Written evidence submitted by The Royal College of Midwives (EPW0061)

Government commitment 1

Planning for the workforce: ensure that the NHS and social care systems have the nurses, midwives, doctors, carers and other health professionals it needs.

1. The midwifery workforce has endured chronic shortages for many years, and in recent times this has posed a significant challenge to the safety and quality of care provided. After many years lobbying by the RCM and others, in April 2021 the Government told this Committee that at least 2,000 WTE more midwives are needed in England to deliver the current maternity transformation programme. In March 2018 it had announce an additional 3,650 training places over the next four years, which we welcomed.

2. Since then, however, the staffing crisis has worsened. In the year to February 2022, the NHS lost another 415 FTE midwives. Year-on-year falls in midwifery numbers were unknown prior to last summer, but since then we see them in every month's workforce statistics from NHS Digital. The midwifery workforce is now on a confirmed downward trend, something we haven't previously seen in the monthly workforce figures. Historically high vacancy rates have been exacerbated by the Covid pandemic and resulting staff absence. An RCM survey of Heads of Midwifery in 2021 found that 87% of respondents reported midwife vacancies (up from 71% in 2020). Almost two thirds (64%) of these vacancies were over three months old.

3. This is not just a recruitment issue. It is evident that many of our hospitals just do not employ sufficient midwives, leading to excessive workloads/caseloads, long hours worked beyond shift, reductions in training and development, high use of agency staff to cover shortages and failure to properly manage peaks of activity. Our ability to retain experienced and expensively-trained midwives is in crisis.

4. The Ockenden Review, published 30 March 2022, drew a direct line between chronic staffing shortages, toxic workplace culture and sub-standard care in maternity services at the Shrewsbury and Telford Hospital NHS Trust. The Review identified midwifery staffing shortages across the service, resulting in unmanageable workloads, a lack of support for junior midwives and doctors, and delays in the appropriate review and management of care for women and babies. The report called on Government to ensure there is sufficient funding to deliver safe staffing levels, so enabling staff to deliver safe care.

5. In her cover letter to the Secretary of State, Donna Ockenden was clear that the problems at Shrewsbury and Telford are found across England, and urged that workforce planning, reducing attrition of maternity staff, and providing the required funding for a sustainable and safe maternity workforce is essential. She said, "Continuing progress on funding the maternity multi-professional workforce requirements now and into the future will mean that we can continue to ensure the safety of mothers and their babies, and meet the government's key commitment to halve the 2010 rates of stillbirths, neonatal and maternal deaths, and brain injuries in babies occurring soon or after birth by 2025."

6. The Secretary of State accepted all the Immediate and Essential Actions in the Ockenden Review, including implementing the action to expand the maternity workforce further. But only a few hours

later, he led the Government's opposition to an amendment to the Health and Care Bill, which would have required him to publish independently verified forecasts of the workforce numbers needed across the NHS to ensure that services are safely staffed. The amendment was supported by the RCM along with more than 100 other Royal Colleges, health unions, charities and think tanks, and politicians from all parties. This was a missed opportunity to develop an evidence-based workforce strategy focused on short and long-term health outcomes, rather than local affordability. The RCM still urges the Government to conduct an independent workforce assessment as a matter of urgency.

7. The Government's commitment to creating 3,650 midwifery training places by 2022/23 was very welcome, as was its promise of 1000 new midwifery posts, 80 new obstetric consultant posts, seven deputy regional chief midwives, new regional chief obstetricians, and a national independent senior advocate. We are very pleased that funding for these has been made available, but the resulting drop in workforce numbers clearly illustrates how vital it is that we address retention as well as recruitment.

8. We cannot overstate this point because, as welcome as the Government's continued commitment to creating additional consultant obstetric and midwifery training posts is, it will not enable providers to safely staff services unless they can also stem the flow of those leaving. For example, when the number of midwives retiring or leaving their job is taken into account, each additional training place only equates to 0.54 FTE of a midwife post. There are other entry routes into midwifery, such as international recruitment and return to practice (RTP) programmes, but, compared to pre-registration entry programmes, their contribution is extremely modest[1]. Government therefore needs to ensure and resource an equal focus on retaining existing midwives and doctors, through measures such as preceptorship programmes for newly qualified staff, more flexible working opportunities and a fair and just pay settlement for NHS staff.

