

# Midwifery Panel

held on 4 Oct 2023 via MS Teams

# Minutes

## Present

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| **Name** | **Title** | |
| Agnes Agyepong | Founder and Chief Executive Officer, Global Black Maternal Health Institute | |
| Anna van der Gaag (Midwifery Panel Chair) | Visiting Professor in Ethics and Regulation, University of Surrey | |
| Angela Graves | Council of Deans of Health Representative, University of Leeds | |
| Gill Walton | Chief Executive, Royal College of Midwives | |
| Gwendolen Bradshaw | Emeritus Professor, University of Bradford | |
| Jacqui Williams | Senior Midwifery Adviser, NMC | |
| Janaki Mahadevan | Joint Chief Executive, Birthrights | |
| Janice Sigsworth | Director of Nursing, Imperial College | |
| Justine Craig | Chief Midwifery Officer, Scottish Government | |
| Kate Brintworth | Chief Midwifery Officer, NHS England | |
| Kerri Eilertsen-Feeney | Lead Midwife, NHS England | |
| Mary Renfrew | Professor Emerita, University of Dundee | |
| Natalie Whyte | Service User Representative, National Maternity Voices, Leicester, and Rutland | |
| Nicky Clark | Chair Lead Midwives for Education Strategic Reference Group | |
| Tracey MacCormack | National Maternity Improvement Adviser at NHS England | |
| Wendy Olayiwola | National Maternity Lead for Equality, NHS England | |
| **Observers** | **Title** | |
| David Warren | Chair, Council, NMC | |
| Margaret McGuire | Registrant Council Member, NMC | |
| Sarah Aubrey | Midwifery Lecturer, South Wales University | |
| Emma Somerset | Midwifery student, University of Sheffield | |
| Kirsty Shaw-Williams | Midwifery student, University of York | |
| Sarah Spencer | Senior Midwifery Manager, Quality & Nursing Directorate, Welsh Government | |
| **NMC Attendees** | **Title** | |
| Andrea Sutcliffe | Chief Executive and Registrar | |
| Edward Welsh | Executive Director, Communications and Engagement | |
| Sam Foster | Executive Director, Professional Practice | |
| Samantha Donohue | Assistant Director, National and Regional Outreach, Employer Link Service | |
| Noita Sadler | Assistant Director, Stakeholder Engagement | |
| Jenny Collard | Head of Regulatory Policy | |
| Natasha Dare | Head of Regulatory Policy | |
| Maddie Elder | Policy Manager | |
| Naomi Baldwin Webb | Policy Manager | |
| Gabrielle Jones | Stakeholder Engagement Manager | |
| Johnnet Hamilton | Senior Stakeholder Engagement Office | |
| Barbara Forshaw | Stakeholder Engagement Officer | |
| Melissa McLean | Senior Public Engagement Officer | |
| Juliet Rayment | Senior Research Officer | |
| **APOLOGIES** | | |
| **Name** | | **Title** |
| Cath Broderick | | Independent Consultant, Patient and Public Engagement, We Consult |
| Gloria Rowland | | Chief Nursing Officer, African Medical Centre of Excellence |
| Karen Jewell | | Chief Midwifery Officer, Welsh Government |
| Ruth May | | Chief Nursing Officer, NHS England |
| Verena Wallace | | Senior Midwifery Adviser, NMC |

### Welcome and introduction

* 1. The Chair welcomed everyone to the meeting, including observers. Since the Midwifery Panel’s last meeting, the trial of Lucy Letby had concluded, and the Chair noted that the NMC would be contributing to the independent inquiry in due course.
  2. The Chair noted the significance of the Midwifery Panel meeting being held in October, during Black History Month. She said it was an important time to celebrate the contributions of black women who have been and continue to be critical to the development of the NHS.
  3. A new Midwifery Officer for Northern Ireland has been appointed. The Chair thanked Dale Spence for her contribution to the Panel over many years and wished her well in her new role.
  4. Apologies for absence were noted.

