

**Safe Staffing Advisory Committee**

**13 August 2014**

**Safe Midwifery Staffing for Maternity Settings**

Council Chambers, 3<sup>rd</sup> Floor, Broadway House, Tothill Street, London, SW1H 9NQ

**Approved Minutes**

<b>Attendees</b>	<p><b>Safe Staffing Advisory Committee members:</b>  <b>Standing members:</b> Miles Scott (chair), John Appleby, Chris Bojke, Jim Buchan, Georgie Dwight, Jean Gaffin, Simon Hairsnape, Tanis Hand, Elaine Inglesby-Burke, Hugh McIntyre, Pauline Milne, Sally Napper, Bob Osborne, Elizabeth Rix, Genc Rumani, Annette Schreiner, Julia Scott</p> <p><b>Topic specialist</b>          Becky Bolton, Tracey Cooper, Jaqueline Dunkley-Bent, Jane Hervè, Julie Orford</p>
	<p><b>NICE Team</b>          Gillian Leng (am only), Lorraine Taylor, Sheryl Warttig, Jasdeep Hayre, Kirsty Little, and Jennifer Heaton</p> <p><b>Contractor</b>          Dr Alicia White – Bazian</p>
	<p><b>Apologies</b>          Standing members: Philomena Corrigan and Mark Mansfield</p>
<b>Observers</b>	<p><b>NICE Team</b>          Andrew Dillon, Deborah Collis, Sabina Khan, Jane Lynn, and Anna Brett</p> <p><b>Contractors:</b>          Dr Rachel Taft - Bazian</p>

<b>Author</b>	Jennifer Heaton
<b>Version</b>	Draft SSAC minutes waiting for SSAC approval

13 August 2014

	Actions
<p><b>1. Private session for the committee</b></p> <p>The Chair welcomed the Safe Staffing Advisory Committee (SSAC) to the second meeting of the Safe Midwifery Staffing for Maternity Settings guideline topic. The Chair welcomed Chris Bojke, standing member and Tracey Cooper, topic specialist as this was their first meeting.</p> <p>This part of the meeting was held in private with no members of the public present. The Chair and Lorraine Taylor explained that the evidence to be presented in the meeting contained academic in confidence information. Lorraine explained how this data will be presented and that the Committee would be able to discuss the evidence fully during the public part of the meeting.</p> <p>The chair requested that the committee be informed of any significant changes to the relevant evidence reviews once the final version of the study had been published.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• NICE team to review the evidence review content once the final version of the study has been published and inform committee at future meeting of any significant changes.</li> </ul>	<p><b>NICE team</b></p>
<p><b>2. Welcome, plans for the meeting and minutes of the previous meeting</b></p> <p><b>Part 2 – Public session</b></p> <p>The Chair invited members of the Committee, the NICE team and the NICE observers to introduce themselves. The Chair informed the committee that apologies had been received as listed above. The Chair outlined the general housekeeping for the venue. The Chair welcomed the members of the public observing the meeting and explained the meeting arrangements in relation to public observers.</p> <p><b>Declarations of interest</b></p> <p>The Chair explained that verbal declarations of interest are a standing item on every agenda and that they are recorded in the minutes as a matter of public record. The Chair asked members of the committee and NICE team participating in the meeting to verbally declare any interests specific to the topic under consideration at the meeting today. The potential conflicts of interest were as follows:</p> <p><u>Personal pecuniary interest</u></p> <p><b>Chris Bojke</b> declared he is a Senior Research Fellow in the Health Policy team at the Centre for Health Economics, University of York. Although there is no direct relationship between the health policy team and NICE The Centre for Health Economics team and the Team for Economic Evaluation and Health Technology Assessment (TEEHTA), hold direct contracts with NICE. He also declared that has taken part in Freelance economist work for Roboleo Ltd, Bresmed and CBS Executive, however, this is not workforce or staffing related.</p> <p><u>Non-personal pecuniary interest</u></p> <p><b>Alicia White</b> declared that her employer holds contracts with NICE and other</p>	

