Royal College of Midwives

Position statement

safer staffing

The Royal College of Midwives position

The needs of women and babies should be the primary driver for setting midwifery and associated support staff staffing establishments in England, Northern Ireland, Scotland and Wales.

Every woman in established labour should be cared for by at least one midwife.

The Boards of NHS maternity providers are ultimately responsible for ensuring that there are, at all times, sufficient suitably qualified and competent midwives to provide women and babies with safe, compassionate, and high-quality care. Each Board should regularly review midwifery staffing levels and ensure that the maternity services budget covers the total cost of the midwifery staffing establishment.

Midwifery staffing establishments should be regularly reviewed and monitored to ensure adherence to relevant guidelines[1] and compliance with the recommendations of evidence-based workforce planning tools[2]. This includes regular monitoring of staffing levels at the start of and during a shift or service, to ensure that, as far as possible, there is proactive planning for and resolution of staffing shortages.

Everyone has a responsibility to create the environment where issues and concerns can be raised without fear or favour. Midwives, maternity support workers (MSWs), students and other members of

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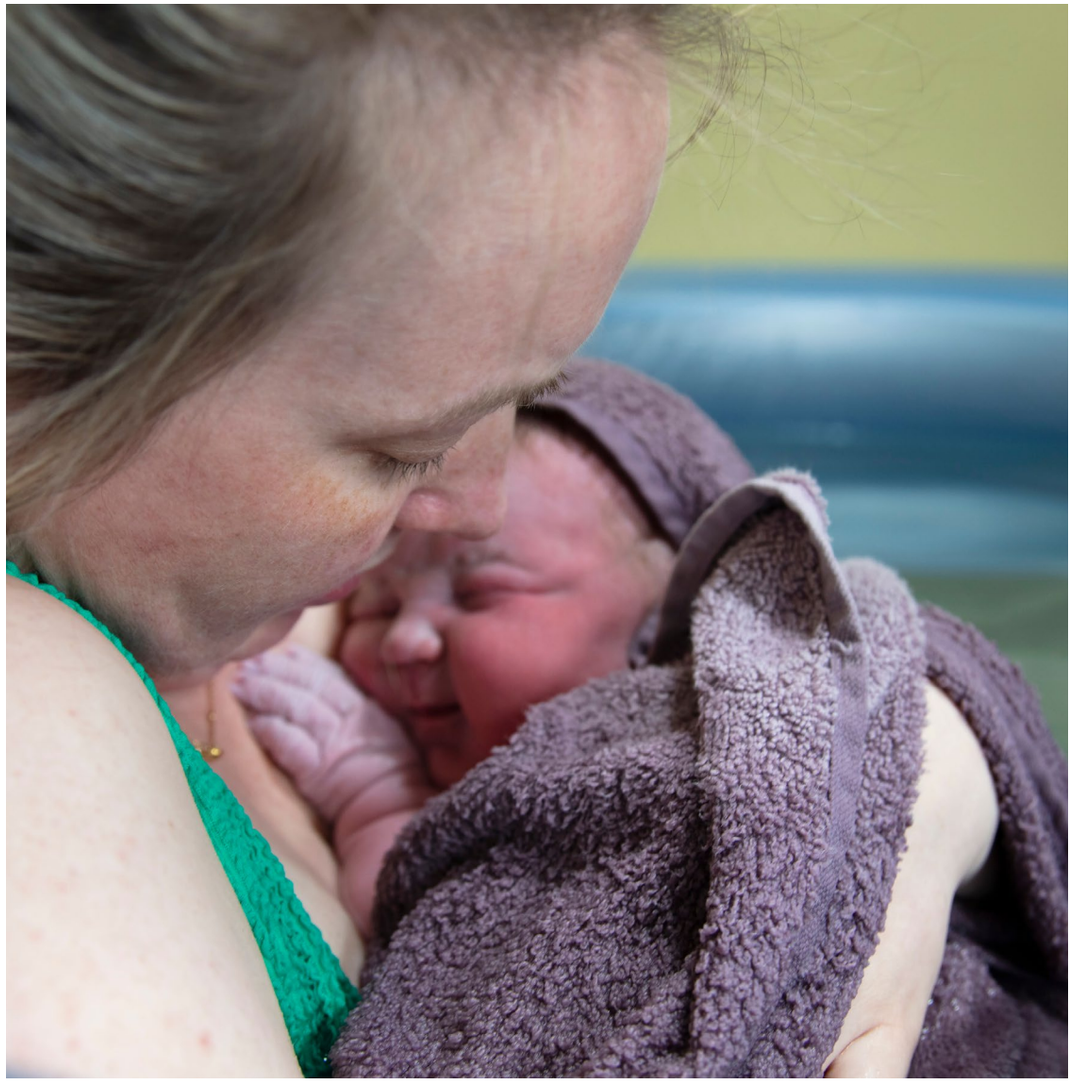
1. Such as NICE safe staffing guidelines for midwives working in maternity services (England and Wales)
2. For example, Birthrate Plus (England, Wales, Northern Ireland) Maternity Workload Tool (Scotland)

the maternity team should all feel able to speak out if they have concerns about the quality and standard of care provided, including if they believe that staffing levels are unsafe, if they suspect treatment or care will or has caused harm, or if they see cultures and behaviours that put colleagues or women at risk.

