NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SAFE STAFFING GUIDELINE

SCOPE

Guideline title

1. Safe midwifery staffing for maternity settings

Background

2. The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health and NHS England to develop an evidence-based guideline on safe and cost-effective staffing of maternity settings.

3. The Francis report on Mid Staffordshire and the Berwick report on improving the safety of patients in England both identified NICE as a lead organisation in developing advice on NHS staffing. The Berwick report stated:

> 'NICE should interrogate the available evidence for establishing what all types of NHS services require in terms of staff numbers and skill mix to ensure safe, high quality care for patients'.

4. The need for guidelines on safe staffing was also highlighted in a number of recent reports and policy documents and responses:

- House of Commons Public Accounts Committee (2014) Maternity services in England
- National Audit Office (2013) Maternity services in England
- National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time – a guide to nursing, midwifery and care staffing capacity and capability
- Department of Health (2013) Hard truths: the journey to putting patients first
- King's Fund (2011) Staffing in maternity units. Getting the right people in the right place at the right time
- King's Fund (2007) Safer births: everybody's business. An independent inquiry into the safety of maternity services in England
- RCOG, RCM, RCA, RCPCH (2007) Safer childbirth. Minimum standards for the organisation and delivery of care in labour.
- The WI and NCT (2013) Support overdue: women's experiences of maternity services

5. There are a number of reasons why staffing in maternity settings needs to be reviewed, including :

   - Increasing annual number of births.
   - Increasing medical and social complexity of pregnancies and births, associated with factors such as increased prevalence of obesity, older age of first pregnancy fertility treatments, and socio-demographic factors.
   - Use of analgesia and interventions during labour, including surgical interventions requiring midwife attendance in operating theatres.
   - Expectations for personalised care: see Midwifery 2020: delivering expectations (Department of Health 2010); Maternity matters: choice, access and continuity of care in a safe service (Department of Health 2007).
   - Changing service delivery models, with movement towards maternal choice of birthing location.
   - Changing midwifery roles, including roles during pregnancy (for example, antenatal scanning and health improvement messages), labour (for example, critical care) and postnatal (for example, newborn checks and safeguarding). All of these also increase administrative demands.
   - High insurance costs compared with other services because of potential litigation.

6. Maternity services across England widely use tools to set and monitor staffing requirements. ‘Birth Rate Plus’ has been the most commonly used since its introduction in the mid 1980s and is supported by the UK Departments of Health and other organisations. However, a King’s Fund report found that there is a lack of evidence around whether its use contributes to improved safety (Sandall et al. 2011).

7. This NICE guideline will therefore make recommendations on safe midwifery staffing across all maternity settings, based on the best available evidence. It will also identify the indicators that should be used to provide information on whether safe and effective care is being provided.

8. Birth Rate Plus and similar tools in use for determining safe midwifery staffing will be assessed for their compliance with guideline recommendations. NICE will offer a separate endorsement process for any submitted tools that are compliant with guideline recommendations.

9. The development of this guideline and the underpinning evidence reviews and economic analysis will be informed by the draft unified manual for guideline development.

The guideline

10. This scope defines what the guideline on safe midwifery staffing for maternity settings will (and will not) consider, and what the evidence reviews and economic analysis will cover, data permitting.

Who the guideline is for

11. This guideline will be primarily for use by NHS provider organisations or others who provide or commission services for NHS patients. It is aimed at healthcare boards, hospital managers, unit managers, healthcare professionals and commissioners.

12. It will also be of interest to the public, and to people involved in developing tools and resources for assessing and determining safe and effective staffing requirements.

What the guideline will cover

13. The guideline will cover all midwifery care for the mother and neonate. This includes pre-conception and antenatal care, care during labour and postnatal care up to 6 weeks. Settings may include the home, community, obstetric units, and all alongside and free-standing midwifery-led units).

14. This guideline will have 2 main elements:

    - Establishing safe and efficient midwifery staffing requirements at the local level to meet maternal and neonatal needs.
    - Organisational and managerial considerations relevant to safe and effective delivery of midwifery care at the local level.

15. The guideline will consider the following factors that may impact on safe midwifery staffing at the maternity unit level:

    - The number of women who are either pregnant or in labour at any one time.
    - Maternal risk factors, including medical and social complexity of pregnancy and delivery.
    - Management of the midwifery team, including:
        - division and balance of tasks between midwives and other staff
        - experience and skill mix

- supervision and mentorship
- Availability of and care provided by other healthcare staff such as: maternity support workers, obstetricians, anaesthetists, paediatricians and specialist midwives.

- Environmental factors, including local geography and demographic factors, and the unit type, size and physical layout.

16. The role of organisational factors within trusts that support safe and efficient midwifery staffing at a local level will also be examined.

17. See appendix A for a diagram summarising these elements of the scope and their relationship.

What the guideline will not cover

18. While we acknowledge the importance of a multidisciplinary approach to ensure safe and effective maternity care, this guideline will not attempt to assess safe staffing requirements for other members of the multidisciplinary team or optimal service delivery models for maternity services; although they may be covered in future NICE guidelines.

