



Current challenges in staffing maternity units and work to address this

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@NHSResolution



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Professionalism RCOG

Current challenges in staffing maternity units and work to address this

NHSR Maternity Conference

Collaborate to improve
maternity care

RCP London

November 2022



Raise your hand if your unit has
acceptable staffing levels for

1. Midwifery
2. Obstetricians
3. Neonatal nurses
4. Neonatologists



Reading the signals

Maternity and neonatal services
in East Kent –the Report of the
Independent Investigation
Dr Bill Kirkup CBE
October 2022



The Report of the Morecambe Bay Investigation

Dr Bill Kirkup CBE

March 2015

Key messages?



LISTENING



CULTURE



ESCALATION



SUPPORT



WORKFORCE

Houston we have a problem

By 2030 the demand for health workers is estimated to increase to 80 million

The WHO estimates a worldwide shortage of around 18 million

UK and other first world countries are attracting large numbers of HCW from other nations.

48% of 48K nurses and midwives to join NMC register last year were from overseas. 27k left NMC register (13% increase)

- BMJ June 2022 -Health Foundation report (REAL centre)
- >25% vacancy rate by 2030 of GPs and practice nurses with current policy.
- March 2022 100,000 posts vacant in secondary care 8k medical
- 39k vacant posts in nursing
- Current estimate is 10% vacancy



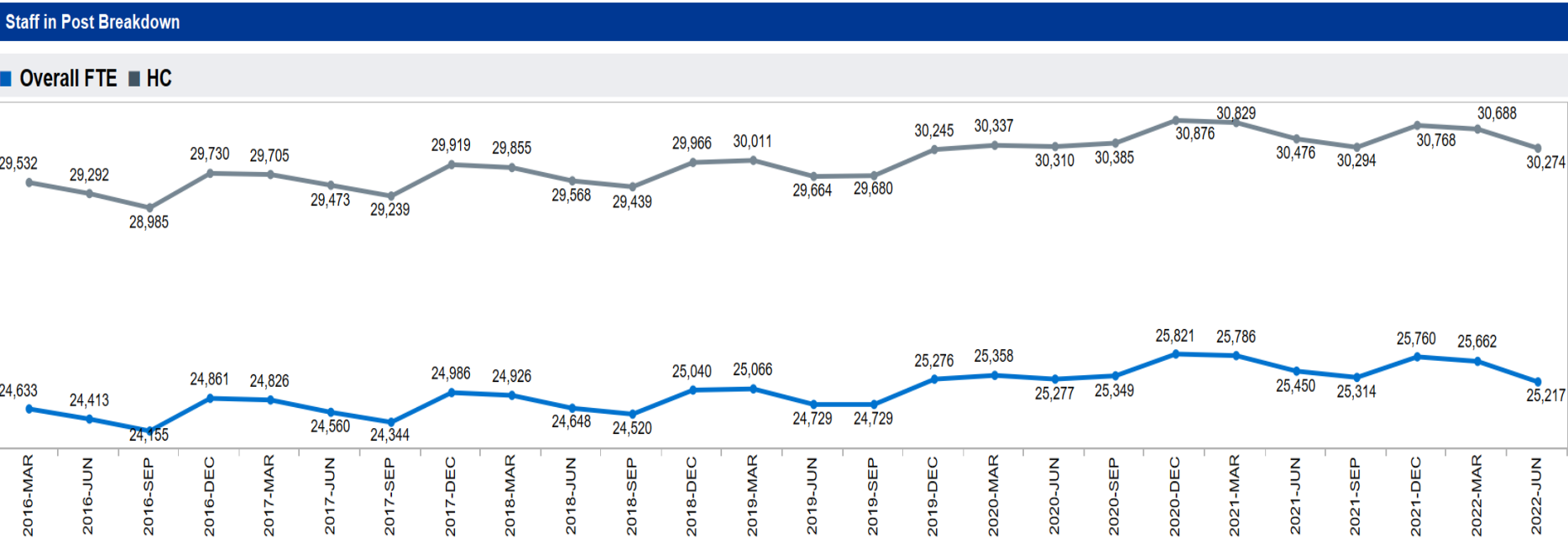
Royal College
of Midwives

- RCM assesses that England is short of about 2,000 midwives.
- Since then we have seen a year on year fall in the number of midwives in post. As of June 2022, in a simple headcount of midwives working in the NHS in England, there were 26,181, according to the latest monthly workforce statistics published by NHS Digital.
- That was down 541 on 12 months earlier, and down 656 since the start of the current Parliament.

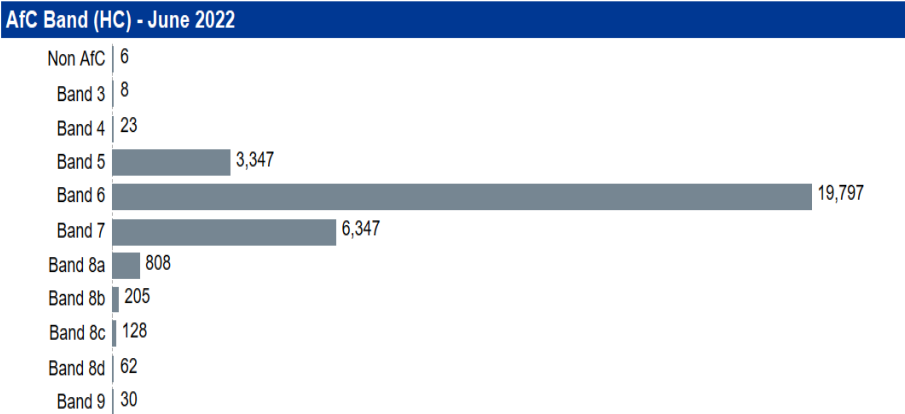
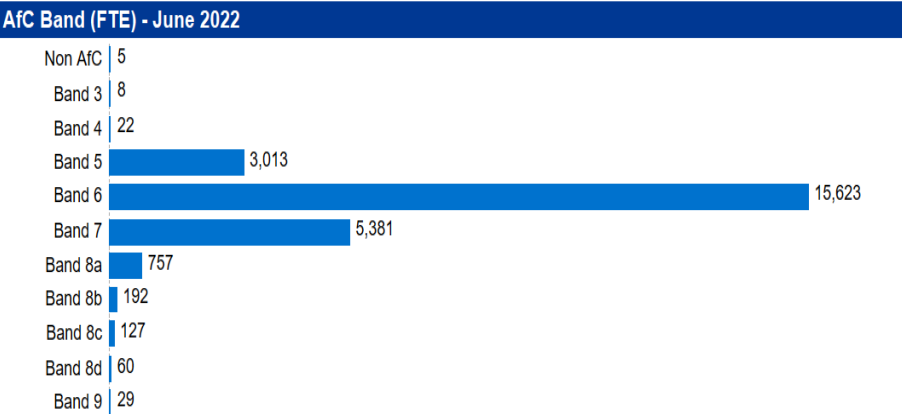
Registered Midwives Workforce

Data Source: ESR Staff in Post

- HEE will monitor demand and supply of the midwifery workforce (ESR occupation codes: N0C, N2C, N2J, N6C, N7C, NAC and NCC)



Note: Full-time Equivalent (FTE) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 FTE equates to full-time work of 37.5 hours per week. Headcount (HC) is a measure of the number of people employed, regardless of the number of hours worked.

