CAPITAL midwife

KING'S College LONDON

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Listening to London's midwives

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Acknowledgements

CapitalMidwife would like to thank the London midwives who completed this survey, the CapitalMidwife programme team and members of the CapitalMidwife Survey Task and Finish Group for their contributions.

This report will be used to inform the future work of the CapitalMidwife programme.

To learn more about the programme or to access any resources for additional support as they become available please **visit www.hee.nhs.uk/our-work/capitalmidwife**

List of Abbreviations

BAME Black and Minority Ethnic
DoMs Directors of Midwifery
HEE Health Education England
HoMs Heads of Midwifery
LME Lead Midwife for Education
NHS National Health Service

List of Figures

List of Tables

Contents

The CapitalMidwife programme was launched in response to the growing need to address the challenges faced by the 5,692 midwives who make up the London midwifery workforce[1]. Every London Midwife is a CapitalMidwife. The main aim of the programme is to ensure every CapitalMidwife is valued, respected, listened to and supported to reach their full potential.

1. Executive Summary

Background:

Better Births[2], the report of the National Maternity Review, was published in February 2016, and set out a clear vision for maternity services across England. The vision sets out the need for maternity services to provide safe, personalised care for service users and their families. It also calls for staff to deliver women-centred care, working in high performing teams in organisations that support their staff and promote innovation and continuous learning.

Implementing Better Births:

A resource pack for Local Maternity Systems[3] was developed to turn the Better Births vision into a reality. The resource pack outlines the requirements of organisations to address and effectively implement workforce transformation and assure sustainability for the future.

Since Better Births was published, Local Maternity Systems (LMS) have come together across 44 geographies in England, with leadership, governance and the commitment to transform services to meet the expectations of their service users and communities.

Below are the key requirements of LMS and the Sustainability and Transformation Partnerships (STPs) they work with to deliver maternity workforce transformation:

- Development of a strategy for maternity workforce transformation, as part of their local maternity transformation plans and in alignment with local workforce transformation strategies;
- Agree models for the future staffing of local services;
- Undertake a gap analysis between the current capacity and capabilities of the midwifery workforce.

The CapitalMidwife programme was launched in response to the growing need to address the challenges faced by the 5,692 midwives who make up the London midwifery workforce[1]. These challenges include staff shortages,increased workloads, retention of staff, and policy changes.

The programme aims to:

1) develop a range of products to enable London midwives to feel supported to reach their full potential in their career wherever they live and work, and 2) ensure that every midwife in London feels valued, respected and listened to.

This report presents findings of an online survey of midwives from across London, feedback sessions held with student midwives, and webinars with Heads of Midwifery (HoMs) and Lead Midwives for Education (LMEs) which took place between November 2018 and March 2019. These findings will be used to inform future CapitalMidwife work and priorities.

In total 16.3% of midwives (n=931/5692) working in London responded to the online survey.

Survey Findings (Midwives):

In total 16.3% of midwives (n=931/5692) working in London responded to the online survey. It is important to note that 22.6% of midwives described themselves as BAME, 51.4% were between 21 and 40 years of age, 34.7% had caring responsibilities outside of work, 83% worked more than 30 hours per week and 28.9% of midwives worked on-calls. The majority (71%) of midwives worked in an acute setting or in a specialist role, 14.2% in community teams and 7.3% in continuity models. Significantly more BAME midwives had caring responsibilities compared to non-BAME midwives.

A sizeable percentage of midwives (38.5%) stated that they often think about leaving their Trust. BAME midwives were significantly more likely to consider leaving in comparison to their non-BAME colleagues. Midwives reported that the key factors that affected whether they stayed or left their current Trust were (in order of importance): opportunities for career development, needing a higher salary and family reasons.

Regarding career development, midwives in higher bands expressed significantly greater satisfaction with access to career development opportunities, and BAME midwives reported significantly less satisfaction with leadership opportunities. The HoMs/DoMs felt that access to Trust training courses was generally good, but that an inter-Trust rotational programme would allow midwives to experience wider development opportunities while still working from within their home Trust.

Other key findings related to working conditions and bullying and harassment. Just under half of midwives (47.9%) reported regularly working extra paid hours. Reasons for this included: to earn additional income, to provide support to colleagues when workload was heavy and to maintain good standards of care. London midwives highly valued support and recognition for their work from their line managers. In total, 55% (n=517/931) of midwives answered questions on their experiences of harassment and bullying/abuse at work. A sizeable proportion of midwives reported experiencing bullying and harassment from service users (38.9%), relatives (36.9%), managers (29.8%) or colleagues (30.2%). There were no significant differences when comparing midwives' ethnicity and indications of experiencing bullying and harassment. However, it can be concluded that some midwives may be experiencing bullying from multiple sources.

Midwives working in the hospital setting and holding specialist or management posts were more likely to face harassment and bullying from service users and relatives than those working in community settings. Midwives from lower grades were more likely to report that they had experienced bullying and harassment from service users than their senior colleagues were.

HoMs/DoMs stated that there had been a marked increase in incidence of bullying and harassment and felt that ensuring the safety of midwives in their place of work was of primary importance. In relation to cases of staff-on-staff bullying and harassment, the HoMs/DoMs identified the need for guidance on how to ensure that midwives come forward and report these experiences, as currently, in many instances, this is not the case.

Feedback Session Findings (Student Midwives):

A total of 250 student midwives attended the feedback sessions held at seven universities in the capital. The findings of these discussions revealed areas of key importance:

- The need for support from managers, colleagues and Trusts;
- Being able to access good preceptorship programmes;
- Having opportunities for learning and skills development;
- Developing clinical skills and confidence in clinical decision making;
- Building confidence in their new roles as newly qualified midwives;
- Being recognised as autonomous practitioners and being supported in their clinical decision making;
- Developing their professional identity as midwives and feeling respected by their colleagues and Trusts;
- Feeling part of a multidisciplinary team and having their voices heard and their opinions respected within that team.

Student midwives also had concerns regarding:

- Making clinical errors;
- Being left alone with no support;
- Not being able to cope with their workload and burning out.

Further exploration of these issues with LMEs confirmed the concerns expressed by student midwives, particularly that newly qualified midwives value support and will move Trusts if they feel they will be better supported elsewhere. Key findings from the LMEs webinars were:

- Providing peer to peer support for student midwives at all stages of their educational programmes would be beneficial;
- Financial pressures affected student midwives' decision to stay in London. Higher starting salaries may help to clear student debt more quickly, but conversely, if a midwife is delayed in commencing their employment post qualification, this can cause them to lose money, add to their financial pressures and may cause them to seek employment at another Trust.

Implications for the CapitalMidwife programme:

This survey and subsequent report have helpfully identified several key areas of importance for midwives working in London. These have informed current and future priorities for the CapitalMidwife programme.

The CapitalMidwife programme will continue to listen to the voices of midwives and student midwives, education providers, Trusts (employers) and managers in midwifery to identify, promote and implement improvement initiatives in the following areas:

- More effective support to implement policies/initiatives known to reduce the likelihood of bullying and harassment in the workplace;
- More professional development and leadership opportunities, particularly including consideration for BAME and lower band midwives;
- More opportunities that enable early career midwives to be exposed to Trust-wide business and opportunities;
- Continued importance placed on good line management support and timely feedback;
- Continued importance placed on the development of supportive teams/working environments;
- Continued support to implement flexible working arrangements;
- Ensure timely and appropriate practices to reduce delays in the period before newly qualified midwives commence employment;
- Ensure equity of access to a preceptorship programme for all newly qualified midwives across London.

2. Introduction and Background

2.1 The CapitalMidwife Programme

The CapitalMidwife programme was launched in 2018 in response to the growing need to apply 'once for London' solutions to the challenges faced by 5,692 London midwives that currently practice in the capital[3]. These challenges include: staff shortages in the profession of around 3,500 full-time midwives in England[4], an ageing workforce, retention of a midwifery workforce in the capital, stress from increased workload and staff shortages, real and perceived barriers to different working patterns (e.g. continuity of care models and workplace culture), changes in complexity of care (e.g. levels of comorbidity), policy and political changes shifting the NHS landscape (e.g. Maternity Transformation Programme and Brexit), and the abolition of bursaries and introduction of fees for student midwives entering the profession.

The CapitalMidwife programme was established by the regional maternity lead for London, chief nurse for London and the programme director for CapitalNurse. The programme is jointly sponsored by Health Education England, NHS England and NHS Improvement.

The CapitalMidwife programme aims to make a difference across three main areas:

1) recruitment and supply, 2) retention and development and 3) transformation and sustainability for the future. In particular, the programme wants to encourage more people to join the London midwifery workforce and enable a group of aspiring motivated midwifery leaders in London to sustain high quality midwifery services. In doing so, the programme aims to help midwives feel supported to continue their midwifery careers in London, while enabling a consistently high standard of care to be delivered across all London Trusts.

To do this, the programme will strive to engage, involve and collaborate with systems, organisations and individual midwives, and will bring midwives together to celebrate midwifery, share ideas and best practice, and promote midwifery as the profession of choice. The main aims of the programme are:

1. To ensure that every midwife in the capital is valued, respected, and listened to.
2. To ensure that every midwife in the capital is supported to reach their full potential.

Therefore, the CapitalMidwife programme will ultimately develop products and solutions with the midwifery community to enable midwives to progress in their careers and deliver excellent care. In its first year, this included a focus on:

1. A preceptorship programme framework to provide a "best practice" resource for health and care organisations across London to support the practice of newly qualified midwives.
2. A midwifery skills passport to provide midwives with a personal record of essential skills to support professional development and reduce the burden of repetitive training.
3. A midwifery workforce survey and student feedback sessions to better understand the experience and challenges faced by current and future midwives in the capital and inform the ongoing programme of work.

Although designed for London's midwifery workforce, the ambitions of the CapitalMidwife programme have the potential to positively impact other workforce groups, and other geographical areas.