Government commitment 2

Building a skilled workforce: help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

9. Maternity care has changed significantly in the past 20 years, both in terms of staffing and patients. Fewer than half of women giving birth have a normal BMI while more women have complex needs relating to issues such as diabetes, substance misuse and FGM. Fewer than half of women giving birth are low risk, and patient care is increasingly complex. This requires greater specialist medical and midwife cover, but also continuous professional development of all staff.

10. The Government has invested significantly in maternity safety training and more is needed – not just for direct costs but also freeing staff from the pressures of service delivery. There must be a strong element of shared learning and training between different groups of the maternity workforce, and commitment to on-the-job training. This would skill-up colleagues so they could provide cover when others need to attend training or carry out non-clinical duties. This would blur the boundaries between roles sufficiently enough to allow staff to

[1] For example, according to analysis from HEE, the last four years has yielded an annual average of 30 entrants to RTP programmes in England and an annual average of 12 entrants who successfully complete the programme.

provide safe cover for colleagues when needed, without undermining the value of each role within the maternity team. Being better placed to manage staff absences would naturally enable units to provide more efficient care.

11. It is also vital that this funding is utilised to employ specialist midwives, who not only provide direct specialist and expert care to women who need it, in areas including mental illness, bereavement, diabetes and safeguarding, but also advice, guidance and expertise to colleagues. In many parts of the country these specialist midwife posts do not exist, meaning women are going without specialist care and midwives are not able to access knowledge and expertise that would improve the quality of care they are able to provide.

12. Every maternity service should ringfence a proportion of its budget for training and backfilling, and this should be monitored and reported through annual financial and quality accounts

Government commitment 5

Wellbeing at work: introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services

14. We recognize that initiatives to increase wellbeing at work have been rather challenged in the face of the Covid pandemic, and urge the Government to redouble its commitment to this end in appreciation of the extraordinary efforts and sacrifices made by the NHS workforce over the last two years, as well as to mitigate the impact of exhaustion and low morale on workforce shortages. Early in the pandemic, the IPPR report 'Care Fit For Carers' argued for Government action on staff safety, accommodation, mental health, pay and care responsibilities. Initiatives like 'wobble rooms', hot meals, free car parking and access to psychological therapies continue to be needed – the pandemic may be receding, but staff are still dealing with the stress and exhaustion of that time, and we need to retain those staff to regain the equilibrium of our health service.

15. This commitment needs to go beyond a few 'jam on top' schemes, though. Staff surveys have shown that morale is low across the NHS, and acutely low in maternity services. If commitment 5 is to be effective, it has to be scaled up in ambition and it has to address the foundation stones of staff wellbeing: fair pay, decent working conditions, flexibility to allow for work-life balance, and a respectful work culture. The RCM has recently relaunched its 'Caring For You' charter, which calls on employers to commit to sustainable programmes for staff health, safety and wellbeing.

16. Frequently, even typically, midwives report chronic staff shortages, unrelenting workloads, extended shifts and missed breaks. They work whole shifts without adequate access to hydration and nutrition. They report inflexible shift allocations that make it impossible for them to plan childcare. Until the Government addresses these issues, it will not be able to improve staff wellbeing.

Government commitment 6

Wellbeing at work: reduce bullying rates in the NHS

17. Similarly, we suggest that the commitment to reduce bullying rates will only be effective if greater action is taken on those determinants of bullying that the Government can influence. There is undoubtedly a significant and entrenched problem of bullying within the maternity services; the RCM first wrote about this in 1996 in our report 'In Place of Fear'. The Ockenden Review demonstrated the devastating impact of interpersonal conflict and poor communication on the care of mothers and babies: between midwives, between midwives and managers, between midwives and other professional groups. Individuals are responsible for their own behaviour, of course, but bullying rates are also fuelled by group and territorial conflicts, and by local culture and leadership.

18. Inevitably, they also reflect workplace stress and workplace dysfunctions. Staff who are tired, overwhelmed, hungry and thirsty, worried about getting home in time for their children, who do not feel heard or respected or appreciated, are more vulnerable to both bullying and being bullied. Government can take effective action on bullying if it focuses on the fundamentals: fair pay, decent working conditions, safe staffing levels.

19. We urge the Government to reinforce its commitment to this issue.

May 2022