

# Maternity Workforce Strategy – Transforming the Maternity Workforce

Phase 1: Delivering the Five Year Forward View  
for Maternity

## Executive summary



## Executive summary

“Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

National Maternity Review (2016), Better Births: A Five Year Forward View for Maternity Services.



## Background

In March 2015, Simon Stevens, Chief Executive of NHS England, announced a major review of maternity services, following the publication of the Five Year Forward View (FYFV).<sup>1</sup> Baroness Julia Cumberlege was asked to independently lead the review, working with a panel of experts and representative bodies. The scope of the review was to assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies. The resulting report, [Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care](#), was published in February 2016.<sup>2</sup>

**Better Births** found that despite the increases in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services had improved significantly over the previous decade, thanks to the hard work and dedication of midwives, doctors and other health care professionals. However, the review also found meaningful differences across the country, with further opportunities available to improve the safety of care and reduce stillbirths.

The review called for care to become safer and more personalised. Importantly, the review recognised, right at the top of its vision statement, the importance of the workforce, and the importance of supporting and nurturing the workforce.

In addition, the Secretary of State in November 2015 announced a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England.<sup>3</sup> The report: **Spotlight on Maternity**<sup>4</sup>, set out five drivers for delivering safer maternity care:

- **Focus on leadership:** creating strong leadership for maternity systems at every level
- **Focus on learning and best practice:** identifying and sharing best practice, including learning from investigations.
- **Focus on teams:** prioritising and investing in the capability and skills of the maternity workforce and promoting effective multi-professional team working.
- **Focus on data:** improving data collection and linkages between maternity and other clinical data sets, to enable benchmarking and drive a continuous focus on prevention and quality.
- **Focus on innovation:** creating space for accelerated improvement and innovation at local level.

Subsequent work, including development of the Maternity Workforce Strategy (the strategy) has been conducted through the Maternity Transformation Programme Board, chaired by Sarah-Jane Marsh, the chief executive of Birmingham Women's and Children's NHS Foundation Trust. This has brought together Health Education England (HEE) with NHS England, the Department of Health and Social Care (DHSC), NHS Improvement (NHSI), Public Health England (PHE), the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM) and other organisations.

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<sup>1</sup> NHS England et al (2014).

<sup>2</sup> National Maternity Review (2016).

<sup>3</sup> See: <https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths>

<sup>4</sup> NHS England (2016).

At the heart of our work has been a recognition of the high level of commitment, compassion and skill shown by our staff, who are integral to ensuring high quality maternity services. We recognise staff are facing great pressures to continue delivering safe high-quality care within increasingly stretched services and that covering existing vacancies and other absences adds to these pressures. This strategy aims to reduce these pressures and allow us to grow the workforce. To continue to meet needs of mothers and babies in the future, we ask of midwives, doctors and other health professionals involved in providing maternity care two things:

**We need you to help us make care more personalised around the needs of women, their babies and their families. This will include implementation of continuity of carer – a key recommendation of Better Births – which will involve changes to the way in which some midwives work to ensure better coordinated care for women and their babies.**

**We need you to work and learn together more closely, breaking down barriers between professions and between organisations, to build a learning culture which can ensure care is provided safely and seamlessly around the needs of women, their babies and their families.**

### **A Workforce Strategy to support you**

This strategy supports the multi-organisational Maternity Transformation Programme to deliver the vision for the future of maternity services and in particular:

- The vision set out in **Better Births**, the report of the National Maternity Review.
- The ambition of the Secretary of State for Health and social care to halve the rate of stillbirth, neonatal death, maternal death and serious intrapartum brain injury by 2025.

The purpose of this strategy is to support our maternity services in making these changes, whilst ensuring that there is sufficient capacity in the workforce nationally. It aims to do so by supporting and empowering individual teams and individual midwives, doctors and other health professionals and the organisations they work in, to deliver that vision, and by ensuring that, overall, the NHS in England has the workforce of the size and skill mix it needs.

HEE is responsible for developing the strategy, working in partnership with other NHS Arm's Length Bodies (ALBs) and Royal Colleges. Using Facing the Facts, Shaping the Future, the draft health and care workforce strategy for England, published in 2018), we have developed this maternity strategy in line with the six principles contained within it which are designed to underpin future workforce decisions<sup>5</sup>.