Staff shortages and sudden and unexpected increases in demand should be immediately reported by staff on duty, recorded by and a judgement made by the midwife in charge of the service or shift as to what the appropriate response should be.

Every maternity service should have an escalation plan in place, in the event of significant staffing shortages and/or instances where demands on services significantly exceed capacity. Escalation plans should be shared with all members of the maternity team and be included as part of mandatory training. Remedial action should be proportionate and should not result in a depletion of staffing in other areas of the maternity service.

Midwifery and wider team shortages must be addressed before the introduction of significant changes to service models, such as midwifery continuity of carer. Services that are currently unable to provide safe staffing levels will not be able to safely introduce midwifery continuity of carer.



Background and context

Staffing levels vary across NHS services, reflecting differences in the case-mix of pregnant women, new mothers and babies and in settings, for example between urban and rural services. However, variations in staffing levels can also reflect differences in the extent to which NHS providers are complying with staffing guidelines and whether staffing establishments are based on the needs of women and babies or on the limits of what the service can afford.

Maternity care has changed significantly in the past 20 years, and with these changes has come a steady and continuous rise in the demand for additional maternity staff. Chief among these has been the increasing proportion of pregnancies and births that are to women who have a range of complex medical and social needs, including pre-existing conditions. For example, maternity services are caring for more women who have a raised BMI, who are older, who have mental health problems or who present with complications associated with alcohol and substance misuse.

In addition to these increases in complexity and acuity, demand for midwives is also being fueled by national maternity policy commitments to improve the safety of maternity services, to provide women with more personalised care and greater continuity of carer as well as recognition of the increasing public health role that midwives play. Such initiatives, programmes and deliverables will increasingly require midwives with specialist knowledge and skills as well as making additional calls on the time of midwives and midwifery

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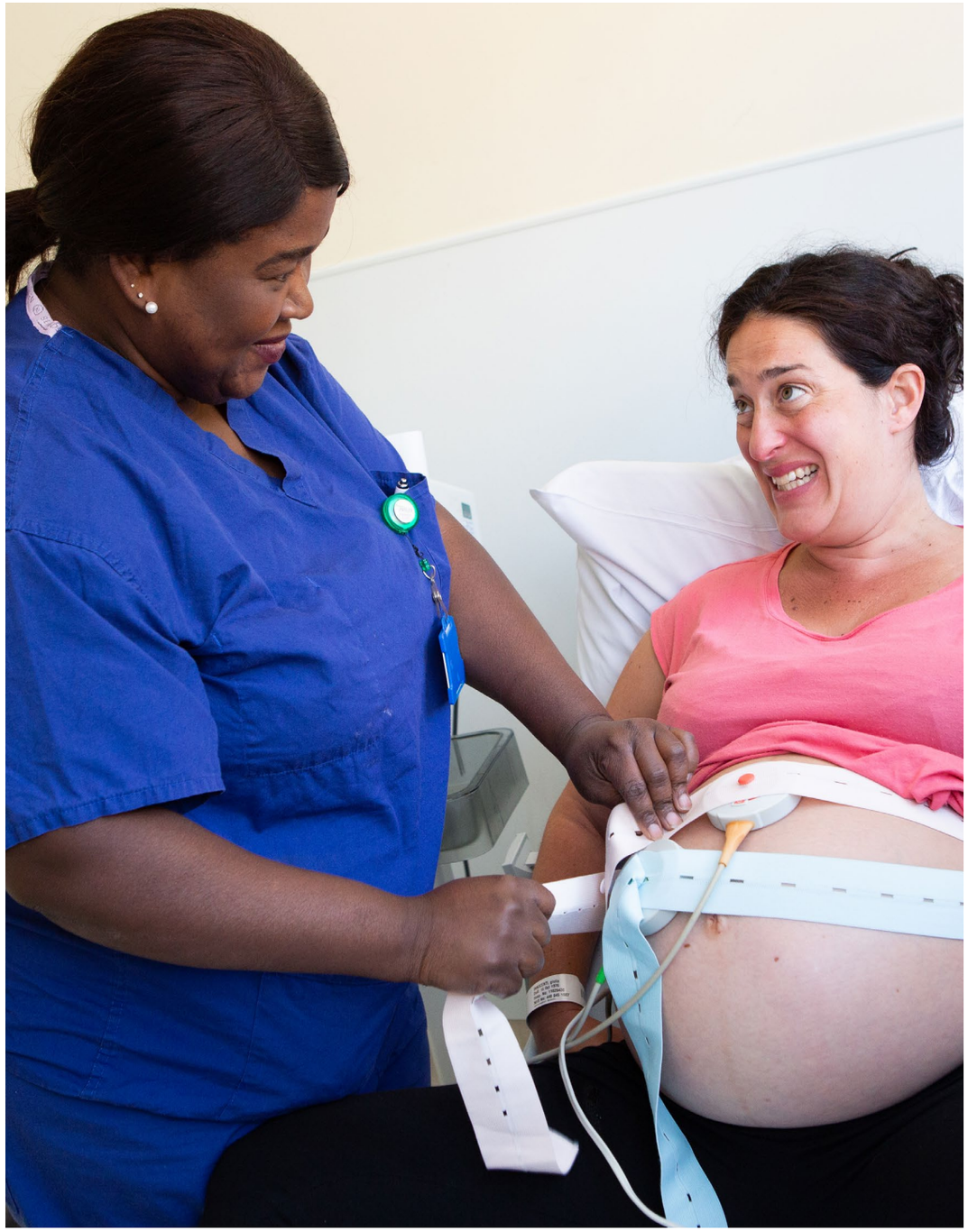
leaders tasked with developing and running these programmes, implementing recommendations, auditing practice, processes and outcomes, and sharing learning.

