

4 February 2021

Rt Hon Jeremy Hunt MP
Chair, Health and Social Care Committee

By email

Dear Jeremy

Public letter on the inquiry into the safety of maternity services in England

Further to our written evidence, we wanted to contribute further to the Committee's inquiry into maternity services, in response to the evidence you have heard on the resources required to effectively implement the Ockenden recommendations. The NHS supports the recommendations but, as ever, with recommendations of this type, trusts need sufficient extra recurrent funding to implement them properly and fully.

Evidence given by Gill Walton and Dr Edward Morris to your committee noted recent analysis showing a shortage of 3,000 midwives and the need to expand the obstetrician workforce by as much as 20%. They also highlighted the importance of the wider maternity, neonatal and perinatal teams. It was helpful to hear, more recently, that the government will be working with HEE to supply the inquiry with data on the gaps in staffing levels and how they expect to fill those. We hope and assume this will include costing data and how the extra funding required will be provided to trusts.

The evidence from Ms Walton and Dr Morris clearly set out the challenge of delivering safe care in a high-pressure environment with ongoing vacancies and rota gaps. We know this challenge is reflected across the health and care workforce and in a number of professional staffing groups.

They also highlighted that although national attention to vacancy numbers was welcome, there was still insufficient funding for the number of staff required overall. As Ms Walton commented, "the whole workforce required to deliver care safely to women needs to be appropriately funded". These views on the need for extra investment in this section of the workforce are strongly shared by trust leaders but they need the extra funding required.

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Our initial estimate for the funding required to achieve the increase in numbers described by Ms Walton and Dr Morris is a minimum of £250m in recurrent annual funding. But we also need to think about the wider team. If we include shortfalls in neonatal nurses, maternity support workers and anaesthetists, for example, the total annual extra recurrent funding required could be as high as £400m or more. Trust leaders would strongly encourage the Committee to make clear how important it is for this extra funding to be found. In our view, it could be matched to a commitment from NHS England and NHS Improvement, and the trust sector, on what a phased growth in the establishment for these elements of the workforce would look like over, say, a three-year period, starting from 2021/22. But such a plan would only be possible if the required funding is provided.

This is, of course, just one element of implementing the recommendations of the Ockenden report, but it is an essential one. We cannot continue to rely on staff being endlessly resilient and stretched in the face of constant pressure. The report highlighted the importance of behaviours, listening to women and focusing on the things that make the biggest difference, with the emphasis on multi-professional working, learning and training together. Progressing these systemic and cultural changes is reliant on sufficient numbers of skilled staff being in place.

Urgent attention is required to ensure full funding for the staffing levels required to provide safe, high-quality care, and enable inclusive and compassionate cultures within the NHS generally, and specifically within maternity care. We would also note that this is clearly one element of a wider drive needed across the NHS following the pandemic. As the Committee is also exploring in its timely workforce burnout and resilience inquiry, we know that trust leaders are very concerned about staff wellbeing, stress and burnout. As a service, we need to place much greater emphasis on what is required to underpin positive, listening and learning cultures and take action to pursue these.

Trusts are deeply committed to continuous improvement of maternity care. They believe that a fuller conversation around the time and resources needed to embed specific changes and sustained improvements successfully would be helpful.

We hope that the Committee in its inquiry report will be clear in the need for a fully-funded expansion of the workforce in order to enable the sustained improvements that have been called for and that trusts are striving to achieve. Please let us know if you require any further information or evidence from us, either verbal or written. We look forward to the Committee's report in this important area.

Yours sincerely



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cc: Minister of State DHSC, Sir Simon Stevens, Amanda Pritchard, Professor Stephen Powis, Ruth May, Gill Walton, Dr Edward Morris, William Vineall