

## Appendix 1

### Strategic Perinatal Workforce Plan – Draft actions for consultation

For this programme of work the term perinatal is used and includes those working in maternity and neonatal units in Wales. The scope of the plan includes all professionals working as part of the perinatal team. The term perinatal has been used instead of maternity and neonatal based on feedback from colleagues who feel that a change is needed in terminology to ensure the team are considered as one. There are interdependencies across these teams and strong working relationships are essential to improve the quality and safety of care and experience for women, birthing people, babies, and families.

The perinatal period is defined in different ways. The scope of this work relates to midwives (community and hospital based), obstetricians and gynaecologists, neonatologists, obstetric anaesthetists, neonatal and perioperative nurses, pharmacists, allied health professional working in antenatal, postnatal, and neonatal care, health care scientists including operating department practitioners, nursing and midwifery support workers working in maternity or neonatal care and physician associates.

#### An engaged, motivated, and healthy workforce

1.	<p>Identify and address any retention issues and trends for the perinatal team through the work of the All-Wales Retention Lead and Health Board Retention Leads.</p> <ul style="list-style-type: none"><li>➤ Promote good practice through the adaptation of tools and guidance appropriate for perinatal teams.</li></ul> <p>Impact</p> <ul style="list-style-type: none"><li>• Improved retention in the perinatal workforce</li><li>• Expansion of flexible working options to enhance work-life balance opportunities</li><li>• Development of effective retention strategies</li></ul>	HEIW (lead) and health boards
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## Evidence

A core element of the Parliamentary Review <sup>1</sup> and A Healthier Wales's <sup>2</sup> Quadruple Aim is to deliver an inclusive, engaged, sustainable, flexible, and responsive workforce in health and social care. Many of our future workforce are with us today, and retaining our workforce is as important as recruiting <sup>3</sup>. One of the best ways to tackle workforce challenges is to retain staff <sup>4</sup>.

In the 2023 General Medical Council Workplace Experiences Report <sup>5</sup>, UK doctors were expressing high workloads, stress-related absence, and increased risk of burnout, with large numbers of doctors feeling unable to cope. Excessive workload, early burnout, and the shortage of the perinatal workforce are interconnected factors representing the significant challenge illustrated by a recent workforce report published by the World Health Organisation European Region <sup>6</sup>.

There is a need to focus on a range of factors that contribute to workforce well-being and retention, including building supportive and learning cultures, compassionate and collective leadership, and flexible working and career options. Flexible working includes those who work Less Than Full Time (LTFT) but there are a wide range of other ways in which individuals and teams can work flexibly. Opportunities to adopt flexible working are recognised as an important means to reducing burnout and attrition and in turn to protecting diversity within the workforce <sup>7</sup>. Types of flexible working include compressed hours, buddy systems, job-sharing, job-splitting and self-rostering. Furthermore, it is recognised that careers are becoming longer, the pension age has increased. Consequently, it is important to find ways to support those later in their career to stay working and ensure that perinatal teams can continue to benefit from their skills and experience.

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<sup>1</sup> Welsh Government 2018. The Parliamentary Review of Health and Social Care in Wales. Available at: [Parliamentary Review of Health and Social Care in Wales Final Report \(gov.wales\)](#) Accessed on: 16/04/24

<sup>2</sup> Welsh Government 2019. A Healthier Wales: Our plan for health and social care. Available at: [A Healthier Wales \(gov.wales\)](#) Accessed on: 16/04/24

<sup>3</sup> Health Education and Improvement Wales 2020. A Healthier Wales: Our workforce strategy for health and social care. Available at: [A healthier Wales \(nhs.wales\)](#) Accessed on: 29/04/24

<sup>4</sup> Royal College of Midwives 2023. Wales State of Maternity Services 2023. Available at: [0246\\_wales\\_som\\_digital.pdf \(rcm.org.uk\)](#) Accessed on: 03/11/23

<sup>5</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workplace Experiences. Available at: [somep-workplace-experiences-2023-full-report\\_pdf-101653283.pdf \(gmc-uk.org\)](#) Accessed on: 29/04/24

<sup>6</sup> World Health Organisation European Region 2022. Health and care workforce in Europe: a time to act. Available at: [Health and care workforce in Europe: time to act \(who.int\)](#) Accessed on: 20/02/24

<sup>7</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

The Mat Neo Safety Support Programme Report <sup>8</sup> recommends that to inform future workforce strategies and workforce planning there should be standardised exit interview uptake, reporting and taking action to address themes both locally and at national level.

### Engagement

During engagement we heard that a lack of flexible working, burnout and staffing levels were impacting on retention and that diverse working models, self-rostering and alternative working patterns could improve retention. There is also a strong emphasis on the need for better training, education, and career progression opportunities to support staff development and retention. The full engagement report can be found here [heiw.nhs.wales/files/perinatal-engagement-summary-report-pdf/](https://heiw.nhs.wales/files/perinatal-engagement-summary-report-pdf/)

2.	<p>Review the provision of educational and clinical supervision for all perinatal professionals, to include the scoping of educational requirements and evaluation of current models of supervision.</p> <p>Impact</p> <ul style="list-style-type: none"> <li>• Enhances staff well-being and retention contributing to a sustainable workforce</li> <li>• Improved quality of care from continuous professional support, learning and reflection</li> </ul>	HEIW
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### Evidence

The recent years of unprecedented pressure and strain on the NHS workforce have outlined the need for nationally consistent direction around career spanning support for staff to be factored into our long-term workforce policy <sup>9</sup>. The Welsh Government have recently announced their policy position on a framework of restorative clinical supervision to support the nursing workforce throughout their careers, whilst acknowledging the value of adopting this across other professional groups.

<sup>8</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/](https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/) Accessed on: 30/04/24

<sup>9</sup> Welsh Government 2024. Welsh Health Circular. Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement Available at: [Nursing preceptorship and restorative clinical supervision: position statement \(gov.wales\)](https://www.gov.wales/government/press-releases/nursing-preceptorship-and-restorative-clinical-supervision-position-statement) Accessed on: 17/04/24

A review of the evidence of clinical supervision has concluded that it provides peer support and stress relief (restorative function) as well as means of promoting professional accountability (normative function) and skill and knowledge development (formative function) <sup>10</sup>. This is essentially the model that was first developed by Proctor <sup>11</sup> and that has been adopted widely in the UK and in other countries. Restorative supervision contains elements of psychological support including listening, supporting, and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations. Quantitative findings recorded as pre and post-supervision measures have shown a positive trend in the reduction of symptoms of burnout and secondary traumatic stress whilst improving the individual's sense of compassion satisfaction, the pleasure they derive from doing their job <sup>12</sup>.

The General Medical Council Workforce Report <sup>13</sup> has identified that the number of specialty and associate specialist (SAS) doctors and locally employed (LE) doctors on their medical register has increased substantially. Doctors working in these roles now make up almost a quarter (24%) <sup>14</sup> of the total workforce and 57% of the Obstetrics and Gynaecology workforce <sup>15</sup>. The journey to taking up an SAS or LE doctor post is varied, and their range of skills and competencies, is pivotal but often poorly understood. This means that SAS and LE doctors often do not receive the professional development opportunities and career support they need, leading to avoidable attrition <sup>16</sup>. It is essential that these professionals feel valued and are supported to progress their careers.

A study carried out on resilience in midwifery suggest that, whereas traditional clinical supervision has focused on clinical competency, recommendations from the literature also encompass the need for interventions aimed at enhancing personal confidence and self-efficacy and addressing stress management techniques <sup>17</sup>.

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<sup>10</sup> Brunero, S., Stein-Parbury, J. 2008. The effectiveness of clinical supervision in nursing: an evidenced based literature review, Australian Journal of Advanced Nursing, 25 (3), 86.

<sup>11</sup> Proctor, B. 1986. Supervision: A Co-operative Exercise in Accountability in: Marken, M., Payne, M. (eds.) (1986). Enabling and Ensuring - supervision in practice National Youth Bureau, Council for Education and Training in Youth and Community Work, Leicester, UK.

<sup>12</sup> Pettit A. and Stephen R. 2015. Supporting Health Visitors and Fostering Resilience. Literature Review. Available at: [ihv literature-review v9.pdf \(wordpress.com\)](#) Accessed on: 29/04/24

<sup>13</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](#) Accessed on: 29/04/24

<sup>14</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](#) Accessed on: 29/04/24

<sup>15</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

<sup>16</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

<sup>17</sup> Hunter, B., Warren, L. 2014. Midwives' experiences of workplace resilience. Midwifery. 2014 Aug; 30(8) 926-34.

There are no clinical supervision training/ modules delivered by Higher Education Institutions (HEIs) in Wales. These types of modules have existed previously but have disappeared over time. It is essential that those facilitating restorative clinical supervision have the correct education and training to enable them to effectively fulfil this function, supporting effective implementation of restorative supervision across professional groups.

#### Engagement

We heard from some of the Clinical Supervisors of Midwives across Wales that they would like formal training for their role in providing restorative clinical supervision.

In addition, allied health professional colleagues wanted access to clinical supervision but felt the infrastructure wasn't there to support this consistently across Wales.