2.2 Demography and Study Setting

At the time of the survey there were 5,692 registered midwives practising in 19 NHS Trusts across London[3], and seven undergraduate programmes in midwifery across seven London universities. To ensure that the range of views and perspectives of midwives and student midwives were accurately represented, a mixed-methods approach to data collection was adopted, namely:

- An online survey of practising midwives in the capital;
- Feedback sessions with student midwives in the capital;
- Webinars with HoMs and DoMs in the capital to discuss the findings of the midwifery survey;
- Webinars with LMEs in the capital to discuss the findings of student midwives feedback sessions.

The advantage of the mixed-methods approach is that it allows triangulation between data sources to validate and further explore the responses given. All of the data presented in this report was collected between 27 November 2018 and 25 March 2019.

At the time of the survey there were 5,692 registered midwives practising in 19 NHS Trusts across London[3].

3. Research Methods

3.1 Data Collection and Analysis of Quantitative Data

3.1.1 Midwives Online Survey

Views and perspectives were gained from practising midwives across London who responded to an online survey administered between January 2019 and March 2019. To reach the widest demographic of practising midwives across London, the link to the online survey along with an explanation of the CapitalMidwife programme was cascaded to all practising midwives by their HoMs/DoMs by e-mail, and separately through social media such as Twitter and Facebook.

The survey was administered through an online survey platform (SurveyMonkey®) and designed so that it could be accessed 24 hours a day and could be completed on any desktop, laptop, or mobile handheld device with a connection to the internet. The survey took an average of 17 minutes to complete and consisted of 33 questions designed to capture information on demographic profiles, working environment, shift patterns, opportunities for training and career progression, work-life balance, and bullying and harassment.

Quantitative survey data was analysed using descriptive and inferential statistics in the statistical software package SPSS Statistics (version 24, IBM). Qualitative free-text comments were explored using thematic analysis.

3.2 Data Collection and Analysis of Qualitative Data

3.2.1 Student Midwives Feedback Sessions

Views and perspectives were gained from student midwives who were studying undergraduate degree courses across London in the feedback sessions between 27 November 2018 and 5 March 2019.

Sessions were carried out on the premises of the seven London universities and were run by the NHS England London maternity regional leads. The student feedback sessions were conducted as part of a London Midwifery Student Roadshow event. Student midwives were asked to discuss in pairs a questionnaire consisting of seven questions which were designed to capture information on what excited them and worried them about starting their careers in midwifery, as well as the features they would like to see in preceptorship programmes and the skills passport. Each feedback session ran for approximately 20-30 minutes. The qualitative feedback session data was transcribed and analysed thematically.

3.2.2 Webinars with Heads/Directors of Midwifery and Lead Midwives for Education

In order to explore the responses given by midwives in the online survey, HoMs/DoMs from each healthcare Trust in the capital providing maternity care were invited to take part in a webinar. The topic guide was based upon the findings of the online survey and the HoMs/DoMs were invited to comment and add greater depth of information and understanding to these findings.

Similarly, to explore the responses given by student midwives in the student feedback sessions, LMEs from each of the London universities providing midwifery training programmes were invited to take part in a webinar to discuss the findings.

The topic guide was based upon the findings of the student feedback sessions and the LMEs were invited to comment on these findings and add greater depth of information and understanding to the areas raised by students.

In each case the webinar data was transcribed, analysed thematically, and the findings were set in the context of 1) the online survey, and 2) the student feedback sessions.

3.3 Ethical and Organisational Approval

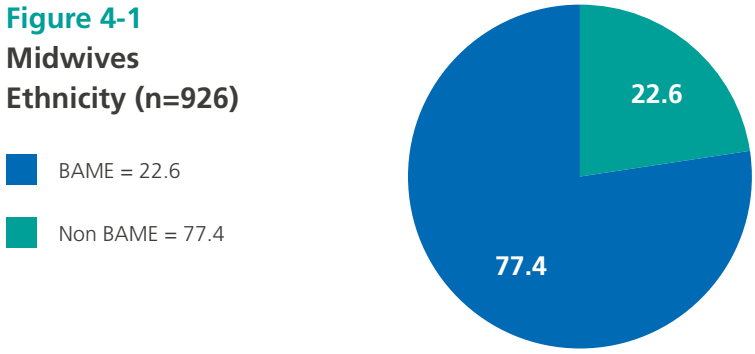
The project was registered with King's College Research Ethics Office Research Ethics Minimal Risk Registration Form. The registration reference number is MRA-18/19.8974.

4. Findings

4.1 Findings from the Midwives Online Survey

At the close of the survey a total of 931 individual midwives (n=931/5692) had responded to all or parts of the survey, which represents approximately 16.3% of all midwives employed in the National Health Service (NHS) in London[1].

Figure 4-1
Midwives Ethnicity (n=926)

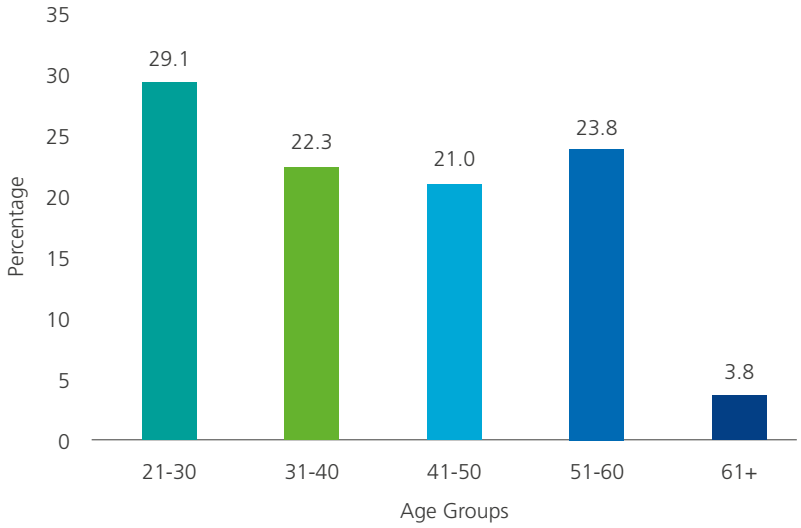


4.1.1 Midwives' Demographic Characteristics

A total of 98% (n=909/922) of respondents identified as female and 22.6% (n=209/926) of those surveyed classified themselves as from a BAME background as illustrated above in Figure 4-1.

When examining the age of the midwives working in the capital, 72.4% (n=670/925) were aged between 20-50, 23.8% (n=220/925) aged 51-60 and only 3.8% (n=35/925) were aged 61 or over. These age groups are summarised in Figure 4-2 opposite.

Figure 4.2 Age of Midwives (n=925)



[1] As guidance for the reader please note that not all questions were answered by all those completing the survey and therefore denominators have been indicated within the text for clarification purposes.

A total of 98% of respondents identified as female and 22.6% of those surveyed classified themselves as from a BAME background

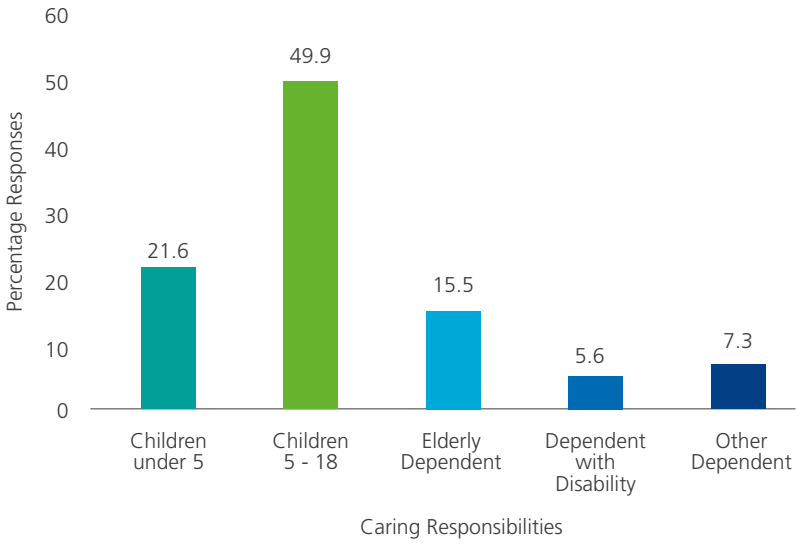
4.1.2 Caring Responsibilities

Midwives were asked some additional questions regarding their personal life and caring/ support responsibilities outside of the work environment. The majority (99.5%, n=927/931) of midwives responded to this question with 34.7% (n=322/931) stating they had caring responsibilities outside of work. When asked who they provided care for, this included children under the age of 18 years and elderly/disabled dependents. When comparing ethnicity, significantly more BAME midwives had caring responsibilities compared to non-BAME midwives (42.6% vs 32.4% respectively, $x^2 = 7.428$ (df1) p=0.006).

Within this section of the survey, respondents could provide multiple responses and so the data indicates that for some midwives their caring responsibilities could be complex and involve caring for several individuals.

The findings are summarised in Figure 4-3 below.

Figure 4.3 Midwives Caring Responsibilities Outside of Work (n=481)



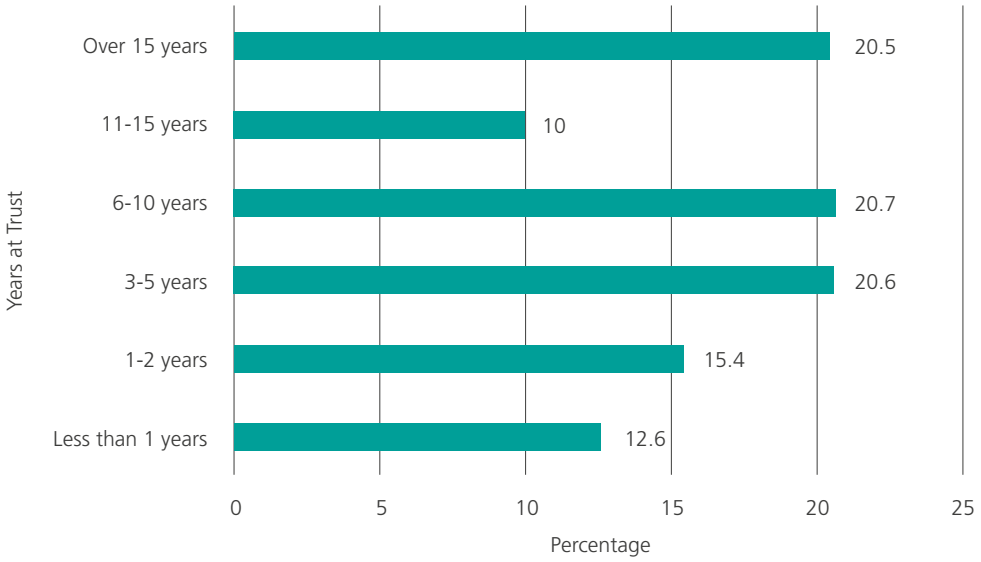
4.1.3 Midwives' Employment

The following section of the survey focused on midwives' working areas and experiences.

