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 levels. 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.

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

   - Increasing annual number of births

- Increasing complexity of births, associated with factors such as increased prevalence of obesity, older age of first pregnancy, and fertility treatments
- Increasing use of interventions during labour, including caesarean section
- 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 (NCT 2007)
- Changing service delivery models, with movement towards midwifery-led units as a standard
- Changing midwifery roles, including newborn checks
- An ageing workforce and demands for part-time working arrangements
- High insurance costs compared to other services because of potential litigation.

6. The 2007 report by the Royal College of Obstetricians and Gynaecologists (RCOG) and others emphasises the need for maternity services to be considered as a whole, stating: 'The need for continuous care means that labour ward staffing requirements cannot be considered in isolation or separated for the total establishment of the maternity care from pre-conception to postnatal. Equally, staffing of the labour ward must not be at the expense of other areas of the maternity services, such as community midwifery.'

7. Maternity services across England widely use tools to set and monitor staffing levels. '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 (Sandell et al. 2011).

8. This NICE guideline will therefore make recommendations on safe midwife and maternity support worker (MSW) staffing across all maternity settings, based on the best available evidence of effectiveness and efficiency. It will also identify the indicators that should be used within trusts to provide information on whether safe and effective care is being provided.

9. Birth Rate Plus and similar tools for determining safe staffing for maternity 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.

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

The guideline

11. 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 modelling will cover data permitting.

Who the guideline is for

12. 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 trust boards, hospital managers, unit managers, healthcare professionals and commissioners.

13. 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 levels.

What the guideline will cover

14. The guideline will cover all care for the mother and neonate provided by midwives and MSWs. This includes pre-conception and antenatal care, care during labour and postnatal care up to 6 weeks. Settings may include the community, obstetric units, and midwifery-led units.

15. This guideline will have 2 main elements:

    - Establishing safe and efficient staffing levels for midwives and MSWs at the local level to meet maternal and neonatal needs.
    - Organisational and managerial considerations relevant to safe and efficient delivery of maternity care at the local level.

16. The guideline will consider the following factors that may impact on safe midwife and MSW staffing at the maternity unit level:

    - Maternal factors, including complexity of delivery and pregnancy, maternal risk factors, and local birth rates
    - Management of the maternity team (including division and balance of tasks between midwives, MSWs, and other staff), supervision and access to obstetricians and anaesthetists
    - Environmental factors, including local community geography, and the unit type, size and physical layout.

17. The role of organisational factors within trusts that support safe and efficient maternity staffing at a unit level will also be examined.

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

What the guideline will not cover

19. While we acknowledge the importance of a multi-disciplinary approach to ensure safe and effective maternity care, the involvement of other healthcare professionals (other than those already specified above) will not be addressed in this guideline, although they may be covered in future guidelines.

20. This guideline will not cover:

    - Midwifery workforce planning and recruitment at network, regional or national levels
    - The assessment of the reliability and validity of tools or resources used to assess and establish safe staffing levels (see paragraph 9).

Review questions

21. 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 safety activities and outcomes are associated with midwife and MSW staffing levels and skill mix?
  - Which activities and outcomes should be used as indicators of safe maternity staffing?
  - What activities and outcomes are associated with care undertaken by midwives and MSWs, rather than other staff?
- What maternal and neonatal factors affect midwife and MSW staffing requirements in different environments? These include:
  - Complexity of pregnancy and delivery
  - Maternal risk factors
  - Local birth rate
  - Maternal choice of place of birth
- What other factors affect safe staffing requirements? These may include local community geography and demographics, unit type, size and physical layout, and diversity of available clinical disciplines.
  - How do birth settings and models of midwifery care (such as caseloading) affect safe staffing requirements?
- What management approaches affect midwife and MSW staffing requirements?
  - What midwifery clinical supervision and maternity team management approaches are required?
  - How does statutory midwifery supervision affect staffing requirements?
  - What approaches for identifying required maternity staffing levels and skill mix are effective, and how frequently should they be used?
- What organisational factors influence safe staffing? These include:
  - Management structures and approaches
  - Organisational culture
  - Organisational policies and procedures, including staff training

Outcomes to be considered

22. Box 2 shows the outcomes that will be considered, evidence permitting. The evidence will be interrogated to determine the relationship between these outcomes and midwife- and MSW-dependent activities. 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

Serious preventable events

- Maternal death and unexpected 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 and other incidents on the NHS England 'Never events' list.
- Events listed in the RCOG 'Maternity dashboard' including:
  - 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:
  - Women accessing antenatal care before 10 weeks (NICE quality standard [QS] 22)
  - 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 (NICE clinical guideline [CG] 45)
  - Mode of delivery
  - Continuity of care during established labour (CG 55)
  - Completion of recommended neonatal screening
  - Completion of education on mode of infant feeding (CG37 and 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 relatives' experience and satisfaction ratings related to maternity care
- Maternal complaints related to maternity care
- Staff experience and satisfaction ratings

Other

- Staff retention and sickness rates
- Staff clinical appraisal and statutory review rates
- Midwife and MSW vacancy rates
- Costs, including both care, staff and litigation costs

Economic aspects

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

Status of this document

24. This is the draft scope, released for consultation between 26 February 2014 and 25 March 2014. It will be discussed at a stakeholder meeting in March 2014. The final version of the scope will be available on the NICE website by May 2014.