3.	<p>Develop resources to be used across NHS Wales that will facilitate a culture of safety, learning and support in perinatal teams.</p> <ul style="list-style-type: none"> <li>a) In partnership develop an All-Wales approach for the response to adverse incidents, focussing on a just culture, psychological safety, staff wellbeing, shared learning, and co-production that is aligned to the work of the Strategic Maternity and Neonatal Network. To include HEIWs 'Improving quality through simulation framework' and aligned to national guidance and legislation.</li> <li>b) In partnership develop compulsory All-Wales training for professionals undertaking perinatal incident investigations.</li> <li>c) Develop an all-Wales compassion based approach for the emotional and psychological wellbeing of the perinatal workforce following a potentially upsetting or traumatic incident.</li> </ul> <p>Impact</p> <ul style="list-style-type: none"> <li>• To understand the determinants of success (Safety II)</li> <li>• Multi-professional learning from critical incidents</li> </ul>	HEIW and the NHS Executive
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- Improved workforce engagement in decision making and quality improvement
- Provides equitable access for all staff to have the opportunity for emotional support following any potentially upsetting or traumatising incident
- Enhances staff well-being and retention contributing to a sustainable workforce
- Supports development of a just culture, psychological safety, and compassionate leadership

## Evidence

Learning health systems play a crucial role in enhancing patient care. Adverse events can have severe consequences for women, birthing people, babies, their families, and the staff involved in their care. Within perinatal teams, fostering just cultures and creating supportive working environments is essential. An organisational culture that encourages learning from adverse events is vital<sup>18</sup>. It allows for thorough incident investigations to protect women, birthing people and babies while also treating staff with compassion. Feedback should be constructive, proportional to the situation, with a focus on system errors rather than individual blame<sup>19</sup>. Failure to learn from critical events, missed opportunities to learn and improve safety have been cited in several reports into failings in maternity services<sup>20 21</sup><sup>22</sup>. The Mat Neo Safety Support Programme Report<sup>23</sup> recommends that NHS Wales should develop and implement a standardised maternity & neonatal adverse event review process.

Traumatic events can be experienced as single incidents or can be prolonged and accumulative. Work related trauma is common in midwives and obstetricians due to the frequent potential for time critical incidents to occur which could threaten the life of the mother, fetus, or baby<sup>24</sup>. The negative psychological impact of working in critical care for staff has also been demonstrated with evidence that

<sup>18</sup> Department of Health and Social Care 2022. The final report of the Ockenden review. Available at: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111427/final-report-of-the-ockenden-review.pdf) Accessed on: 29/04/24

<sup>19</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](https://www.rcog.org.uk/~/media/rcogmedia/documents/Workforce/RCOG-Workforce-report-2022.pdf) Accessed on: 20/02/24

<sup>20</sup> Kirkup B. 2015. The Report of the Morecambe Bay Investigation. Available at: [The Report of the Morecambe Bay Investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444442/the-report-of-the-morecambe-bay-investigation.pdf) Accessed on: 17/04/24

<sup>21</sup> Department of Health and Social Care 2022. The final report of the Ockenden review. Available at: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111427/final-report-of-the-ockenden-review.pdf) Accessed on: 29/04/24

<sup>22</sup> Kirkup B. 2023. Reading the signals: Maternity and neonatal services East Kent. Available at: [Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111427/mat-neo-safety-support-programme-report-2023.pdf) Accessed on: 30/04/24

<sup>23</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/](https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/) Accessed on: 30/04/24

<sup>24</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](https://www.rcog.org.uk/~/media/rcogmedia/documents/Workforce/RCOG-Workforce-report-2022.pdf) Accessed on: 20/02/24

40% of staff in paediatric settings experience one or more of burnout, moral injury, or post-traumatic stress symptoms<sup>25</sup>. This has an understandable impact on staff retention, an increasingly pressing issue for neonatal nursing and medical staff<sup>26</sup>. Staff who are not experiencing compassionate and supportive systems themselves, will not feel the psychological safety needed within these complex and threat heavy environments to provide the compassionate care required for families<sup>27</sup>.

Most people exposed to traumatic events will not go on to develop major difficulties, but many people will experience a normal and understandable self-limited reaction in response to what they have experienced<sup>28</sup>. Most people affected by trauma can benefit greatly from trauma-informed support from those around them and never need to be referred for additional input<sup>29</sup>. Some people will need additional support and benefit from timely referral for this. Taking a proactive and preventative approach to enable people to maintain their own health and wellbeing will contribute to the retention of our existing workforce<sup>30</sup>. The Mat Neo Safety Support Programme Report<sup>31</sup> recommends that NHS Wales should ensure provision of psychological support, within each maternity department and neonatal unit for all maternity and neonatal staff and that all maternity & neonatal services should embed Psychological Safety and the principles of a Just Culture embedded as cultural norms.

## Engagement

We heard during engagement about the need for enhanced psychological support to reduce burnout, sick leave, and turnover, alongside calls for a more positive portrayal of psychological support to reduce stigma and encourage utilisation. Encouragement for a culture that supports open, honest conversations. Promotion of a healthy culture, attitude to work, and team building across banding.

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<sup>25</sup> Jones, G.A.L., Colville, G.A., Ramnarayan, P., Woolfall, K., Heward, Y., Morrison, R., Savage, A. Fraser, J., Griksaitis, M.J., Inwald, D.P 2020. The Psychological Impact of Working in Paediatric Critical Care. A UK-wide prevalence study. Archives of Diseases of Childhood, 105, 470 – 475.

<sup>26</sup> Adams, E., Harvey, K. & Sweeting, M. 2022b. Neonatology: GIRFT programme national specialty report. GIRFT/NHS England & NHS Improvement.

<sup>27</sup> West, M. A. 2021. Compassionate leadership: Sustaining wisdom, humanity and presence in health and social care. London: Swirling Leaf Press.

<sup>28</sup> Substance abuse and mental health services administration 2014. Trauma Informed Care in Behavioural Health Services. Available at: [Understanding the Impact of Trauma - Trauma-Informed Care in Behavioral Health Services - NCBI Bookshelf \(nih.gov\)](#) Accessed on: 29/04/24

<sup>29</sup> Ace Hub Wales 2022. Trauma Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity. Available at: [Trauma-Informed-Wales-Framework.pdf \(traumaframeworkcymru.com\)](#) Accessed on: 30/04/24

<sup>30</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

<sup>31</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/](#) Accessed on: 30/04/24

## Attraction and recruitment

4.	<p>Actively promote careers in perinatal services to attract our future workforce.</p> <ul style="list-style-type: none"><li>a) Expand perinatal work experience opportunities across the whole of NHS Wales in line with the Strategic Framework for NHS Wales Careers.</li><li>b) Through the HEIW Widening Access Programme target and increase under-represented and socially disadvantaged groups in accessing perinatal careers.</li><li>c) Expand and promote opportunities within current training programmes to access perinatal experience/ placements for pre-registration nurses, medical students, physician associates, allied health professionals, and foundation doctors e.g. LIFT programme.</li><li>d) Lead on the development of an All-Wales approach to facilitating student midwife elective placements, for those studying outside Wales.</li><li>e) Develop an All-Wales approach to the recruitment of newly qualified midwives into Wales after the streamlining process has been completed.</li><li>f) Develop targeted actions to increase the fill rate for ST1 Obstetrics and Gynaecology (O&amp;G) training programmes, including a review of foundation placement experience and a strong and consistent offer of taster days/weeks to foundation doctors. Maintain the option to recruit into O&amp;G training programmes at ST3 in Wales, health boards should provide educational supervision and portfolio support to locally employed doctors to facilitate competitive ST3 O&amp;G application.</li><li>g) Pilot national post-graduate medical trainee recruitment to less than full time (LTFT) training places for paediatrics and anaesthetics to meet the increasing demand for LTFT training and to minimise rota gaps.</li></ul> <p>Impact</p> <ul style="list-style-type: none"><li>• Attracting a diverse workforce with varied backgrounds and skills</li></ul>	HEIW
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- Reducing attrition during training and enhancing recruitment
- Ensuring consistency and equity in work experience opportunities across Wales
- Contributing to the growth and sustainability of the healthcare system
- Improved recruitment into Obstetrics and Gynaecology training

#### Evidence

There are shortages in many occupations and professional groups in many services and settings. Whilst there are a wide range of roles available that suit a diverse range of skills and interests, the public focus traditionally has been on just a small number of roles (e.g. midwifery)<sup>32</sup>. There is a limited understanding of the breadth of career opportunities available amongst existing health and care professionals and those considering a career in perinatal services. We need to reach out to children, and young people beyond our traditional paths to help shape their career choices and open access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce<sup>33</sup>.

Between 2018 and 2022 in the UK there has been a 15% increase in licensed doctors in obstetrics and gynaecology<sup>34</sup>. However, in recent years in Wales there have been challenges in post-graduate trainee recruitment particularly into ST1. Therefore, targeted action is required to ensure the pipeline of obstetricians and gynaecologists coming into the workforce by facilitating entry at more than one point.

Data from the General Medical Council shows that an increasing number of doctors are seeking opportunities to work in more flexible ways. More doctors work part time, and more medical students and doctors in training are looking for greater flexibility in their training pathway<sup>35</sup>. The overall proportion of LTFT trainees doubled between 2012 (8%) and 2022 (18%). This change was mainly driven by LTFT growth in a small number of training programmes, including paediatrics and child health and obstetrics and gynaecology<sup>36</sup>.