4.1.3.1 Employment Status and Length of Time at the Trust

When asked what type of contract midwives currently held, the majority (93.8%, n=823/877) had permanent contracts, with the remainder either holding bank positions, undertaking secondments or on fixed term contracts. As retention is a key objective of the CapitalMidwife programme, midwives were asked to indicate their current length of service at their Trust. Over half of the midwives (51.2%, n=475/927) stated they had been with their current Trust for 6 years or more, and over a fifth (20.6%, n=191/927) had been with their Trust for 3-5 years. The remaining midwives (28.2%, n=261/927) were new to the Trust with less than 2 years in post. These findings are summarised below in Figure 4-4.

Figure 4.4 Length of Time at Current Trust (n=927)



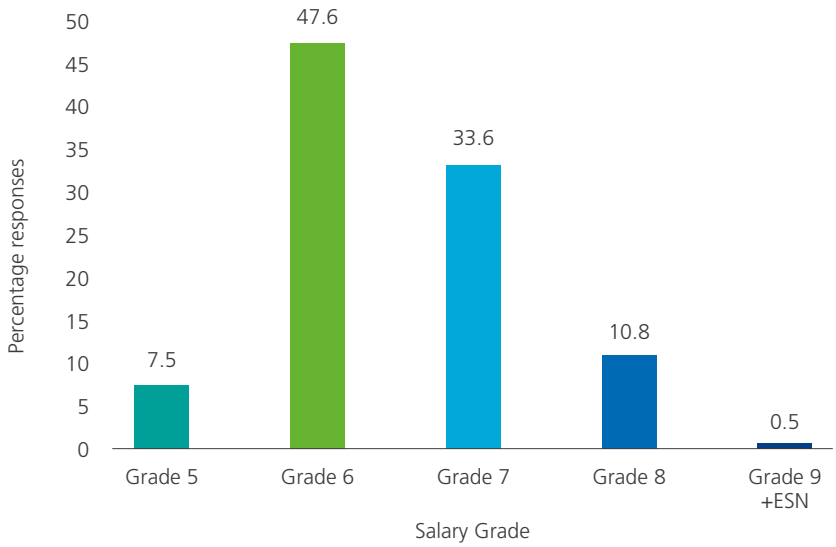
51.2% of midwives stated they had been with their current Trust for 6 years or more and **20.6%** had been with their Trust for 3-5 years.

28.2% were new to the Trust with less than 2 years in post.

4.1.3.2 Salary Banding

Midwives were then asked to indicate their current salary banding. The majority (81.1%, n=747/920) of those responding were on Band 6 and Band 7, with no statistically significant difference between non-BAME and BAME groups. Full breakdown of banding across those surveyed is illustrated in Figure 4-5 opposite.

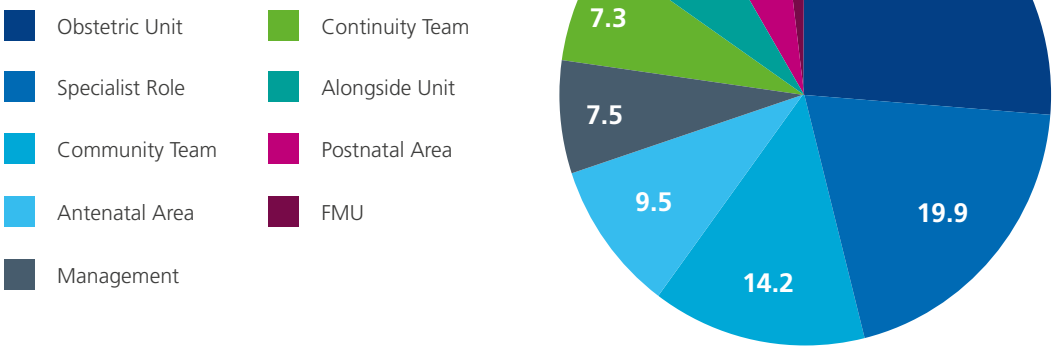
Figure 4.5 Salary Grade for Current Role (n=920)



4.1.3.3 Work Setting

Midwives were asked questions regarding their area of work and responses illustrated that the sample covered a wide range of midwifery practice settings. Over half of the midwives worked in various clinical areas in the acute setting (51.1%, n=422/826) with an additional 19.9% (n=117/826) having specialist roles and a further 7.5% (n=62/826) identifying as managers. The remaining midwives worked in either traditional community teams (14.2%, n=117/826) or in continuity models (7.3% n=60/826). Figure 4-6 provides more detail on work settings. CapitalMidwife recognises that Trusts are working hard to increase capacity within teams and services providing continuity of care and hopes to see this number increase in the future.

Figure 4.6 Area of Clinical Practice in Current Role (n=826)



4.2 Midwives' Working Conditions and Work Experience

Having established the type of employment and area of work for the midwives, the remainder of the survey focused on enquiring about the midwives' working conditions and experiences. Four main areas emerged that appeared to impact a midwife's work-life balance and work experience. These were: working additional hours whether paid or unpaid; working patterns; continual professional development; and experiencing or observing bullying and harassment in the workplace. These will now be explored in more detail below.

4.2.1 Midwives' Working Additional Hours

In total, 83% (n=719/869) of midwives indicated they were contracted to work 30 hours or more per week with the remainder working up to 29 hours per week. Working patterns were also established in the survey. In total, 47.0% (n=367/781) of those responding did not work rotational shift patterns and 30.8% (n=257/835) worked between the hours of 7:00pm and 7:00am. This pattern of part-time working and fixed contract hours is not unusual in a female dominated workforce and leaves potential scope for flexible working or working additional hours if required by the service.

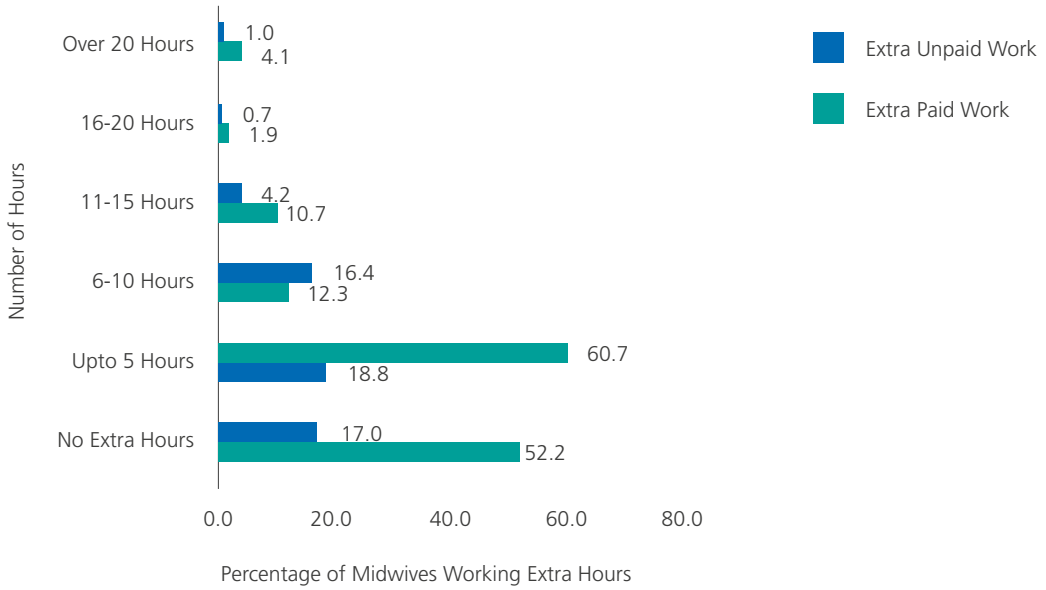
4.2.1.1 Additional paid hours

To clarify this, the midwives were then asked if they regularly worked additional paid hours per week for the Trust, and 47.9% (n=417/871) indicated they did in the form of paid overtime, bank shifts and additional on-call hours. There were varying amounts of paid extra hours ranging between one and twenty hours per week.

4.2.1.2 Additional unpaid hours

In addition, 83.0% (n=725/873) indicated that they regularly worked additional unpaid hours, with the largest proportion working up to five hours unpaid per week (60.7%, n=530/873) and 16.4% (n=143/873) working between six to ten hours unpaid per week. These findings are summarised in Figure 4-7 below.

Figure 4.7 Percentage of Midwives Working Extra Hours Per Week (n=873)



The reasons given by midwives for working extra hours fell into four themes which were: large workload; earning extra income; maintenance of quality care; and collegiate team working. These themes were illustrated by the examples of open responses provided by midwives as reasons for working additional hours as cited below:

"I have to work extras to meet my family needs."

"The administrative workload on top of caring and keeping the client safe is not sustainable given the shift hours..."

"I am a specialist midwife with a sensitive job, it would be uncaring of me if I left at certain times."

"I often take on bank to cover sickness on my ward as I don't want them to be left short..."

"It is difficult to leave when [activity] is high and the midwives are struggling."

"If a woman is labouring then I'll stay until she births if possible and help mum to breast feed."