19. This guideline will not cover midwifery workforce planning, establishment and recruitment at network, regional or national levels.

Review questions

20. The guideline will draw upon the international published literature. Box 1, below, shows the main review questions that will be considered, provided evidence is available.

Box 1: Main review questions for the guideline

- What maternal and neonatal activities and outcomes are associated with midwifery staffing at a local level?
  - Is there evidence that demonstrates a minimum staffing threshold of safe midwifery care at a local level?
- What maternal and neonatal factors affect safe midwifery staffing requirements, at any point in time, at a local level? These include:
  - Number of women pregnant or in labour
  - Maternal risk factors including medical and social complexity and safeguarding
  - Neonatal needs
  - Stage of the maternity care pathway (e.g. antenatal, intra-partum, postnatal)
- What environmental factors affect safe midwifery staffing requirements? These include:
  - Local geography and demography
  - Birth settings and unit size and physical layout
- What staffing factors affect safe midwifery staffing requirements at a local level? These include:
  - Midwifery skill mix
  - Availability of and care provided by other healthcare staff (e.g. maternity support workers, obstetricians, anaesthetists, paediatricians and specialist midwives)
  - Division of tasks between midwives and maternity support workers
  - Requirements to provide additional services (e.g. high dependency care, public health roles, vaccinations)
- What local level management factors affect safe midwifery staffing requirements? These include:
  - Maternity team management and administration approaches (e.g. shift patterns)
  - Models of midwifery care (e.g. caseloading/named midwife/social enterprises)
  - Staff and student supervision and the supernumerary arrangements
- What organisational factors influence safe midwifery staffing at a local level? These include:
  - Management structures and approaches
  - Organisational culture
  - Organisational policies and procedures, including staff training
- What approaches for identifying midwifery staffing requirements and skill mix at a local level, including tool kits, are effective and how frequently should they be used?
  - What evidence is available on the reliability and/or validity of any identified toolkits?

Outcomes to be considered

21. Box 2 shows examples of the outcomes that will be considered, evidence permitting. The evidence will be interrogated to determine any relationships between these outcomes and midwifery staffing requirements. Two available score cards – the Maternity dashboard (RCOG 2008) and the Patient safety

intrapartum scorecard (NHS 2010) – include a number of outcomes used for monitoring the safety of maternity units, and have been included below.

Box 2: Outcomes of interest [a]

Serious preventable events

- Maternal death and unexpected stillbirths and neonatal death
- Serious, largely preventable safety incidents (also known as 'Never events'), including maternal death due to post- partum haemorrhage after elective caesarean section, wrongly prepared high-risk injectable medication, intravenous administration of epidural medication, retained foreign objects post-procedure and other incidents on the NHS England 'Never events' list.
- Events listed in the RCOG 'Maternity dashboard' such as:
  - Maternal events: eclampsia, major obstetric haemorrhage, major blood transfusion, admissions to ITU, failed instrumental delivery, 3rd and 4th degree perineal tears.
  - Infant events: Erb's palsy secondary to shoulder dystocia, meconium aspiration syndrome, hypoxic ischaemic encephalopathy (HIE), unexpected admission to special care baby unit.

Delivery of midwifery care

- Measures of quality of midwifery activity including current NICE standards for delivery of midwifery care, such as:
  - Women accessing antenatal care before 10 weeks (NICE quality standard [QS] 22)
  - Women with complex social factors accessing appropriate services (NICE clinical guideline [CG]110)
  - Women offered minimum set of antenatal test results (QS22)
  - Completion of screening questions for previous or current mental health problems at first antenatal and postnatal contact (CG45; QS37)
  - Women provided with a named midwife
  - Mode and location of delivery
  - Continuity of care during established labour (CG55)
  - Provision of 1:1 midwifery care during labour (CG55)
  - Completion of recommended care after caesarean section (CG132)
  - Completion of recommended neonatal screening
  - Completion of education on mode of infant feeding (CG37 and QS37)
  - Continuity of care during the postnatal period (QS37)
- Completion of observations and other clinical paperwork
- Drug omissions and other midwife associated drug errors
- Duration of postnatal stay
- Hospital postnatal readmission for mother or neonate

Reported feedback

- Maternal and/or partner or relative experience and satisfaction ratings related to maternity care, such as: Maternity Patient Reported Outcome Measures (PROMS), Maternity Services Liaison Committee (MSLC) minutes and other available surveys
- Complaints related to maternity care
- Staff experience and satisfaction ratings

Other

- Costs, including care, staff and litigation costs

• Completion and maintenance of relevant staff training • Staff retention and sickness rates • Staff clinical appraisal and statutory review rates • Midwife vacancy rates • Closure to admission due to staffing capacity
a This is not a definitive list. Other outcomes may be included, depending on the evidence and the Committee's considerations

Economic aspects

22. A review of the economic evidence will be undertaken. Scenario modelling will be carried out to determine the impact of different workload factors on midwifery staffing requirements and associated outcomes. The associated costs and benefits for these various scenarios will also be calculated.