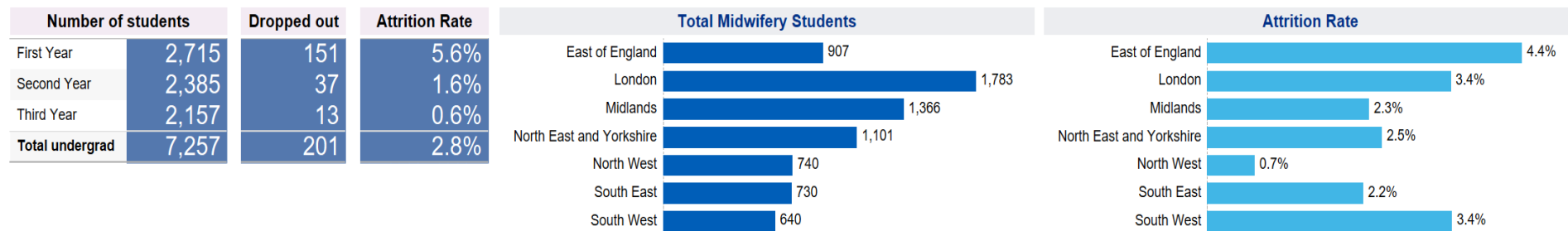


Midwifery - Attrition and Vacancy Rate

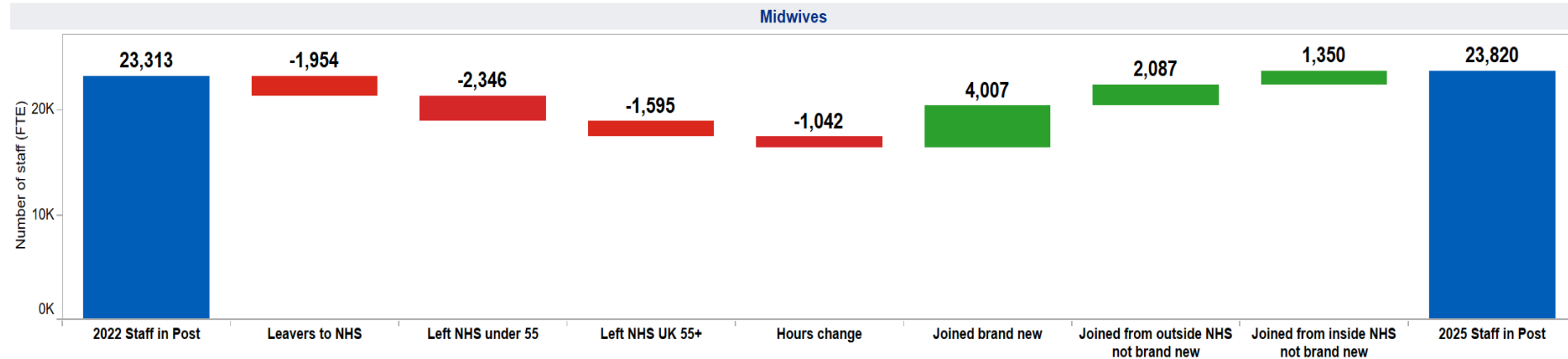
Data Sources: HESA 2018/19 (student numbers), HEFT (Joiners/Leavers), eWorkforce 2022 (vacancy rates) - updated annually

- We will look to improve completion rates from training and employ 1,850 new WTE per year

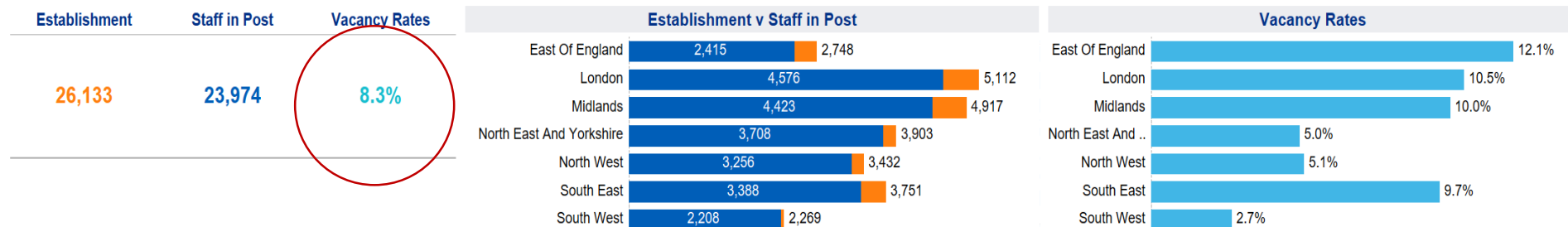
Student Numbers and Attrition - HESA 2018/19



Joiners and Leavers - HEFT March 2022



Vacancy Rates - eWorkforce 2022



And the rest of the team?

Evidence to the health and social care committee in 2021

Estimated 500 extra Obstetricians

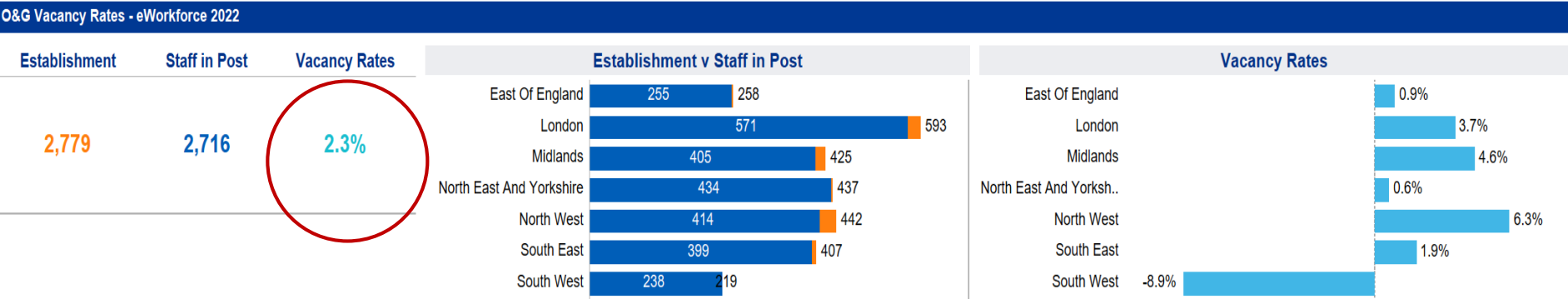
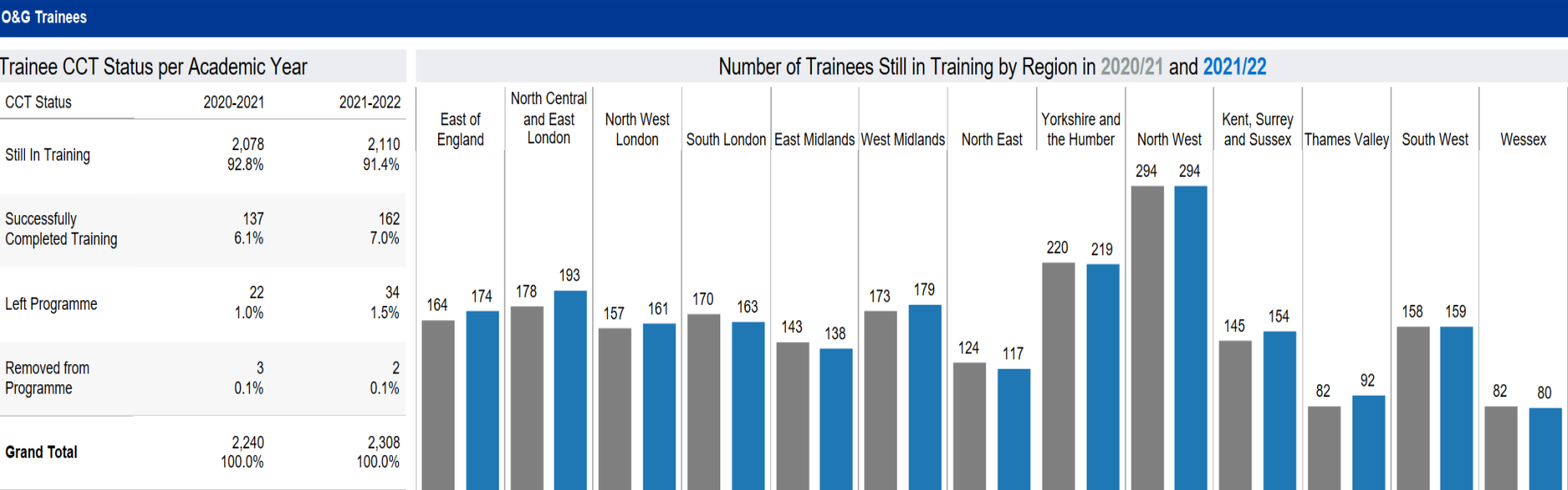
Investment of 250-300 million needed

- New role of obstetric physician: HEE will fund the development of an additional training pathway for obstetric physicians

Obstetric Physicians - positions offered			
Stage	2019/20	2020/21	2021/22
Post CCT	4	4	4
Pre CCT	1		1

The post-CCT credential and pre-CCT equivalent have both now been fully developed by the RCP supported by experienced clinicians and HEE.

A curriculum has been developed in conjunction with the Royal College of Physicians (RCP). One pre-CCT trainee has completed the programme in 2020 and several post-CCT physicians are working towards this but work has been delayed due to Covid-19. It is hoped twelve places will be filled in total for post-CCT OP, with four per year from 2019/20 - 2021/22.