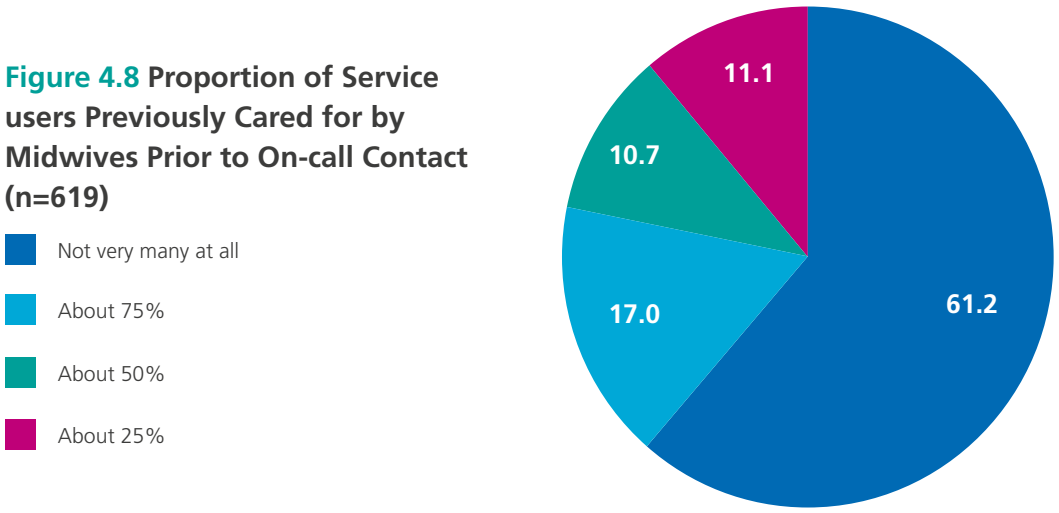
In addition to working additional hours, 28.9% of midwives stated they undertook on-calls as part of their role.

61.2% of midwives stated they had not been involved in providing care for many of the service users at all prior to contact during the on-call process.

In addition to working additional hours, 28.9% (n=252/872) of midwives stated they undertook on-calls as part of their role and worked across the full range of maternity services. Midwives were then asked what proportion of service users who use the 'on-call' system were service users they have previously provided care to; these responses are summarised in Figure 4-8.

Of these it was noted that 61.2% (n=379/619) of midwives stated that they had not been involved in providing care for many of the service users at all prior to contact during the on-call process.

Figure 4.8 Proportion of Service users Previously Cared for by Midwives Prior to On-call Contact (n=619)



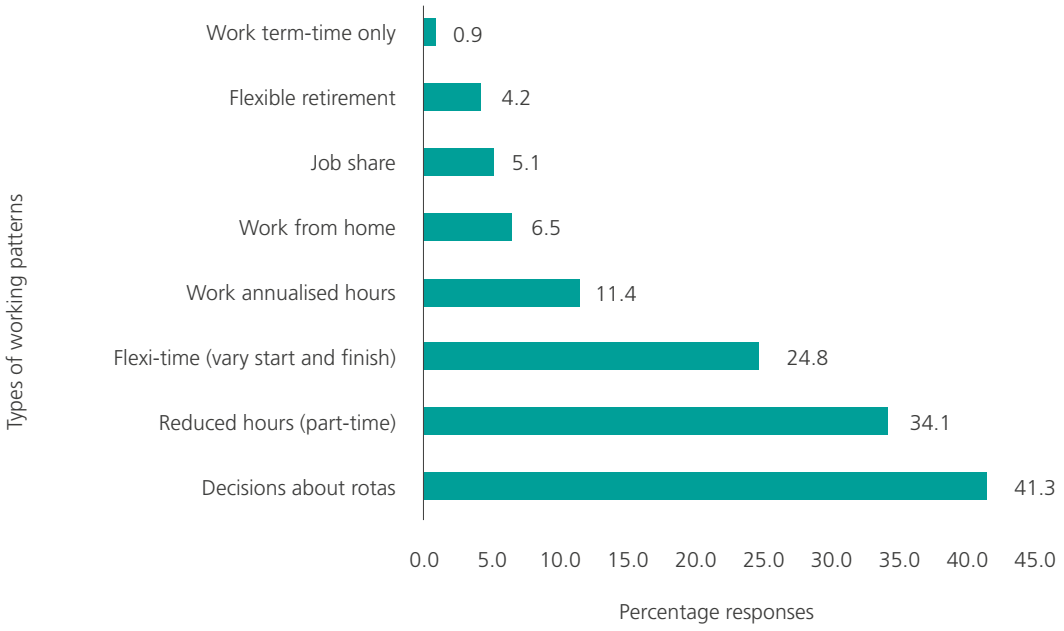
4.2.2 Flexible Working and Work Life Balance

When midwives were asked about working patterns and flexibility at work to accommodate other commitments, various additional information was elicited. One of the main features noted by the midwives was that 41.3% (n=235/569) had input into decisions about rotas. Confirming the earlier data on the workforce having a high proportion of part-time workers, midwives stated that at their Trusts, various types of contracts were available to aid flexible working patterns. These included annualised hours, term-time only, job shares and flexible retirement opportunities. The responses to the types of flexible working available are summarised in Figure 4-9 below.

When exploring this further, midwives were asked using a five-point Likert scale to indicate whether they strongly agreed through to strongly disagreed with statements regarding support for flexible working and achieving a good work life balance in their current role. In total, 93% (n=873/931) of midwives responded to this group of questions, with 58.2% (n=506/869) of midwives stating that they either strongly agreed or agreed that they could approach their line manager to discuss flexible working. In 47.9% (n=417/871) of cases, midwives felt that their line manager helped them to achieve a good work life balance. However, midwives did not feel as well supported at Trust level, with only 27.8% (n=242/871) stating that they either strongly agreed or agreed that the Trust is committed to helping staff balance their work and home life.

Figure 4.9 Types of Flexible Working Contracts for Midwives (n=569) Prior to On-call Contact (n=619)

*Please not that midwives could response to more than one option in this question.

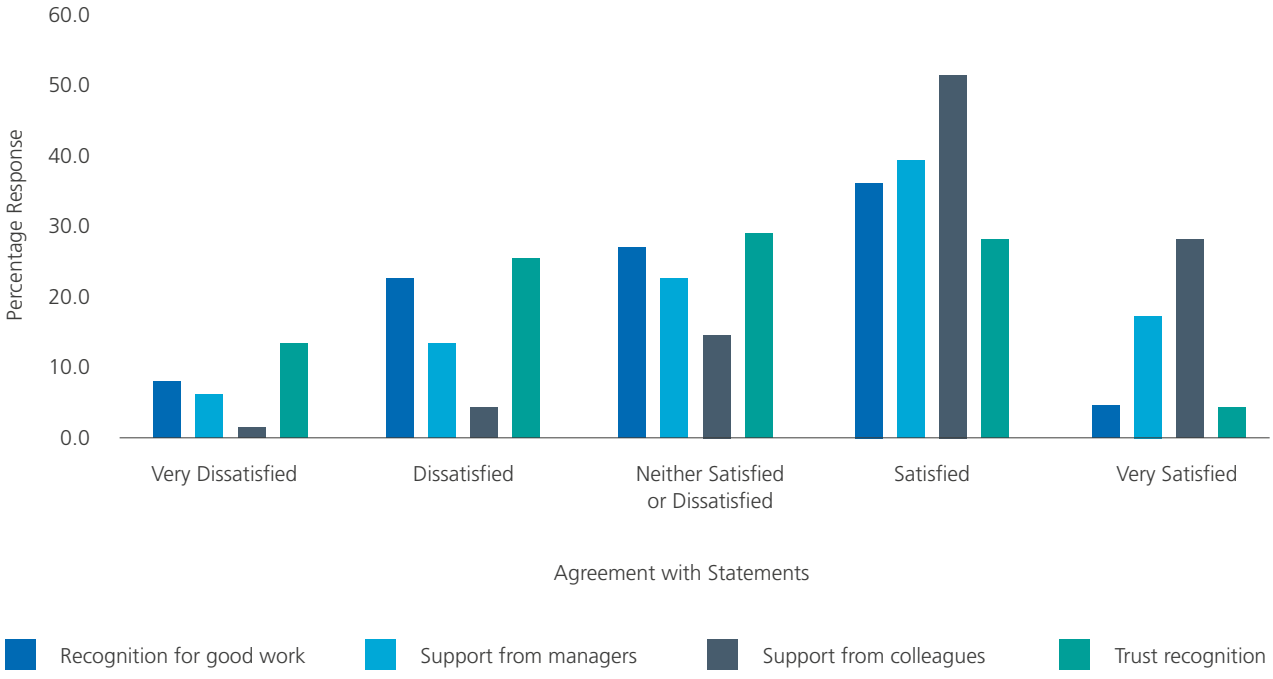


4.2.3 Recognition for Good Work, Feeling Valued and Sources of Support for Midwives

As for any member of a team or person who is working for an organisation, it is important for them to understand the value they add to the services they work within from colleagues and senior members of staff, and this is no exception for midwives. In this survey 88.7% (n=826/931) of midwives provided responses about recognition for good work, feeling valued and sources of support.

In total, 41.2% (n=340/825) of midwives indicated they were either satisfied or very satisfied with the recognition they receive for their work, but a lower percentage (32.2%, n=265/823) felt that their work was 'valued' by the Trust. Over half (56.9%, n=470/826) of the midwives felt supported by their immediate managers and 78.4% (n=648/826) were either satisfied or very satisfied with the support that they received from colleagues. The responses to the individual statements are presented in Figure 4-10 below.

Figure 4.10 Responses to Statements from Midwives Regarding Recognition, Feeling Valued and Sources of Support (n=826)



4.2.4 Reasons Why Midwives Leave Their Trusts

One of the main aims of the CapitalMidwife programme is to maximise retention of the midwifery workforce, and so it was important to elicit from the midwife respondents what they felt would be the main drivers which would make them consider leaving their current posts. The opening question in this section was whether midwives were considering leaving their Trust, and if so, when this would be.

Of those responding, 38.5% (n=218/826) stated that they often think about leaving their Trust and 33.4% (n=275/823) stated that this would probably be in the next 12 months. For some the timescale may be shorter, as 23.3% (192/824) of midwives indicated that as soon as another post was found they would leave. Reassuringly, over half (56.5%, n=463/819) of the midwives stated they would wish to remain in the NHS for future employment.

To establish what triggers prompted midwives to consider leaving, a list of commonly cited reasons was provided, and they were asked to indicate if they identified with these reasons. For clarity, midwives could indicate more than one reason for considering leaving their post, so responses will exceed the total number of individuals who answered this section on the survey.

