NHS WALES:
MIDWIFERY WORKFORCE PLANNING PROJECT

Developing a Workforce Planning Model

FINAL REPORT

Prepared by

Dr. Patricia Oakley
Sacred Ngo, Mark Vinten and Ali Budjanovcanin
Practices made Perfect Ltd.
Alpha House
EXECUTIVE SUMMARY

1. In August 2005, NHS Wales requested Practices made Perfect Ltd. to build its workforce modelling capacity and workforce plan for midwifery services. To this end, a prototype midwifery workforce model was built based on the midwifery workforce in S.E. Wales region which acted as the pilot area.

2. The goals of the project were three-fold:
   i) To identify and understand the current and future strategic workforce issues facing Midwifery in S.E. Wales.
   ii) To build a workforce planning model for S.E. Wales for the next 10 years to:
       ▪ forecast the likely staff establishment required;
       ▪ perform ‘what-if’ analysis to identify potential risk areas;
       ▪ estimate the required financial investment in midwifery to support the Welsh Assembly Government’s policies.
   iii) To understand the aspirations of the midwifery workforce, and to provide feedback to managers and policy specialists on areas that require attention.

3. A Midwifery Advisory Group was set-up whose membership was drawn from Trusts in S.E. Wales, Powys Local Health Board, the Royal College of Midwives (Wales) and the Welsh Assembly Government (Workforce Planning and Midwifery Officers). The Group held a series of meetings and workshops over a 12-month period (February 2006-2007) to discuss the workforce and working practice issues which are likely to affect the future supply and deployment of midwives.

4. The model-building was further supported by a review of the literature concerning midwives’ employment and regulation issues; and a survey of NHS Wales’s midwives’ attitudes to their work and future intentions to leave their jobs, and the NHS. 442 completed questionnaires were returned in time for the analysis representing a response rate of 25%. Statistical analysis showed there were no significant differences in the responses between the regions.

5. There are indications that midwifery services are facing staffing pressures across the UK and a recent report by Reform, an independent non-party think tank, found that few maternity units in England or Wales are operating at below capacity level. In addition, none of them has the ability to respond to upturns in activity. The report
stated that most units had midwifery staffing below the optimum levels and a significant number were under-staffed in relation to their funded establishment. Both the Auditor General for Wales and the Minister for Health and Social Services have noted that staff shortages in the country have become a serious issue.1

6. Midwives work in a number of models of maternity care:

- **Community-based Care** - The majority of antenatal and post-natal care for women with straightforward and uncomplicated pregnancies; it is provided by community midwives and/or GPs and includes support for women who chose to give birth at home.

- **Hospital-based Care** - Midwifery-led units, which attempt to create a more home-like environment, which are attached to District General Hospitals or are stand-alone units;

  - Consultant-led units where more specialised care is provided by midwives supported by on-site doctors specialising in pregnancy, pain relief and baby care.

- **Specialist Maternity Units** - A specialist maternity tertiary level service where care is provided for women at lower levels of risk by teams of midwives and doctors, and for women or babies who have relatively rare conditions or complications requiring specialist support such as neonatal intensive care.

7. The prototype Midwifery Workforce Planning Model’s supply side (based on S.E. Wales) has been built to include:

- the numbers and flows of staff in and between Bands 5-8;
- the Birth-rate Plus Ratio’s absence factor (for sickness and maternity leaves);
- the estimated hours available.

8. The model’s demand-side (based on S.E. Wales) has been built to include:

- the projected birth rate;
- the Birth-rate Plus ratio’s projected shifts in assumptions;
- the estimated calls on midwives’ time for indirect clinical care (which erodes the proportion of time available for direct clinical care), e.g. risk management, maintaining knowledge, mentorship and supervision, continuing professional development, Child Protection Act and other Directives Duties, resource and equipment management, travel and administration.

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1 Refer to “Educating and Training the Future Health Professional Workforce in Wales” Report by the Auditor General for Wales (March 2001) and the statement by Jane Hutt AM Assembly Minister for Health and Social Services – A Healthier Future for Wales (July 2000).
9. The illustrative modelling ranges for S.E. Wales were set in three cases: the base case which makes demand and supply-side projections based on the current assumptions without any changes; the “worse” case which increases the call on midwives’ indirect clinical care time while increasing the number of midwives who leave the system and the proportion who opt to work part-time; the “best case” which decreases the call on midwives indirect clinical care time while increasing the supply of midwives by keeping the part-time/full-time ratio constant and reducing the sickness and absence rate.