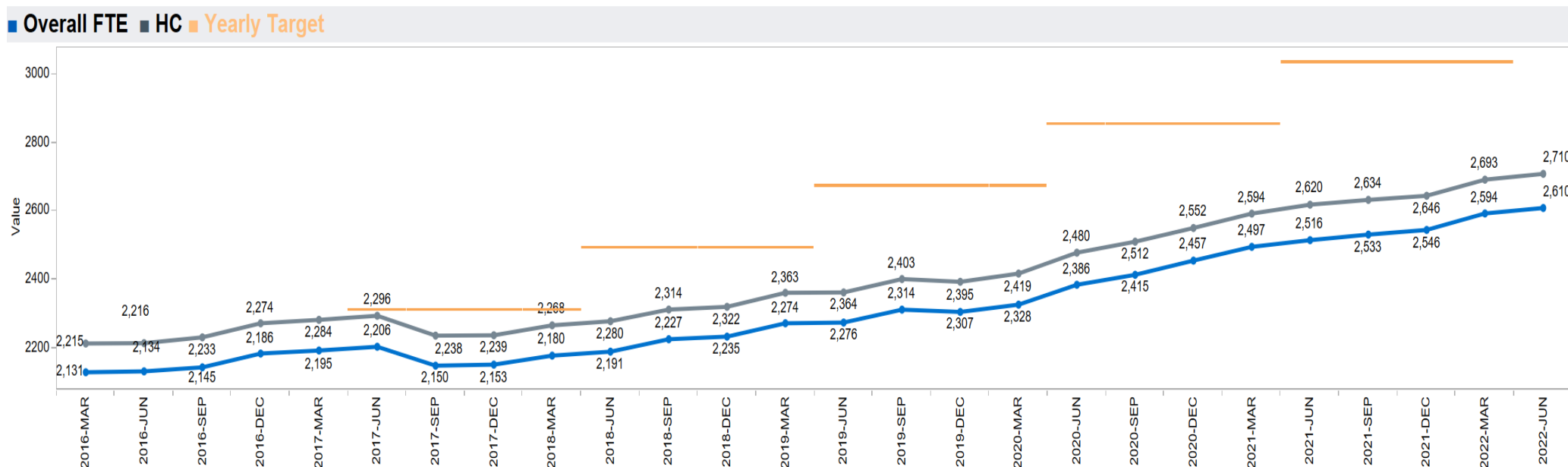


Medical - Obstetrics & Gynaecology Consultant Grade Staff

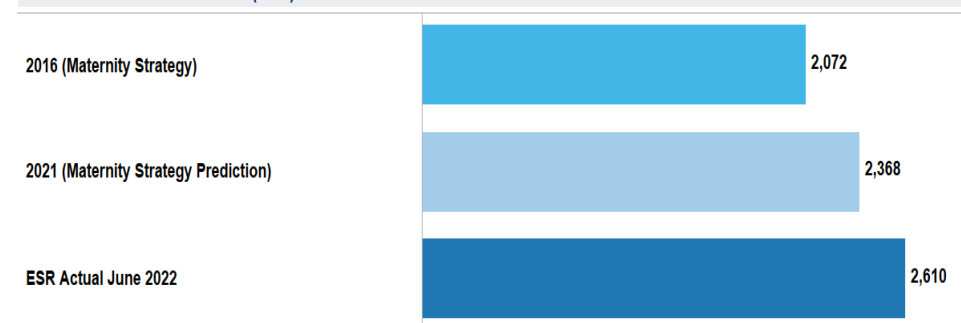
Data Source: Maternity Programme

For O&G we expect just under 180 WTE per year to join the consultant workforce from training between 2016 and 2021.

We will look to increase this to 195 WTE per year, which could increase numbers by 75 WTE.



O&G Consultant Grade Staff (FTE)



3.7% increase in Obstetrics and Gynaecology doctors from 2020 to 2021

In line with increases from 2019 to 2020 (3.3%) and 2018 to 2019 (3.9%)

No noteworthy changes in terms of age, ethnicity or PMQ region

21% increase from 2012 to 2021

Proportion of female doctors continues steady increase, from 58% in 2020 to 59.4% in 2021

Proportion of male doctors decreased from 42% to 40.6%

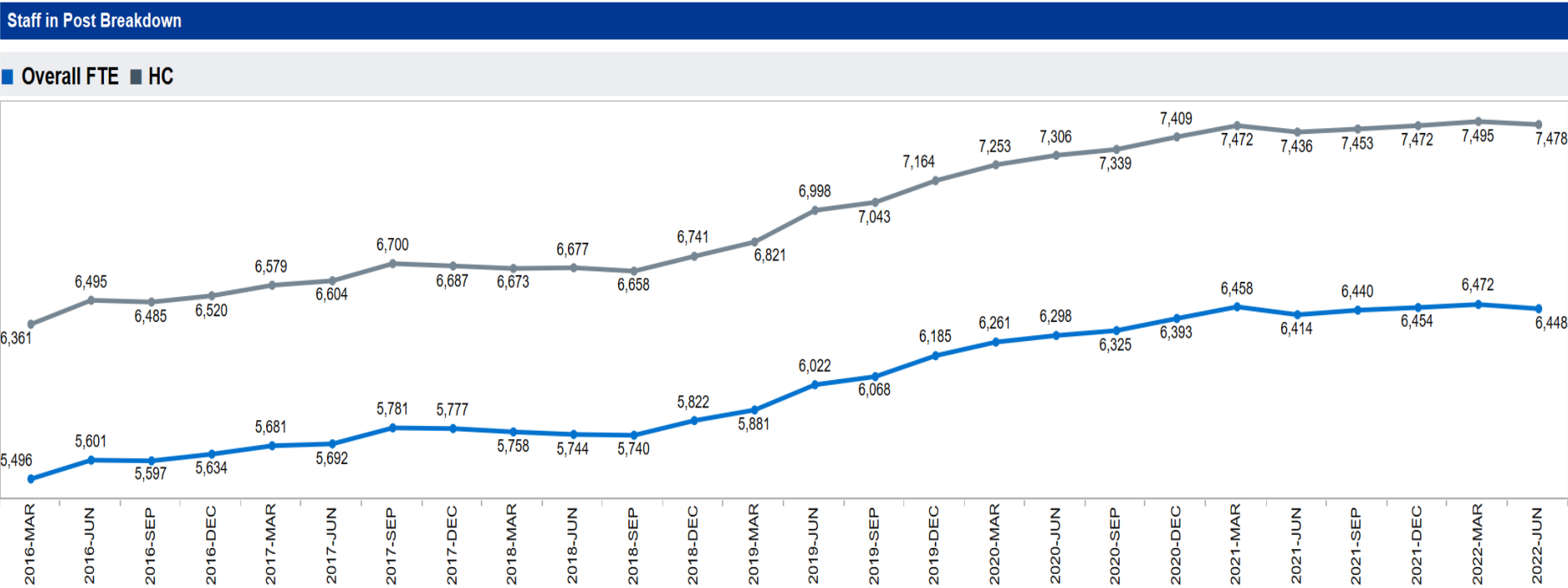
Proportion of doctors whose ethnicity is not recorded continues to decrease from 7.7% in 2020 to 6.5% in 2021 (12.5% in 2012)

Licensed doctors in Obstetrics and Gynaecology

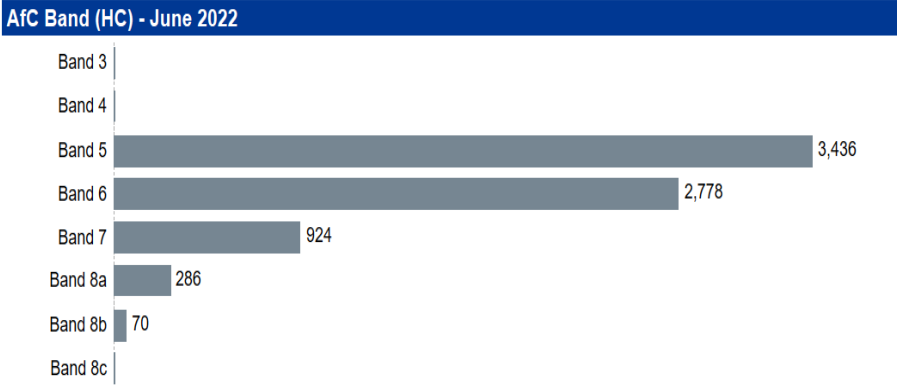
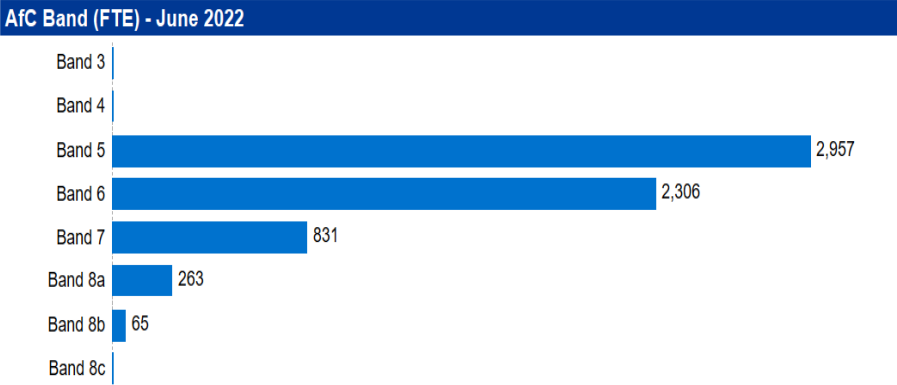
Neonatal Workforce