In total, 75.8% (n=708/931) of midwives provided responses about considering leaving their Trust. Nearly half (47.0%, n=332/706) of the midwives indicated that career development was a key reason for leaving, followed by nearly a third (30.5%, n=215/706) who would like a higher salary. Closely associated with salary was the cost of living in the capital, which 18.3% (n=129/706) agreed was a reason for considering leaving.

A quarter (25.5%, n=180/706) of the midwives responding gave family or personal reasons for considering leaving their post, but reassuringly only 2.6% (n=18/706) indicated that personal safety was a reason. Less than a tenth (8.9%, n=63/706) of midwives indicated that difficulty in getting to work was a reason for considering leaving, but of more concern was that 18.6% (n=131/706) of midwives were considering a career change and 10.2% (n=72/706) did not wish to continue to work in the NHS.

When comparing which midwives were more likely to consider leaving their current Trust, BAME midwives were more likely to consider leaving in comparison to their non-BAME colleagues (BAME 46.9% v non-BAME 36.0%, x^2= 11.887 df4 p=0.018) but there was no difference when examining grade banding or age groups.

78.4% of midwives were either satisfied or very satisfied with the support they received from colleagues.

4.2.5 Bullying and Harassment

When midwives were asked about their experiences of bullying and harassment in the survey, 55.5% (n=517/931) of the midwives completed this group of questions. The questions in this part of the survey were yes/no closed questions and midwives were asked to indicate the sources of bullying and harassment from a predefined list. Therefore, some midwives have indicated multiple sources of bullying and harassment when completing the survey, indicating that for some this aspect of working life can be complex and very challenging.

In total 38.9% (n=201/517) of midwives indicated that they had experienced bullying and harassment from service users, while a similar percentage (36.9%, n=191/517) said that relatives of service users combined with service users had been the source. These are higher levels compared to NHS staff in the 2018 NHS staff survey[5], where 28.3% of NHS staff reported bullying and harassment from service users and their relatives or others. There were also instances of harassment and bullying from colleagues (30.2%, n=156/517) and managers (29.8%, n=154/517), however, only 19.2% (n=99/517) of midwives felt they could report this experience to the Trust. Summary data of the sources of bullying and harassment are presented in Figure 4-11.

Further analysis which examined the relationships between area of work and seniority of post and experiences of bullying and harassment showed that midwives working in the hospital setting and holding specialist or manager posts were more likely to face harassment and bullying from service users and relatives than those working in community settings. When examining exposure to bullying and harassment by grade, the grade bandings were collapsed to three groupings: grade 5 and 6 as junior grades; grade 7 classed as middle management and grade 8, 9 and ESN as senior management. More midwives from the lower grades appeared to experience bullying and harassment from service users but otherwise there were no differences. This slight increase in exposure may be explained by the closer proximity to the services users while providing care. These findings are summarised in Table 4-1 opposite.

Figure 4.11 Sources of Bullying and Harassment for Midwives (n=517)

*Please note that midwives could respond to more than one option in this question

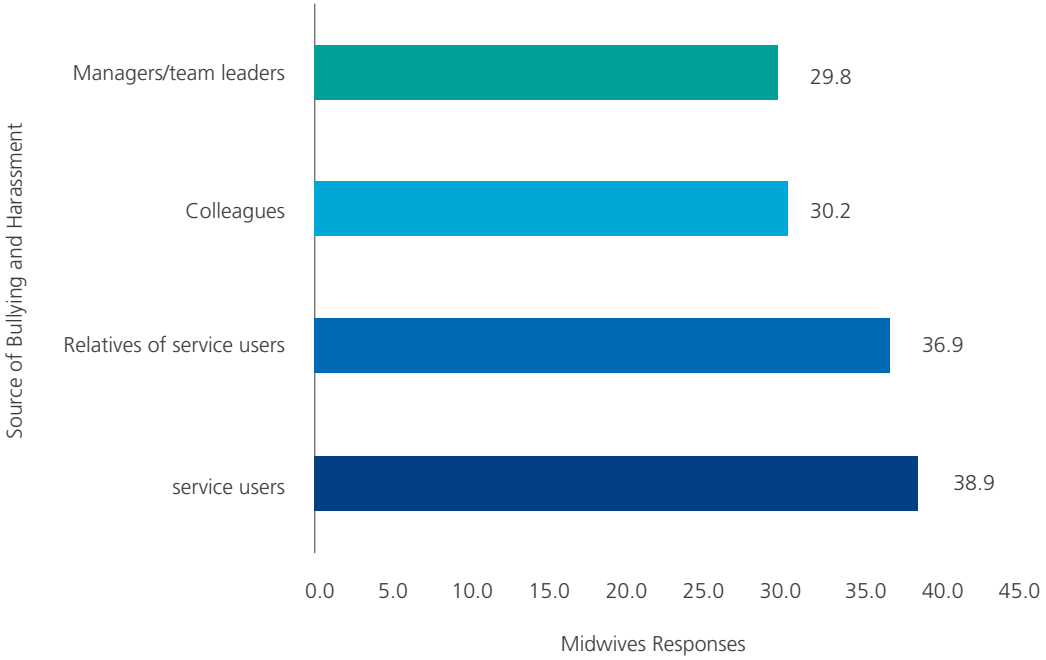


Table 4.1 Midwives' Experiences of Harassment and Bullying Comparing Area of Work and by Grade

Area of Work/Role	Number of Responses	Denominator in Group	Percentage	Chi-Square
Midwives' Experiences of Harassment and Bullying from Service Users (n=599)				
Community	33	177	18.6	
Hospital	110	351	31.3	X^2=9.732 (df2) p=0.008
Specialist Role/Manager	21	71	29.6	
Midwives' Experiences of Harassment and Bullying from Relatives (n=599)				
Community	20	177	11.3	
Hospital	107	351	30.5	X^2=26.126 (df2) p=0.001
Specialist Role/Manager	24	71	33.8	
Midwives' Experiences of Harassment and Bullying from Service Users By Grade (n=920)				
Grade 5 and 6	119	507	23.5	
Grade 7	68	309	22.0	X^2=26.126 (df2) p=0.001
Grade 8,9,ESN	13	104	12.5	

From the open responses regarding these experiences more information was provided by the midwives:

"Previous manager within the last 12 months, who has now left the Trust. Many members of the team experienced this harassment."

"Report it, no….no action will be taken so why bother."

"Service users often take out their frustration and I usually manage it by myself by trying to be very kind and supportive to the service users..."

The bullying was evident in emails she (matron) was writing to me and there were other managers cc'd in the emails."

"Service users and relatives are sometimes unrealistic in their demands within the NHS and can be unreasonable and unpleasant."

Across all sources of bullying and harassment that midwives experienced in the capital, there was no significant difference between BAME and non-BAME midwives.

4.2.6 Continuous Professional Development (CPD) for Midwives

A total of 88% (n=825/931) of midwives who took part in the survey provided responses about continuous professional development (CPD) opportunities in their current role. This section of the survey contained statements where the midwives were asked to complete a Likert scale ranging from 1 to 5, with categories ranging from strongly disagree to strongly agree respectively.

When asked about being allowed time to complete CPD activities, 36.8% (n= 303/823) said that they disagreed or strongly disagreed that they were allowed time for completion of CPD, while 26.6% (n=219/823) felt they had adequate time to complete CPD and the remainder neither agreed nor disagreed with the statement.

When asked about freedom of choice for CPD activities, 33.3% (n=273/820) of midwives agreed that they were able to choose which CPD activities to attend while 35.2% (289/820) felt they had no choice in which CPD activities to attend.

When asked further about type of CPD i.e. e-learning or taught, over half (57.2%, n=470/821) of those responding indicated they had a choice of type of CPD format and 43.0% (n=353/820) agreed or strongly agreed they had a choice regarding an internal or external provider of CPD.

Midwives' access to funding support for CPD appeared to be mixed, with 43.3% (n=356/823) indicating that they felt unable to obtain funding, while 26.6% (n=219/823) said that they could access financial support. When comparing access to CPD activities by salary band, it was clear that those from more senior positions appeared to express significantly greater satisfaction with all areas of CPD access. The findings are summarised in Table 4-2 opposite.

When undertaking the same type of analysis and comparing responses to statements for midwives from BAME and non-BAME groups there were no statistically significant differences for access to CPD activities.

When examining opportunities for leadership development the responses were polarised, with 33.4% (n=274/821) of midwives expressing they felt either satisfied or very satisfied with the opportunities that they were given whilst 32.6% (n=268/821) stated that they were either dissatisfied or very dissatisfied with provision of opportunities. When comparing ethnicity, midwives from a BAME background expressed greater feelings of being very dissatisfied or dissatisfied with leadership opportunities compared to non-BAME midwives (60.5% v 29.6% respectively, x2=26.938 df4 p=0.001).

36.8% of midwives said that they disagreed or strongly disagreed that they were allowed time for completion of CPD, while **26.6%** felt they had adequate time to complete CPD.

Table 4.2 Comparison of Access to CPD Activities by Grade Banding of Midwives (n=825)

Grade Banding	Number of Responses	Denominator in Group	Percentage	Chi-Square
Access to Financial Support for CPD (n=816)				
Grade 5 and 6	120	446	26.9	
Grade 7	70	276	25.4	X^2=20.306 (df8) p=0.009
Grade 8, 9 and ESN	29	94	30.9	
Time for Completing CPD (n=814)				
Grade 5 and 6	148	446	33.2	
Grade 7	88	275	32.0	X^2=25.515 (df8) p=0.001
Grade 8, 9 and ESN	47	93	50.5	
Choice of CPD Activity (n=813)				
Grade 5 and 6	139	445	31.2	
Grade 7	91	275	33.1	X^2=15.210 (df8) p=0.05
Grade 8, 9 and ESN	43	93	46.2	
Format of CPD Activity i.e. E-learning or taught Course (n=814)				
Grade 5 and 6	241	444	54.2	
Grade 7	162	277	58.5	X^2=22.751 (df8) p=0.004
Grade 8, 9 and ESN	66	93	71.0	
Internal and External Choice of Provision of CPD (n=813)				
Grade 5 and 6	183	443	41.3	
Grade 7	117	277	42.2	X^2=22.827(df8) p=0.004
Grade 8, 9 and ESN	52	93	55.9	

4.3 Findings from the Student Midwives Feedback Sessions

In order to gain an insight into the needs of the future midwifery workforce in the capital, a total of seven feedback sessions were held at Academic Educational Institutions (AEIs) across London that provide programmes for student midwives. These included: The University of Greenwich; City, University of London; Kingston and St George's, University of London; University of West London; University of Hertfordshire; Middlesex University London and King's College London.