Unfortunately, midwifery staffing numbers have not kept pace with these changes. Existing staffing shortages – estimated by the RCM and Government ministers alike to be in the region of 2,000 full-time equivalent midwives in England – are having a significant impact on the workload and pressures experienced by midwives and MSWs. While midwifery staffing shortages have traditionally been perceived as a problem particular to England, there is increasing evidence that maternity services in Northern Ireland, Scotland and Wales are facing major and unprecedented pressures. Wherever midwives work in the UK, staff shortages have been compounded by negative experiences at work and limited opportunities for career progression or flexible working, all of which are damaging the attractiveness of midwifery as a career.

The experience of working through the COVID-19 pandemic has further exacerbated the situation, with large numbers of staff absent at any time due to sickness absence or the need to self-isolate. In the words of the King's Fund: "The impact of the pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for a long time to come. The crisis has also laid bare and exacerbated longstanding problems faced by nurses and midwives, including inequalities, inadequate working conditions and chronic excessive work pressures."

Midwives and other members of the maternity team, managers and midwifery leaders, Board members and commissioners all have a role to play in ensuring that maternity services are safely staffed.



However, ultimate responsibility for safe staffing rests with the Chief Executives and Boards of maternity providers.

It is vital, for the safety and quality of care for women and families, that maternity services providers adhere to safe staffing guidelines and use recognised workforce planning tools to set their midwifery staffing establishments.

Birthrate Plus is the only midwifery-specific, national tool that gives the intelligence and insights needed to be able to model midwifery numbers, skill mix and deployment and to inform decision making about safe and sustainable services. Birthrate Plus is based on staffing and clinical data that has been collected over many years, it has been endorsed by NICE and used extensively by midwifery services in England, Wales, Northern Ireland as well as by services in Ireland, Australia and China.

The setting, implementing, monitoring and updating of midwifery staffing establishments should all be undertaken in compliance with the NICE safe staffing guideline Safe midwifery staffing for maternity settings (NICE, 2015). Whilst the guideline was developed for use in England and Wales, the main principles within it can be applied to maternity services in Scotland and Northern Ireland.

In Scotland, the Health and Care (Staffing) (Scotland) Act 2019 sets out key principles for health and care staffing to ensure safe, high quality services and care outcomes while taking account of the dignity and rights of service users and ensuring the wellbeing of staff. It requires NHS maternity providers to ensure that workforce planning tools reflect current and future service models, that escalation is always through midwifery professional leadership structures and that account must be taken of both acuity and population demographics.

In Northern Ireland, the 2020 Framework Agreement includes a commitment to enact safe staffing legislation for nursing and midwifery services, alongside the development of a nursing and midwifery workforce strategy as well as plans to develop a framework with which to determine staffing ranges for the midwifery workforce.

Introducing new service models, through for example the establishment of continuity of carer teams, requires significant investment to ensure that a safe service can continue to be provided during the period of transition. Implementation of continuity will require at the very least a temporary increase in staffing to enable the transition to happen smoothly and safely. In England, National guidance on delivering continuity of carer makes clear that services must have undertaken a Birthrate Plus assessment to determine the number of midwives needed across the service, with deployment of staff to continuity teams phased alongside a recruitment plan for any additional midwives to meet identified gaps in staffing.

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