Data Source: ESR Staff in Post

- HEE will monitor demand and supply of the neonatal workforce (ESR occupation codes: N0L, N1L, N2L, N6L, N7L, NAL and NCL)



Note. Full-time Equivalent (FTE) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 FTE equates to full-time work of 37.5 hours per week. Headcount (HC) is a measure of the number of people employed, regardless of the number of hours worked.



Retention



- An RCM survey last year showed that over half (57%) of midwives were thinking of heading for the exit and leaving the NHS. The majority citing concerns about the safety and quality of care they were giving as the main reason.
- A poll of NHS staff in June also showed that pay was a major factor driving many away from the NHS.
- Over four out of five (80%) NHS health workers - including midwives - also said they would quit the NHS over concerns about pay.

Obstetrics and Gynaecology – steps to leaving

- 7% of all doctors surveyed said had they had taken 'hard steps' toward leaving the UK medical profession
 - 'Hard steps' are contacting a recruiter; applying for or attending training to prepare for a new role; applying for another role outside of medicine
 - Excludes doctors of retirement age intending to retire
- 5% of Obstetrics and Gynaecology doctors said they had taken hard steps toward leaving
- This is broadly in line with doctors overall, though relatively low
 - Only two specialties had smaller levels, Emergency Medicine (3%) and Paediatrics (3%))

Obstetrics and Gynaecology – patient safety/care

29% of all doctors surveyed
said they had experienced a
situation in which they
believed a patient's safety or
care was compromised

34% of Obstetrics and
Gynaecology doctors
experienced this

Relatively high proportion
among the various specialties

- The only specialties with higher levels were Anaesthetics/Intensive Care doctors (40%) and GPs (37%)




Future hope

Collaborate to improve



Solutions - more doctors, midwives, nurses?





Evidence -more doctors, midwives nurses improves care?

Sandall J, Murrells T, Dodwell M, Gibson R, Bewley S, Coxon K, et al.

The efficient use of the maternity workforce and the implications for safety and quality in maternity care: a population-based, cross-sectional study.

Health Serv Deliv Res 2014;2(38)

The association between midwifery staffing levels and the experiences of mothers on postnatal wards: Cross sectional analysis of routine data

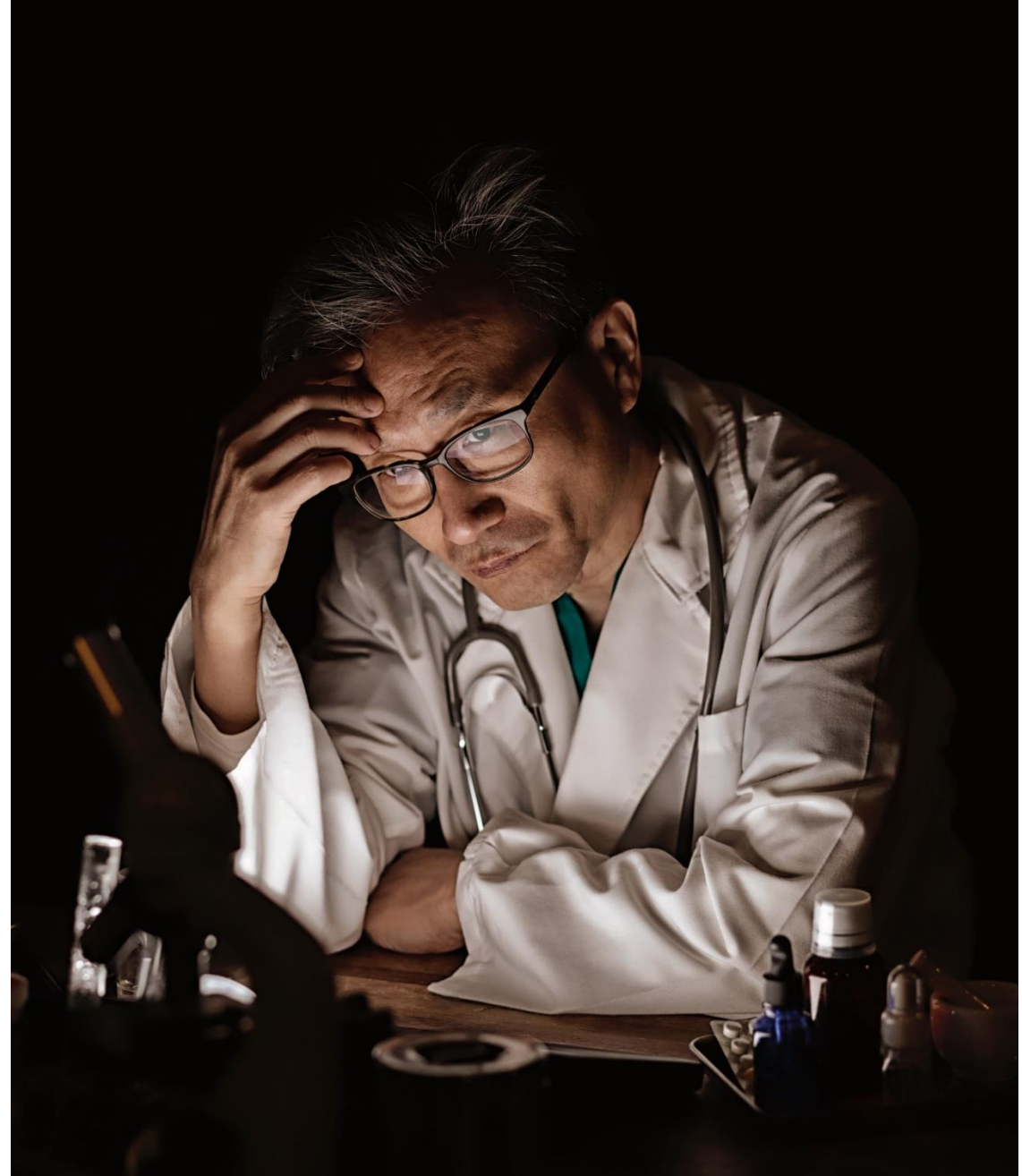
[L.Turner^aD.Culliford^bJ.Ball^cE.Kitson-Reynolds^cP.Griffiths^d](#)

<https://doi.org/10.1016/j.wombi.2022.02.005>

Resident consultant cover - 24 hours

[24 hour consultant obstetrician presence on the labour ward and intrapartum outcomes in a large unit in England: A time series analysis](#)

[S Morad, D Pitches, A Girling, B Taylor, V Fradd... - PloS one, 2021 - journals.plos.org](#)