<sup>32</sup> Health Education and Improvement Wales 2020. A Healthier Wales: Our workforce strategy for health and social care. Available at: [A healthier Wales \(nhs.wales\)](https://www.nhs.uk/healthier-wales/) Accessed on: 29/04/24

<sup>33</sup> Health Education and Improvement Wales 2020. A Healthier Wales: Our workforce strategy for health and social care. Available at: [A healthier Wales \(nhs.wales\)](https://www.nhs.uk/healthier-wales/) Accessed on: 29/04/24

<sup>34</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](https://www.gmc-uk.org/Workforce-report-2023/) Accessed on: 29/04/24

<sup>35</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](https://www.gmc-uk.org/Workforce-report-2023/) Accessed on: 29/04/24

<sup>36</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](https://www.gmc-uk.org/Workforce-report-2023/) Accessed on: 29/04/24

## Engagement

We heard from colleagues during engagement that the NHS in Wales needs to do more to attract and recruit its future workforce. Suggestions for achieving this were through removing barriers and expanding work experience opportunities. In addition, there was a call to target those communities who are underrepresented in our workforce ensuring that our workforce is representative of the population it serves. Concerns were raised about the lack of diversity within some specific elements of the workforce, particularly midwifery. In Wales 99.8% of the midwifery workforce identify as female and 95% identify as being white (or unknown) <sup>37</sup>. We were told that there should be a focus on diversity, both in student recruitment and workforce planning, to ensure a more inclusive representation that reflects the communities being served. Encouraging recruitment from early on, enhancing work experience opportunities and working with schools and communities to showcase perinatal roles and careers. In addition, colleagues commented that there needs to be sufficient placements to allow individuals to grow into roles, addressing attrition concerns and providing exposure to different pathways within perinatal careers and that training programmes should cover a broader range of experiences, including exposure to neonatal care for nurses and midwives.

5.	<p>Work in partnership to develop an All-Wales approach and set of principles to implement regional working.</p> <ul style="list-style-type: none"><li>➤ Provide multi-professional opportunities for development and rotational posts/regional working across health board boundaries.</li></ul> <p>Impact</p> <ul style="list-style-type: none"><li>• Opportunities to improve quality through learning from each other and sharing best practice beyond health board boundaries</li><li>• Ability to deliver sub-specialist services locally</li><li>• Maintenance of clinical expertise</li><li>• Experience of different models of care</li><li>• Avoidance of working in isolation</li></ul>	HEIW, NWSSP & WOD colleagues
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<sup>37</sup> Electronic staff record 2023.

### Evidence

Regional working can support maintenance of skill sets and help maintain services <sup>38</sup>, alongside supporting the sharing of good practice. Regional working also supports being able to deliver sub-specialist services, close to the locality where women and birthing people live. It improves training opportunities and shared learning for the wider multi-professional team. However, there are some disadvantages which need further consideration such as issues with travel time and differences between hospital administrative systems. The planned introduction of Digital Maternity Cymru, a single electronic records system, will enable easier cross boundary working.

### Engagement

Cross health board boundary or regional working was also discussed by several colleagues during engagement and will support any future plans to develop a regional maternal medicine network, alongside supporting the provision of specialist services locally and maintenance of skills.

## Seamless workforce models

6.	<p>Scope and develop the workforce model and training requirements for a maternal medicine network, to include the role of an Obstetric Physician in Wales.</p> <p>Impact</p> <ul style="list-style-type: none"><li>• Develop a sustainable workforce aligned to services</li><li>• Ensure women and birthing people with medical conditions have timely access to the best specialist advice and care at all stages of their pregnancy</li><li>• Embed multi-professional workforce models</li><li>• Improve quality and outcomes for patients</li></ul>	HEIW
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<sup>38</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

## Evidence

Increasing acuity and complexity in perinatal services is linked to the changing demographics of women giving birth with over half of women in Wales aged 30 or over in 2022 <sup>39</sup>. In addition, 60% of women are overweight or obese at initial assessment <sup>40</sup>. NHS organisations are expected to develop a network of regional clinical teams and centres flexibly to meet local demand <sup>41</sup>. For some services, treatment centres or centres of excellence may be the best option, which will provide opportunities for specialised roles and training <sup>42</sup>. The NHS Executive are prioritising an action from the Mat Neo Safety Support Programme Report <sup>43</sup> 'to scope the requirements for a Maternal Medicine Network for Wales'. As new, sustainable service models are developed, some services will need to be regionally planned and delivered <sup>44</sup>. Scoping the workforce required will complement the work of the NHS Executive and ensure adequate workforce planning is in place to support any service changes.

7.	Review and strengthen local workforce planning and transformation.	
	a) Develop and implement a multi-professional skill mix model for the perinatal team, including new and emerging roles based on good practice and the evidence-base which meet the needs of the population and demands for service. Utilise the visual guide in appendix one to support workforce planning and development of a workforce model locally.	Health Boards
	b) Utilise HEIWs workforce observatory to support local workforce planning <a href="#">Workforce observatory - HEIW (nhs.wales)</a>	
	c) Develop a method of calculating the hours required for additional roles e.g. Quality and Leadership roles for medical, nursing and midwifery within perinatal services with appropriate job planning support in direct clinical care and SPA time for the work to be completed.	Health Boards

<sup>39</sup> Welsh Government 2023. Maternity and birth statistics 2022. Available at: [Maternity and birth statistics: 2022 | GOV.WALES](#) Accessed on: 29/04/24

<sup>40</sup> Welsh Government 2023. Maternity and birth statistics 2022. Available at: [Maternity and birth statistics: 2022 | GOV.WALES](#) Accessed on: 29/04/24

<sup>41</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

<sup>42</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

<sup>43</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/](#) Accessed on: 30/04/24

<sup>44</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

	<p>Impact</p> <ul style="list-style-type: none"> <li>• Embed multi-professional workforce models</li> <li>• Strengthen local workforce planning</li> <li>• Improve quality and outcomes for patients</li> </ul>	HEIW
<p>Evidence</p> <p>Evidence suggests that MDT working can lead to improved job satisfaction for professionals and practitioners because of greater autonomy, skill enhancement and knowledge sharing. Teams must be supported to meaningfully embed and integrate new roles, as well as allowing space to design new ways of working and the ability to successfully implement and sustain them <sup>45</sup>. The Mat Neo Safety Support Programme Report <sup>46</sup> stated that Allied Health Professional roles should be embedded within services in line with national standards and that there should be facilitation of new models of medical care (e.g., Physician’s Associates, Advanced Neonatal Nurse Practitioners on Tier 2 and Nurse Consultant roles).</p> <p>Engagement</p> <p>During engagement we heard calls for a more appropriate multidisciplinary team (MDT) to meet population needs, reduce stress and enable earlier discharges.</p>		
8.	<p>Progress the career development and training of the support worker workforce.</p> <p>a) Develop an All-Wales competency and career progression framework for perinatal support workers at levels 2, 3 and 4, including options for progression from non-registrant to registrant (nursing and maternity).</p>	HEIW

<sup>45</sup> Shen, J, and Lloyd T. Statistical analysis protocol for pooled analysis of three evaluations of community-based multidisciplinary teams in England. The Health Foundation. August 2020. [https://www.health.org.uk/sites/default/files/202011/statistical\\_analysis\\_protocol\\_for\\_pooled\\_analysis\\_of\\_three\\_evaluations\\_of\\_mdts\\_in\\_england.pdf](https://www.health.org.uk/sites/default/files/202011/statistical_analysis_protocol_for_pooled_analysis_of_three_evaluations_of_mdts_in_england.pdf)

<sup>46</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/](http://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/) Accessed on: 30/04/24

	<p>b) Commission work-based learning for level 2, 3 and 4 staff working in perinatal teams to provide opportunities for learning and development specific to perinatal care.</p> <p>c) Provide training for health board colleagues to enable them to assess and sign off work-based learning competencies.</p> <p>Impact</p> <ul style="list-style-type: none"> <li>• Upskill the workforce to meet demand</li> <li>• Improve quality and outcomes for patients</li> <li>• Improve job satisfaction and retention through opportunities to learn and develop</li> <li>• Develop our current workforce with relevant learning opportunities focused on perinatal care</li> <li>• Enhance career progression opportunities/succession planning</li> <li>• Facilitate the implementation of work-based learning locally</li> <li>• Upskill the workforce to maximise the opportunities developments in genomics bring</li> </ul>	
<p><b>Evidence</b></p> <p>A recommendation from the Improving Together for Wales Report is that there should be facilitation of clear career progression for the non-qualified and qualified workforce <sup>47</sup>. The Kings Fund state that among the many other contributing factors of whether people stay in an organisation are the culture of a team and organisation and the prospects of career progression <sup>48</sup>.</p> <p>Maternity support workers (MSWs) provide care to mothers, birthing people their families and babies through pregnancy, labour and during the postnatal period. This action aims to strengthen the role of the MSW as a key part of the maternity workforce ensuring that mothers, birthing people, and their babies have access to well-trained MSWs who have a defined role within the maternity team. To deliver care confidently and capably, MSWs must acquire a level of knowledge, competence, and skills specific to the population they serve. Following appropriate preparation, maternity support workers can deliver elements of health care and undertake clinical work under</p>		

<sup>47</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/](http://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/) Accessed on: 30/04/24

<sup>48</sup> The Kings Fund 2023. The health and care workforce. Available at: [The Health And Care Workforce: Planning For A Sustainable Future | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/the-health-and-care-workforce-planning-for-a-sustainable-future) Accessed on: 30/04/24

supervision or independently within agreed standard operating procedures. An independent review exploring the role of healthcare support workers <sup>49</sup> identified that healthcare assistants and support workers were, at times, providing direct clinical care without supervision, and without the necessary education and training to allow them to understand the care they were giving or the clinical picture they were observing. The Royal College of Midwives scoping report also highlighted inconsistencies in education and training and deployment <sup>50</sup>. There is a need for consistency in education and training pathways for MSWs but also a need for maternity specific education programmes for MSWs to ensure that knowledge and skills relate to the populations served.

### Engagement

During engagement we heard from colleagues that opportunities for learning and development are linked to job satisfaction, career progression and retention. We also heard how valuable maternity support workers are and the important contribution they make to a multi-professional, person-centred approach to care.

