor-foundation, GPTS or ST1-2)	**Consultant Obstetrician available on site (up to 20:00)** Hot week sessions on a rotational basis, prospective cover **Medical staffing level:** ***am*** one Consultant plus one middle grade doctor (ST 4 or above) on site ***pm*** one Consultant plus one middle grade doctor (Ideally St4 or above but if 2nd consultant present ST3 suitable) (plus junior tier doctor-foundation, GPTS or ST1-2)
Monday to Friday 20:00-22:00	**Medical staffing level:** ***am*** One Consultant plus two middle grade doctors (ST 3 and/or ST 6-7) on site (plus junior tier doctor-foundation, GPTS or ST1-2)	
Monday to Friday on call	**Consultant Obstetrician on call available within 30 minutes from 22:00 to 08:00.** **Medical staffing level:** Two middle grade doctors on site (Two-tier cover, ST 3 and ST 6-7) (plus junior tier doctor-foundation, GPTS or ST1-2)	**Consultant Obstetrician on call available within 30 minutes from 20:00-08:00.** **Medical staffing level:** One middle grade doctor on site (ST 4 or above) (plus junior tier doctor-foundation, GPTS or ST1-2)
Weekend	**Consultant Obstetrician available on site 08:00-17:00** **Consultant Obstetrician on call available within 30 minutes after 17:00** **Medical staffing level:** Two middle grade doctors on site (Two-tier cover, ST 3 and ST 6-7)	**Consultant Obstetrician available on site 08:00-17:00** **Consultant Obstetrician on call available within 30 minutes after 17:00** **Medical staffing level:** One middle grade doctor on site (ST 4 or above)

2.7 In the event of extreme weather or challenging travel conditions:

Extreme weather or other travel difficulties occurs occasionally and this may cause delay in the on call consultant obstetrician arriving within the contractual time of 30 minutes. Once such conditions are anticipated, the on call obstetrician is expected to be resident to support junior medical staff and ensure safe delivery of care, should senior presence be required. The head of service for obstetrics should be notified when this occurs.

At the Leicester Royal Infirmary there is a consultant on call room on Level 3 adjacent to ward 5. The key for this is available in the obstetric secretaries' office

At the Leicester General Hospital an on call room is available by contacting the accommodation office between 07:30 – 15:30 on extension 14249. Outside this time the keys can be obtained from main reception.

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
There is Consultant cover on Delivery Suite as per approved policy	review of weekly Obstetric cover rota (first week in every quarter)	Obstetric Head of Service	Annual	Maternity Service Clinical Governance Group
Establish whether prospective consultant obstetrician presence on labour ward is in line with Safer Childbirth (RCOG 2007) has been generated	review of Obstetric staffing levels with reference to national recommendations	Obstetric Head of Service	Annual	
	Review of incidents forms relating to short term obstetric staffing shortfalls	Obstetric Head of Service (Incident forms relating to staffing are monitored on a monthly basis By the Quality and Safety Co-Ordinator)	Annual	

- Any Business Plan generated as a result of ongoing short falls has been approved by Maternity Service Governance Group
- Any Business Plan generated as a result of ongoing short falls has been approved by the Women's Quality and Performance Board
- Any Business Plan generated as a result of ongoing short falls has been progressed to Women's and Children's Divisional Board
- Any Business Plan generated as a result of ongoing short falls has been progressed to Commercial Executive

Contingency plans that address staffing shortfalls have been followed where appropriate

Results reported to:	Maternity Service Clinical Governance Group
Action plan to be signed off by:	Maternity Service Clinical Governance Group

Person responsible for completion of action plan:	Obstetric Head of Service
Action plan to be monitored by:	Maternity Service Clinical Governance Group
How learning will take place	Risk Newsletter

5. Supporting References

1) Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health (2007) *Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour.* London: RCOG Press. Available at www.rcog.org.uk

2) Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health (2008) *Children's and Maternity Services in 2009: Working Time Solutions*. London: RCOG Press. Available at www.rcog.org.uk.

3) Royal College of Obstetricians and Gynaecologists, Royal College of Anaesthetist, Royal College of Midwives, Royal College of Paediatrics and Child Health (2008) *Standards for Maternity Care: Report of a Working Party*. London: RCOG Press. Available at www.rcog.org.uk

4) Royal College of Obstetricians and Gynaecologists (2010) *Labour Ward Solutions. Good Practice No.10.* London. RCOG Press. Available at www.rcog.org.uk

6. Key Words

Consultant cover, obstetrics, maternity, staffing

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	Andrea Akkad		**Job Title:** Consultant Obstetrician
Reviewed by:	Andrea Akkad		
Approved by:	Maternity Governance Group		**Date Approved:**
REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
Feb 2021	V5	Andrea Akkad	Statistics updated. Current minimum levels of consultant presence updated.
June 2021	V5.1	E Breslin	Added specified times daily Consultant ward rounds are to take place
April 2024	V6	Andrea Akkad	Updated LGH minimum levels on labour ward to now state; (ST3 acceptable if 2 Consultants are available on site and ST4 unavailable)

Appendix 1 Safer Childbirth 2007 recommended staffing levels

Table 8. Proposed obstetric staffing targets, 2007–2010 (adapted from *The Future Role of the Consultant*)[24]

Category	Definition (births/year)	Consultant presence (year of adoption)			Specialist trainees (*n*)
		60-hour	98-hour	168-hour	
A	< 2500	Units to continually review staffing to ensure adequate based on local needs			1
B	2500–4000	2009	–	–	2
C1	4000–5000	2008	2009	–	3
C2	5000–6000	Immediate	2008	2010	
C3	> 6000	Immediate	Immediate if possible	2008	