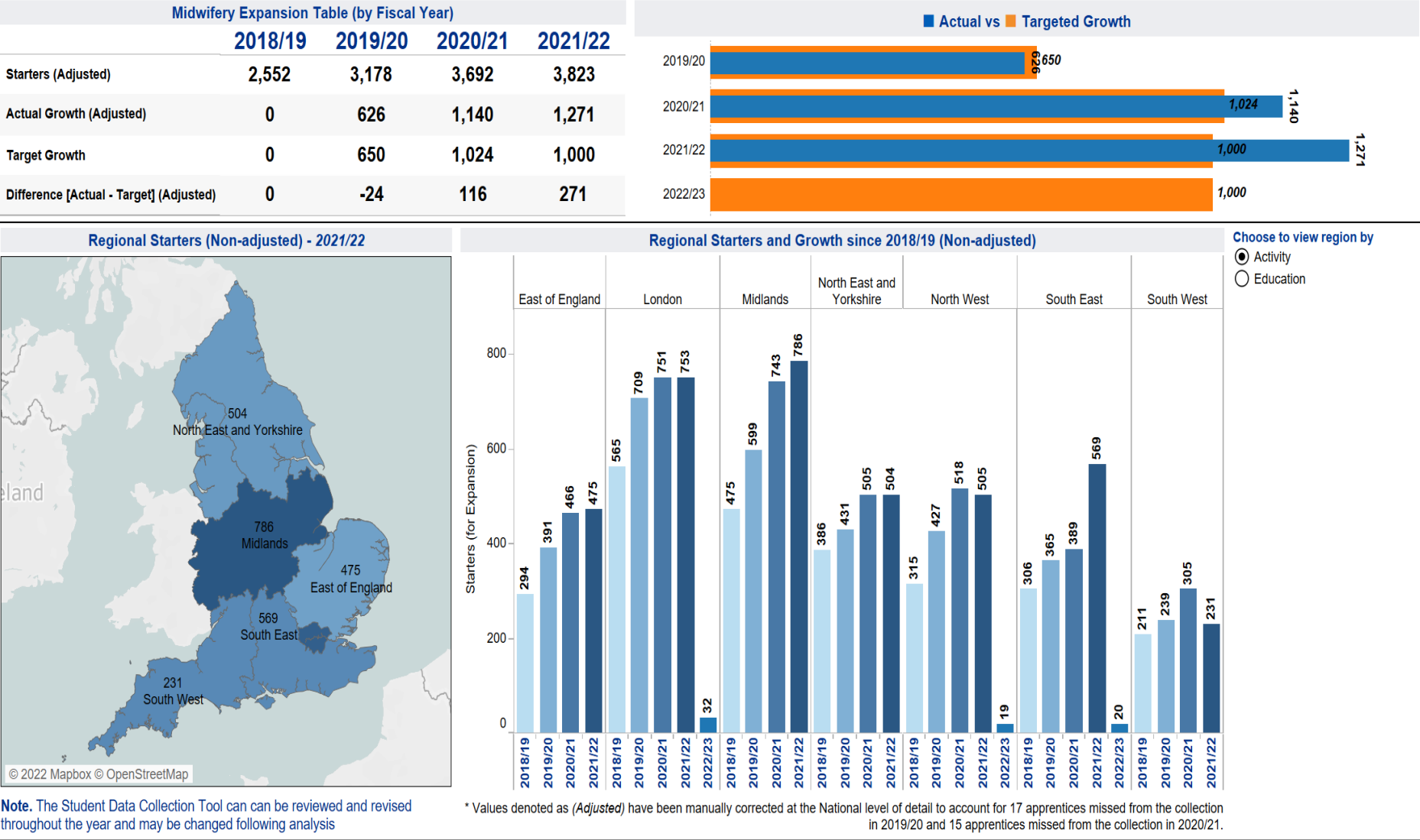
More midwives

- 25% increase in midwifery placements (3650) over 4 years from 19/20
- Apprenticeships
- Advanced practice
- Overseas recruitment
- Return to practice
- Review of Birthrate plus tool underway.

Midwifery - Training Places

Data Source: Student Data Collection - Student Activity (as of June-2022 Collection)

- HEE proposes to expand training placement numbers by 25% over four years





More midwives

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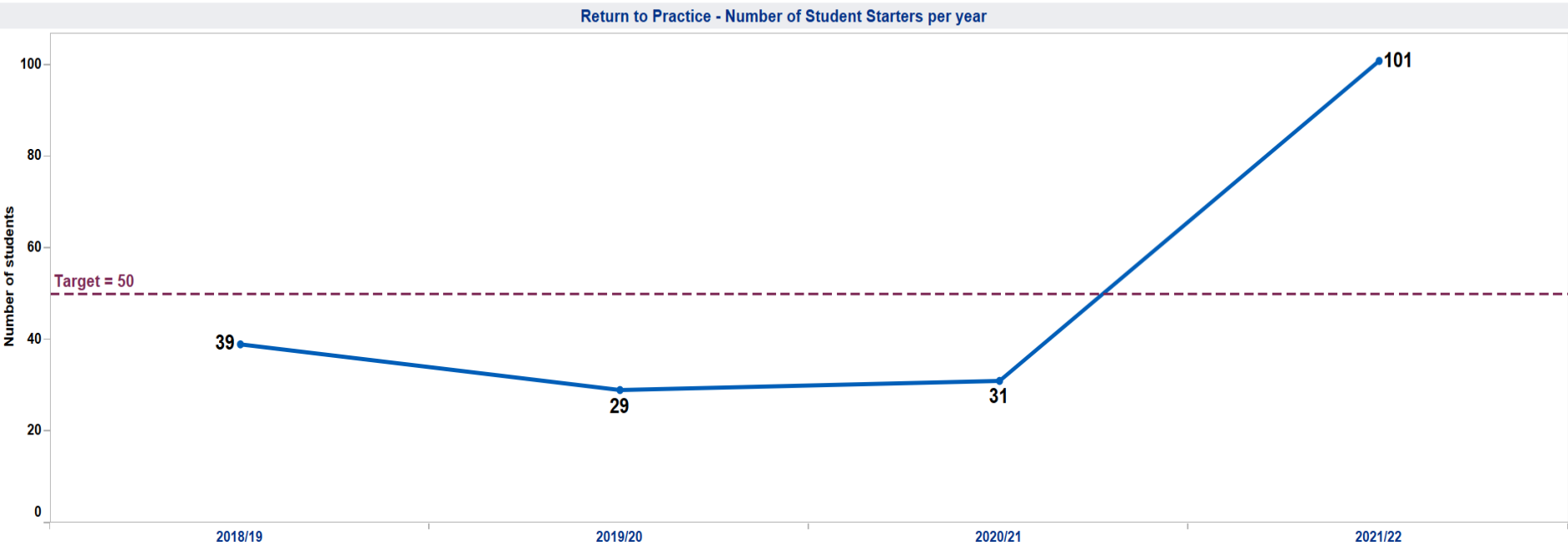
Midwifery - RTP

Data Source. Return to Practice data set, updated quarterly

- We will look to boost participation in return to practice schemes in Midwifery from 50 to approximately 100 per year

Return to Practice - Number of Student Starters per quarter					
	Q1	Q2	Q3	Q4	Annual Total
2019/2020	3	14	0	12	29
2020/2021	3	19	0	9	31
2021/2022	6	12	12	71	101

The 2021/22 total includes 68 midwives who returned via the temporary register to the permanent register





More midwives

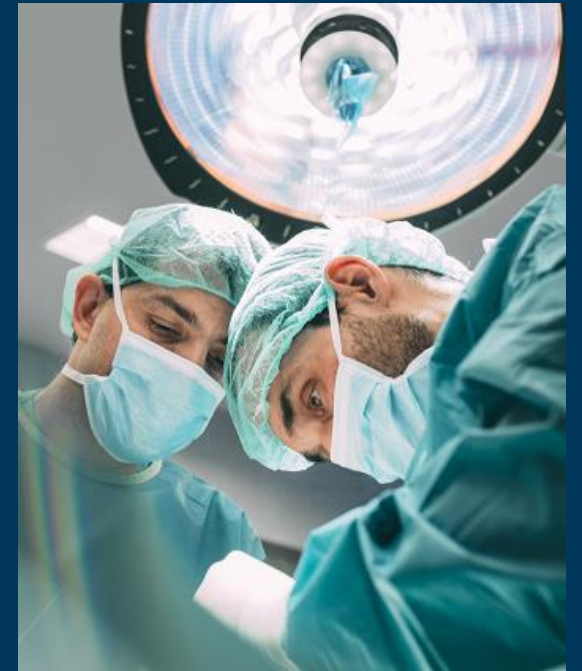
- 25% increase in midwifery placements (3650) over 4 years from 19/20
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RCOG safe staffing tool

- Repeated maternity reports have identified staffing as a contributory factor to poor fetal and maternal outcomes.
- How can we improve the number and distribution of obstetricians without an accurate quantification of need?
- Collaborative approach to calculate the number of obstetricians required in England, Wales, Scotland and Northern Ireland.