Status of this document

23. This is the final scope.

Related NICE guidelines

Published guidelines

24. The following published guidelines and quality standards are related to this guideline on safe maternity staffing.

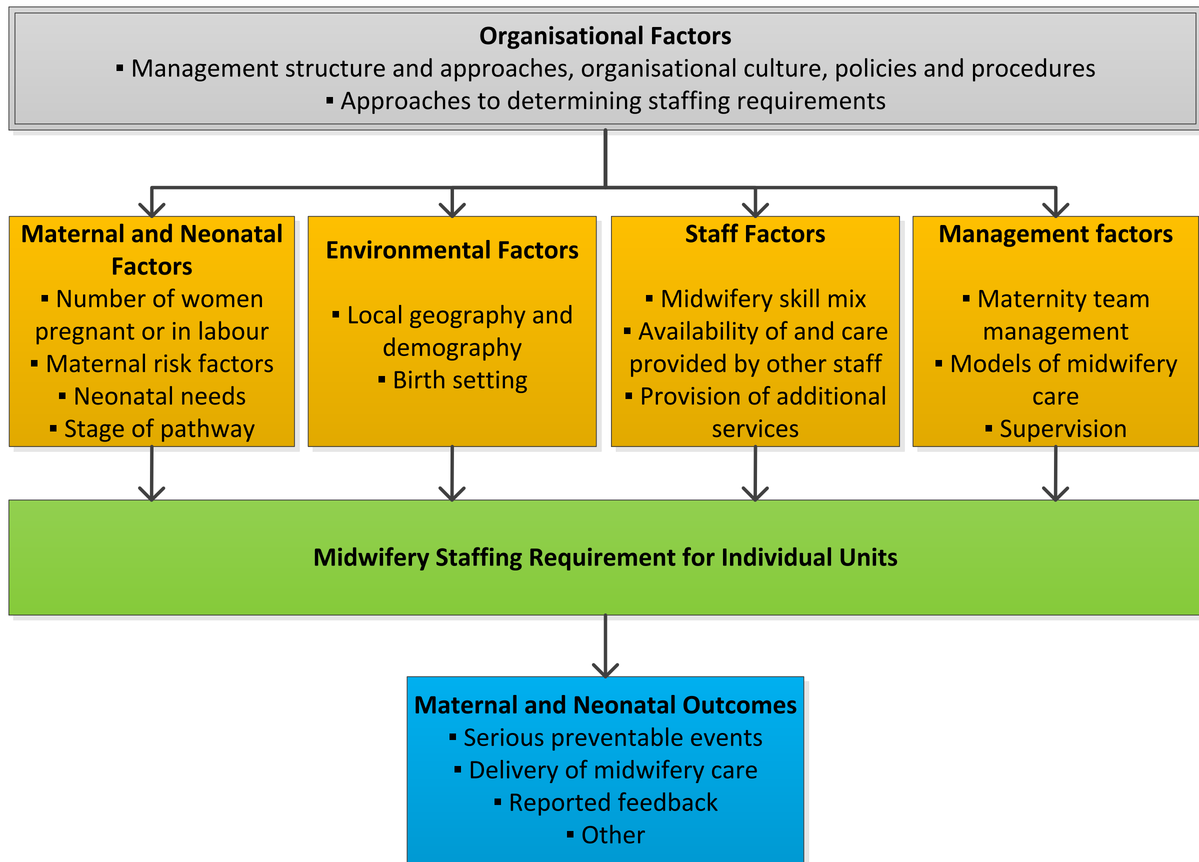
    - Antenatal care (CG62 and QS22)
    - Intrapartum care (CG55)
    - Postnatal care (CG37 and QS37)
    - Caesarean section (CG132 and QS32)
    - Pregnancy and complex social factors (CG110)
    - Antenatal and postnatal mental health (CG45)
    - Multiple pregnancy (CG129 and QS46)
    - Induction of labour (CG70)
    - Diabetes in pregnancy (CG63)
    - Hypertension in pregnancy (CG107 and QS35)
    - Ectopic pregnancy and miscarriage (CG154)
    - Fertility (CG156)
    - Specialist neonatal care quality standard (QS4)

Guidelines under development

25. NICE is currently developing or updating the following related guidelines (details available from the NICE website):

    - Intrapartum care (update of CG55)

Appendix A. Summary of the main elements of the scope and their relationship



Appendix B. References

Chief Nursing Officers of England, Northern Ireland, Scotland and Wales (2010) Maternity 2020. Delivering expectations. London: Department of Health.

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NHS (2010) Patient safety intrapartum scorecard

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Sandall J et al (2011) Staffing in maternity units. Getting the right people in the right place at the right time. London: King's Fund