<sup>5</sup> HEE et al (2018).



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The principles and the broad direction of changes we propose for maternity services are:

- **Securing the supply of staff.** We will increase pre-registration midwifery education places by 25% from 2019, we will develop return to practice programmes for midwifery and obstetrics and gynaecology, and we will undertake other initiatives aimed at reducing attrition from both training programmes and services.
- **Enabling a flexible and adaptable workforce through our investment in education and training for both new and current staff.** We will design and provide new leadership programmes and opportunities for developing new skills or for upskilling for current staff. These will support delivery of continuity of carer and provide a supportive, effective and positive working culture and environment.
- **Providing broad pathways for careers in the NHS.** We will develop career pathways for our workforces, including developing the maternity support worker role, designing a consultant model for the future, and developing a workforce strategy for Specialty and Associate Specialist (SAS) grade doctors.
- **Widening participation in NHS jobs so that people from all backgrounds can contribute and benefit from public investment in our healthcare.** We will review the potential for new and refreshed apprenticeships and support the development of emerging new roles that could support maternity services.
- **Ensure the NHS and other employers in the system are inclusive modern model employers.** We will develop responsive approaches to changing workforce patterns such as increased part time and flexible working and increased opportunities for trainees to move out of programme.
- **Ensure that service, financial and workforce planning are intertwined, so that every significant policy has workforce implications thought through and tested.** We will do this through a programme of support to local maternity systems for integrated workforce planning and analysis, as well as tailored support as required by individual services.

These principles are threaded throughout the strategy to ensure we are putting people first and focussing on what works best for the women in our care, their babies and our staff who support them.

## A new team approach

Core to the shift in service delivery and team working envisaged by **Better Births** is the concept of **continuity of carer**. This means women can expect:

- Consistency in the midwife or clinical team providing care for a woman and her baby.
- Effective coordination of a woman's care through a named midwife responsible for ensuring needs of mother and baby are appropriately met.
- Strong relationships between the woman and the clinical team providing care.<sup>6</sup>

The main objective is to ensure consistent care over the entire maternity care pathway, to ensure women see as few different health care staff as possible and that enough cover is available for any unscheduled care.<sup>7</sup>

This continuity may be provided through a named midwife being part of a wider team of four to eight people able to provide backup (team continuity), through each midwife being assigned a defined caseload, with backup provided by a core midwifery team ('full case loading'), or a mixture of approaches.<sup>8</sup>

Whatever the model chosen, continuity of carer will require midwives to work across a range of settings (including free standing maternity units, community hubs, at home etc.). Continuity of carer also requires an additional number of elements, including developing community hubs for access to care in the community, closer liaison with obstetric, neonatal and other services, as well as better managed caseloads. This needs to be supported by more flexible working and opportunities for rotations across settings.

## A new leadership approach

Safer Staffing Guidance suggests that '**we will not achieve our national ambition unless everyone caring for pregnant women and new-borns are determined to succeed**'. We therefore need strong leaders to work across system boundaries and promoting professional culture that supports teamwork, continuous learning and improvement and innovation and service user engagement.

Stronger leadership will pave the way for the kind of culture change that we need to make sure women and new-born babies get the best and safest care: a culture where learning from investigations and other services is standard. In local areas, improvements will only be successful if organisations providing maternity and new-born services have strong, supportive leaders that take responsibility for improving these services as well as providing them.

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<sup>6</sup> NHS England (2017).

<sup>7</sup> For example, Sandall J. et al (2013); Sandall (2014).

<sup>8</sup> NHS England (2017).



This strategy should be read in conjunction with NHS Improvement's 2016 document **Developing People – Improving Care**, which sets out a national framework for developing leadership skills throughout the NHS and social care. These emphasise four critical capabilities in leadership: systems leadership; quality improvement; leadership development; and talent management.

We will now work with local leaders and Regional Maternity Boards to understand individual and team leadership needs to help develop the programmes and overarching approach to development.