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Process

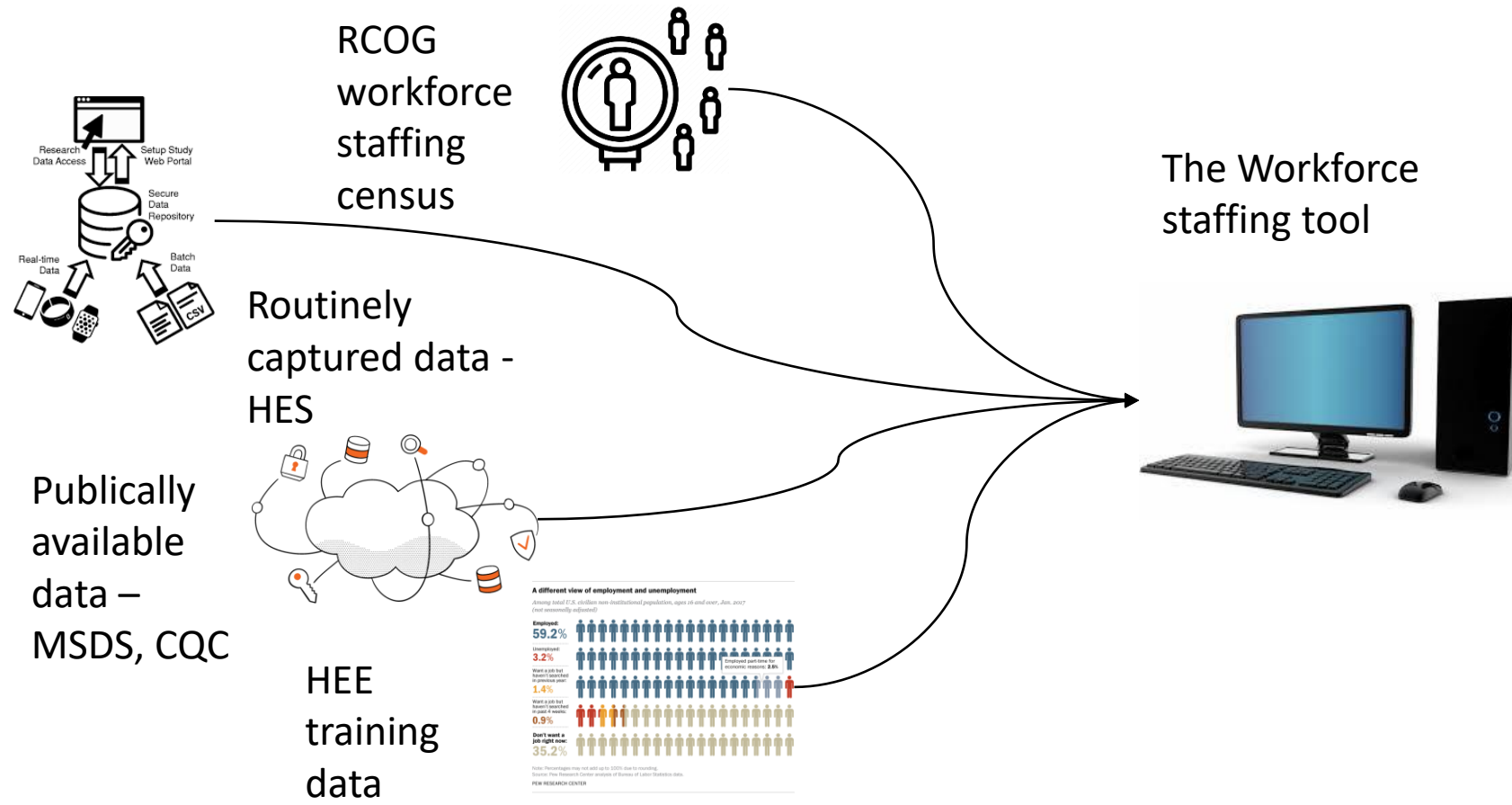
- Establish **existing levels** of obstetric staffing.
- Include **contributory factors** affecting staffing levels and performance.
- Quantify **optimal levels** of staffing by:
 - Identifying a more accurate method of quantifying service needs based on local demographics
 - To identify factors influencing quality of care
 - To identify a point at which care improvement is independent of staffing levels



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Sources of data





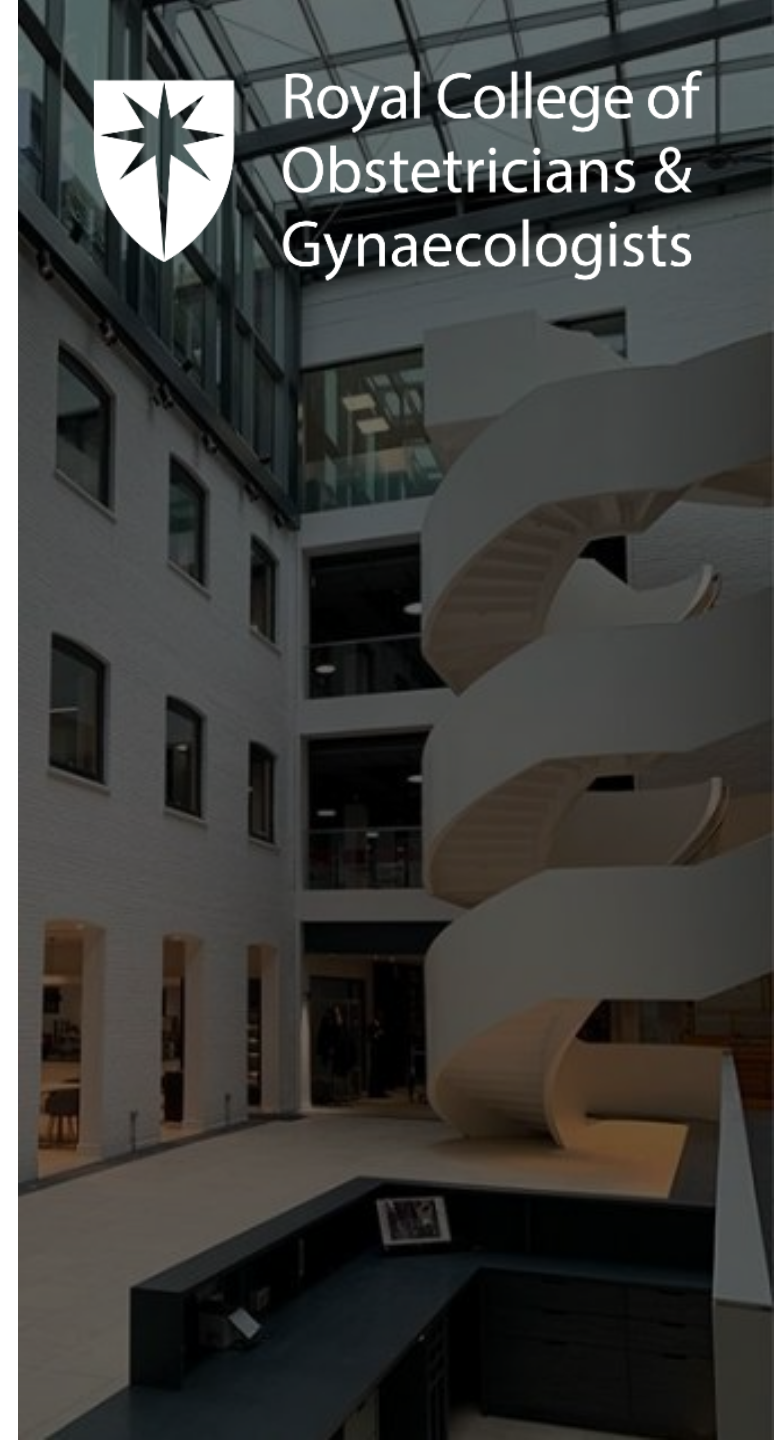
Safe Staffing Tool Development

First iteration presented at the MTP

Benchmarking and evidence regarding
shortfall

Work undertaken on numbers using
census data

There are many many vacancies at all
grades





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Obstetricians &
Gynaecologists

HEE post redistribution

**40 extra funded O&G
posts 2022**

**Use tool to direct
workforce resource**

Workforce Report

Having a motivated, well-trained and adequately staffed workforce underpins all we do in our profession to provide the best quality care we can for women, patients and families.

The report has been a year in the making with contributions from women, our patients, doctors, midwives, managers, physician associates, and many more.