In total 250 student midwives in their final year of their undergraduate programmes at the time of the study attended the sessions, with an average of 36 students attending each session. The following findings are structured around the themes identified in the qualitative data collected.

4.3.1 What is important to midwifery students as they start out in their careers?

When asked what was important for midwifery students at the start of their careers several areas were commonly voiced. To illustrate these a word cloud (Figure 4-12) was generated to indicate the three main themes identified from the data, which were 'Support', 'Being Respected', and 'Preceptorship'. These are discussed in more detail in the following sections.

Figure 4.12 What Student Midwives Felt Was Important At the Start of Their Careers

Many of the student midwives stated that they wanted to feel supported as they started out as newly qualified midwives through access to preceptorship programmes. Student midwives also spoke about 'wanting and valuing' the feeling that they were being supported, particularly by their managers and colleagues. They added to this by saying they wanted to work in an area where the culture was perceived as being a 'supportive workplace'. This was very important to the student midwives, especially in their first position as newly qualified midwives. This is illustrated by the direct quotes below:

"[that] I am well supported as a preceptor midwife."

"Feeling well supported by managers and colleagues."

"Positive and open working team culture."

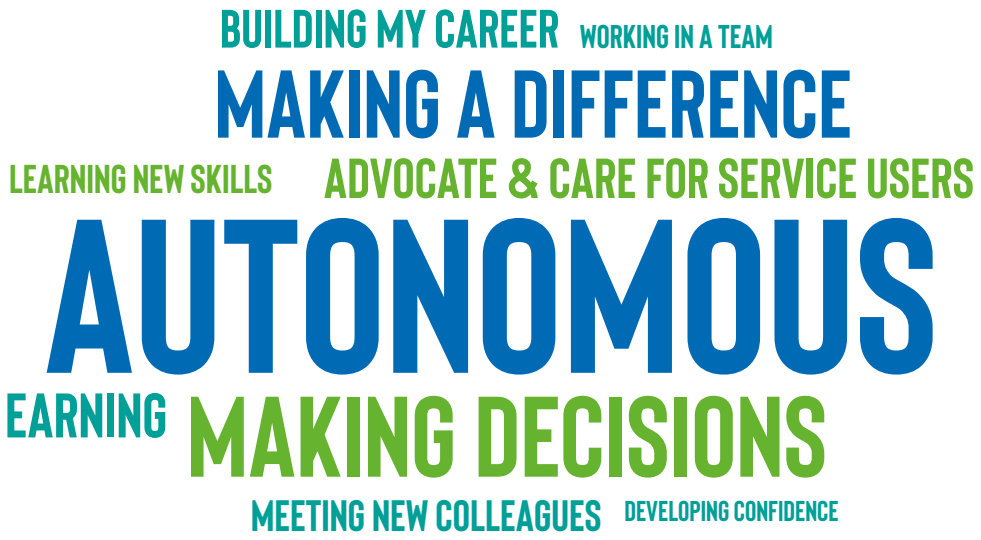
Students also wanted to feel that support was coming directly from Trusts. Students felt that by feeling supported, this would enable them to develop midwifery skills and enable them to provide good quality care for service users. Students highlighted that by feeling 'valued and supported' by their Trust, they would feel more respected in their role as midwives:

"That I feel supported to provide great care."

"Support from Trusts to improve my skills and understanding."

4.3.2 What are midwifery students excited about for their future career?

Figure 4.13 What Excited Midwifery Students About Future Careers



The enthusiasm of a workforce has been closely linked with the quality of care that is provided and insights can be gained by asking individuals and groups of participants what they enjoy and are looking forward to in their careers. When discussing this topic with the students there were two main themes that were identified in the responses: 'Developing Autonomy' and 'Making Decisions' (see Figure 4-13 above). Throughout the educational programmes for student midwives, the role of the midwife as an autonomous practitioner is highlighted and discussed. This has clearly impacted their enthusiasm for the role upon qualifying. Student midwives spoke about wanting to be considered as 'autonomous practitioners' who were respected in their clinical decision-making. Students also wanted to feel 'autonomous' in learning new skills and in meeting new colleagues to form professional networks:

"Having a sense of autonomy to make my own clinical decisions."

"Making independent decisions and develop my skills as an autonomous practitioner."

"Learning new skills, meeting new colleagues, and being autonomous."

Student midwives wanted to feel part of a multidisciplinary team (MDT) when involved in caring for service users and that as newly qualified midwives their voices were heard and respected within that team, particularly in relation to their opinions and clinical decisions.

"Being an autonomous practitioner and part of a midwifery community."

"Being part of an MDT and having a "voice"."

4.3.3 What are midwifery students worried about in their future career?

Figure 4.14 What Worries Midwifery Students About Being a Midwife

At the point of registration, newly qualified midwives are often apprehensive about commencing their new role and some of the main concerns are highlighted in the word cloud in Figure 4-14 above. The strongest theme was that of 'Workload and Burnout', closely followed by 'Making Mistakes'. Student midwives expressed concerns and were afraid of making mistakes resulting in clinical errors. The earlier theme of 'support' was closely linked with this area of concern, with students perceiving they would be more vulnerable to making mistakes if they were not well supported. Student midwives were also worried about the 'expectation and responsibility' that would be placed on them and 'being thrown in the deep end' without support. To this end, getting onto a preceptorship programme was very important to the students and not being able to access one was a concern expressed by many of the student midwives:

"Being a newly qualified midwife and having no support early on."

"Being alone and being thrown in the deep end."

"Not getting onto a preceptorship programme."

"Having a large overwhelming amount of work – and the shifts."

"Making mistakes - not having training in key skills, such as IV training."

4.3.4 What draws student midwives to be a midwife in London?

Figure 4.15 Reasons Provided by Student Midwives for Working in London

There were three main themes that emerged from the student midwives' responses to this area of discussion: 'Diversity and Complexity', 'Opportunities for Learning', and 'Starting Salary' (see Figure 4-15 above). Student midwives felt that as newly qualified midwives they would have the opportunity to develop a broad range of clinical skills by staying in London. Students felt that this in part was due to the range of clinically complex cases that they would be able to experience and that the fast-paced environment of midwifery departments in the capital would result in the experience of rapid learning. The underlying assumption was that this would allow them to progress faster in their careers as midwives by acquiring a broader range of clinical skills:

"To gain skills in an area with a higher proportion of complexities in maternity."

"Rapid learning due to busy and diverse learning environments."

"The working environment is fast paced. There's diversity and the opportunities for learning."

When considering potential earnings, students felt that the higher starting salary offered in the capital was a positive point when applying for roles post-graduation. In addition, there was a perception from the students that career progression could be greater by staying in London.

"Having a higher starting salary to reflect capital costs."

"Possibly better career opportunities."

The topic of free transport came through in the student feedback. However, from the data collected it was unclear whether this would be a future incentive and something that would encourage them to remain in London or whether this was a current benefit that they experienced i.e. free shuttle buses between Trust sites.

4.4 Findings from Heads/Directors of Midwifery (HoMs/DoMs) Webinar Discussions

When discussing issues that may affect the provision of maternity services, and when considering new approaches that will enhance the experience of the London midwifery workforce, it is always important to consider the roles and views of the leaders of the service. Having analysed and presented the main findings from the midwives online survey, a topic guide was developed for the HoMs\DoMs[2] webinar focusing on the areas midwives identified as key challenges. Four HoMs participated in the webinar, which lasted for ninety minutes in which the following key areas were discussed:

- 'Feeling valued'
- 'Recognition and support'
- 'Training opportunities'
- 'Working extra hours'
- 'Flexible working'
- 'Bullying and harassment'
- 'Midwives leaving their Trusts'

4.4.1 Feeling Valued

The concept of feeling valued and its impact on employees' performance is well documented. For some midwives responding to the survey, this did not appear to be the case (see section 4.2.3). When this was explored with the HoMs through the webinar, there was a clear disparity between what the HoMs felt they were providing to their staff and what the midwives felt they received. The HoMs felt they provided both individual and team feedback to their workforce in various formats, including praise when things went well and in situations when the teams/individuals coped with service pressures. The HoMs acknowledged that in times of pressure the need for feeling valued was increased. This mismatch in perceptions in a key area is important to note.

4.4.2 Recognition and Support

When the topic of 'recognition and support' was raised during the webinar, the HoMs indicated that it was important to have a clearly defined role-specific career pathway for midwives to follow (e.g. consultant midwife). This enabled structured support systems to be put in place to help midwives achieve their career aspirations. The HoMs also felt a more structured approach to the support provided to individual midwives would make the transition between grade bandings easier to achieve. An example provided by the HoMs was the identification of opportunities for midwives to develop leadership skills when preparing for the transition from Band 6 to Band 7 roles. Some of the participating HoMs felt that this was already in place but that there was always room for further development and standardisation.

[2] From this point onwards the term HoMs will be used collectively for both HoMs and DoMs groups.

4.4.3 Training Opportunities

The online survey responses from midwives indicated that there was some variation in midwives being able to access and gain support for training opportunities. When explored with the HoMs it was acknowledged that a key factor had been the impact of changes in training budgets on this provision and that service needs did favour certain areas for support over others, e.g. neonatal examination. Overall, the HoMs felt there was generally good access to Trust courses and recognised the importance of having protected training days. However, it was acknowledged that attendance at externally funded programmes for development was more challenging to support from a service perspective.

