

Operational & Strategic Risk Assessment Tool

Risk Owner ?

Division	Family health
Specialty	Maternity Services
Team/Dept.	Home Birth Service
Owner	Katy Dand

Datix ID 9519

Risk Title ? *(hover mouse over '?' for tips)*

R If the Maternity Services Home Birth Service does not have sufficient staffing resource then the service will not be able to meet the needs of mothers who want a home birth resulting in a poor patient experience and potential harm being caused to mothers and babies if they have to be transferred to an acute setting for their delivery.

What is the potential event ?

E Inability to provide home births as requested by the mother and potential patient harm.

What are the Causes / Triggers ?

Controls In Place ?

Likelihood

	What are the Causes / Triggers ?	Controls In Place ?	Likelihood
T1	Inability to provide 2 x Midwives on the OOH Service due to staffing levels	If only one midwife on OOH, support can be requested from a hospital setting staff	Almost Certain (5)
T2	OOH staff are also required to answer the emergency OOH telephone	If the OOH midwives are at a patients home the calls transfer to the Acute setting	Almost Certain (5)
T3			
T4			

What are the Effects ?

Controls in Place ?

Impact Domain

Consequence

	What are the Effects ?	Controls in Place ?	Impact Domain	Consequence
E1	1 x Midwife can only request additional support otherwise the mother is transferred by ambulance to hospital	Mother transferred to hospital, but this brings additional risks	Harm	Minor (2)
E2	Poor patient experience which can lead to post natal depression/MH issues	patients are followed up by Community based staff who can support/signpost effected patients	Patient Experience	Moderate (3)
E3	Reputational impact and non-compliance with regulatory Maternity Standards	NIL	Reputation/ Compliance	Moderate (3)
E4	Any mother requesting home birth is transferred to OOH service if she has not delivered in working hours, but the	Potential support from hospital staff	Patient Experience	Moderate (3)



T5		

service may not be able to support her			
E5 Acute setting staff have to answer emergency calls OOH if both midwives are at a patients home which diverts them from care delivery	Staffing levels in acute setting	Service Delivery / Projects	Moderate (3)

Current Stage of Risk Management

Risk Under Development

Initial Risk Score & Assessment Date (With Original Controls)		12 (Moderate)
Current Risk Score & As Of Date (With all current Controls & Date of last review/Update)	16/04/2021	16 (High)
Next Review Due	DD/MM/YYYY	

Supporting Information *(Provides context to the how it relates to the objective, what/why regarding the activity, and/or supporting evidence/analysis to substantiate the risk)*

Currently The Home Birth Service is unable to provide a full OOH Service due to a lack of staffing resource. Two x midwives are required to undertake a Home Birth and when this staffing is not available, the OOH Midwife answers emergency calls and requests support from the hospital setting to attend the birth. However, if hospital staff are unable or unwilling to support, the mother is transferred to hospital by ambulance, which increase the risk to mother and baby.

Whilst the trust is exploring a 'Single Point of Access' (SPA) Model, currently emergency calls are transferred to the Acute setting when midwives are undertaking an OOH delivery, but this takes them away from clinical care on the wards.

If NUH is unable to provide mothers with the home birth they request, this leads to poor patient experience and a potential impact on their mental health and post natal depression.

Since X, a total of X incidents have been reported under the Maternity Triggers as a 'Suspension of Home Birth'.

A review on how the Service operates so that any efficiencies in practice can be identified and a more effective Home Birth Service can be given to mothers.

Less than 60% of night shifts had full staffing levels over the last month. Stats: March 21: 29% full staffing, Last 12 months May 20 to April 21: 55% fully staffed, Last 6 months Nov 20 to April 21: 49% fully staffed, Last 3 months Feb 21 to April 21: 38% fully staffed, Stats above showing pattern towards reduction in ability to staff, May 21 - 45% Fully Staffed currently (may change due to sickness and service capacity)

Acute setting staff have to answer emergency calls OOH if both midwives are at a patients home which diverts them from care delivery. Stats for acute setting needing to take calls 2000-2030 (LN shift times) due to staffing; March 21: 19 of 30 dates (63%), Last 12 months May 20 to April 21: 30%, Last 6 months Nov 20 to April 21: 42%, Last 3 months Feb 21 to April 21: 52%

Stats showing pattern towards increase in acute setting needing to take calls.

May 21 – Prediction 45% of nights will need acute setting to take calls as 55% of LN's have no staff rostered currently.

Since X, a total of X incidents have been reported under the Maternity Triggers as a 'Suspension of Home Birth'.

Trust Objectives Affected ?

- Our Patients
- Our Partners
- Our People
- Our Performance
- Our Places
- Our Potential

Select...

Local Objectives Affected ?

Gaps in Controls ?

Cause / Effect

G1	Unable to fully staff OOH Service at appropriate level	...
G2	Conflicting tasks for OOH Team – delivery and emergency calls	...
G3	Lack of required additional resource from acute setting	...
G4	SPA Model not yet in place	...
G5	Not all incidents are reported	...
G6		...
G7		...
G8		...

Actions ?

Lead

Control Gap Impacted

Revised Score

Due

Status

A1	Review current Home Birth Service operating systems	Katy Dand		16 (High)	31/07/2021	On Track
A2	Undertake a Service review	Katy Dand		16 (High)	31/07/2031	On Track
A3	Cascade to staff the risk and the importance of reporting incidents.	Katy Dand	G5	16 (High)	31/07/2021	On Track
A4	Identify progress on SPA Model introduction and remit	Katy Dand	G4	12 (Moderate)	31/03/2022	Scheduled
A5	Establish full extent of number of mothers impacted	Katy Dand	G5	16 (High)	31/07/2021	On Track
A6	Develop BC and recruit additional staff to Service	Katy Dand	G1.G2.G3	8 (Moderate)	31/03/2022	Scheduled
A7				Select...	DD/MM/YYYY	Select...
A8				Select...	DD/MM/YYYY	Select...

Target Risk Score & Target Date
(With Original Controls)

8 (Low)	31/03/2022
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Approval

Approval Level Required	Trust (High/Significant Risk)	
Approval Status	Awaiting Divisional Level Approval	
	Approving Committee	Date of Approval
Specialty Level	MS Gov	07/06/2021
Division Level	FH Gov	DD/MM/YYYY
Trust Level	RMOG/RMC	DD/MM/YYYY

Governance

Monitoring Committee	
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Approval / Review Outcome

Controls are	Inadequate
Action Type	Reduce/Treat