We worked together to establish the values which underpin each chapter:

- our dedication to delivering person-centred care
- our recognition and respect for the diversity which exists within our own workforce and among the women we support
- our continued commitment to embedding both personal and organisational learning in all that we do



RCOG Workforce report 2022

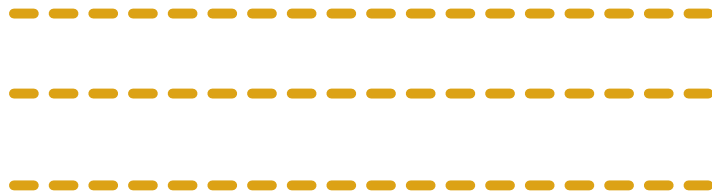
**Workforce
Planning**

**Building
supportive
& learning
cultures**

**Flexible
working**

**Remote and
Rural
working**

**Multi-
professional
teams**

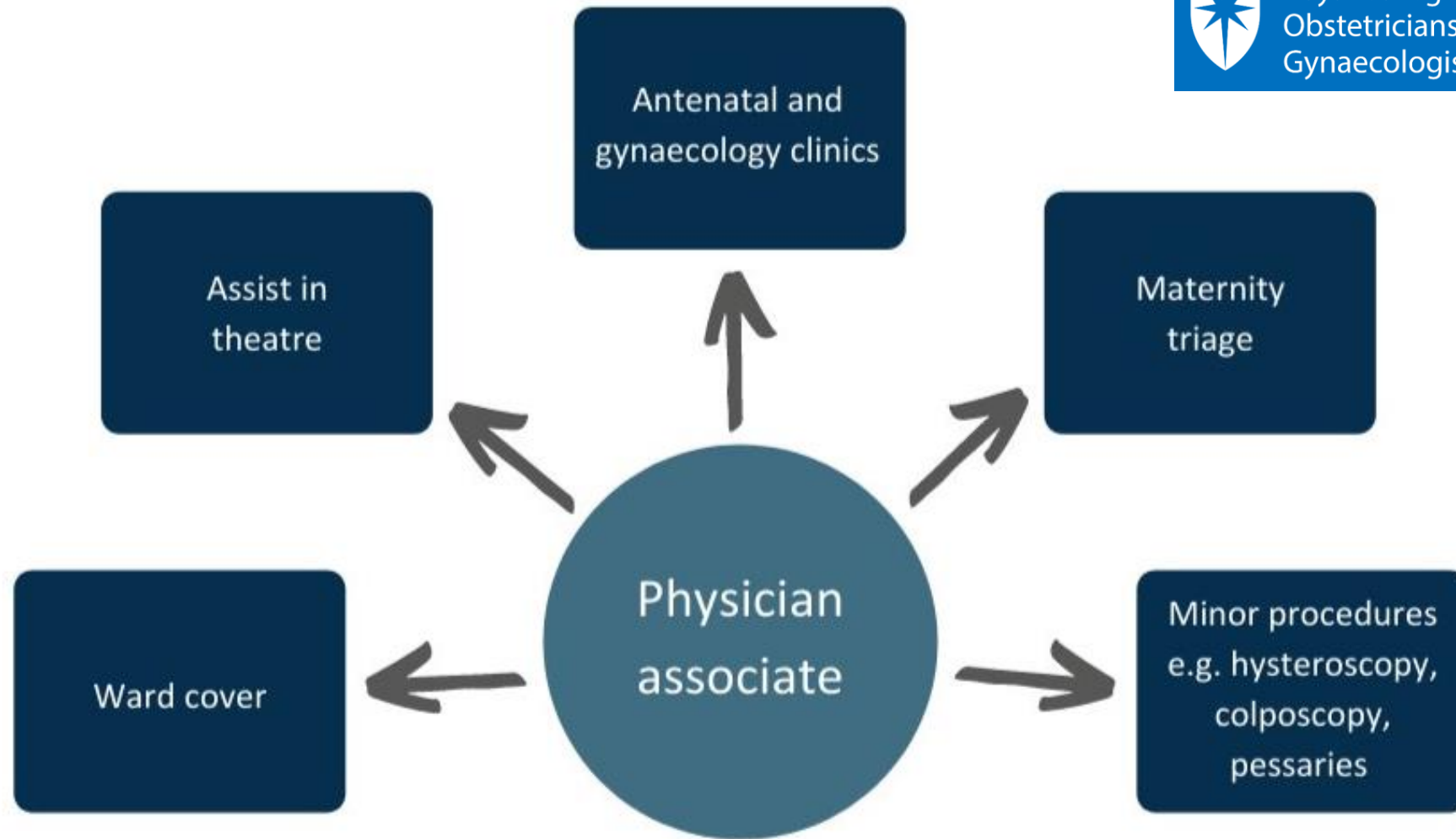


Valuing Diversity

Person-centred care

Promoting Learning

Golden threads



Potential roles for physician associates in O&G



Certificate of eligibility (CEL)

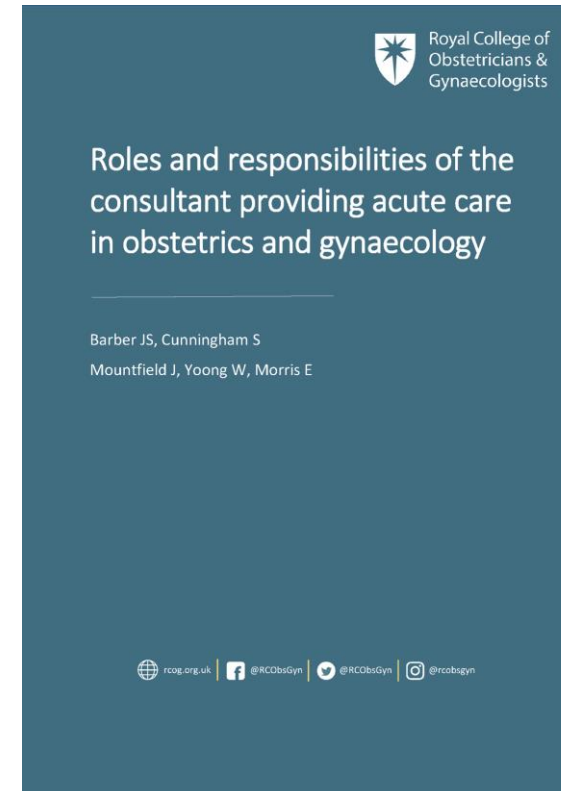
What is the certificate?

- Evidence of clinical skills (OSATS), CTG Training, Multiprofessional training and MDT feedback (TO2)
- Signed by an NHS consultant
- Two levels of certification - junior and senior registrar
- Renewable every 2 years
- Mandatory for employment in locums <2 weeks



Other RCOG Workforce Activity

- In June 2021 we published updated guidance on the [Roles and Responsibilities of a Consultant in O&G.](#)
- The role of the consultant encompasses that of a:
 - senior and experienced clinician
 - team leader and role model
 - trainer and supervisor
 - risk manager
 - patient advocate
 - innovator



Evolution of training

Subspecialty training
review as part of the
advanced training
review

Proposed expansion
of Advanced and
Subspecialty training
to start in ST5

Splitting the
specialty into basic
and higher training

Burnout

- Emotional exhaustion
- Depersonalisation
- Reduced professional accomplishment
- BMJ Open 2019 -
 - <https://bmjopen.bmj.com/content/9/11/e030968>
- 31% consultants and 43% trainees
- Four times more likely to practice defensively



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Obstetricians &
Gynaecologists

Feeling
burnt out?