9.	<p>Develop a career development framework, and an education and training strategy to support the provision of Pharmacy and Allied Health Professional workforces in perinatal services to meet professional body recommendations/standards.</p> <p>Impact</p> <ul style="list-style-type: none"> <li>• Upskill the workforce to meet demand</li> <li>• Improve quality and outcomes for patients</li> <li>• Improve job satisfaction and retention through opportunities to learn and develop</li> <li>• Develop our current workforce with relevant learning opportunities focused on perinatal care</li> <li>• Enhance career progression opportunities/succession planning</li> </ul>	HEIW
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<sup>49</sup> The Cavendish Review. An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings. Available at: [The Cavendish Review \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/cavendish-review-report.pdf) Accessed on: 29/04/24

<sup>50</sup> Griffin 2017. The deployment, education, and development of maternity support workers in England. Available at: [the-deployment-education-and-development-of-maternity-support-workers-in-england.pdf \(rcm.org.uk\)](https://www.rcm.org.uk/media/1000000/griffin-2017-the-deployment-education-and-development-of-maternity-support-workers-in-england.pdf) Accessed on: 29/04/24

## Evidence

Allied health professionals (AHPs) have a range of common core skills alongside their unique clinical skills and play an essential role in the neonatal MDT. Timely intervention with advanced knowledge and skills in a complex and vulnerable population impacts positively on length of stay and improves neurodevelopmental and other health outcomes as well as family experiences <sup>51</sup>.

Allied health professionals working in neonatal units develop special expertise in their discipline as it applies to new-born babies. These disciplines comprise dietitians, occupational therapists, physiotherapists, speech and language therapists, and psychologists, among others. AHP practice in the neonatal period is very different to practice in older children and adults, demonstrating the need for AHP's with specific skill sets <sup>52</sup>.

The pharmacy team is made up of pharmacy technicians, pharmacists, advanced and consultant pharmacists. Increasing clinical complexity, related to the changing age demographic of women giving birth in Wales, increasing levels of obesity and long-term conditions mean the pharmacy team play a valuable but often underutilised role in the perinatal team. Pharmacy technicians have a broad role of preparing, dispensing, supplying, and issuing a wide range of medicines to patients, working under the supervision of a pharmacist. Consultant pharmacists are clinical experts who work at a senior level, delivering care and driving change across the healthcare system. They undertake activities that use their extensive, expert knowledge and skills to contribute to the health of individuals and the population. Consultant and advanced pharmacists provide more specialist clinical input for complex women, birthing people. They lead on service improvement and research projects and can provide pharmacy led clinics for specific conditions.

## Engagement

During engagement we heard urgent calls for increased staffing to address workload, stress, burnout, and enhance patient care. We also heard about the importance of the multi-professional teams and a call for more specialist roles to meet population health needs.

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<sup>51</sup> Doyle LW, Anderson PJ, Battin M et al. Long term follow up of high risk children: who, why and how? BMC Pediatrics. 2014;14:279. doi:10.1186/1471-2431-14-279.

<sup>52</sup> NHS England Implementing the Recommendations of the Neonatal Critical Care Review Transformation. Available at: [Implementing-the-Recommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf \(england.nhs.uk\)](#) Accessed on: 24/05/24



## Building a digitally ready workforce

10.	<p>Develop a digitally ready workforce.</p> <ol style="list-style-type: none"> <li>a) Develop a Digital Education and Training Plan for the pre and post registration education and training needs of the perinatal workforce to work in a technological enabled service.</li> <li>b) Roll out the new HEIW digital capability framework in perinatal teams. Utilise the data to identify training needs and commission training/education informed by the evidence gathered.</li> <li>c) Develop a targeted digital leadership programme for perinatal teams in preparation for Digital Maternity Cymru that will support digital transformation and service improvement.</li> </ol> <p>Impact</p> <ul style="list-style-type: none"> <li>• Ensure training and education is available across the career pathway, including pre-registration education</li> <li>• Building a digitally ready workforce</li> <li>• Ability to embrace and maximise use of digital developments</li> <li>• Maximise future digital workplace development</li> <li>• Develop an understanding of the workforce’s knowledge and any gaps</li> <li>• Ability to provide/signpost to learning opportunities that exist</li> </ul>	HEIW
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**Evidence**  
 Within 20 years, 90% of all jobs in the NHS will require some element of digital skills <sup>53</sup>. Staff will need to be able to navigate a data-rich healthcare environment and will need digital and genomics literacy. The Digital Health and Social Care Strategy for Wales <sup>54</sup> highlights the need to develop our workforce to have the skills and confidence they need to make the most of digital services and improve care.

<sup>53</sup> Topol E. 2019. The Topol Review. Preparing the healthcare workforce to deliver the digital future. Available at: [The Topol Review — NHS Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/topol-review) Accessed on: 29/04/24

<sup>54</sup> Welsh Government 2023. Digital and data strategy for health and social care in Wales. Available at: [Digital and data strategy for health and social care in Wales \[HTML\] | GOV.WALES](https://gov.wales/digital-and-data-strategy-for-health-and-social-care-in-wales) Accessed on: 29/04/24

This will require changes to professional regulatory requirements and academic curricula, to ensure the future and current workforce have the skills required to embrace the changes.

#### Engagement

Through engagement we heard that there is necessity for the perinatal workforce to embrace digital and technological advances. Such as encompassing digitalised notes, e-prescribing, virtual clinics, and apps. A crucial component to achieving this is the highlighted need for robust training and support mechanisms to enhance the digital competency and confidence of the workforce.

### Excellent education and learning

11.	<p>Develop training and resources to reduce inequalities in health and outcome for black and ethnic minority women and birthing people.</p> <ul style="list-style-type: none"> <li>a) Develop a compulsory training programme for perinatal teams in NHS Wales focussing on cultural competence and unconscious bias.</li> <li>b) Develop training and resources to support the assessment and diagnosis of conditions in women and babies from ethnic minorities to improve equity and reduce inequalities.</li> <li>c) Review data from the Workforce Race Equality Standard and the Staff Survey to inform future actions.</li> </ul> <p>Impact</p> <ul style="list-style-type: none"> <li>• This will facilitate targeted action to address systemic issues to improve the experiences of the ethnic minority workforce and the inequalities in outcome for the global majority</li> </ul>	HEIW
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#### Evidence

Significant health inequalities exist in maternity and neonatal care in the UK. For example, there remains a nearly four-fold difference in

maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women <sup>55</sup>. Stillbirth and neonatal mortality rates in the UK are lowest for babies of White ethnicity from the least deprived areas (2.78 stillbirths per 1,000 total births and 1.26 neonatal deaths per 1,000 live births). The multiple impact of ethnicity and deprivation is highlighted by a stillbirth rate of 8.10 and 7.96 per 1,000 total births for babies of Black African and Black Caribbean ethnicity respectively from the most deprived areas <sup>56</sup>.

The Royal College of Paediatrics and Child Health <sup>57</sup>, call for training on the importance of diversity and recognising unconscious bias. The Welsh Government <sup>58</sup> also acknowledge the need for the workforce to develop the cultural competencies and inclusive behaviours needed to meet the ambition for an inclusive and valued workforce. The Strategic Maternity and Neonatal Network has prioritised an action to ‘ensure the disparity in outcomes for ethnic minority groups are understood and recognised in relation to their local population and plan services appropriately’. This action will complement the work of the NHS Executive and align with calls from professional bodies.

### Engagement

During engagement concerns were raised about the lack of diversity within some elements of the workforce, particularly midwifery. In Wales 99.8% of the midwifery workforce identify as female and 95% identify as being white (or unknown) <sup>59</sup>. We also heard that cultural competency training should be provided, and that diversity and inclusion should be promoted, alongside development opportunities for all staff.

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<sup>55</sup> House of Commons 2023. Black Maternity Matters. Available at: [Black maternal health \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/maternal-mortality-and-infant-mortality-committee/reports/black-maternity-matters/) Accessed on: 29/04/24

<sup>56</sup> MBRRACE UK 2023. Perinatal Confidential Enquiry: A comparison of the care of Asian, Black, and White women who have experienced a stillbirth or neonatal death. Available at: [Reports | MBRRACE-UK | NPEU \(ox.ac.uk\)](https://www.mbrpace.org.uk/reports/2023/perinatal-confidential-enquiry-a-comparison-of-the-care-of-asian-black-and-white-women-who-have-experienced-a-stillbirth-or-neonatal-death/) Accessed on: 30/04/24

<sup>57</sup> Royal College of Paediatrics and Child Health 2022. Workforce Census Report. Available at: [Workforce Census 2022 - Full report | RCPCH](https://www.rcpch.ac.uk/resources/workforce-census-2022) Accessed on: 30/04/24

<sup>58</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](https://gov.wales/design-team-style-template) Accessed on: 30/04/24

<sup>59</sup> Electronic Staff Record 2023.

## Leadership and succession planning

12. Develop and implement targeted programmes and resources to embed compassionate leadership and management, succession planning and mentoring, positive cultures, psychological safety, and effective team working at all levels within perinatal teams.

