

02 August 2019

Re: Official Information Act Request

Dear [REDACTED]

I am responding on behalf of Hauora Tairāwhiti (Tairāwhiti DHB) to your OIA Request of 22 July.

Our response:

This is an Official Information Act request for 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 ie. midwife, senior midwife, obstetrician, nurse etc.

Currently 2 full-time and 15 part-time midwives and 2 part-time Healthcare assistants. The maternity ward at Hauora Tairāwhiti has no nurses.

Hauora Tairāwhiti have 3 full-time and 2 part job sharing Obstetricians, therefore a total of 4 full time equivalents.

I also request the number of positions that exist or need to be filled - ie. 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.

0.6FTE midwifery/nurse position. This is to cover maternity leave, since May 2019
There are currently no Obsterician vacancies.

Please also provide any reports or information - including internal memos etc - into staffing problems within the maternity ward, and any issues with recruitment, in the past two years. This includes reports of any adverse events where staffing was identified as an issue.
No adverse events due to staffing issues.

Staff receive emails such as this below when acuity is high for any length of time.

8/6/2018

Hi everyone,

I would like to thank you all for your contributions over the recent month or so whilst we have had some very challenging times with covering the roster and added high acuity. I know you have all felt this and appreciate that you have all been working extremely hard which I am always grateful for. Please be reassured that I am trying hard to improve how we do things and staffing but there is no quick fix solution. What I have put in place or recommend are the following:-

- I have attempted to put extra staff on in the mornings where I can to try and ease the pressure for you all, so you can all catch your breath following this stormy time.
- I have cancelled some of my meeting commitments to be present more in the unit to have a better over view of what is happening and be able to offer more support.
- xxxx may be scheduled to work clinically from time to time
- Please endeavour to complete trendcare on every shift as this is the start of collecting evidence on the negative variance we have at times.
- We will be looking at how we conduct handovers as I want staff to be able to leave the unit on time at the end of their shifts therefore contemporaneous documentation which is a legal requirement is required with the exception of an emergency situation. If in a birthing room then please use the computer in the room for all documentation when in those rooms. If the computer on wheels is not in use you may use this in the PN rooms, (PN room 1 has its own computer). Please use the tablet in theatre, there are spare ones charged and ready for use in theatre.
- Please record all medications and observations required for each patient with the time required on the white board in the office at the beginning of every shift for your patients so we can avoid observations and medications not being taken or administered when required. If an observation or medication is missed please rationalise this in the womans/babys records
- Please be clear when handing over from one shift to another what has and has not been completed as we run a 24/7 service.
- I have spoken to the HODs about the increasing secondary care handovers, addition IOL with short notice etc. They wish to encourage the shift coordinator to be feel confident and be clear with them if staffing is an issue so they can allow time for this to be addressed involving me (or my second in command if I am not here) and the shift coordinator so we can plan care which remains safe
- Please inform me if you have any ideas or suggestions to improve how and what we are doing
- I have met with the CCM on a few occasions this week and today and she is very supportive of the above plan and looking at what we may be able to do to support

Let's keep our spirits positive and all continue to work as one team.

Regards xxxx
DOM/CMM

30/08/2018

Hi everyone,

I would like to update you all on the current and potentially longer term workforce changes and reassure you that I am and continue to work on how we can cover and maintain a safe service.

Update on the current situation is:

1. We have XXXX 0.6fte vacancy we are recruiting to
2. xxxx has advised she is resigning, her last working shift will Sunday 29th September, she will be travelling overseas and we will recruit to this 0.8fte. We wish her all the best for her future.
3. xxxxx has advised me that she has resigned due to family reasons and will be having her last shift this Sunday. We wish her all the best in her future endeavours. We will recruit to this 0.8fte

4. xxxxx plans to start her maternity leave towards the end of the year, therefore we will have a fixed term contract of 0.6fte that we will recruit to.
5. xxxxx unable to work clinically at present.

Hauora Tairāwhiti is not alone in experiencing such workforce challenges, we have been fortunate to have such a stable workforce for so long and a great team, providing a fabulous service. My priority is to support you to maintain your wellbeing over the coming months and to keep mums and babies safe.

Plans in place:

1. Working across the services as one team, therefore the two NNU midwives xxx and xxx have been and will be rostered to work in maternity as we require their midwifery skills
2. Asking staff if they would like to increase their FTE on a temporary or permanent basis. If you would like to do this, please email or speak to me directly asap please.
3. Advertising our vacancies on our website and external recruiting websites as part time to full time options, fixed and permanent position
4. Develop an advert for a new grad midwife position as we will not have a new grad qualifying until 2020
5. Roster completed in advance so we have time to work on filling gaps from those who can pick up extra shifts
6. Informing casual staff of shifts that are available early
7. Midwife Educator xxxx will work clinically where required
8. Recruiting a nurse on the casual and/or a fixed term contract to work across the services with a full orientation pack to meet all needs
9. I have contacted a nurse experienced working in maternity, who is happy to pick up morning shifts at weekends and possibly more when her baby is older
10. I shall remain as the midwife of last resource with xxxxxx covering at times
11. I will observe the roster closely to ensure we have safe staffing and approve any changes before they are made
12. CMM and I will meet with the O&G team to discuss how they can help eg prioritising/scheduling IOL and LSCS, discussing the need for any woman to go on Mg sulfate before it is commenced with me and the shift coordinator, avoiding half day ANC's, the number of AN ward attendees for CTGs
13. Inform the LMCs of our situation and the DNMs
14. Contact the DON to request that staff are not re-located elsewhere e.g. when we have an RN rostered on duty as the 3rd person
15. Develop more junior staff into the role of shift co-ordinator with the support of our senior midwives
16. Try to keep education still running which is for recertification
17. I will provide regular updates on the workforce/recruitment

What you can do

1. Please put the word out to any of your colleagues nationally that we have vacancies
2. Look at what extra shifts or on calls you may be able to do to help
3. Be flexible to change a shift if skill mix is not appropriate
4. Shift co-ordinator to assign meal break times at the beginning of the shift and record on the white board

5. Staff to handover to a colleague and go for their meal break at their assigned time unless there is an emergency situation or extreme acuity
6. Shift co-ordinator to track that team members have gone for breaks, inform me or lidil early if relief is required due to acuity
7. Ensure checks are completed and that this is at any point in the 24hour period in anticipation of the next high acuity period when these checks may be delayed
8. Please ensure trendcare is completed to capture all activity
9. Speak to me if you have any concerns or other suggestions
10. Activate the escalation policy if required

I hope this helps a little to reassure you that everything possible is being attempted to help us through the next few months. We have been here before and will get through this working together as one strong and committed team.

Regards xxxx
DOM/CMM

Hauora Tairāwhiti does have difficulty recruiting midwives due to Tairāwhiti being a remote area. We offer relocation support for this reason.

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.

Hauora Tairāwhiti have no complaints or concerns 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 we regularly keep the team in the picture of what is happening, such as the emails above.

Please note this response, or an edited version of this response, may be published on the Hauora Tairāwhiti DHB website. Your personal/identifying information will be redacted from any responses published.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Ngā mihi

Briar Hunter
Communications Advisor
Hauora Tairāwhiti