It's easier to
accidentally be **uncivil**
when you're **stressed**

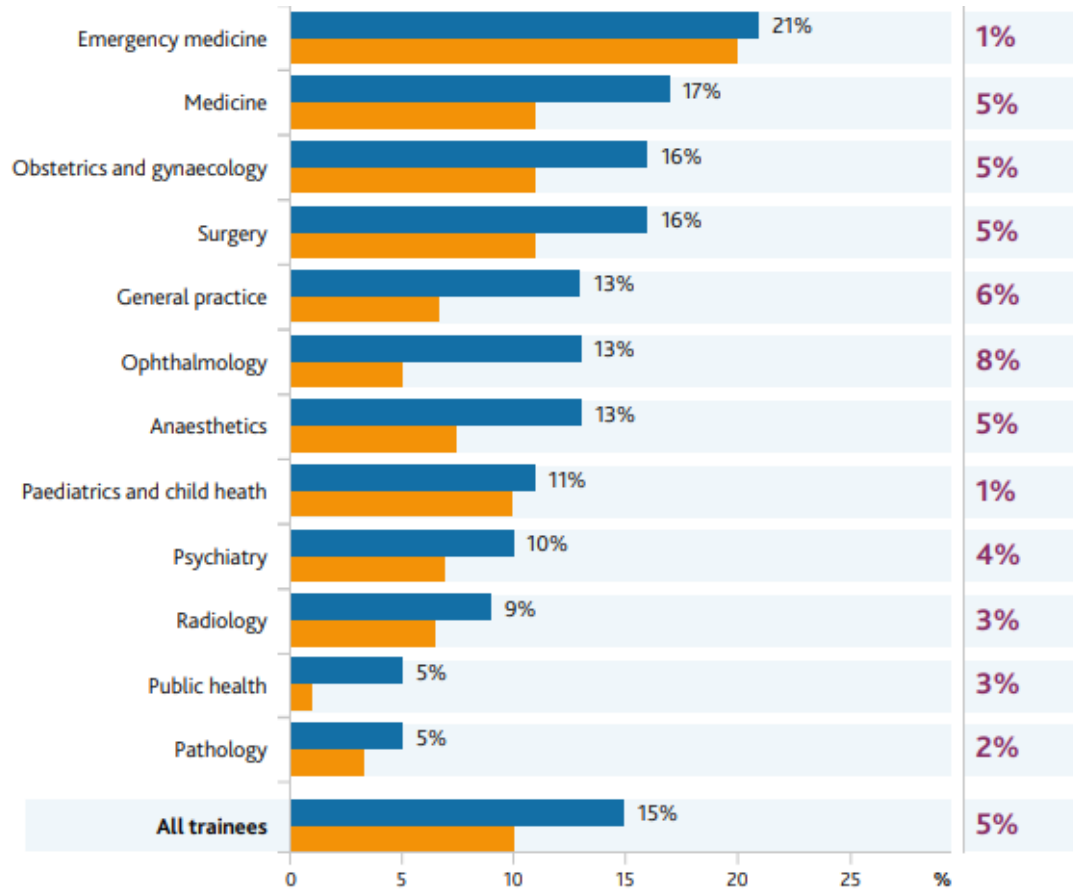
*IF YOU'VE BEEN RUDE
IT'S OKAY TO SAY*

SORRY

www.rcog.org.uk/WPBtoolkit



Trainees at high risk of burnout by specialty, 2021 vs 2019



■ 2021 ■ 2019

n = 28,310 (2021 trainees); 35,736 (2019), NTS 2019–21

Occupational medicine not shown due to smaller sample size, but included within 'All trainees'

Caring for You 2022 charter – employer commitments:

C Culture We commit to promote a positive, inclusive culture where staff feel valued, respected and invested in, ensure a safe and effective learning environment for students

A Action We commit to work to in partnership with RCM branch and workforce business partners, to implement bespoke action plans based on local issues, identified by the maternity team.

R Responsibility We will implement robust H&S strategies to prevent damage to staff wellbeing, ensuring zero tolerance of violence and/or aggression. As an employer we are committed to providing a safe and healthy working environment.

I Inclusive We will implement actions to address inequality in the workplace, ensure inclusivity and protect staff from bullying, incivility plus all negative undermining behaviours.

N Nurture We will ensure a positive start for all new starters, newly qualified and returners to the service. Promote attractive and innovative shift patterns, we will work positively to embed true flexible shift patterns which will be easily accessible to Midwives and MSW's.

G Good to Great We will work in partnership to monitor and evaluate progress in relation to our action plans and the experience of all Midwives MSW's and students, improving and adjusting accordingly.

RCM Caring For You ethos

A Maternity team must be healthy and safe – safe to care for others.

Healthy and well rested midwives, midwifery support workers and students are at the heart of providing safe, high-quality care for women and their families.

Putting your heart into maternity care starts with caring for you.

Chapter 2: Building learning and supportive cultures in O&G

What constitutes a supportive environment and why is it important?

Co-production with women

Physical Needs

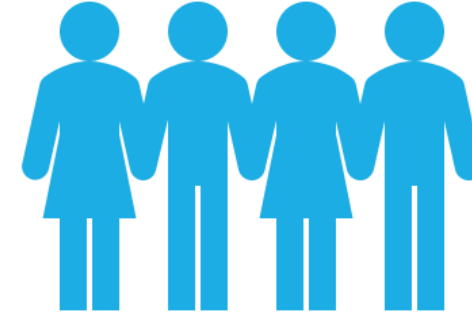
Psychological safety

Just culture and restorative justice

Responding to adverse events

Supported return to clinical practice

Self-actualisation and creating learning cultures



7 features of safety in maternity units

THIS. Institute

**Made possible by
The Health
Foundation**

Commitment to safety and improvement at all levels with everyone involved

Technical competence, supported by formal training and informal learning

Teamwork, cooperation and positive working relationships

Constant reinforcing of safe, ethical and respectful behaviours

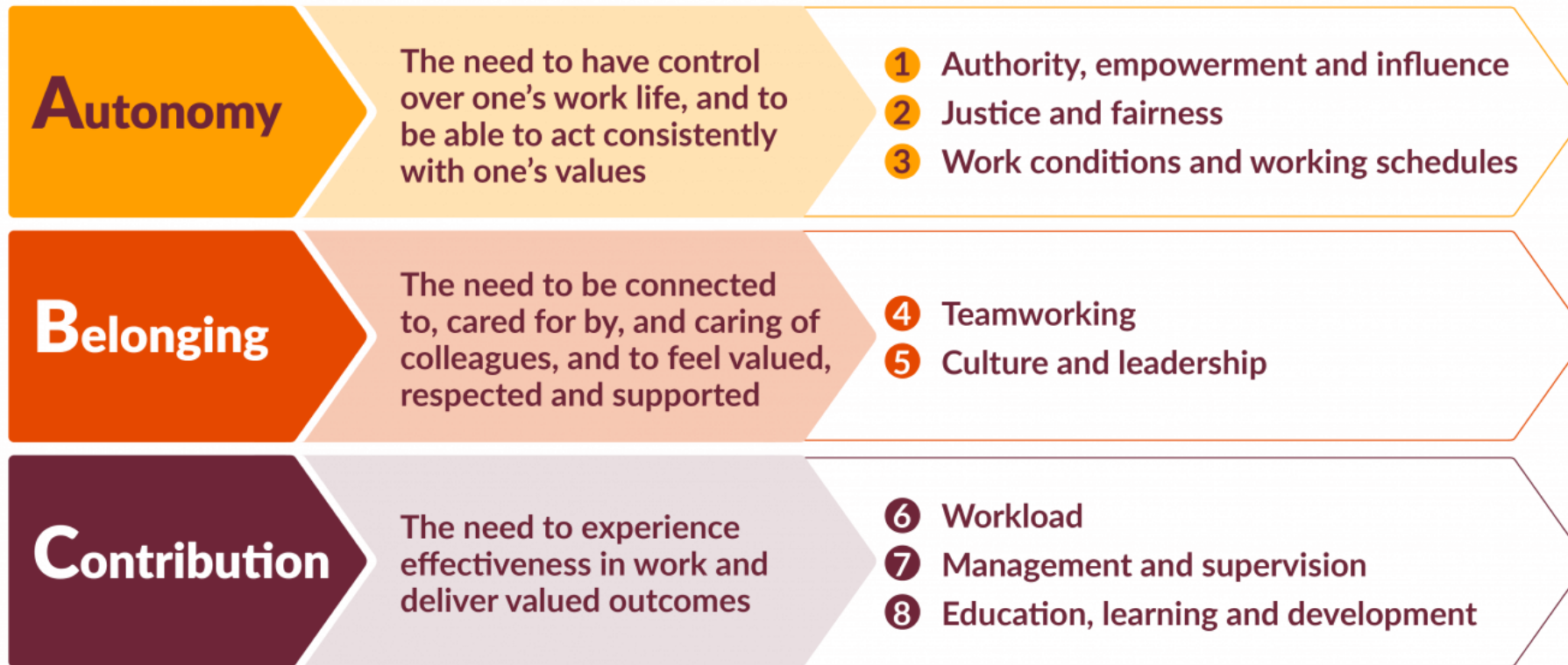
Multiple problem-sensing systems, used as a basis of action

Systems and processes designed for safety, regularly reviewed and optimised

Effective coordination and ability to mobilise quickly

**Time to learn, develop,
reflect**





West et al 2020



Control

Community

Competence



In conclusion

RCOG Workforce Team

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Vice President for
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Workforce fellow

Dr Jenny Barber,
Workforce Fellow

Shona Flannigan,
Head of Workforce
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Buthaina Ibrahim
Statistician and
data analyst

Becky Dumbrill
Workforce tool
Project manager

Hannah Manwell
Workforce
administrator

Richard Blackwell,
Workforce
Administrator

Paul Roberts,
Director of
Membership

Dan Wolstenholme
Director of Clinical
Quality

Find out more at rcog.org.uk/workforce