### Impact

- Development of multi-professional compassionate leaders across the NHS
- Opportunities for career progression
- Development of compassionate, inclusive cultures in perinatal teams

### Evidence

National reports over several years have identified poor leadership, culture and team working as significant contributory factors towards adverse maternal and neonatal outcomes<sup>60 61 62</sup>. Compassionate leadership involves ensuring a climate that encourages team members to listen carefully to each other, understand all perspectives in the team, empathise and help support each other<sup>63</sup>. It requires a shift from hierarchical structures towards collective leadership whereby leaders develop shared vision and purpose and facilitate teams to work towards agreed rather than imposed objectives. Compassionate leadership also promotes inclusivity thereby creating psychologically safe working environments that embrace diversity and value difference so that multidisciplinary working and collaboration occur with minimal conflict<sup>64</sup>. The focus of HEIW's Workforce Strategy<sup>65</sup> is on workforce wellbeing and its ambition to build compassionate, collective, and inclusive cultures as a sustainable foundation for robust strategies to attract, recruit and retain talented people to train, work and live in Wales. Compassionate leadership will be critical at all levels and across all professional groups if we are to effectively

<sup>60</sup> Kirkup B. 2015. The Report of the Morecambe Bay Investigation. Available at: [The Report of the Morecambe Bay Investigation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) Accessed on: 17/04/24

<sup>61</sup> Department of Health and Social Care 2022. The final report of the Ockenden review. Available at: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Accessed on: 29/04/24

<sup>62</sup> Kirkup B. 2023. Reading the signals: Maternity and neonatal services East Kent. Available at: [Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Accessed on: 30/04/24

<sup>63</sup> West M. 2021. Compassionate Leadership. Sustaining wisdom, humanity and presence in health and social care. Swirling Leaf Press. UK

<sup>64</sup> West M. 2021. Compassionate Leadership. Sustaining wisdom, humanity and presence in health and social care. Swirling Leaf Press. UK

<sup>65</sup> Health Education and Improvement Wales 2020. A Healthier Wales: Our workforce strategy for health and social care. Available at: [A healthier Wales \(nhs.wales\)](https://nhs.wales) Accessed on: 29/04/24

refocus, develop and redesign our NHS services for the future, to retain our workforce and to engage and involve them to develop new solutions, manage change and deliver effective experiences for people using services and quality improvement <sup>66</sup>.

A recommendation from the Maternity and Neonatal Safety Support Programme Report <sup>67</sup> is to ensure staff in recognised leadership roles have access to leadership training which includes content on culture and the principles of high performing teams and that resourcing for higher/additional qualifications is supported. In addition to each maternity and neonatal service implementing an annual validated psychological safety survey with results shared and discussed at local team, unit, Health Board and national levels.

### Engagement

Through engagement we heard there is a need to enhance leadership and management through training and education, access to resources and educational programmes for career development. We also heard that there should be increased visibility and transparency by removing the hierarchy, working collaboratively, ensuring leaders are visible on the shop floor and fostering a culture of open and honest communication.

## Workforce supply and shape

- |     |  |
|-----|--|
| 13. | <p>Build workforce intelligence and modelling to inform and predict future workforce requirements over the long term.</p> <ul style="list-style-type: none"><li>a) Develop workforce modelling to inform future supply and demand, using a scenario based approach, taking into consideration pipeline and population data and workforce trends. Utilise this information to inform HEIW's Education and Training Plan.</li><li>b) Identify data gaps and ensure systems are in place to support data collection and analysis for the whole perinatal workforce. Develop a multi-professional perinatal workforce dashboard.</li><li>c) Identify all current and projected Consultant workforce gaps for the next 10 years across the 3 perinatal specialities, including the more specialist Consultant roles in Wales. Develop targeted training opportunities to specifically address</li></ul> |
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<sup>66</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](https://gov.wales/design-team-style-template) Accessed on: 30/04/24

<sup>67</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/](https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/) Accessed on: 30/04/24

current Consultant vacancies, including the option to purchase specialist training posts e.g. fetal and maternal medicine from NHS England when sub-specialist training is not available in Wales.

- d) Develop updated HEIW Specialty School strategies to maximise specialist training placements in Obstetrics and Gynaecology, Neonatal 'GRID' sub-specialty training and Obstetric Anaesthetic as Specialist Interest Area training to match the projected population needs in Wales.
- e) Increase core and higher specialist training programme places to mirror the expansion in Foundation training places to avoid acute bottlenecks in training progression and retain postgraduate doctors in Wales.
- f) Include recommendations for increases in specific roles considering population health need, demand, and workforce trends as part of future Education and Training Plan (ETP) submissions.
- g) Continue to increase commissioning places for midwifery over the next two years to support the requirements of the Birth Rate Plus recommendations whilst considering the decreasing birth rate, increasing acuity and complexity, and placement capacity. Over the last 5 years 2019 – 2024 commissioning places for midwifery have increased by 67%.
- h) Increase child and adult nurse commissioning numbers in 25/26 by 6% and 4% respectively to address demand. Whilst continuing with strategies to improve the fill rate for adult nursing places.
- i) Define the methodology for the uplift required to cover workforce absences including sickness, training, maternity leave. Calculate the uplift required to cover staff absences based on previous 3 years data.

#### Impact

- Collation of accurate workforce intelligence
- Facilitation of workforce planning and decision making
- Avoid duplication and limit manual data collection
- Facilitation of workforce planning and strategic decision making
- Increase workforce supply
- Succession planning for medical consultant posts in Wales
- Maintenance of specialty services in Wales

- Improved outcomes for patients through provision of local and regional specialty services
- Avoid workforce shortages linked to maternity and sick leave
- Reduce high workload
- Avoid bank/agency usage
- Improve retention

## Evidence

a, b, c & d) Accurate workforce data is required to facilitate strategic workforce planning, including the dynamic flow of people in and out of NHS Wales. This data can then be turned into effective intelligence to inform strategic decision making. Workforce data is vitally important not only for planning purposes but also to inform education commissioning for the whole system, so that we educate sufficient staff <sup>68</sup>. This clear understanding of the workforce is required to underpin effective, workforce transformation, capacity building, training and education, recruitment and retention and long-term planning for the future needs of the workforce when combined with the impact of population health and demographics on demand and capacity for services <sup>69</sup>.

Workforce planning is a complex process of getting the right people with the right skills in the right place at the right time to provide person-centred care <sup>70</sup>. Population demographics and requirements may differ across Wales. For workforce planning to be successful, training opportunities and the skillset of the workforce must be driven by current and predicted patient need <sup>71</sup>.

Some workforce data is available via the Electronic Staff Record (ESR). However, there are limitations to the data that can be extrapolated from this system. It is not possible to gain accurate data for the medical and allied health professional elements of the perinatal workforce. Accurate workforce data is essential to inform decision making, and whilst some manual data collection has been

<sup>68</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

<sup>69</sup> Sutton C. Prowse J. McVey L. Elshehaly M. Neagu D. Montague J. Alvarado N. Tissiman C. O'Connell K. Eyers E. Muhammad F. Randell R. 2023. Strategic workforce planning in health and social care – an international perspective: A scoping review, Health Policy, Volume 132. Available at: [Strategic workforce planning in health and social care – an international perspective: A scoping review - ScienceDirect](#) Accessed on: 01/05/24

<sup>70</sup> Sutton C. Prowse J. McVey L. Elshehaly M. Neagu D. Montague J. Alvarado N. Tissiman C. O'Connell K. Eyers E. Muhammad F. Randell R. 2023. Strategic workforce planning in health and social care – an international perspective: A scoping review, Health Policy, Volume 132. Available at: [Strategic workforce planning in health and social care – an international perspective: A scoping review - ScienceDirect](#) Accessed on: 01/05/24

<sup>71</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

completed to inform the plan, digital solutions are required to avoid duplication, improve efficiency and allow accurate analysis. Below is a summary of some of the data available that has been used to inform the actions within the plan.

e, f & g)

### **Midwifery**

Currently in Wales we have 1733 midwives which equates to 1433.1 whole time equivalent (WTE) midwives (May 2024). This data uses ESR occupation code N2C, which does not include Consultant Midwives but may include those in specialist or management roles. There are 597 midwifery students enrolled in Wales (May 2024). In 2022 (2023 data will be available in June 2024) there were 28,520 births in Wales. Based on the assumption that the birth rate continues to decrease this means that for every 20 births in Wales there is at least 1 WTE midwife. It is acknowledged that this number will have some 'inactive' midwives e.g. those that are on sick leave, maternity leave and seconded to other roles. The age profile of the midwifery workforce in Wales is changing with a much younger workforce evident currently and predicted to continue based on forecasting of trends. In future this may have implications for numbers on maternity leave but also means that there will be fewer people reaching retirement age between now and 2033. Attrition rates from the pre-registration midwifery programmes in Wales is between 10 – 11%. In 2023 99% of midwifery student graduates were recruited into posts in Wales through the student streamlining process.

The Birth Rate Plus Report 2023 commissioned by Welsh Government identified the requirement for an additional 40 WTE midwives in Wales. Over the last 5 years there has been an increase in commissioned places for midwifery programmes in Wales of 67%. Over the last 10 years midwifery (full-time equivalent) numbers have increased in Wales by 8%. Through using cohort based forecasting it is anticipated that there will be small increases in the workforce over the next 10 years. We know we require more midwives to be available to the system than currently expected through training output. To meet demand and ensure a sustainable workforce higher commissioned numbers are required, alongside retention strategies to keep our current workforce.

Course	2022/2023	2023/2024	2024/2025	2025/2026
BSc Midwifery Commissioned numbers	185 (overfill actual numbers 195)	190 (overfill actual numbers 200)	<b>224</b> Projected commissioning numbers	<b>223</b> Projected commissioning numbers



### Neonatal nursing

After qualifying as an adult or child nurse or as a registered midwife, registrants can work in neonatal units and train to become 'Qualified in Speciality' (QIS). Currently there are 5682 nursing students enrolled in Wales (May 2024). Neonatal nursing numbers in Wales have increased by 15% since 2014. Through using cohort based forecasting it is anticipated that there will be small increases in the neonatal nursing workforce over the next 10 years, this is in relation to a reducing birth rate since 2011 that is forecast to continue and increases in acuity related to the lowering of resuscitation age, changes in the age demographic of women giving birth and increases in obesity and related diseases such as diabetes.

