Supernumerary status of the Delivery Suite coordinator in the Acuity APP:

The Acuity App's ensures that women in categories III to V receive increased care due to their complex needs which is captured within the birthrate plus methodology behind these categories. The tool mandates at least 1:1 care for birthing categories as per national guidance, with coordinators offering extra support as outlined below.

This is taken from the NHS resolution Maternity Incentive Scheme (safety action 5) relating to the role of the band 7 coordinator and the supernumerary status:

- The role of the co-ordinator includes providing oversight of the labour ward and support and assistance to other midwives.
- Caring for antenatal & postnatal women not requiring constant observation. For example: providing CTG 'fresh eyes', giving second opinion and reviews, providing assistance to midwives at a birth when required, supporting junior midwives undertaking suturing etc.

This should not be counted as losing supernumerary status.

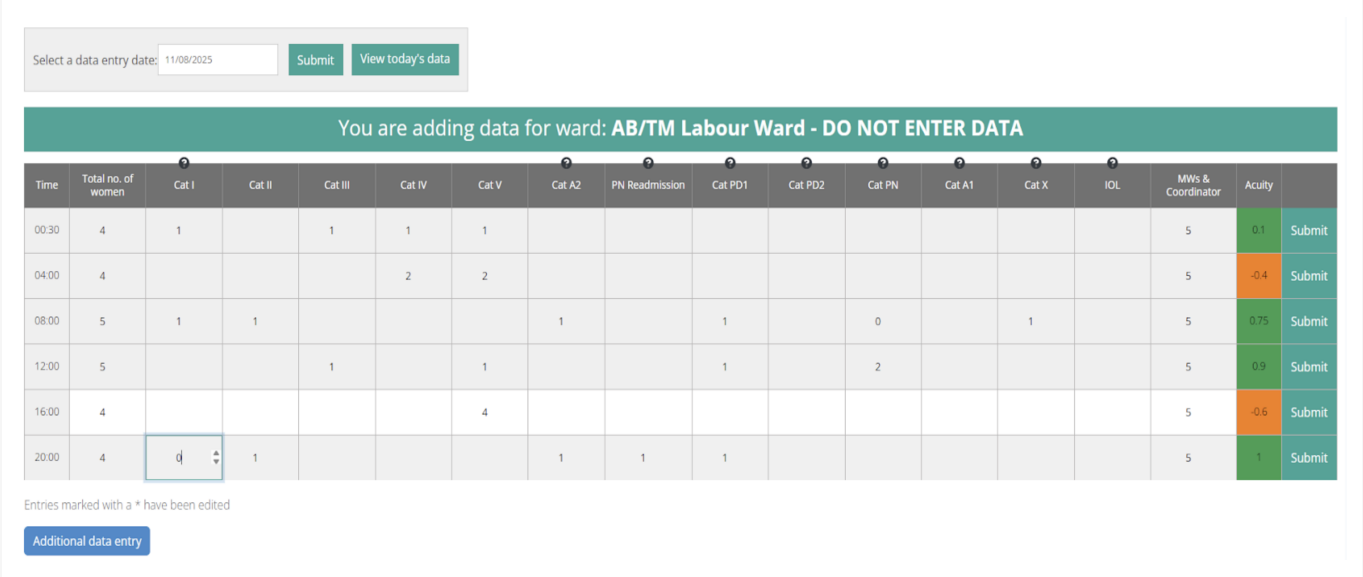
The coordinator should be included in the tool as they contribute to care delivery while maintaining their supernumerary status.

If the coordinator is not included within the numbers, these elements of care will be assigned to other midwives.

The tool does not guarantee the protection of supernumerary status; rather, it facilitates the assessment of current conditions to determine whether safe staffing levels are maintained on the ward. Additionally, it enables documentation if the coordinator's supernumerary status has been compromised. Loss of supernumerary status is a CNST reportable red flag.

For instance, if an additional woman were admitted to the ward, would the band 7 staff member retain supernumerary status, or would management actions need to be implemented, such as:

- Reassign staff as needed, notify the management on call, and arrange for specialist midwives to provide clinical support.
- This arrangement would allow the coordinator to retain her supernumerary status, thereby ensuring the safety of the delivery suite area.



Data has been entered into the demo tool to provide examples.

00.30:

There are currently four women in the App. Due to the complexity of care required, the positive acuity is only 0.1. If an additional patient in labour were admitted, the ward would have negative acuity. To maintain 1:1 care, the coordinator would need to redeploy staff or forfeit supernumerary status.

04:00:

There are currently four women in the tool, and due to the complexity of these patients and the increased care needs, the ward is experiencing negative acuity. The coordinator should escalate and redeploy staff to address the high acuity.

08:00:

There are 5 women in the tool; 2 are in labour and need only 1:1 care, PD1 & A2 also need 1:1 care, and the triage patient requires just 0.25 of a midwife, leaving the ward with a positive acuity of 0.75. However, another category 1 admission or increased care needs could quickly tip the ward into negative acuity, requiring coordinator intervention.

12:00:

There are 5 women present, 5 midwives, with 2 women in labour needing extra care, 1 postnatal patient requiring 1:1 care, and 2 other postnatal patients needing 0.25 midwives each. Acuity remains positive, so the coordinator stays supernumerary.

16:00:

Four patients require 1.4 WTE midwives as category V. Although there are four patients and five midwives, the additional care needs of these patients may affect the supernumerary status of the coordinator. Management actions would be necessary to address this acuity, ensure adequate staffing, and maintain the coordinator's supernumerary role.