### **Enhancing multi-professional working, supporting multi-professional training**

Multi-professional training will ensure we are developing the right professional behaviours across all professional groups, working across maternity and neonatal pathways. This needs to be provided to both clinical and managerial staff, supported by values-based recruitment and a leadership offer that promotes relationship building between different workforces including common training of the workforce. While resources are available to staff and employers to support this, we need to do more to promote good health, safety and wellbeing across maternity services by developing and ensuring the best quality working environment for all staff.

Effective multi-professional working already exists within maternity services, with midwives, obstetricians and other professionals working closely together to deliver safe and personalised care. We will promote multi-professional working throughout education and training and continuous professional development by data sharing and collection, closer geographic working and a stronger system-wide emphasis on improving outcomes and reducing health inequalities.

## Supporting maternity transformation

Workforce transformation will require local leaders to support the development of new skills, confidence building and upskilling of the existing workforce, to drive forward actions arising from local workforce action plans. Our leaders need the opportunity to develop skills and confidence to think innovatively about their current workforce and future supply, to take ownership of current issues and future risks and to work collaboratively with their local maternity system partners to develop cross-organisation action plans to address specific local problems. All programmes of change should be supported by their Regional Maternity Board, to ensure cross system working is supported by an overarching talent management approach and with access to skills development to support change.

### Our journey

Before and since publication of **Better Births**, we have taken action to begin the transformation of skills and capacities in the maternity workforce through initiatives including:

- Between 2012 and 2017, **the midwifery workforce expanded by at least 7%.**<sup>9</sup> While this growth is positive, we support the need for **further growth in numbers to reflect changes to working patterns and a wider range of employment choices.** The Secretary of State's March 2018 announcement to expand training placements by 25% to 2021/22 reflected this consideration.
- **Expansion of trained healthcare professionals capable of providing third trimester obstetric ultrasound services by 200 in 2018.** Funding has been provided to support course fees and education and training support costs for healthcare professionals with the offer being extended to include medically qualified staff who will perform scans as part of their role.
- **HEE's RePAIR (Reducing Pre-Registration Attrition and Improving Retention) programme** continues to work with partners to improve retention of trainees in nursing, midwifery and therapeutic radiography, to reduce avoidable attrition from nursing and midwifery training programmes by one third.
- **A new employer led model of midwifery supervision.** NHS England introduced A-EQUIP (an acronym for advocating and educating for quality improvement) in 2018. This is supported by the new role of Professional Maternity Advocate (PMA), underpinned by a training package. Over 800 PMAs have been trained to date.
- **Making multi-professional training a standard part of professionals' continuous professional development,** both in routine situations and in emergencies through encouraging appropriate changes to curricula and the new system of midwifery supervision. HEE has overseen the Maternity Safety Training Fund programme, which distributed more than £8.1 million across all NHS trusts to improve the safety of maternity services through a range of clinical and leadership development programmes.

<sup>9</sup> HEE et al (2018: 28); internal HEE modelling.



While these actions have been welcome and necessary, there is further work that can be done to improve the staffing and the sustainability of maternity services.

Given that only a fixed number of new staff completing training in the main professions will be available by 2021 (with most training programmes due to complete by 2021 having already begun), we need a range of other initiatives to be in place to support staffing gaps and to support the provision of safe maternity services.

### **Our analysis of staffing needs**

We have undertaken a wholesale analysis of workforce information provided by NHS Digital, NHS England, the RCM, HEE and the Office of National Statistics (ONS), which demonstrates an expected demand for midwives to be up to 25,373 WTE staff by 2021. We have used this figure and discussions with the RCOG to inform expected demand for other workforces, including medical staff working in obstetrics and gynaecology.

Our objective is to ensure that there are enough numbers, both now and in the future, to ensure continuity of carer can be delivered. This will require enough numbers to deliver to the requirements of Birthrate Plus® and to:

- **Ensure the current training pipeline addresses current vacancies.**
- **Ensure the training pipeline and retention initiatives support access to a wider pool of staff, to work flexibly and cover non-active assignments (long term absences including sickness and maternity cover).**



- **Ensure we recognise the impact of increasing less than full time working on our future workforce supply.**
- **Ensure geographical and rural differentials in the ability to recruit are better understood and that initiatives are in place to address these so that clinicians can work across a range of maternity settings.**
- **Ensure the longer-term availability of staff supports government policy.**

We need to develop tools to assist workforce analysis and modelling to inform local workforce plans, to ensure local maternity systems have sufficient capabilities in this area and that they can ensure service, financial and workforce planning are aligned towards delivering **Better Births**.