In 2023 and 2024 applications per nurse training place reduced in a context of increased commissioning numbers, resulting in not all places being filled in 2022-23 and 2023-24. A programme of work to increase applications to nursing programmes been progressed, including increasing part-time places and pilots for bridging modules for students who applied but missed out on a place due to insufficient academic credit. The introduction of a project to commence funding for international student places led to 447 international students being recruited to nursing programmes in Wales. All international students will be supported into posts on graduation as part of the tie in arrangements to stay in Wales for a minimum of 2 years. 2024 will also see the commencement of a new pre-registration nursing part time distance learning contract with the Open University. This programme is flexible and provides a part time route for all four fields of nursing for the first time.

In 2023 96% of student graduates were recruited into posts in Wales through the student streamlining process.

Course	2022/2023	2023/2024	2024/2025	2025/2026
BSc Adult nursing commissioned numbers	1651	1892	<b>1646</b> Projected commissioning numbers	<b>1714</b> Projected commissioning numbers
BSc Child nursing commissioned numbers	175	192	<b>189</b> Projected commissioning numbers	<b>200</b> Projected commissioning numbers

HEIW will 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.

### **Postgraduate Medical Training posts**

Below is a summary of the current medical trainee pipeline and Certificate of Completion of Training forecasts.

### **Foundation training posts**

Since 2020, the number of Foundation Year 1 (F1) posts in Wales has increased by 28% and the number of Foundation Year 2 posts (FY2) posts has increased by 32%. This increase of 210 additional FY posts has been driven by the need to match the increased medical student intake and medical graduate output from Cardiff and Swansea University Medical Schools. Future workforce planning within Wales specialist training programmes must mirror this expansion to allow progression of Welsh doctors into core and higher specialist training programmes to avoid acute bottlenecks in training progression and retain postgraduate doctors in Wales.

Foundation expansion	Number of F1 posts	Number of F2 posts
August 2020	351 (+12)	339
August 2021	381 (+30)	351 (+12)
August 2022	411 (+30)	381 (+30)
August 2023	450 (+39)	411 (+30)
August 2024	450	450 (+39)

### **Anaesthetics**

Anaesthesia postgraduate training is uncoupled into Core/Acute Care Common Stem (ACCS) - Anaesthetics (3/4 year) and Higher Specialist (4 year) training. A rigorous programme of training post expansion started in 2020 to ensure an uplift in CCT output to mitigate for an expected increase in consultant retirements based on Royal College of Anaesthetists Census and age data <sup>72</sup>. To date, Core

<sup>72</sup> Medical Workforce Census Report 2020. Available at: [Medical-Workforce-Census-Report-2020.pdf \(rcoa.ac.uk\)](https://www.rcoa.ac.uk/medical-workforce-census-report-2020.pdf) Accessed on: 17/06/24

Anaesthetics/ACCS Anaesthetics has expanded by 10 training posts and Higher Anaesthetics has expanded by an additional 15 posts: 3 posts 2020, 3 posts 2021, 3 posts 2022 and 6 posts 2023.

Post establishment:

- Acute Care Common Stem (ACCS) anaesthetics – 48 posts (this includes Emergency Medicine, Acute Medicine and Intensive Care Medicine posts to make up this programme). Number of trainees (April 24) 50. 10% of the programme are training less than full time.
- Core Anaesthetics 80 posts. Number of trainees (April 24) 84. 16% of the programme are training less than full time.
- Higher Anaesthetics 145 posts. Number of trainees (April 24) 153. 43% of the programme are training less than full time.

Core Anaesthetics/Acute Care Common Stem (ACCS) Anaesthetics expanded by 10 posts in August 2022

Higher Anaesthetics expanded by 3 posts 2020, 3 posts 2021, 3 posts 2022 and 6 posts in 2023.

Certificate of Completion of Training (CCT) projections (data following Feb 2024 Annual Review of Competency Progression (ARCP) reviewed 6 monthly):

- August 24 - July 25 – 26 trainees
- August 25 – July 26 – 21 trainees
- August 26 – July 27 – 50 trainees (reasons include changing curricula and increase in LTFT trainees in this cohort).
- August 27 – July 28 – 26 trainees

Anaesthesia training concludes with a general CCT in Anaesthesia. Only a small proportion, ~10-20% annually, will undertake the necessary specialist interest area (SIA) training in obstetric anaesthesia in ST6/7 years to be eligible for appointment to a consultant post with a regular sessional commitment to perinatal services. The need for established SIA training in obstetric anaesthesia in Wales, with access to high quality research, quality improvement and clinical experience, is fundamental to attract postgraduate anaesthesia trainees to undertake the training and stay in Wales for the long-term.

### **Paediatrics**

Paediatrics is a run-through postgraduate training programme from years ST1-ST7. 76% of the training workforce are female. Sub-specialist training in neonatology is selected as an option for a small number (up to 3 trainees per annum) in ST6 and 7 years. The current training post establishment is 157 training posts, with 194 trainees occupying these posts (April 24). 54% of the programme are training less than full time, therefore slot-shares of LTFT trainees are maximised to reduce rota gaps whenever possible.

There has been expansion within the Paediatric training programme since 2020; 4 posts in 2020, 6 posts 2021, 4 posts 2022 and 4 posts in 2024.

Post establishment:

- Paediatrics – 157 posts. Number of trainees (April 24) 194. 76% of the workforce are female. 54% of the programme are training less than full time.

CCT projections (data following Feb 2024 ARCPs reviewed 6 monthly):

- August 24 - July 25 – 14 trainees
- August 25 – July 26 – 19 trainees
- August 26 – July 27 – 25 trainees
- August 27 – July 28 – 32 trainees

### **Obstetrics and Gynaecology**

Numbers of Obstetrics and Gynaecology (O&G) Consultants in Wales has increased by 45% between 2014 and 2024 and is forecast to increase year on year up to 2033 using cohort-based analysis. Whilst the birth rate in Wales has been decreasing since 2011, there are increases in the acuity and complexity of those giving birth and in caesarean section rates. Alongside this there have been increases in resident consultant demands for labour ward, in addition to post pandemic demands for gynaecology.

There are several challenges specific to the Obstetrics and Gynaecology (O&G) workforce: the size and location of obstetric units across Wales affecting the capacity to train to the required RCOG curriculum mandates, low ST1 fill rates (see under separate action), increased inter-deanery transfer and out of programme experience requests all resulting in rota gaps and increasing numbers of individuals requesting less than full time working (44% O&G trainees are LTFT in Wales). A high number of Speciality and Associate Specialist (SAS) and locally employed doctors are required to support safe staffing of obstetrics and gynaecology services across Wales during weekdays and resident out-of-hours.

### **Obstetrics and Gynaecology**

Post establishment:

- Obstetrics & Gynaecology - 94 posts. Number of trainees (April 24) 77. 83% of the workforce are female. 44% of the programme are training less than full time.

The number of Obstetrics & Gynaecology training posts expanded by 2 posts in 2021. However, given the current difficulties filling current training posts, further expansion is not planned imminently. However, options for recruitment at ST3 will be maintained.

The current CCT in O&G allows Consultant practice across all aspects of perinatal work from early pregnancy assessment to post-natal care. However, an additional 2-3 year training is required to be eligible to undertake a specialist fetal medicine Consultant role – this training is not currently available in Wales and there are significant current challenges in appointing to replacement Consultant posts in Cardiff and Vale UHB.

CCT projections (data following Feb 20224 ARCPs reviewed 6 monthly):

- August 24-July 25 – 7 trainees
- August 25 – July 26 – 7 trainees
- August 26 – July 27 – 6 trainees
- August 27 – July 28 – 18 trainees (increased due to high numbers recruited at ST3 level).

### **Retention within NHS Wales post CCT**

HEIW Postgraduate Secondary Care section monitor the CCT retention rate in Wales every 6 months. The data shows that a high percentage of CCT holders are retained in Wales for Paediatrics and Anaesthesia and from the training year 2020/21 in Obstetrics and Gynaecology. However, the factors which influence decision-making in the penultimate year pre-CCT should be actively explored with ST6/7 trainees as there is room for retention improvement (see action 1 for retention).

	2022/2023 Training year		2021/2022 Training year			2020/2021 Training year			
Specialty Programmes	Trainees completing higher training	% retained and working in consultant roles in Welsh Health Boards in Nov 23	Trainees completing higher training	% retained and working in consultant roles in Welsh Health Boards in Nov 22	% retained and working in consultant roles in Welsh Health Boards in Nov 23	Trainees completing higher training	% retained and working in consultant roles in Welsh Health Boards in Nov 21	% retained and working post CCT in Welsh Health Boards in Nov 22	% retained and working post CCT in Welsh Health Boards in Nov 23
Anaesthetics	19	63%	23 <sup>[1]</sup>	65%	83%	23	87%	96%	91%
Obstetrics and gynaecology	9	78%	11	45%	55%	2	100%	100%	100%
Paediatrics	9	56%	9	67%	100%	12	50%	75%	83%

h) The Ockenden report <sup>73</sup> states that minimum staffing levels must include a locally calculated uplift, representative of the 3 previous years' data, for all absences including sickness, mandatory training, annual leave, and maternity leave. This is echoed in the recent Mat Neo Safety Support Programme Report <sup>74</sup>.

<sup>[1]</sup> 6 of these trainees dual accredited and obtained a CCT in Intensive Care Medicine. Retention is recorded for parent specialty only.