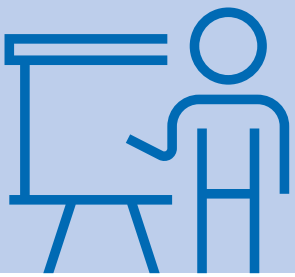
4.4.4 Working Extra Hours

The high incidence of surveyed midwives working additional paid and unpaid hours was the source of a lengthy discussion with the HoMs. HoMs acknowledged that midwives feel the pressure and challenges of delivering high quality care, and that they are aware of the issue around midwives working additional paid and unpaid hours. HoMs stated they actively monitored the level and frequency of extra hours work by midwives in their service and found that for certain individuals this was more problematic.

During the discussion HoMs provided examples of the ways that they managed this problem, i.e. speaking to the individuals and trying to foster a supportive environment by asking whether individuals needed extra support in their role. The participating HoMs all acknowledged a culture which was present within midwifery generally, of staff not taking breaks. This had actively been tackled in some units by introducing a 'structured break system' that encourages staff to support each other to ensure everyone takes breaks.

The challenges of providing a safe service with adequate staffing against financial constraints was identified by the HoMs as a challenge and area of frustration for them as a group. The consensus was that the additional hours worked by the midwives was closely linked to spending on bank shifts which HoMs were continually asked to justify. The HoMs expressed a feeling of pressure to ensure units were adequately staffed whilst limiting the use of bank staff and encouraging staff to take breaks. This remained a particularly contentious issue for the HoMs and managers.

A topic guide was developed for the HoMs/DoMs webinar focusing on the areas midwives identified as key challenges.



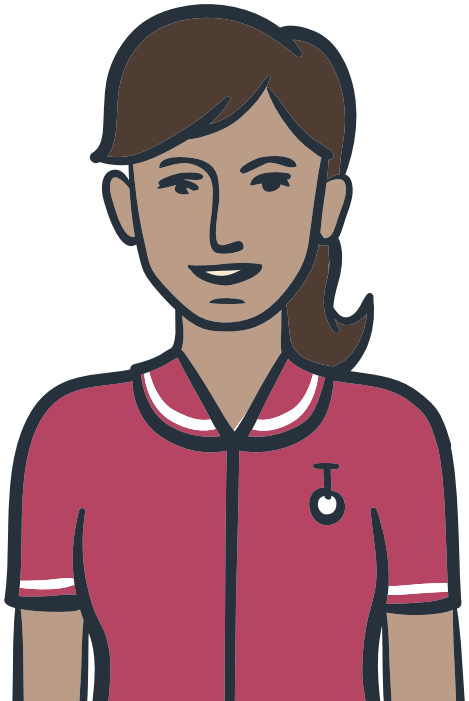
4.4.5 Flexible Working

The midwives survey indicated that a variety of employment contracts were available in the London units that facilitated flexible working for the workforce. The HoMs indicated that they were supportive of flexible working, and identified that a key trigger for changes in contract was maternity leave and subsequent requests for reduction in contract hours on return to work. HoMs also indicated that they received increasing requests from midwives for term-time only contracts. These were considered on an individual basis and were only granted in a limited number of cases. The rationale for this was that these types of contracts had implications for maintaining a flexible workforce and so could only be for a small percentage of the workforce.

Midwives holding senior positions in the organisation were given flexibility through 'working at home days' to facilitate completion of project and planning activities but this was not a widespread approach. HoMs reflected that they had observed an increase in the number of requests for career breaks amongst staff. However, the HoMs' experiences around granting these was that many staff taking a career break did not come back to post. This then resulted in additional challenges for the management, in that to cover career breaks, fixed term contracts were issued, but if the position then became a permanent vacancy it was often difficult to transfer fixed term contracts into permanent contracts. As a result, HoMs highlighted that granting this type of flexibility often resulted in difficulties in maintaining a full complement of staffing.

Overall, HoMs were supportive of flexible working and acknowledged that this helped the stability of the workforce, but that each case needed to be considered alongside the needs of the service.

The HoMs indicated that it was important to have a clearly defined role-specific career pathway for midwives to follow. This enabled structured support systems to be put in place to help midwives achieve their career aspirations.



4.4.6 Bullying and Harassment

All HoMs acknowledged that they had or were currently dealing with issues of bullying and harassment experienced by their workforce. Overall, HoMs felt that this was a challenging area to manage and indicated that this was the case across organisations nationally. HoMs felt that this issue was increasing and impacting larger proportions of staff. The discussion then progressed to the reporting of bullying and harassment by the workforce and the resulting challenges.

The HoMs indicated that reporting of bullying and harassment was often variable depending on the source of the issue. The HoMs felt that if staff were experiencing bullying and harassment from service users/relatives of the service, this was readily reported and could therefore be addressed. However, if the source was 'staff-on-staff' cases, this was frequently not reported officially, although if notified and brought to the attention of the HoM it was taken very seriously.

When explored further the HoMs felt that under-reporting of cases was due to fear of repercussions such as ostracism or 'scapegoating'. Additional evidence of workplace bullying and harassment was indicated from students, but on a more informal basis by the perceived presence of 'cliques' in certain areas. However, the HoMs indicated that many midwives and students were averse to going 'on record'. This caused further challenges for the HoMs as although they had the actual knowledge there was an issue in the unit, they could not tackle it and take things further due to lack of formal evidence.

All participating HoMs stated they had observed an increase in aggression from service users and their relatives towards midwives, but when probed further regarding the cause, the HoMs had not been able to determine this. One factor that did cause concern for the HoMs was the reduced level of regular security cover in maternity units and that although the security button was regularly pushed, the response was often too late to deal effectively with the issue. As a result, the HoMs felt that midwives tended to group together to protect each other, rather than being supported by Trust security.

Anecdotally, the HoMs described incidences in practice occurring in some areas of London between service users and staff that may be culturally driven. This may be particularly apparent in London due to the hugely diverse population, which is mirrored in the workforce. However, it must be stressed that this was anecdotal in nature and the result of personal reflections by some HoMs. This issue, while important for informing the tailoring and inclusivity of maternity care, would require further in-depth investigation before used as a sound basis for informing policy development. Whilst highlighting that this is a worthy area for further exploration, the anecdotal findings presented here are not at that level and therefore should be viewed and treated with a degree of caution.

It was clear from the discussions with the HoMs that as a group of senior midwives, they had an identified need for further support in how to deal with bullying and harassment issues in the workplace. The HoMs expressed the need for additional guidance on what was effective in tackling bullying and harassment issues in the workplace and stated that this guidance should include both staff-on-staff bullying and harassment and bullying and harassment from the public. The HoMs acknowledged that midwives need to be reassured that if they report instances, the instances would be dealt with without repercussions for the victim. The HoMs felt that fear of repercussions was driving the under-reporting of instances of bullying by midwives and that this should be a key objective to tackle.

4.4.7 Midwives Leaving Their Trusts

One of the key concerns highlighted by preliminary work undertaken by the CapitalMidwife programme and flagged by HoMs during the webinar was the rapid turnover of staff within and between units. This was described as 'destabilising for the Trusts' and had repercussions for units when trying to maintain skill mixes within the workforce.

The links between support for staff development discussed in section 4.4.3 and the movement of staff was a clear issue. The HoMs reflected that as skill levels were improved by offering CPD to staff, it was at this point that staff then moved to other Trusts and the investment was lost to them. When asked about possible solutions to this, the HoMs felt that the introduction of a rotational programme in the capital could be useful, thus allowing midwives to satisfy any need for a change of role or further development of extra skills. This would enable midwives to develop in their current role, whilst increasing retention within the workforce.

A further area of concern for HoMs was in relation to student midwives. The HoMs expressed a general feeling that graduate student midwives had lower levels of resilience and less ability to cope and deal with the emotional challenges of practice. The general feeling was that this needed further consideration either through the development and refinement of educational programmes/ content or incorporating additional preparation during preceptorship programmes.

4.5 Lead Midwives for Education (LMEs) Webinar

In order to further explore some of the main themes identified from the student midwives feedback sessions, a webinar was undertaken with a sample of LMEs from four London universities offering midwifery degree courses. A topic guide was developed from the themes that highlighted the main challenges for those students about to qualify and seeking local employment. In addition, topics raised by the LMEs themselves from a personal perspective were explored. Four specific themes were discussed that had relevance from an educational perspective:

- Insufficient Support and Making Mistakes
- Perceived Support for Student Midwives
- Financial Burden and Financial Opportunities for Students in London
- Attraction of Complexity of Clinical Cases for Student Midwives

4.5.1 Insufficient Support and Making Mistakes

The issue of support had been raised by the students as a key area of concern and this was discussed with the LMEs. The LMEs felt that a buddying system with a more senior student in their Trust would be valued by students as they progress through the programme and that an effective preceptorship programme would help relieve some of the anxiety at the point of qualification. In addition, the LMEs recommended that the formalisation of peer support networks would be valued by midwifery students at all levels of training and should be an area for further development work.

4.5.2 Perceived Support for Student Midwives

When discussing perceived support, it was felt by the LMEs that this can be a 'make or break' issue for the students and their retention. The LMEs that participated felt that most students after qualifying try and remain in Trusts that they believe they will receive more support due to the familiarity with the teams.

However, LMEs also stated that for some students the choice of first employment was dependent on the reputation of the preceptorship programme on offer. Both observations confirmed that when applying for posts, student midwives prioritise feeling 'supported and valued' over 'familiarity' at this point in their career. In addition, the LMEs felt that student midwives were heavily influenced by the cohort above and that this impacted the choices made by senior students.

During the webinar, LMEs identified additional areas which they felt were influential for students when making decisions to pursue education and employment in the capital. The topics identified were financial burden/opportunities for students and training experience.

4.5.3 Financial Burden and Financial Opportunities for Students in London

The costs of living and salaries were themes that emerged from the midwives online survey, and data collected from the LMEs indicated that this was also an issue for students undertaking their programmes. The financial burden was growing for students, especially with the introduction of tuition fees. This was evidenced by the LMEs' experience of increasing numbers of students requiring additional financial support, with some accessing University hardship funds while on the programmes.