We are aware of the potential impact of geographic location on employment and service delivery, especially in less densely populated rural communities. We therefore propose to undertake a joint piece of work with our system partners to better understand any variations that may exist, and any actions we need to manage these.

### **Our actions now for midwifery**

We need to improve retention to ensure that as new training places begin to deliver services to the NHS from 2022, that we also work across the system from a local level to a national level to retain midwives in the workforce from today until 2021.

When we examine the movement of staff in maternity services, we expect 3.6% each year to leave the NHS in England altogether, 3% to move to other English NHS trusts, 2% to retire, and 1% of capacity to be lost through people reducing the number of hours that they are contracted to work. If we can reduce numbers leaving the NHS by a sixth (i.e. down to an average of approximately 3% per year, equal to 2012/13 rates), we could expect an additional 750-800 whole time equivalent (WTE) midwives remaining in the workforce by 2021. With NHS Improvement, we will be looking at year-on-year retention improvements to support **Better Births** to 2021.

We know we require more midwives to be available to the system than currently expected through training outturn. In the longer term, we are committed to increasing midwifery training placements by 25% over a four-year period to ensure future sustainability from 2022, with the first 650 places from 2019/20 and up to 1,000 places for a period of three years thereafter. However, we must ensure that any increases in training places are accompanied by a similar expansion in training capacity and placement capacity, and that appropriate support is given to education providers and employers to allow for such expansion.

### **Developing our future midwives**

The Nursing and Midwifery Council (NMC) is reviewing the standards of proficiency for registered midwives in light of changes to the role of midwifery, as well as the changing needs of mothers and babies. The NMC review intends to future proof the standards, with particular focus on pre-registration requirements for student midwives. Engagement with key stakeholder

groups are currently underway, including with the RCM, the RCOG, the Royal College of General Practitioners (RCGP), the Royal College of Paediatrics and Child Health (RCPCH), and the Royal College of Anaesthetists (RCoA). The NMC expects to consult on new draft standards of proficiency for registered midwives in 2019, with view to publication and implementation in 2020.

### Developing our current midwives

As we move to the new model of care, there may be development needs for midwives currently delivering services in specific settings as the move across organisational boundaries working within different teams and providing care in different ways. We recognise the need to ensure any changes to demand are managed effectively. We will work with local maternity systems to ensure supporting programmes are in place, and access and funding are available in support.

Additionally, we will:

- **Develop a bespoke Return to Practice scheme for midwives:** to date, small numbers of midwives have undertaken existing Return to Practice schemes, which support nurses and midwives who have left the NHS workforce to return to the workforce. These typically take place via courses to update skills and knowledge, before re-registration on the NMC professional register. More needs to be done to encourage those eligible to consider these routes, including those registrants who currently do not work in the NHS. Any efforts may need to be specific to midwifery given the current context around placement provision and funding; for this reason, we propose to examine with system partners the possibility of developing a bespoke scheme.
- **Support midwives through cultural change:** NHSI guidance recommends active involvement of midwives in developing new ways of working, so that “**empowering midwives to develop the model... is likely to result in greater willingness to work within it**”. HEE will work with local maternity systems to develop and deliver a two-day education programme to support managers in the transition to new ways of working, to be rolled out during 2018/19.
- **Leadership:** With the NHS Leadership Academy, NHSI, Royal Colleges and other ALBs, we will develop an offer for team leaders, heads of midwifery, local system leaders etc. to ensure that we are developing leadership skills for the future as well as skills to support staff in moving to the new model of care. We envisage this may involve working with local maternity systems to deliver new commissioning and operating models of care through:
  - workforce planning and development support, as appropriate for local maternity systems (including workforce intelligence and support required for culture change, leadership, and multidisciplinary team working)
  - support in optimising workforce deployment and skill mix change
  - support for new midwifery supervision arrangements
  - assuring consistency in the Maternity Support Worker role

- developing short and long-term solutions for obstetric ultrasound scans, including in the third trimester and an assessment of the current NHS workforce in England.
- **Ensure deployment of a flexible workforce:** We envisage the gaps between numbers of established posts and numbers of staff in post (WTE) will be addressed through recruitment to fill vacancies (in conjunction with retention of the existing workforce to prevent new vacancies arising). Where flexible staffing such as bank or agency staff deployment is approved, service managers should consider where this is used to ensure maximum continuity of carer. For example, seconding 'core' delivery team members to continuity teams for the duration of the substantive continuity team members' absence and backfilling within the 'core' team with the flexible resource.