<sup>73</sup> Department of Health and Social Care 2022. The final report of the Ockenden review. Available at: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107147/final-report-of-the-ockenden-review.pdf) Accessed on: 29/04/24

## Engagement

During engagement we heard of the need to increase staffing, recruitment, to train more students and increase training numbers. During engagement we heard that there is a need for adequate succession planning, access to career pathways and development opportunities and career spanning learning. There is a clear call for training programmes to adapt and be relevant to evolving healthcare needs.

We also heard from colleagues that the current uplift is not sufficient to cover all absences. We heard that in neonatology, obstetrics and gynaecology, midwifery, and neonatal nursing there are increasing levels of maternity leave, aligned to the demographic of the workforce. Many suggestions from colleagues focus on the need to improve staffing levels, skill mix, and workload management to reduce stress and burnout amongst the perinatal workforce.

14.	<p>Improve workforce supply and shape through an All-Wales approach to international recruitment.</p> <ul style="list-style-type: none"><li>a) Collaborate with NHS Wales Shared Services Partnership (NWSSP) and health boards to identify medical workforce vacancies and consider options for an All-Wales approach to the ethical international recruitment of perinatal medical staff.</li><li>b) Collaborate with NWSSP and health boards to scope the requirements for and feasibility of the ethical recruitment of internationally educated midwives, to include consideration of the Nursing and Midwifery Council requirements, preparation for the observed, structured, clinical examination (OSCE), preceptorship and pastoral support.</li></ul> <p>Impact</p> <ul style="list-style-type: none"><li>• A prudent approach to international recruitment based on workforce data</li><li>• Ethical recruitment processes</li><li>• Improved supply of the workforce</li></ul>	HEIW
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<sup>74</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/](https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report-summary/) Accessed on: 30/04/24

- Appropriate support and induction for international recruits
- Utilise an existing streamlined process for sponsorship by NWSSP and General Medical Council registration
- Reduce appointment to 'in work' time

#### Evidence

Doctors joining UK practice who gained their primary medical qualification in the country of their nationality have been by far the largest contributors to the workforce since 2012 <sup>75</sup>. Over half (52%) of doctors who joined the workforce in 2022 were international medical graduates (IMGs).

The recruitment of International Nurses and Midwives trained outside of the European Economic Area (EEA) has continued to grow in the UK, to meet staff shortages <sup>76</sup>. However, international recruitment processes are expensive and time-consuming for both applicants and recruiting agencies <sup>77</sup>. In Wales despite increasing our training commissioning numbers, through using cohort-based forecasting, it is anticipated that increases in workforce numbers will be slow due to university attrition, leavers and those who choose to work less than full time. The workforce needs to increase by 42.2 additional WTE midwives required to meet demand as identified in the Birth Rate Plus 2023 Report. An all-Wales approach to international recruitment will be more prudent and ensure that mechanisms are in place to support the integration of colleagues who are internationally educated.

#### Engagement

Through our engagement we heard that there should be streamlining of international recruitment and a standardised approach to induction, to incorporate the specific needs of those settling from overseas.

<sup>75</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workforce report. Available at: [Workforce report 2023 \(gmc-uk.org\)](https://www.gmc-uk.org/workforce-report-2023) Accessed on: 29/04/24

<sup>76</sup> Bond S, Merriman C, Walthall H. The experiences of international nurses and midwives transitioning to work in the UK: a qualitative synthesis of the literature from 2010 to 2019. International Journal of Nursing Studies 2020;110:103693.

<sup>77</sup> Bond S, Merriman C, Walthall H. The experiences of international nurses and midwives transitioning to work in the UK: a qualitative synthesis of the literature from 2010 to 2019. International Journal of Nursing Studies 2020;110:103693



15.	<p>Strengthen workforce planning in perinatal teams including consideration of emerging and new roles, or alternative routes into professions to develop a sustainable pipeline of workforce reflecting demand and population needs.</p> <ol style="list-style-type: none"> <li>a) Develop guidance for the successful deployment of the Physician Associate (PA) role in perinatal care settings aligned to their scope of practice.</li> <li>b) Develop good practice guidance to support portfolio pathway routes into specialist registration.</li> <li>c) Develop work-based learning to provide a career progression pathway that enables Maternity Support Workers to become registered midwives. This will support career progression pathways, the workforce pipeline in rural areas of Wales, increase diversity in the workforce and provide equitable access to training and education.</li> <li>d) Scope evidence-based tools, standards and guidance that are currently used to inform midwifery-staffing levels. Utilise the scoping exercise data to complete an options appraisal for an All-Wales approach.</li> <li>e) Develop a workforce planning toolkit to inform obstetric, obstetric anaesthetist and neonatology staffing levels in Wales.</li> </ol> <p>Impact</p> <ul style="list-style-type: none"> <li>• Inform post graduate training and education commissioning</li> <li>• Inform education and training plan decisions</li> <li>• Allows for planning and development of solutions for anticipated workforce shortages</li> <li>• Development of a health board structure to facilitate the learning and educational needs of doctors choosing the portfolio pathway</li> <li>• Provision of a career pathway to consultant practice</li> <li>• Widen access to a career in midwifery</li> <li>• Increased diversity and inclusion in the workforce</li> <li>• Career pathway opportunity for maternity support workers</li> </ul> <p>Improved retention through career development and opportunities</p>	<p>NWSSP &amp; HEIW</p> <p>NWSSP &amp; HEIW</p>
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## Evidence

- a) The Royal College of Paediatrics and Child Health <sup>78</sup> call for the develop of a multi-disciplinary workforce that takes a whole system approach considering sustainable working of advanced clinical practitioners, doctors, physician associates, nurses, allied health professionals, and support roles across services. The role of the Physician Associate has also been considered by the Royal College of Obstetricians and Gynaecologists <sup>79</sup> who recommend that teams reconsider previous models of care and think about new and innovative approaches to optimise team working and ensure that the needs of women are prioritised.
- b) The makeup of the medical workforce is evolving. In 2022, SAS and LE doctors accounted for almost a quarter (24%) of the UK workforce <sup>80</sup>. The Portfolio Pathway (formerly known as CESR) is the route to specialist registration for doctors who have not completed a General Medical Council-approved training programme, but who are able to demonstrate that they have the knowledge, skills and experience required for practising as an eligible specialist in the UK <sup>81</sup>.
- c) Research has shown that maternity support workers, working under the delegation of midwives are an aspirant group with almost one in five expressing a wish to become a midwife <sup>82</sup>. A lack of work-based routes into the pre-registration midwifery programme acts as a barrier for this group to enter the profession. In Wales there is no shortage of students applying for the full-time degree entry route into midwifery but attrition from the course is around 10 - 12%. Work-based learning represents an alternative means of developing the future workforce in a sustainable way that supports widening access and diversity. An evaluation by the Royal College of Midwives <sup>83</sup> found that alternative routes (an apprenticeship model in England) boosted workforce supply and capacity through enabling students to contribute to services whilst on the programme, attrition rates are very low, students are likely to remain with their host employer following graduation and have a quicker transition to work in the early stages of their career. We

<sup>78</sup> Royal College of Paediatrics and Child Health 2022. Workforce Census Report. Available at: [Workforce Census 2022 - Full report | RCPCH](#) Accessed on: 30/04/24

<sup>79</sup> Royal College of Obstetricians and Gynaecologists 2022. RCOG Workforce Report 2022. Available at: [RCOG Workforce report 2022](#) Accessed on: 20/02/24

<sup>80</sup> General Medical Council 2023. The state of medical education and practice in the UK. Workplace Experiences. Available at: [somep-workplace-experiences-2023-full-report\\_pdf-101653283.pdf \(gmc-uk.org\)](#) Accessed on: 29/04/24

<sup>81</sup> Royal College of Obstetricians and Gynaecologists 2023. Portfolio Pathway Route. Available at: [Portfolio Pathway \(formerly CESR\) | RCOG](#) Accessed on: 30/04/24

<sup>82</sup> Griffin R. 2017. The deployment, education, and development of maternity support workers in England. Available at: [the-deployment-education-and-development-of-maternity-support-workers-in-england.pdf \(rcm.org.uk\)](#) Accessed on: 29/04/24

<sup>83</sup> Griffin R. 2023. Registered midwife degree apprenticeship evaluation report. Royal College of Midwives. UK

have an opportunity to learn and further expand the 'grow your own' local community recruitment models to attract candidates from the wider community through work-based learning to earn, learn and develop their careers within the health and care system <sup>84</sup>. The Mat Neo Safety Support Programme Report <sup>85</sup> recommends that there is facilitation of clear career progression for non-qualified and qualified workforce and facilitation of new models of care (e.g., Physician's Associates, ANNPs on Tier 2 and nurse consultant roles).

- d) In Wales the Birth Rate Plus Assessment tool is utilised to determine midwifery establishment numbers and skill mix. There is consideration of how more dynamic data could be utilised providing live data to inform decision making based on acuity and staffing, this could complement the Birth Rate Plus assessment.
- e) The Royal College of Obstetricians and Gynaecologists commenced work in collaboration with the Department of Health to develop a workforce toolkit. However, the work was halted and not completed. A toolkit will support workforce planning in Wales.

#### Engagement

Throughout our engagement we heard from colleagues, that they valued the role of maternity support workers and wanted this group to have opportunities to progress into midwifery. Advocacy for alternative schemes for Health Care Assistants (HCAs) to transition into midwifery, emphasising the importance of a good career pathway. We also heard that there should be a focus on workforce recruitment into rural areas and strategies for local recruitment, an alternative pathway into midwifery will support rural recruitment. In addition, we heard about challenges in attracting the right staff and a need to focus on 'a grow your own approach'. Also lobbying the NMC (Nursing and Midwifery Council) for regulatory changes to acknowledge prior learning allowing a shortened midwifery course. Develop alternative routes to registration for midwifery e.g. apprenticeships.

