THE ROYAL COLLEGE OF MIDWIVES

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Rt Hon Jeremy Hunt MP
Health and Social Care Committee
House of Commons
London W1G 9NH

25th January 2021

Dear Jeremy

Committee inquiry into the safety of maternity services in England

Can I begin by thanking the Committee for the opportunity to give evidence at Tuesday's session on workforce planning and staffing issues in maternity services. I hope Committee members found my contribution to be helpful.

During yesterday's discussion about safe staffing in maternity services, you asked for further details about Birthrate Plus. I set out this information below, but I would first like to preface this with some additional points about the process by which midwifery staffing levels should be set in maternity services.

Setting midwifery staffing levels

Maternity care is too complex and unpredictable to enable the application of set staffing ratios for midwifery services. Each midwifery service will vary in key respects – how many women they are caring for, what proportion of women require specialist or emergency care, the choices women make about the location and type of birth they have, the number of staff available, skill mix etc – so it is not possible or practicable to apply a standard set of ratios for staffing maternity services.

Rather than a ratio, maternity services should be seeking to ensure that there are sufficient staff to ensure that every woman is cared for by at least one midwife when she is in established labour.

This is the standard on which Birthrate Plus is based and this is also recommended in the NICE safe staffing guideline for midwives working in maternity settings.

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We would argue that all maternity services, and their provider organisations, should continue to adhere to and implement the recommendations in the NICE safe staffing guidelines. This includes:

- Ensuring that midwifery staffing levels support women and babies receiving care that is safe at all times and in all settings. Therefore, commissioners of maternity services, Trust Boards and senior managers must ensure that maternity services have the capacity to ensure every woman in labour is cared for by at least one midwife.
- NHS Trust Boards review midwifery staffing levels at least once every six months and ensures that maternity services budgets are sufficient to cover the recommended midwifery staffing establishment.
- Regularly monitoring midwifery staffing levels throughout a shift or service.
- Reporting or escalating concerns, for example staff shortages, fluctuations in demand and 'red flag' incidents e.g., delayed or missed care, failure to provide continuous one-to-one care to a woman during established labour.
- Having an escalation plan in place, to address staffing pressures. This could include recruiting temporary staff, redistributing workloads or temporarily suspending services.

Birthrate Plus

Birthrate Plus is the only midwifery specific, national tool available for calculating midwifery staffing levels, and for informing decisions about safe and sustainable services. It is based on data that has been collected over many years, it has been endorsed by NICE (as part of the safe midwife staffing guideline process) and has been extensively used by midwifery services in England, Wales, Northern Ireland as well as by services in the Republic of Ireland, Australia and China.

Based on applying a standard of at least one midwife caring for each woman in established labour, and using NICE guidance, available evidence and best practice, Birthrate Plus calculates how many midwives are needed to meet the needs of women, including:

- All antenatal and postnatal care, including parent education.
- Antenatal outpatient activity, including clinics and day units.
- Antenatal inpatient activity and ward attenders.
- Delivery in all settings and for all types of birth.
- All postnatal care in hospital.

It does this by retrospectively measuring the workload (usually based on three to six months' worth of activity) according to case-mix categories, ranging from normal, low risk pregnancies to highly complex pregnancies, for which specialised care will be required. This means that for women in the higher complexity categories, additional midwifery time can be factored in.

Additional midwifery time is also built into account for annual leave, sickness absence, maternity leave and training. A further element of midwifery time is added to reflect that some midwives employed in specialist or managerial roles will not always be available to provide direct midwifery care for women.

Birthrate Plus recommends that on average there should be a 90:10 skill-mix between the work of midwives and what can be allocated to Maternity Support Workers (MSWs). This is based on professional judgement.

How Birthrate Plus informs the RCM's assessment of midwifery staffing requirements.

Our most recent assessment of midwifery staffing requirements in England is informed by ratios collated from 55 Trusts that received a Birthrate Plus assessment during 2019 and 2020. Based on the total number of live births and stillbirths in England in 2019 (the most recent whole year figures available) the evidence from these studies indicates that NHS Trusts in England require 24,705 full-time equivalent midwives to provide all women with one-to-one care. As of September 2019, there were 21,636 full-time midwives in post. Therefore, our assessment is that the NHS in England currently has a shortage of 3,069 full-time equivalent midwives.

Because our assessment, underpinned by Birthrate Plus, measures the gap between the number of midwives required to provide safe care and the number in post, this is a more reliable indicator of staffing shortages than vacancy rates, which offer no indication as to whether the staffing establishment accurately reflects the needs of the service. This then needs to be aggregated by NHSE/I and used as part of the assessment they provide to inform the workforce modelling that Health Education England (HEE) are responsible for undertaking. This relates to the point you will recall that I made about the need for NHSE/I to have a better understanding of the gap between the demand for maternity care and current funded establishments in maternity services, to ensure accurate workforce modelling, supply and appropriate funding. This funding should be ringfenced, because at present it is entirely possible for finance directors to reallocate maternity funding to other services within a trust.

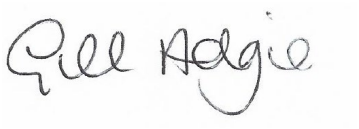
Our assessment of a shortage of 3,000 midwives represents a significant increase in the number of midwives that the NHS in England needs and is driven by various factors, such as the growing proportion of pregnant women who have a raised BMI, who are older or who have pre-existing medical conditions. There has also been a significant rise in mental health, drug and alcohol and other disadvantages that impact on the safety of mother and baby.

Overall, these women will need more care and that means we will need more midwives in the workforce. In addition, we need more midwives in specialist roles, for example diabetic specialist midwives, and this adds to the size of the midwifery workforce across the country. These initiatives are focused on improving safety, as midwives develop advanced skills, including carrying out scans of pregnant women, examination of newborn babies and other specialist roles. Policy initiatives like continuity of carer also have implications for the number of midwives required by the NHS. With more midwives, our maternity services can deliver a high-quality service, be more responsive to women's needs, and safer too.

It should be stressed that while our shortage assessment aligns with the additional student midwife training places commissioned by HEE, this does not mean translate into 3,000 additional midwives coming into the workforce. This is because with the number of midwives leaving the profession, the net impact of an additional 3,650 trainee places may only be 0.54 wte for every 1 training place. Action is therefore also needed to improve retention rates, through measures such as providing supported preceptorship programmes for newly qualified midwives, more flexible working opportunities for all midwives and a fair and just pay settlement.

I hope that this additional information will be of interest and assistance to the Committee. Please let me know if the Committee requires any further information.

Yours sincerely



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