### Our maternity support workforce

Maternity support workers (MSWs) are an important workforce in providing maternity services, and so should be given the opportunities to develop their skills to provide safe and personal care. MSWs are key to providing appropriate support to midwives in the continuity of carer model envisioned by **Better Births** and if appropriately educated and trained can increase opportunities for women to have births outside of hospital settings.

The following actions will support upskilling, in line with the Government's March 2018 announcement relating to this workforce.<sup>10</sup>



<sup>10</sup> The relevant Department announcement can be found here: <https://www.gov.uk/government/news/women-to-have-dedicated-midwives-throughout-pregnancy-and-birth>

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The MSW role should be nationally defined and standardised, operating according to national competency and careers frameworks. In addition, new routes to becoming a registered midwife should be explored within the legislative frameworks, with recognition that changes to legislation may be necessary; these may include new training routes via apprenticeships.

Other related actions include:

- **Skills and competences:** a programme is being developed to support the skills and competency requirements for support roles, within a careers framework to attract prospective entrants from broader and more diverse backgrounds.
- **Ongoing monitoring:** updated data should allow us to assess current support worker numbers and duties, to support emerging guidance on ratios and future competency requirements. We will also consider the possibility of a voluntary register for maternity support workers.

### The neonatal nursing workforce

This section largely draws on the work of the Neonatal Critical Care Transformation Review, commissioned by NHS England's Women and Children Programme of Care Board. Once published, the recommendations of the review team should be read in conjunction with this document.

Neonatal care is provided by a multidisciplinary team. This strategy considers the neonatal nursing workforce. The neonatology workforce will be considered in HEE's paediatric workforce strategy (yet to be published).

After qualifying as an adult or child nurse or as a registered midwife, registrants train to become 'Qualified in Speciality' (QIS). In addition to providers' funded posts, up to 1,791 WTE neonatal nurses are required to reflect current activity and in line with NHS Improvement<sup>11</sup> recommendations; however, there is scope to reduce activity (and therefore the number of additional posts required) by fully implementing measures to reduce avoidable admissions and length of stay.

To ensure **high quality neonatal services**, we need to:

- Consider incentivising providers to have a supernumerary senior nurse on each shift who ensures workforce planning is effective.
- Ensure family-centred and family integrated care is part of how neonatal services operate.
- Act to avoid unnecessary admissions and discharge babies as soon as is clinically appropriate.

To ensure enough **supply of neonatal nurses**, we will need to:

- Include a neonatal nursing elective within adult and children's branch nursing training.
- Increase access to high-quality QIS training.

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<sup>11</sup> NHS Improvement (2017).



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To **improve the retention and skills** of the existing workforce, will need to:

- Ensure providers' workforce plans meet NHS Improvement recommendations.
- Produce a clear career structure for neonatal nurses with adequate continuing professional development.
- Build strong multi-professional training and working arrangements alongside a positive workplace culture.

### Our medical workforce

There are a number of challenges specific to the Obstetrics and Gynaecology (O&G) workforce: in particular a high rate of attrition from specialty training of approximately 30% (which is likely to continue for the time being), and gaps in middle grade rotas. HEE's data confirms the challenges with attrition from O&G specialty training, further compounded by a loss at transition from training to consultant grade posts, and the fact that not all O&G doctors provide capacity in obstetrics. O&G services rely on the significant contribution of Specialty and Associate Specialist (SAS) doctors and trust grade doctors (i.e. those who neither are consultants nor in training posts, but who have postgraduate experience in a relevant specialty and who can contribute to NHS service delivery). These staff constituted just under 1,000 WTE to the NHS in England in 2016.<sup>12</sup>

There is significant turnover among this group of doctors with around 11-12% of SAS and trust grade doctors leaving the NHS workforce altogether in any given year and just over a sixth moving into either consultant posts or post graduate training posts in the NHS. We recognise that SAS and trust grade doctors may have different career options and development requirements, which we will address as part of this strategy's implementation.

