



Department of Health & Social Care

*From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health*

Rt Hon Jeremy Hunt MP
Chair, Health and Social Care Committee

22nd April 2021

Dear Jeremy,

I am writing to you regarding the Health and Social Care Committee's inquiry into the safety of maternity services.

I would like to begin by thanking the panel for its work over the course of the inquiry. I felt the inquiry showed the strides we as a country have made over the years in improving maternity safety, and also highlighted the progress made towards achieving the National Maternity Safety Ambition.

At the oral evidence session on 2 February, you asked me about evidence you heard regarding midwife and obstetrician numbers in England.

Midwives

I committed to write to you regarding the reported workforce gap and the maternity workforce gap analysis required to be undertaken by all Trusts as an urgent action by NHS England and NHS Improvement (NHSE/I) following publication of the Ockenden Review of Maternity Services in December 2020.

Evidence you heard during the inquiry assumed that one midwife is required for every 24 births. This was informed by ratios collated from 55 Trusts that undertook a Birthrate Plus assessment during 2019 and 2020. The conclusion, based on this approach extrapolated nationally, was that as of September 2019, there were 21,636 full-time equivalent midwives in post, and that NHS Trusts in England required 24,705 full-time equivalent midwives to provide more specialist care for an increasingly complex maternal population and continuity of carer for women – a difference of 3,069 full-time equivalent midwives.

I mentioned at the committee's evidence session that Health Education England (HEE) was undertaking work to evaluate data produced by Trusts via a national midwifery workforce survey undertaken by NHSE/I.

The survey ran from the end of January 2021 until mid-February 2021. The survey sought to obtain positions from Trusts on the following:

- Numbers of current staff in post for midwives, maternity support workers and other maternity workforce.
- Current funded establishment for each staff category for the 2020/21 financial year.
- Proposed funded establishment for each staff category for the 2021/22 financial year.
- Recommended numbers for midwives based on the same Birthrate Plus methodology, including an assessment of whether numbers had changed more recently.

The survey took into account that midwife-to-birth ratios varied from Trust to Trust based on local requirements including birth rates and acuity, as recommended by Birthrate Plus. The survey received responses from all NHS Trusts where maternity services are provided.

To determine the gap between staff in post, the funded establishment and the Birthrate Plus assessed requirement, HEE triangulated the survey data with Electronic Staff Record (ESR) and NHS Digital numbers.¹ HEE's default is to use all employed full-time equivalent (FTE) on the ESR for 'Staff in Post'.

It is therefore reasonable to assume that the data below reflects the position relating to maternity services, as of March 2021.

HEE's analysis of the data identified that there are **23,664** FTE midwives employed and in post, **24,508** FTE funded establishment midwife posts for 2020/21, and **25,596** FTE recommended establishment midwife posts for 2020/21, based on Birthrate Plus or the most recent board review of safe midwifery staffing.

This gives a gap of **844 FTE (3.5%)** midwives between employed FTE staff in post and funded establishment, and a gap of **1,088 FTE (4.4%)** midwives between funded establishment and Birthrate Plus recommended establishment.

HEE's evaluation suggests a smaller gap in the midwifery workforce than the previously mentioned ~ 3,000 figure.

I committed to set out the Government's plans to bridge the gap between both staff in post and funded establishment, and between funded establishment and recommended establishment.

¹ Data taken from the ESR Data Warehouse by HEE includes all staff employed in post by default. NHS Digital data by contrast includes only those in receipt of payment, and so would exclude staff on maternity leave (i.e., not in receipt of payment) to assess the gap.

Bridging the gap between staff in post and funded establishment (844 FTE)

HEE's analysis indicates there is a gap of 844 FTE midwives between staff in post and funded establishment. I have set out current plans to bridge this gap below.

The 'Maternity Workforce Strategy – Transforming the Maternity Workforce' (2019) set out the approach to developing the maternity workforce needed to meet the aims of 'Better Births' and the 'Halve-It' maternity safety ambition. For midwifery, this includes on-going actions to increase midwifery training placements, increase the numbers transitioning from training to employment, and improving the retention of experienced and skilled staff.