The LMEs expanded on this further and identified that an increasing number of BAME students were seeking support from tutors as they were experiencing pressure while trying to meet both financial challenges and caring responsibilities. This factor appeared from the students as a consideration when seeking employment and may instil a need for employment stability which could lead them to stay in one Trust rather than change Trusts for progression. The increased burden of caring responsibilities was also more marked in the BAME population of qualified midwives and is an indication that this challenge may be increasing and continuing for the next generation of midwives. However, further exploration is required to answer this issue more fully. When exploring the issue of students seeking financial support with LMEs, they stated that students who are financially challenged are often reluctant to seek help when it impacts them. This can be exacerbated by delays in activating registrations and being able to gain employment as a midwife. Whilst delays in registration have been improved due to the introduction of a new electronic system, the delays in securing employment are often variable due to advertising and recruitment procedures at Trusts. The consensus from the LMEs participating was that these are important issues which can have an impact on the potential loss of students to other areas.

However, many students had shared with LMEs that the financial opportunities upon qualifying appeared more promising in the capital compared to other regions. The LMEs felt that the higher starting salaries was a big incentive for student midwives to stay in London after qualifying. This may counterbalance the financial burden they had faced while completing their education.

4.5.4 Attraction of Complexity of Clinical Cases for Student Midwives

In general, the LMEs reached a consensus and agreed with the comments from the student midwife data, that an incentive to stay in London was the range of complex and diverse clinical cases/experience. Both LMEs and students alike agreed that this was a valuable element of the students' programmes and working life which provided good opportunities for newly qualified midwives to develop a full range of clinical skills. Building on this aspect the LMEs highlighted that retention of newly qualified midwives could be achieved by raising the profile of diverse career opportunities for midwives in London, such as specialist roles in public health, policy, education and research. These opportunities are more common in London than in other areas of the country.

In general, the LMEs reached a consensus and agreed with the comments from the student midwife data, that an incentive to stay in London was the range of complex and diverse clinical cases/experience.

5. Summary of Findings

The findings of this report have given a view of the occupational landscape of midwifery in the capital from the perspectives of both qualified midwives and student midwives who are practising and training in London. This will enable key areas of focus to be identified for the implementation of initiatives that are in line with the aims of the CapitalMidwife programme.

The findings of the online survey highlighted that a priority for midwives in the capital is being valued and supported within their role by colleagues, managers, and Trusts. This was also cited as one of the top reasons why midwives would consider moving Trusts, along with increased opportunities for training and development and flexible working.

In terms of work-life balance, many midwives felt that they were able to discuss possibilities for flexible working with their line managers and felt that they received good support from their managers in helping them to maintain a work-life balance. However, they did not always feel supported at a higher level within the Trust to achieve this.

Many midwives also worked extra hours. The majority who worked extra hours for which they received payment did so for personal reasons (e.g. financial). However, there were a variety of reasons why midwives worked additional unpaid hours, with the most common being workload pressures, not wanting to let colleagues down, and wanting to provide good care for the service users they were looking after. This indicates a collegiate approach to working as a midwife in London and an indicator of the general supportive nature of the workforce. However, it is a concern that the professional commitment and good will of midwives is covering workforce shortages and there is a need to address this issue.

One of the concerns raised by the findings of the study was the perceived levels of bullying and harassment from various sources. Midwives who took part in this survey reported feeling bullied in the workplace not only by service users and relatives but to a lesser degree by colleagues as well.

The above findings were verified by the webinars with the HoMs who said that instances of colleague on colleague bullying and harassment were being under-reported due to midwives' fears of repercussions and disruptions to their teams. Therefore, there is a need to revisit anti-bullying policies at Trust level and ensure that they are being enforced with an emphasis on protection for the victim, so that they do not have to fear repercussions of speaking up and following reporting processes. The implementation of new processes to tackle this more generally is required and in order to achieve success HoMs have expressed a clear need for additional support in this area.

Furthermore, there is an urgent and immediate need to ensure the safety of all midwives in their place of work. The findings of the survey have highlighted an increased risk of occupational violence that midwives in the capital face through bullying and harassment from the public, both from service users and their families. These findings are characteristic of the reports of bullying and discrimination in the latest NHS staff survey[5], which stated that employers need to do more to tackle this issue.

When considering the diversity of the midwifery workforce employed in the capital it was important to examine if those from BAME and non-BAME backgrounds had the same experiences. The main areas explored were flexible working, levels of bullying and harassment, and opportunities for leadership and career development.

BAME midwives reported more caring responsibilities and fewer development opportunities, but there were no differences in experiences of bullying and harassment.

However, regarding midwives leaving their Trusts in the capital, the findings raised some important issues for the CapitalMidwife programme and future work streams. Over half of the midwives stated that they had actively thought about leaving their Trust and that they would look for a new job within the next 12 months, with the top reasons as to why they would leave being: lack of opportunities for career development, lack of opportunity for increased pay, and family/ personal reasons. Over half of midwives stated that they would leave their Trust as soon as they could find another job although they would want to stay working in the NHS. This is reflective of the sense of pride that was reported from the surveyed population in their professional identities as midwives and gives a clear avenue of opportunity for initiatives to be implemented, which target these issues in order to improve retention. The HoMs' suggestion of a rotational programme allowing midwives to satisfy a need for a change of role or development of extra clinical skills may aid retention for Trusts and is an area for further consideration.

There is an urgent and immediate need to ensure the safety of all midwives in their place of work.

6. Implications for the CapitalMidwife programme

This survey and subsequent report have helpfully identified several key areas of importance for midwives working in the capital. These have informed current and future priorities for the CapitalMidwife programme.

The CapitalMidwife programme will continue to listen to the voices of midwives and student midwives, education providers, Trusts (employers) and managers in midwifery to identify, promote and implement improvement initiatives in the following areas:

- More effective support to implement policies/initiatives known to reduce the likelihood of bullying and harassment in the workplace;
- More professional development and leadership opportunities, particularly including consideration for BAME and lower band midwives;
- More opportunities that enable early career midwives to be exposed to Trust-wide business and opportunities;
- Continued importance placed on good line management support and timely feedback;
- Continued importance placed on the development of supportive teams/working environments;
- Continued support to implement flexible working arrangements;
- Ensure timely and appropriate practices to reduce delays in the period before newly qualified midwives commence employment;
- Ensure equity of access to a preceptorship programme for all newly qualified midwives across London.

The findings of the webinars with LMEs confirmed the concerns expressed by student midwives and offered further explanations for the two main areas identified, 'making mistakes' and 'not being supported'. This insight has shown that newly qualified midwives value support and will move Trusts from where they have trained if they feel they will be better supported elsewhere. Giving good formal support to student midwives within Trusts and midwifery departments is very important, and is recognised and championed by the CapitalMidwife Pan-London Preceptorship Framework. In addition, providing a peer support process for student midwives at all stages of their midwifery training was acknowledged as being beneficial by the LMEs.

LMEs raised the issue of financial pressure that student midwives experience during training. This may have a two-fold effect upon the levels of retention of newly qualified midwives. On the one hand, the higher starting salary in the capital may be an attractive incentive to remain and work in the capital. However, delays in gaining interviews and positions immediately before or after qualifying can only add to their financial burden and may cause them to seek employment elsewhere, resulting in a loss of investment and future workforce.

7. Policy relevance

The Royal College of Midwives (RCM) evidence to the 2019 Pay Review body found that the number of HoMs reporting vacancies in their unit has risen. Over three quarters (79%) of HoMs said they have vacancies in their unit in 2019; in 2017 it was 76%[6]. The retention of existing midwives with invaluable knowledge and experience is equally as important as the recruitment of new midwives. Midwives in London report high levels of flexible working and they value professional development opportunities; once implemented electronically the skills passport would enable midwives to more easily move across Trusts in London. Both actions will support workplace resilience[7].

The 2018 NHS staff survey[5] found that 28.3% of staff report bullying and harassment from service users and relatives. Addressing bullying and harassment, particularly from service users and relatives, is an important issue to address in the capital where midwives are reporting higher levels of bullying and harassment than other NHS staff.

The number of applicants to midwifery courses continues to fall since the abolition of the bursary, particularly from mature students. Many previous students had children, another degree or educational qualifications relevant to healthcare. These older, more experienced applicants are of real value to the NHS. Supporting newly qualified midwives in London through the Preceptorship Framework and access to professional development opportunities demonstrates London-wide commitment to midwives of the future.

The CapitalMidwife programme will continue to listen to the voices of midwives and student midwives, education providers, Trusts (employers) and managers in midwifery to identify, promote and implement improvement initiatives.

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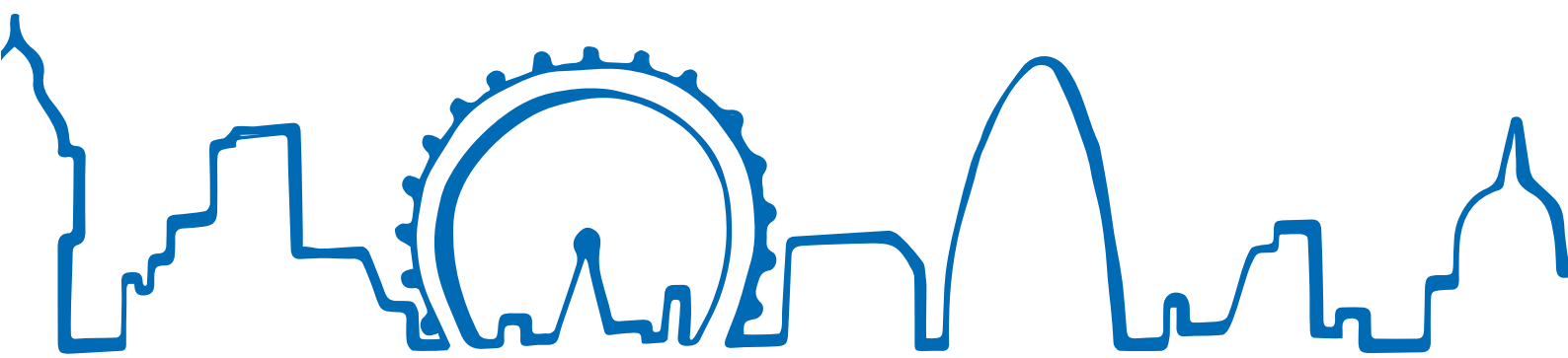

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