Concerns about high-pressure work environments, understaffing, and the impact on midwives' ability to provide effective care. The effectiveness and accuracy of the Birthrate Plus tool was questioned for understaffing issues.

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<sup>84</sup> Welsh Government 2023. National Workforce Implementation Plan. Available at: [Design Team Style Template \(gov.wales\)](#) Accessed on: 30/04/24

<sup>85</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/](http://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/) Accessed on: 30/04/24

16.	<p>In partnership review the sonography workforce in Wales and develop workforce solutions to meet the demand for obstetric ultrasound scans.</p> <p>Impact</p> <ul style="list-style-type: none"> <li>• Allows for planning and development of solutions for anticipated workforce shortage</li> </ul>	HEIW
<p>Evidence</p> <p>Diagnostic ultrasound has traditionally been performed through imaging departments by radiologists and radiographers specially trained in the use of diagnostic ultrasound (sonographers). However, sonography as a profession is evolving rapidly. Ultrasound assessment of fetal growth is usually carried out when pregnancies are deemed to be high risk, often because of maternal factors such as diabetes, high blood pressure, high body mass index, substance use or smoking. Growth scans will also be carried out in cases where there have been complications, including previous fetal growth restriction or fetal factors including findings seen at screening scans. As previously mentioned, there is a shortage of sonographers in the UK estimated to be in the order of 12.6% <sup>86</sup> alongside a grow in demand based on increasing complexity linked to the changing demographic of women and birthing people giving birth and increases in obesity.</p>		
17.	<p>Improve the education and training opportunities of the perinatal workforce.</p> <ol style="list-style-type: none"> <li>Review postgraduate education, training and competencies for the multi-professional perinatal workforce. Complete an education and training gap analysis based on evidence, national reports and recommendations and professional body guidance.</li> <li>Develop career pathways for the perinatal workforce aligned to the education required. Incorporate the framework for enhanced, advanced, and consultant practice to increase the number of midwives, nurses, allied health professionals, healthcare scientists, and pharmacists in advanced and extended roles within perinatal services to meet population health needs.</li> <li>Complete an options appraisal for the development of a Perinatal Academy to incorporate the education, training, and workforce requirements for perinatal teams across Wales.</li> </ol>	HEIW and NHS Executive

<sup>86</sup> Society of Radiographers and British Medical Ultrasound Society. Guidelines for Professional Ultrasound Practice (6th ed.). 2021

Early priorities include:

- Standardise the 'Qualified in Speciality' course for neonatal nursing across Wales in collaboration with the Neonatal Nursing Association and Health Boards.
- Review the teaching provision for paediatrics and neonatology including SPIN and GRID training to determine the best approach for training provision.
- Develop multi-professional work-based learning for:
  - transitional care, special care and neonatal outreach
  - perioperative care and enhanced maternity care
- Prioritise commissioning education for:
  - a university accredited module for 'enhanced maternity care' education for midwives
  - ultrasound education for those who hold professional registration with Health Care and Professions Council (HCPC), Nursing and Midwifery Council (NMC) or Register of Clinical Technologists (RCT)
- Work with partners to develop proposals for the inclusion of genomics within the education and training of the workforce. Education and training will be made available across career pathways to ensure the perinatal workforce can respond to the change's genomics will bring to practice.
- Develop an All-Wales Practice Development Midwife and Practice Education Facilitator forum to standardise approaches and promote consistency of training and education across Wales, including work-based learning.
- Develop a digital repository on 'Y Ty Dysgu' of educational resources available to staff working in perinatal teams. To include links to existing materials, providing a perinatal learning hub with opportunities for learning and development.

	<ul style="list-style-type: none"> <li>➤ Ensure all locally employed doctors have access to an Educational Supervisor and study leave resources to allow career progression.</li> <li>➤ Gather and analyse feedback from post graduate medical trainees on the education and development time (EDT) provided, use this information to inform the key principles issued to health boards.</li> </ul> <p>Impact</p> <ul style="list-style-type: none"> <li>● Provide ease of access to opportunities for learning and development</li> <li>● Upskill the workforce to meet demand</li> <li>● Improve quality and outcomes for patients</li> <li>● Facilitate the implementation of work-based learning locally</li> </ul> <p>Improved uptake of work-based learning opportunities</p>	
<p>Evidence</p> <p>Providing professionals with enhanced, advanced and consultant career pathways allows them to continue to develop and progress in their career. This is likely to keep them engaged and aid retention. It also allows organisations to benefit from their expertise and knowledge and allows the practitioner to contribute to the employing organisations strategic goals. Ultimately these roles support the multi-professional team and help to provide safe, accessible and high-quality care for patients <sup>87</sup>.</p> <p>Personal and professional development helps individuals manage their own learning and growth throughout their career. Continuous learning helps with career development, keep skills and knowledge up to date and ensure practice is evidence-based and up to date <sup>88</sup>.</p> <p>A number of training resources from a variety of providers exist that are relevant for the perinatal team in Wales. However, because they are held on different websites/training platforms they are not always easy to access. One repository that guides the workforce to what is available will save time and remove some of those barriers.</p>		

<sup>87</sup> Health Education and Improvement Wales 2023. Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales. Available at: [heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/](https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/) Accessed on: 01/05/24

<sup>88</sup> NHS England 2023. Health Careers. CPD. Available at: [Continuing professional development \(CPD\) | Health Careers](https://www.nhs.uk/health-careers/cpd/) Accessed on: 29/04/24

Enhanced Maternity Care education supports an All-Wales approach to the upskilling of midwives to deliver enhanced maternity care to acutely unwell women. There have been several nationally published reports reviewing maternity and neonatal care. The Ockenden Report <sup>89</sup> makes specific reference to ensuring that at least one midwife per shift is trained in enhanced maternity care. This has also been recommended by the Intensive Care Society who state that pregnant or recently pregnant women should always have access to a healthcare professional who has EMC competencies <sup>90</sup>.

Transitional care - The NHS Executive are prioritising an action from the Mat Neo Safety Support Programme Report <sup>91</sup> 'to develop a service specification for transitional care'. This action will complement the work by the NHS Executive.

Genomics – genomics will play a significant role in the future delivery of healthcare helping us to understand more about illness and disease, and to be able to develop targeted approaches to treatment and disease management. Not all healthcare professionals need to become genomic experts, but the perinatal workforce will need sufficient knowledge of genomics in their field. It is likely there will be an expansion in specialist genomics roles in the future. The role of genomics in women's healthcare is rapidly advancing, including pre-natal screening, diagnostic testing during pregnancy and preimplantation diagnosis in reproductive medicine <sup>92</sup>. Genomic testing has the potential to transform and improve care pathways in neonatal intensive care <sup>93</sup>, requiring a skilled workforce.

Balancing excellent education and training, the safety and quality of services provided, whilst ensuring the smooth running of operational services is essential. Mandatory training needs to be relevant, evidence-based and designed to enhance midwifery practice. Personal and professional development helps individuals manage their own learning and growth throughout their career. Continuous learning helps with career development, keep skills and knowledge up to date and ensure practice is evidence-based <sup>94</sup>. There are numerous

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<sup>89</sup> Department of Health and Social Care 2022. The final report of the Ockenden review. Available at: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106421/final-report-of-the-ockenden-review.pdf) Accessed on: 29/04/24

<sup>90</sup> Intensive Care Society 2023. Enhanced Maternal Care Units Guidance. Available at: [Intensive Care Society | Enhanced Maternal Care Units: Guidance on Development and Implementation \(ics.ac.uk\)](https://www.ics.ac.uk/enhanced-maternal-care-units-guidance) Accessed on: 29/04/24

<sup>91</sup> Public Health Wales 2023. Improving Together for Wales. Mat Neo Safety Support Programme Cymru. Available at: [phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/](https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report-summary/) Accessed on: 30/04/24

<sup>92</sup> Royal College of Obstetricians and Gynaecologists 2024. Genomics in Obstetrics and Gynaecology. Available at: Royal College of Obstetricians and Gynaecologists. Accessed on: 23/04/24

<sup>93</sup> Jiang S, Parkinson B, Gu Y. 2024. Enhancing Neonatal Intensive Care with Rapid Genome Sequencing. JAMA Network Open. Available at: [Enhancing Neonatal Intensive Care With Rapid Genome Sequencing | Pediatrics | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jama-network-open/fulltext/20240105) Accessed on: 01/05/24

<sup>94</sup> NHS England 2023. Health Careers. CPD. Available at: [Continuing professional development \(CPD\) | Health Careers](https://www.nhs.uk/health-careers/cpd/) Accessed on: 29/04/24

requirements on midwives to complete additional training, these requirements are often added to as evidence emerges and recommendations made. Therefore, there is a requirement for regular review of the training required, identification of the best way to deliver the training and maintenance of an All-Wales approach.

### Engagement

During engagement we heard the critical importance that is placed on continuous professional development, leadership training, non-clinical learning, and fostering a culture prioritising ongoing education. There is a strong emphasis on the need for better training, education, and career progression opportunities to support staff development and retention. Several recommendations suggest centrally provided education and training, an all-Wales approach, and using a standard training/information package for staff across Wales. There were also calls for training to be accessible, including options from various sources, embracing digital training platforms and the move towards paperless resources.

Colleagues also informed of us about the increases in complexity and acuity that have an impact on the numbers of individuals requiring third trimester scans and the workforce challenges in meeting the demand. In addition, there were calls for a review of the 'Qualified in Speciality' curriculum to standardise the content across Wales and align with current workforce needs and acuity and complexity.