POSITION STATEMENT

SAFE MIDWIFE STAFFING

The Royal College of Midwives

POSITION STATEMENT SAFE MIDWIFE STAFFING

RCM POSITION

It is the responsibility of every NHS provider to ensure midwifery staffing levels are adequate to provide high quality maternity care (RCM, 2014). Failure by NHS organisations to adopt transparent safe staffing guidelines and to use recognised workforce planning tools puts the quality and safety of maternity services in jeopardy.

There should be enough midwives working in maternity services to ensure that women and babies receive safe, effective and high quality care at all times. Midwives, members of the maternity team, managers, Board members and commissioners are all responsible for ensuring that this happens. However, ultimate accountability for ensuring that maternity services are appropriately staffed rests with Chief Executives and Boards.

The staffing of maternity services must be regularly reviewed and monitored to ensure that staffing levels are adequate to provide safe and high quality midwifery care. This should be undertaken in accordance with the recommendations and procedures outlined in the NICE safe staffing guideline *Safe midwifery staffing for maternity settings* (NICE, 2015). Whilst the NICE guideline has been developed for use in England, the main principles outlined within the guideline can be applied in maternity services throughout the UK.

Decisions about staffing midwifery services should conform to the following principles.

- The individual needs of each woman and baby should be the principal determinant of the midwifery staffing establishment.
- The midwifery staffing establishment should be sufficient to ensure that women and babies receive safe care at all times and in all settings.
- In setting the midwifery staffing establishment appropriate evidence based tools used. The RCM recommends using Birthrate Plus®, the only national tool available for calculating midwifery staffing levels. Guidance on how to use Birthrate Plus® is available from the RCM (Ball J A, Washbrook M & the RCM, 2013).
- The calculation of the midwifery staffing establishment should be based on an assessment of the total midwifery time (including antenatal and postnatal care) needed to ensure that every woman in established labour is supported by at least one midwife.
- Allowance should be made for absence due to time off for annual leave, sickness and other absence, training, supervision and time that managers and specialists spend on non-clinical activity.
- The total cost of the midwifery staffing establishment should be covered by the maternity services budget.

Midwifery staffing levels should be regularly monitored throughout a shift or service. Every midwife, student midwife and maternity support worker has a duty to speak out if they have concerns about the impact of staffing issues on the quality and standards of care. This includes a responsibility to use existing mechanisms within their organisation to report or escalate concerns (NMC, 2015), including raising a red flag (a warning sign that indicates a problem with midwifery staffing). Staff shortages, fluctuations in demand and red flag incidents should be immediately reported, recorded and a judgement made as to what the appropriate response should be.

Every maternity service should have an escalation plan in place, which will set out a range of actions that managers can use to address staffing pressures. Examples include recruiting temporary staff or redistributing workloads – so long as the recommended actions do not lead to other parts of the service being depleted or triggering their own red flags.

BACKGROUND

Since the publication of the Francis Report into events at Mid-Staffordshire NHS Foundation Trust, NHS organisations are required to devote more time, resources and attention to ensuring that their services are safely staffed. The Francis Report identified understaffing and a failure to undertake a proper assessment of staffing requirements as significant contributory factors to the unsafe and substandard care experienced by patients at Stafford Hospital. Accordingly, Sir Robert recommended that NICE establish practical guidance, based on the needs of patients, to enable commissioners, providers and service users to understand whether a particular service is safely staffed.

In February 2015, NICE published a safe staffing guideline for midwives working in maternity settings.

The guideline recommends the following:

- NHS Trust Boards review midwifery staffing levels at least once every six months and ensure that the budget for maternity services covers the required midwifery staffing establishment.
- Responsibility rests with commissioners, Trust Boards and senior managers for ensuring that maternity services have the capacity to ensure that there are enough midwives to ensure every woman in labour is cared for by at least one midwife.

- Midwives in charge of services or shifts undertake regular assessments of any differences between the number of midwives needed and the number available for each shift or service.
- Escalation plans should be developed to address unexpected variations in demand for maternity services. Escalation plans should include arrangements for sourcing extra staff, including redeploying staff or using on-call staff, so long as this does not deplete other service areas.
- Midwifery red flags (warning signs that indicate a problem with midwifery staffing) should be developed, defined, monitored and acted upon.

Examples of red flags could include:

  - delayed or cancelled time critical activity
  - missed or delayed care
  - failure to provide continuous one-to-one care to a woman during established labour.
- The midwife in charge of a service or shift should be notified in the event of a midwifery red flag (a warning sign that something may be wrong with midwifery staffing) occurring. The midwife should determine whether midwifery staffing is the cause of the red flag and the appropriate action that is needed, which may include allocating additional midwifery staff to the service.

The NICE guideline does not specify that maternity services should use any particular workforce planning tool when assessing midwifery staffing requirements. However the thrust of the guidance is very much consistent with the principles set out in Birthrate Plus®.

Birthrate Plus® is currently the only midwifery specific, national tool available for calculating midwifery staffing levels, and for informing decisions about safe and sustainable services. It is based on data that has been collected over many years and has been used by the RCM to argue for national and local midwifery staffing ratios.

Using NICE guidance, available evidence and best practice, Birthrate Plus® calculates how many midwives would be required to meet the needs of women including:

- all antenatal and postnatal care, including parent education
- antenatal outpatient activity, including clinics and day units
- antenatal inpatient activity and ward attenders
- delivery in all settings, depending on type of birth
- all postnatal care in hospital.

REFERENCES

Ball J A, Washbrook M & the RCM (2013) Working with Birthrate Plus®: How this midwifery workforce planning tool can give you assurance about quality and safety

Mid Staffordshire NHS Foundation Trust Public Inquiry 2013: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

NICE (2015) Safe midwifery staffing for maternity settings: NICE safe staffing guideline

NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives

RCM (2014) High quality midwifery care

The Royal College of Midwives

15 Mansfield Street
London W1G 9NH
0300 303 0444
info@rcm.org.uk

Updated: July 2015