<p>organisations within the healthcare industry.</p> <p><u>Personal non-pecuniary interest</u></p> <p><b>Tracey Cooper</b> declared that she is a Guideline Development Group member for the clinical guideline on intrapartum care</p> <p>The Chair and the NICE team confirmed that the interests declared did not prevent the attendees from fully participating in the meeting</p> <p><b>Minutes from the previous meeting</b></p> <p>The Chair asked the Committee if there were any inaccuracies in the two sets of minutes from the meeting held on 30 June 2014. The minutes for the <i>safe staffing for nursing in adult inpatient wards in acute hospitals</i> topic, which was held in the morning, were approved. The minutes from the afternoon meeting, where the Committee discussed <i>safe midwifery staffing for maternity settings</i>, were also approved.</p> <p><b>Objectives for the meeting</b></p> <p>The Chair gave an overview of the agenda for the meeting, along with a summary of the specific areas that will be discussed during the course of the meeting.</p>	
<b>3. Introduction to evidence</b>	
<p>Sheryl Warttig presented a short introductory overview of the evidence being presented today and associated –inclusion and exclusion parameters. Sheryl also introduced paper D which outlines proposals for how the committee can make use of other topic related NICE and non-NICE guidelines or policy and legislation documents</p> <p>The committee sought clarification from the NICE team in relation to the use of Birth-rate Plus and other toolkits, inclusion and exclusion criteria used to inform the development of the evidence reviews and midwife to woman ratios. The committee also sought clarification about what they are able to do if there are significant gaps in the available evidence in relation to one or more of the review questions. Lorraine Taylor explained that any gaps would be summarised in the ‘Gaps in the evidence’ section of the draft guideline and research recommendations would be formulated for the final version of the guideline. She also explained that the Committee can use their experience and topic expertise to draft recommendations and the NICE team would summarise the committees considerations and sources of evidence used to develop each recommendations in the ‘Evidence to recommendation tables’ which are presented as an appendix in the guideline.</p> <p>Gill Leng also outlined that</p> <ul style="list-style-type: none"> <li>• formal consensus methods could be used outside of the committee and presented to the committee as a source of evidence.</li> </ul> <p>The Committee identified a factual error in Paper D, on page 2 in paragraph 2 the range should be 35 rather than 31.5</p> <p><b>Action:</b> NICE team to check document Paper D and amend factual error.</p>	<b>NICE team</b>

<p><b>4. Evidence review 1: relationship between midwifery staffing and maternal and neonatal outcomes and factors affecting midwifery staffing requirements</b></p>	
<p>Alicia White presented a summary of methods and key findings from evidence review 1.</p> <ul style="list-style-type: none"> <li>The committee sought further clarification on some of the included study findings and raised queries in relation to the quality assessment of one of the studies.</li> </ul> <p>Alicia and the NICE team responded to the queries raised.</p>	
<p><b>4. Evidence review 2: Toolkits and approaches to support decision making</b></p>	
<p>Sheryl Warttig presented the key findings in relation to evidence review 2.</p> <p>The committee discussed and sought further clarification on the reliability and validity of identified toolkit, the inclusion and exclusion criteria and data collection methods used.</p> <p>Sheryl provided clarification as requested.</p>	
<p><b>5. Evidence review 3: Economic studies</b></p>	
<p>Jasdeep Hayre provided a presentation summarising the key findings from evidence review 3. He also outlined a number of possible options for the economic analysis and modelling phase which are to be presented at a future meeting.</p> <ul style="list-style-type: none"> <li>The committee agreed that it would be useful if the two economists on the group meet with the NICE team and contractor to discuss and agree the final proposals for the economic analysis and modelling phase.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>NICE team to meet with John Appleby, Chris Bojke and Graham Cookson from Surrey University.</li> </ul>	<p><b>NICE team, John Appleby and Chris Bojke</b></p>
<p><b>Lunch</b></p>	
<p><b>6. Midwifery staffing and outcomes</b></p>	
<p>Lorraine Taylor provided a brief reminder the Committee of the parameters of the guideline and the content of the scope in order to provide context for the subsequent agenda items.</p>	

<p>The Committee reviewed and considered the relevant evidence presented in evidence reviews 1 and 3 and discussed the following:</p> <ul style="list-style-type: none"> <li>• Maternal and neonatal outcomes and the link with safe midwife staffing at each phase of care</li> <li>• Gaps in the evidence for a minimum safe staffing threshold</li> <li>• The importance of mental health outcomes and previous traumatic birth experiences</li> <li>• The absence of good quality evidence relating to outcomes relating to safety. Evidence relating to different models and configuration of care including 1:1 care during established labour and the overlap with the content of existing NICE clinical guidelines.</li> <li>• .</li> </ul> <p>The Committee discussed overlap with existing guidelines and sought clarification. Sheryl Warttig gave a short presentation on the content of the recommendations relation to 1:1 care in the existing NICE intra-partum clinical guideline.</p> <p>The NICE team agreed to contact the NICE clinical guidelines team to seek information in relation to the recommendations which outline 1:1 care and to provide further information relating to the remit of this guideline compared to other NICE clinical care or service delivery guidelines.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• NICE team to contact clinical guidelines team to seek clarification on two of the recommendations outlined in the intra-partum care guideline and to provide a summary of remit of the committee in relation to this guideline compared to other clinical guidelines include service delivery guidelines. .</li> <li>• NICE team to consider the discussion and prepare draft recommendations for further discussion at the next SSAC meeting.</li> </ul>	<p><b>NICE team</b></p> <p><b>NICE team</b></p>
<p><b>7. Maternal and neonatal factors</b></p>	
<p>The Committee reviewed and considered the relevant evidence presented in evidence review 1 and discussed the following:</p> <ul style="list-style-type: none"> <li>• Maternal and neonatal factors and their link with midwifery staff requirements.</li> <li>• 1:1 care during established labour – the standard we should be working towards and is this necessary to be ‘safe’.</li> <li>• Maternal risk factors, high risk factors require a shared care approach with other health care professionals; low risk requires normal midwife lead care.</li> <li>• Antenatal assessment and postnatal care.</li> <li>• Standard/intermediate/intensive care pathways.</li> </ul> <p>The Committee discussed maternal risk factors covered in existing guidelines and sought clarification. The NICE team provided clarification and agreed to provide an update on the content of existing NICE guidelines at the next meeting.</p> <p><b>Actions:</b></p>	