The RCOG is currently undertaking a review of the core O&G curriculum and expect to implement this in 2019. Work on the review is focusing on several areas, including development of a new **draft curriculum and assessment blueprint**. These aim to reflect new GMC standards for curricula and assessment (including Generic Professional Capabilities<sup>13</sup>), with all Royal Colleges required to submit updated curricula by 2020.

Additionally, we will:

- **Commence joint work to design a consultant model for the future:** working with the RCOG and other bodies, to update training and employment arrangements and thereby address a number of existing issues, including:
  - growing subspecialisation and subsequent impact on the consultant model and training curricula (e.g. obstetric anaesthesia)

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<sup>12</sup> In addition, there are also approximately 1000 trainees at ST3 or beyond, who would also provide additional capacity.

<sup>13</sup> **Generic Professional Capabilities** cover nine broad areas of professional practice, including professional skills, values, behaviour and knowledge; health promotion; leadership; patient safety; safeguarding, and research. These are being introduced into post-graduate medical curricula by the GMC, following findings that most concerns about doctors' performance fall within nine areas.

- changing work expectations at different career stages (e.g. decreasing amount of obstetric work and programmed activities as consultants get older)
- the role of SAS doctors within the workforce, their future education and training requirements and their contribution to service delivery.
- **Develop a new role of obstetric physician:** to support the Secretary of State’s ambition to halve maternal deaths by 2030 we will fund additional training for obstetric physicians with plans to begin an initial pilot in 2018/19. Obstetric physicians are post-CCT doctors who specialise in the care of women with pre-existing or new onset medical problems during pregnancy. In addition to providing additional service and expertise on these issues, they will also provide leadership within local maternity systems (alongside an obstetrician) within 17 networks across England.
- **Build on work underway to develop a workforce strategy for SAS grade doctors, with a focus on SAS doctors in obstetrics and gynaecology:** to focus on education, development and career structures, to review the support provided to them, and to investigate potential interventions to enhance the working lives of these doctors. For trust grade doctors, work will be undertaken via HEE’s Medical Education Reform Programme to encourage better retention and stability within this workforce, as well as enable improved flexibility and attractiveness of such careers.

## Next steps

This strategy outlines possible actions to support the workforce in meeting the vision of **Better Births**. These include the following:

### Midwifery

- **Increase midwifery training placements:** in-line with the Secretary of State’s March 2018 announcement, HEE proposes to expand training placement numbers by 25% over four years, with the first 650 places from 2019/20 and up to 1,000 places for a period of three years thereafter. This intervention is expected to increase capacity by just over 350 FTE in 2022/23 and just under 550 WTE per year in 2023/24, 2024/25, and 2025/26.<sup>14</sup>
- **Improving retention rates:** a target of increasing midwife numbers by 750-800 WTE midwives between now and 2021. This means reducing numbers leaving the NHS altogether from between 800-850 WTE per year to 650-700 WTE.
- **Increase numbers transitioning from training:** Between 2016 and 2021, we expect that just under 1,800 WTE to join the NHS in England per year, either from training in England, from the rest of the UK, or from overseas. We will look to improve completion rates from training and employ 1,850 new WTE per year. This could increase numbers of newly qualified midwives entering the workplace by 250-300 WTE over the period.

<sup>14</sup> We assume 20% attrition during training, 15% loss between training and the NHS workforce, and an average participation rate of 0.8 FTE.

- **Increase numbers joining through return to practice schemes:** We will look to boost participation in return to practice schemes in midwifery from 50 to approximately 100 per year.
- **Increase capacity for clinical leadership:** HEE, with other organisations, will explore opportunities to further develop and update career frameworks to: enable experienced midwives to provide both strategic clinical leadership and specialist and advanced expertise alongside their core functions; clarify role expectations; set out good employment practice and describe academic study requirements.

### **Maternity support workers**

- **Improve retention:** approximately 12% of the support workforce to nursing and midwifery leave their role every year. HEE will work with the RCM and other stakeholders to support retention of MSWs.



