**Example Statement following guidance 3**

**Statement 3**

My name is xxxxxxxx; I have been a qualified midwife for 29years and 9 months. Prior to this I worked as a staff nurse on a general ward.

On 19th June 2015, I was told by the Head of Midwifery that she had received a complaint from a member of staff. I was told the complaint centred on the movement of women and staff from M2 to the labour ward. On the 1st August 2015, I had first sight of the complaint. I write this statement as accurately as I can from my memory of the shift.

At the start of a night shift handover is given by the outgoing coordinator. I recall the unit was busy that night, mainly due to staff shortages on triage and labour ward. Around 20.30 hrs, the Labour Ward Co-Ordinator and the out-going obstetric registrar hand over to the night registrar. The doctors discuss the activity on M1, M2, Triage and G5, so the Labour Ward Co\_Ordinator is aware of all potential risks in the building. A ward round then takes place of all the high risk women on the ward to ensure that their plans are current and relevant.

On this night, I can’t clearly recall if Shortly after the ward round or during, the triage midwife rang to say she had a labourer who needed to come to cds. I believe this is when I first spoke with midwife Blue who told me she was very busy with an epileptic patient and someone in preterm labour. I was fully briefed on this patient, having just had the medical handover and although I appreciated the ward area was busy, I based my decisions to relocate staff on my risk assessment from that handover. I did not intentionally undermine Midwife Blue’s Professional opinion. I felt I had an up to date Medical handover and was reassured by my knowledge of these women on the CDS the previous night. I was required at that time to make quick decisions and am sorry Midwife Blue felt undermined. I asked the second on-call to come in as I believed the unit was too busy to cope with the triage phones.

The patient and triage midwife came to cds. This woman was in advanced labour. The community midwife chose herself to go to the ward and take the phones. It is acceptable for Community Midwives in these circumstances to choose to work in the area they feel most comfortable and safe. This is nothing new, and Midwife Blue is aware of this practice.

About 05.00hrs the activity on the labour ward was increasing. The induction ladies were now in labour. The midwives were now providing 1:1 care. There was a patient in the induction bay who was becoming very uncomfortable and needed a midwife. I was conscious that I was the only midwife free. I needed a midwife to assess the patient, and be around should one of the ladies deliver. Midwife Blue lead me to believe that the ward was busy and she could not help. I therefore

phoned Bassetlaw and they were able to send a midwife. I have in preparing this statement noted that together with the activity we were dealing with, there was a call taken and entered into the diary at around 5am from a patient who was booked for elective section has been advised to make her way into the hospital. If this lady had been found to be in labour, then the midwife from M2 would have been deployed. This is standard procedure. I did not call the Matron because I believed the situation was under control and that my decision making was sound. Safety was maintained and to my mind in less than 2 hours, more staff would have been available.

The next night, I believe the hospital was closed when we came on duty. It had been closed from 2pm that day. The unit was fully staffed. I was called to the NNU, as a MSW had fainted/fallen, she was also pregnant. I spoke with the paediatric registrar who wanted to accompany the MSW to A+E, as she had witnessed the faint/fall. An MSW from labour ward took her colleague to A+E in a wheelchair.

Midwife Blue usual place of work is M2. I note from her complaint she indicates she was working on M1 that shift. This was a decision taken prior to my shift. It was brought to my attention, at some point in the shift that both MSW were on the ward, I think I then asked one to go down to M1, which they did. It might not have been straight away as they were probably finishing off what they had started. I recall midwife Blue enquiring after some MSW support. I do not recall the conversation as she relays it.

As I don’t now have a clear recollection I have checked with the Matron’s documentation. Her entry was that we had a lady in HDU, who had just come back from theatre, following evacuation of haematoma. The patient had been transferred back to CDS from M1, following a c-section earlier in the day. Her Hb had fallen to 40g/dl. This lady required blood transfusions and blood products before going to theatre at about 21.00hrs. Giving Midwife Blue’s claims some consideration, I may well have accompanied the consultant to speak to the patient’s husband and forgot to ask an MSW to go down immediately But looking at the times we are only talking 1 hour.

The HOM’s letter referred to movement of staff and patients from M2 to labour ward. This did not happen on any night. At no time did I move any one, without the move being requested by a third party. I believed that all my actions on those nights were appropriate and no different to what any of my co-ordinator colleagues, would have done. I have never had my decision making in these situations called into question. It is my role to assess clinical activity and staffing levels and deploy Midwives and MSW’s according to clinical need. I do this with knowledge of all areas. I believe on these two shifts I was acting in the best interests of safety for all under, at times, very challenging circumstances.