Related NICE guidelines

Published guidelines

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

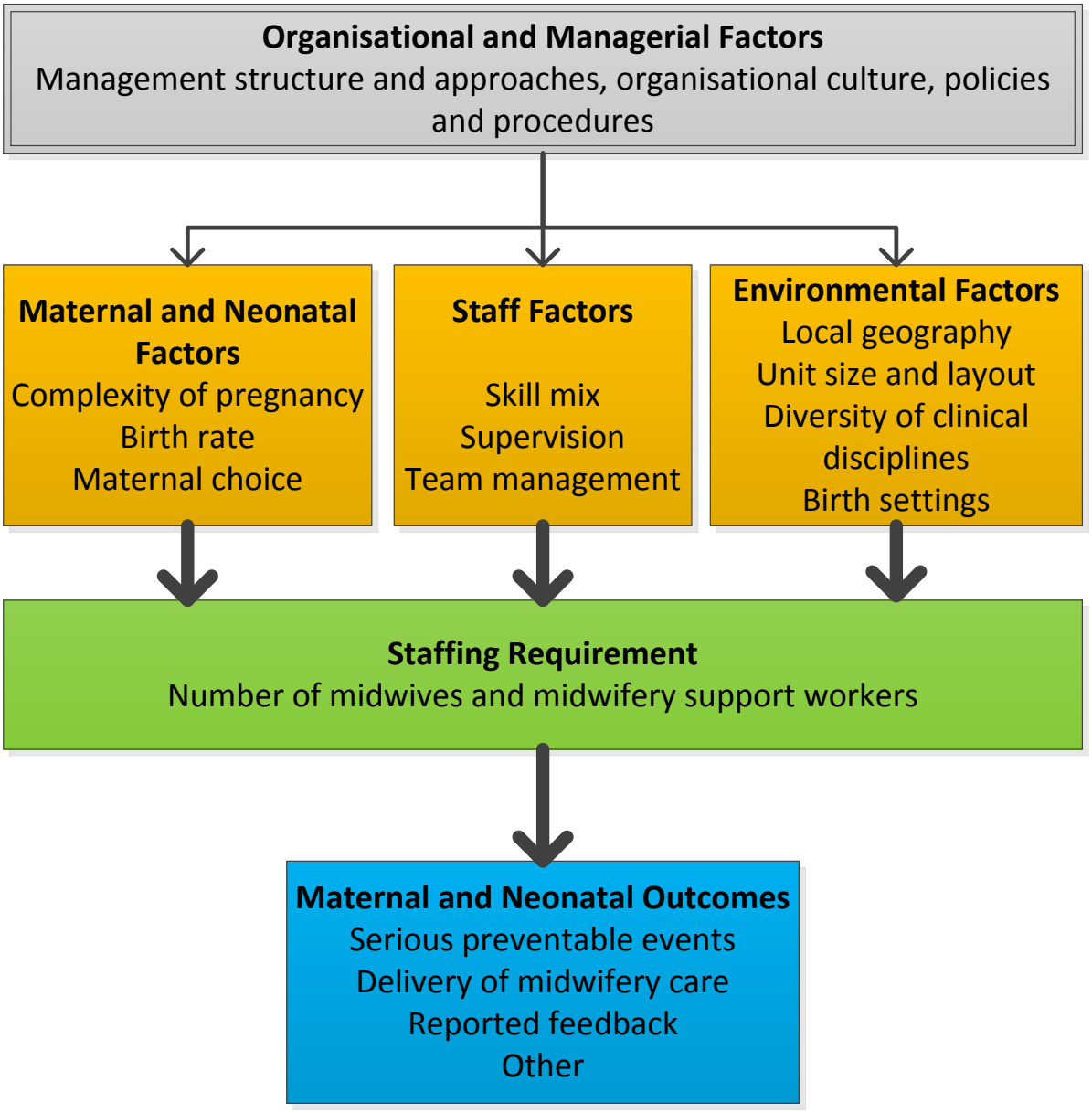
- Antenatal care (CG62 and QS22)
- Intrapartum care (CG55)
- Postnatal care (CG37 and QS37)
- Caesarean section (CG132 and QS32)
- Pregnancy and complex social factors (CG110)
- Antenatal and postnatal mental health (CG45)
- Multiple pregnancy (CG129 and QS46)
- Induction of labour (CG70)
- Diabetes 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

26. 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

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RCOG (2008) Maternity dashboard: clinical performance and governance score card

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