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- **Upskilling:** HEE will work with system partners to progress the MS project with the following expected deliverables:
    - develop and publish a Maternity Support Worker Competency, Education and Career Development Framework (February 2019)
    - develop and implement a higher level MSW role (April 2019 - March 2020).

The review of apprentice standards against revised NMC published curricula, expected in April 2020, may also help widen access to pre-registration education.

### Neonatal nursing

**Neonatal Critical Care Transformation Review:** NHS England's Women and Children Programme of Care Board have commissioned the Neonatal Critical Care Transformation Review. The model of care workstream will bring together the work of the Review to date and develop recommendations to refine the existing model of care. It will include recommendations to address the issues that exist around nurse staffing (as well as wider workforce recommendations). The recommendations of the review should be read in conjunction with this document.

- **Requirements for safe staffing:** NHS Resolution should consider for inclusion in the maternity incentive scheme standards the requirement that providers have a supernumerary senior nurse on each shift who is responsible for the unit and who can ensure that it is safely staffed, and that workforce planning is effective.
- **Work more collaboratively with parents to deliver family integrated care models:** NHS England's specialised commissioning team, with support from the Operational Delivery Networks (ODNs), will establish what models of family integrated care are in operation in England, the coverage of those models, their effectiveness and to consider what further action might be needed to monitor and improve the uptake and effectiveness of Family Integrated Care.
- **Monitoring of future demand and supply:** HEE, in line with the findings of the Neonatal Critical Care Transformation Review, should provide ongoing monitoring of future demand and supply for neonatal nurses. Actions should include consideration of demand for neonatal critical care (basing workforce requirements on the Dinning workforce tool) and making projections about the supply of neonatal nurses.
- **Education and training:** universities should ensure that adult and children's branch nursing education includes an elective in neonatal nursing. The elective should provide graduated exposure to neonatal care settings to build the competence and emotional resilience of nurses in training.

- **Qualified in specialty training:**

- The Neonatal Critical Care Transformation Review will make recommendation(s) to ensure that nurses and midwives have access to QIS training (enough that 70% of neonatal units' nursing establishment can achieve and maintain QIS status year-on-year); and that all QIS training meets the elements set out in the core syllabus<sup>15</sup>.
- HEE will identify funding to support QIS training.

- **Professional development:** providers of NHS neonatal care must ensure that workforce plans include sufficient resources to allow continuing professional development and to release nurses for educational development (utilising the Dinning Tool); and that these plans should be supported by the NHS trust board.

- **Career pathway:** HEE will work with system partners to set out and implement a clear career pathway that provides suitably challenging and rewarding careers for neonatal nurses and improves the quality of neonatal care. This work should build on the recommendations of both the Neonatal Critical Care Transformation Review and **Exploring New Ways of Working in the Neonatal Unit**<sup>16</sup> (which made a range of recommendations about exploring new roles and ways of working).



<sup>15</sup> BAPM (2012).

<sup>16</sup> Mitra T & Bramwells L (2017).



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- **Support for multi-professional working (registrants):** providers to incorporate the ATAIN e-learning programme within mandatory training for midwives.
  - **Support for multi-professional working (pre-registration):** universities to consider incorporating the ATAIN e-learning programme within pre-registration midwifery education.

### The medical workforce

- **Understanding the causes of attrition:** for O&G medical staff, HEE will establish a Medical Workforce Steering Group to undertake further work into the causes of attrition and thereby ensure subsequent targets for new joiners and returners to practice are appropriate.
- **New role of obstetric physician:** HEE will fund the development of an additional training pathway for obstetric physicians, with plans to pilot this for both established consultants and doctors in training in 2018/19.
- **Developing SAS Doctors:** HEE will work with its SAS doctors development group to develop a strategic approach to SAS doctor development and funding reform, reporting in late 2018.
- **Improving recruitment to training:** 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.
- **Redesigning the consultant model for the future:** HEE will work with system partners to progress work to improve retention within the O&G training pathway and better understand the extent of subspecialisation within O&G.<sup>17</sup>
- **Return to training schemes:** HEE will look to boost participation in return to training schemes in O&G by approximately five to 10% between now and 2021.