<ul style="list-style-type: none"> <li>• NICE team to summarise maternal risk factors from other NICE guidelines and present at the next committee meeting</li> <li>• NICE team to consider the discussion and prepare draft recommendations for further discussion at the next SSAC meeting</li> </ul>	<p><b>NICE team</b></p> <p><b>NICE team</b></p>
<b>8. Staffing factors</b>	
<p>The Committee reviewed and considered the relevant evidence presented in evidence reviews 1 and 3 and discussed the following:</p> <ul style="list-style-type: none"> <li>• Midwife skill mix and availability of other staff within the profession, such as specialist midwives such as breast feeding, female genital mutilation or bereavement specialists midwives, consultant midwives and maternity support workers</li> <li>• Midwife roles and responsibilities including supervision and managerial roles</li> <li>• Availability and care provided by other healthcare professions</li> <li>• Gaps in the available evidence base.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• NICE team to consider the discussion and prepare draft recommendations for presentation at the next SSAC meeting.</li> </ul>	<p><b>NICE team</b></p>
<b>9. Environmental factors</b>	
<p>The Committee reviewed and considered the relevant evidence presented in evidence review 1 and discussed the following:</p> <ul style="list-style-type: none"> <li>• Birth setting and home births and need to transfer women between different settings.</li> <li>• The important of considering local geography and demographic factors as certain population groups may require more staff time.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• NICE team to consider the discussion and prepare draft recommendations for consideration at the next SSAC meeting</li> </ul>	<p><b>NICE team</b></p>
<b>10. Organisational requirements and approaches</b>	
<p>The Committee reviewed and considered the relevant evidence presented in evidence reviews 1 and 2 and discussed the following:</p> <ul style="list-style-type: none"> <li>• The need to include an uplift</li> <li>• Management roles and responsibilities</li> <li>• Various models of care being delivered locally and the potential resource impact of these different models</li> <li>• Skill mix; training and supervision requirements</li> <li>• Staffing attrition rates and economic impact</li> <li>• The importance of using a systematic approach to assess midwife staffing requirements.</li> </ul> <p>The Committee sought clarification from the NICE team about models of care and the</p>	

<p>potential resource implications associated with these. The NICE team agreed to seek further clarification relating to the remit of service delivery guidelines.</p> <p>The committee requested that relevant organisational strategy recommendations from guideline 1 be transferred into draft guideline for this topic in preparation for further discussion at the next meeting.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• NICE team to clarify the remit of the service delivery guidelines prepared by clinical guidelines team and potential overlap with this guideline. NICE team to copy relevant the organisational strategy recommendations from the Acute In-patient guideline into draft guideline</li> <li>• NICE team to consider the discussion and prepare draft recommendations for consideration at the next SSAC meeting</li> </ul>	<p><b>NICE team</b></p> <p><b>NICE team</b></p>
<b>11. Next Steps</b>	
<p>Lorraine Taylor informed the Committee that they will consider the indicator section of the guideline at the next meeting and the NICE Indicators team will provide a short introductory presentation at the next committee meeting. She also informed the committee that they will be reviewing the first draft of the guideline at the next meeting.</p> <p>Lorraine Taylor thanked the Committee members who volunteered to help with the pathway, costing summary and the public version of the guideline. She informed these members that the relevant teams will be in touch in due course.</p>	
<b>12. Summary of the day and AOB</b>	
<p>The Chair summarised the days meeting, reminded the group of the date and time of the next meeting and thanked the Committee for their contribution.</p> <p>The meeting closed at <b>17.00</b></p>	

<b>Date and time of next meeting</b>	
<p>The next SSAC meeting will be on <b>Friday 5 September 2014</b> - Council Chambers, 3<sup>rd</sup> Floor, Broadway House, Tothill Street, London, SW1H 9NQ</p>	