10. Under the test conditions, the prototype midwifery model base case indicates that if the current trends continue, an estimated extra 148 WTE midwives will be needed in 10 years’ time and S.E. Wales will need to recruit the following Whole Time Equivalent (WTE) midwives in each year, (the projected WTEs for the “worse” and “best” cases are given for comparison):

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<tbody>
<tr>
<td>Best case</td>
<td>62.6</td>
<td>65.0</td>
<td>63.4</td>
<td>65.1</td>
<td>66.6</td>
<td>68.1</td>
<td>69.2</td>
<td>70.5</td>
<td>71.4</td>
<td>72.0</td>
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<tr>
<td>Best case (DD/IS)</td>
<td>40.6</td>
<td>46.3</td>
<td>45.3</td>
<td>50.5</td>
<td>50.9</td>
<td>51.3</td>
<td>51.3</td>
<td>51.5</td>
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<tr>
<td>Worst case (ID/DS)</td>
<td>87.3</td>
<td>95.0</td>
<td>100.1</td>
<td>89.8</td>
<td>93.9</td>
<td>98.2</td>
<td>102.1</td>
<td>106.5</td>
<td>135.4</td>
<td>114.1</td>
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This means that the 4 Welsh Schools of Midwifery will need to produce at least the projected number of graduates in the base case each year to satisfy the forecasted needs of S.E. Wales’s midwifery service. Of course, this number may be partially offset by incoming qualified staff from England as well as by local management action to reduce the calls on midwives’ time for non-clinical duties. However, these projections also need to be seen in the wider context of NHS Wales’s national midwifery service as the 4 Schools of Midwifery also supply, in the main, the north and the mid and west regions’ maternity services.

11. The attitude survey showed that for NHS Wales’s national service, its midwives:

- have relatively low levels of job embeddedness and a relatively higher level of external embeddedness, i.e. they are not likely to quit because of their local ties;
- have low levels of perceived equity of reward in the NHS for the work they do and because of their speciality, they perceive they have relatively low levels of career opportunities and employability but a good level of opportunity for growth in the job;
- identified work overload as a big problem, especially in the South East region;
- have relatively high levels of organisational commitment but not as high as job satisfaction;
- report low levels of perceived support from their organisations and supervisors, especially in South East Wales;
- report moderate levels of work-life conflict, especially time pressures experienced in the job itself, especially in South East Wales;
- report, despite everything, relatively low levels of intentions to quit – this might be indicative of the amount that midwives enjoy the nature of their work, or, as reflected in the job-embeddedness scores, that they are relatively embedded in
their non-work lives, suggesting they would not quit even if they were not happy in their work.

12. In terms of future plans:

- about 10% expect not to be working or to be retired in 5 years time, about 75% expect still to be working in midwifery, and about 15% think they will be working but outside midwifery;
- about 66% believe they will still be working for the same organisation in 5 years time, however, 22% of respondents believe that they will be working for a different organisation;
- around 30% of the sample expects to be working fewer hours than they currently do and that the proportion of full-time employees would be shift from the current 54% to 44% in 5 years time.

13. In terms of NHS Wales's Strategic Human Resource Strategy for Midwives in S.E. Wales, the emphasis needs to be on:

i) Maintaining the future supply of midwives by working with the Schools to ensure enough graduates are pulled through the training system. Currently a number of students fail to complete their studies and this problem is compounded by a fall out rate between midwives’ graduation and entering the workforce, (the reasons are not known). Reducing this training “pipeline” attrition rate is an important component of policy development in future Midwifery Services.

ii) Increasing the Trusts’ retention rate by providing better managerial and supervisory support as the survey shows this to be an area of concern.

iii) Increasing the provision for more flexible working patterns to alleviate the pressures arising from the reported work-life conflict and time pressures experienced in the job.

iv) Managing the expected retirement rate and improving the sickness and absence levels through better management practices.

v) Reducing the calls on midwives' time where possible for non-clinical duties by employing ward clerks/receptionists/administrative assistants and reviewing the potential role of maternity health care assistants.

14. While the model has been built on S.E. Wales’s data and modelling parameters, it is reasonable to assume that the approach can be scaled-up to cover in addition the midwifery workforces in both the north and mid and west Wales regions as:

i) the national survey of midwives showed there were no statistical differences in the responses from each of the regions;

ii) the Members of the Advisory Group were drawn from organisations across S.E. Wales which included urban locations in both the capital city and local towns, and the rural area of Powys;

iii) the service provided by these organisations included the complete range from Birth Centres and District Hospitals to a Specialist Tertiary Care Unit.