### Sonography

- **Increasing supply:** HEE will work with system partners to progress the wider sonography training project, with a view to increasing the pipeline to 1,750 by 2021.

### Leadership

- **Maternity safety champions:** NHS providers should enable, support and empower their maternity safety champion to be able to fulfil their roles so that the:
  - board-level maternity safety champion ensures a board-level focus on improving safety and outcomes as part of improving maternity services
  - obstetrician and midwife maternity safety champions can make appropriate links with the board, the local maternity clinical network and the maternal and neonatal health safety collaborative in their region

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<sup>17</sup> HEE has counted all obstetrics and gynaecology staff in its calculations, as they follow a common training programme and therefore have potential to provide capacity in maternity – in practice, not all will work in maternity.

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- **Leadership development:** HEE, together with the NHS Leadership Academy, will develop a leadership programme for local maternity system leaders.<sup>18</sup>

### Culture and productivity

- **Improving organisational culture:**
  - NHS providers, alongside local maternity systems, to engage with staff to improve leadership and culture in their organisations, including acting to address the findings of the NHS staff survey, GMC's trainee survey and, for those trusts who are part of the Maternal and Neonatal Health Safety Collaborative, the SCORE survey.
  - HEE and its system partners will also work with organisations providing NHS-funded care to ensure supportive and open working environments to benefit both staff and service users.
- **Assessment of the maternity safety fund:** HEE will publish an evaluation of the maternity safety training fund.

### Workforce planning

- **Supporting development of local maternity system plans:** HEE will work with system partners to support the development of Local Maternity System workforce demand plans, through workforce planning and analytic support by December 2018 to inform commissioners plans for 2019/20.
- **Development of workforce planning tools:** HEE will develop tools to assist geographies with local workforce analysis, workforce modelling and the development of local workforce action plans through Local Workforce Action Boards and Local Maternity Systems to ensure sustainability in capability in this area for the future.
- **Improved awareness of complexity in workforce planning:** HEE will consider future further work to assess the workforce required to deliver O&G services over the next five to 15 years, including and assessment of acuity.

### Workforce intelligence

- **Rural services:** HEE will undertake joint research with appropriate stakeholders to better understand variation in delivery of rural services, and any required actions to better manage this variation.
- **Performance reporting:** HEE will develop dashboards for performance reporting incorporating the proposed measures of maternity transformation by September 2018.
- **Data quality:** HEE will work with system partners to explore and agree solutions to current data gaps (most significantly the sonography workforce).

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<sup>18</sup> NHS Leadership Academy will transfer from HEE to NHS Improvement from 1 April 2019.

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- **Dissemination of good practice:** HEE will populate the Workforce Transformation Star<sup>19</sup> to provide examples of maternity workforce transformation projects for wider dissemination.
  - **Development of a longer-term workforce strategy:** HEE will work with system partners to develop a longer-term maternity workforce strategy taking into consideration demographic and service changes to 2027.

### Workforce development

- **Development of a leadership offer:** HEE will develop with appropriate stakeholders a leadership offer for local and regional leaders that supports implementation of new models of care and optimal workforce productivity and skill mix, as well as leadership skills for the future. As part of this, HEE will work with local maternity system leaders and Regional Maternity Boards to develop programmes and approaches to implementation that consider specific circumstances.
- **Upskilling to deliver continuity of carer:** HEE will develop appropriate opportunities for upskilling current staff delivering continuity of carer, including through supporting the findings of existing NMC and RCOG reviews for midwifery, MSWs and obstetrics and gynaecology, and developing appropriate programmes to promote supportive, effective and positive ways of working. HEE proposes that a two-day programme is rolled out to cover ways of working to provide continuity of carer and will therefore work with local maternity systems to develop and deliver an education offer for continuity of carer with view to roll out during 2018/19.

All these actions, and progress of these actions, will need regular review.

HEE will develop a detailed action plan that will set out timescales for this work, with the Maternity Workforce Steering Group overseeing the plan.

HEE will also work with partners to develop a shared model of workforce demand beyond 2021.

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<sup>19</sup> The HEE Star can be viewed here: <https://hee.nhs.uk/our-work/hee-star>



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