Midwifery training placements

The current mandated midwifery student placement expansion is underway and on track to deliver 3,650 more midwifery training placements by the end of 2022/23. HEE reported figures via the Student Data Collection Tool which indicated that Midwifery Student Starters for the 2019/20 initial expansion year are as below against the target of 650:

Year	Starters
2018/19	2552
2019/20	3178
Total	+626

The table below sets out the number of acceptances on midwifery courses over the past five years, which show an increase of 17% in the last year.

Acceptances to midwifery courses in England

Academic year	2016/17	2017/18	2018/19	2019/20	2020/21
Acceptances	2,395	2,600	2,680	3,105	3,630

Source: UCAS end of cycle data for 2020

Furthermore, although not a formal target, HEE expects supply growth of around three percent per year, levels of which are already beginning to be achieved, and which are much higher than the one percent per year seen 2015-20.

Midwives in post

Data published by NHS Digital shows that as at January 2021, there has been an increase of over 3,000 (15.8%) FTE midwives employed in NHS Trusts and Clinical Commissioning

Groups since January 2010. The Maternity Workforce Strategy expects to increase midwifery capacity by just over 350 FTE in 2022/23 and just under 550 WTE per year in 2023/24, 2024/25, and 2025/26.

Based on this analysis, current plans to expand the number of midwifery training places, coupled with the work being undertaken to reduce attrition from both training programmes and services and the work to improve retention rates, as outlined in the Maternity Workforce Strategy², should sufficiently bridge the gap of 844 FTE midwives currently identified between staff in post and funded establishment.

Bridging the gap between funded establishment and recommended establishment (1,088 FTE)

Following the publication of [Donna Ockenden's first report](#): 'Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust' on 11 December 2020, NHSEI's [letter](#) of 14 December to NHS Trust and Foundation Trust Chief Executives outlined the immediate response required by trusts and also the steps that were being taken nationally to implement seven immediate and essential actions (IEAs).

To support the system to address all seven IEAs consistently and to achieve sustained improvements in maternity services, NHSE/I announced at its public board meeting on 25 March 2021 that an additional £95m will be invested in 2021/22 to increase workforce numbers, training and development programmes to support culture and leadership, and to strengthen board assurance and surveillance to identify issues earlier, thereby enabling rapid intervention.

Data produced by Trusts indicated a gap of 1,088 FTE between funded establishment and recommended establishment. To bridge this gap, £46.7m of this package will fund the establishment of 1,000 more midwifery posts. This funding will be distributed to systems in 2021/22 based on regional assurance of improvement plans to ensure it has the best possible impact on safety, personalisation and equity.

Obstetricians and Gynaecologists

The latest NHS Digital data published in December 2020 shows there are currently 2,487 full-time equivalent consultants in the specialty "Obstetrics and Gynaecology". This is an increase of 119 FTE consultants or a 5.0% increase compared to December 2019.

Donna Ockenden's first report included some actions which have a direct impact on obstetric capacity. To address these actions, £10.6m of NHSE/I's investment package will

² https://www.hee.nhs.uk/sites/default/files/documents/MWS_ExecSummary_Web.pdf

fund an increase in consultant time equal to 80 WTE in 2021/22. This funding will be distributed to systems in 2021/22 based on regional assurance of improvement plans.

Birthrate Plus provides a framework to calculate safe midwifery staffing levels but no such tool exists for medical staffing. Medical staffing is complex due to a multitude of factors at the unit, regional and national levels.

I'm pleased to inform you that the Department of Health and Social Care has committed to fund the Royal College of Obstetricians and Gynaecologists (RCOG) to work collaboratively with a wide range of healthcare bodies to develop a similar tool to enable maternity units to better calculate their medical staffing requirements.

The tool will help units minimise disparities and provide safe, women-centred care which is tailored to the demographics of the local population.

Using this tool, the RCOG aims to provide workforce calculations for the number of obstetricians required by autumn 2021. This complex tool will ultimately be freely available to maternity units across the country.

I look forward to seeing the committee's report.



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