### Minutes and actions of the previous meeting

* 1. The minutes from June’s Midwifery Panel meeting were agreed.

### Chief Executive update

* 1. Andrea Sutcliffe gave an overview of the NMC’s recent work.

Lucy Letby case

* 1. Andrea gave reassurance to colleagues the NMC are pursuing the related Fitness to practise (FtP) cases including, an FtP case for Alison Kelly, who was the Director of Nursing at the Countess of Chester Hospital NHS Foundation Trust at the time of the crimes. As noted by the Chair, the NMC are also engaged in the statutory public inquiry.

Concerns raised about the NMC

* 1. The second update was in relation to recent articles in the Independent online. The articles raised concerns about some decisions that the NMC have made in various FtP cases, particularly focused on discrimination, racism, sexual misconduct, and safeguarding. The NMC had issued a statement in relation to the first article, stating these are grave issues and the NMC takes them extremely seriously.
  2. The NMC does not have proportional representation in the senior grades of people from black and minority ethnic backgrounds. Andrea acknowledged there is much more that needs to be done.
  3. Reference was also made to a recent NHS Workforce Race Equality Standards survey which revealed NMC employees from black and minority ethnic backgrounds were much more likely to experience bullying and harassment at work, and they did not have the same level of progression as white colleagues. The NMC have tried to tackle the issue in many ways over the last few years, but it has yet to achieve the necessary change.
  4. Two independent, externally-led investigations have been commissioned: one into how the NMC responded to the concerns raised, and another into the fitness to practise cases highlighted in those concerns. A third external investigation will focus on the concerns raised about the NMC’s people and culture. The NMC are committed to openness and transparency throughout the process, and the Midwifery Panel will be kept informed of progress.
  5. Points raised in discussion:
     + A panel member shared that some people in her community were seeing references to NMC FtP cases on social media in which black professionals are penalised in a harsher way. She questioned what the NMC’s policies were in relation to people working in health and social care positions of influence who hold prejudicial views and are espousing them outside of the workplace. She added such behaviours were adversely impacting the confidence of some black and ethnic minority professionals, especially as there are ongoing concerns about the black maternal health crisis. She called for due diligence.
     + A midwifery student shared she had seen some NHS policies and procedures aimed at reducing systemic racism, discrimination and sexism, but the policies differed across Trusts.
     + The Panel heard some of the issues go beyond judging people by colour and gender and are related to social inequalities. Already vulnerable through language barriers or other social inequalities, they are further disadvantaged by a culture of discrimination. The Panel heard students feel disempowered to speak out and lack the confidence to challenge senior midwives when faced with these issues.
     + A panel member reflected on the Birthrights Inquiry into Racial Injustice in Maternity Care, published in 2022. She said the findings had revealed health and care professionals who were trying to uphold best practise for women and birthing people often faced a lack of support and resources, and experienced bullying and toxic working environments. This was disproportionately felt by black and brown staff. She called for the issue to be recognised by regulatory bodies like the NMC, and other regulatory frameworks who play a role in perpetuating some of these systems.
     + Another panel member said discrimination against people with protective characteristics has existed in healthcare for years and were a symptom of wider society. However, she felt the sector was on a journey of improvement now that people are protected by law, but not everyone acknowledges this.
     + The Panel heard of one Trust that had adopted ‘the Active Bystander’, initiative, giving staff the tools to help them address racism and other forms of discrimination without having to put themselves in a difficult or unsafe situation.
     + Responding to a question from a student on what they could do when witnessing discriminatory or racist behaviours, a panel member recommended midwifery students speak with their lecturers, practice educators, or other support staff so concerns can be reported and bring about change.
  6. Andrea agreed with the sentiment expressed that we are on a journey of improvement. She stressed the NMC recognised the issue is systemic, and that the society in which we live also impacts our workplaces.
  7. The NMC’s guidance on appropriate behaviour is our Code, which guides nurses, midwives, and nursing associates to use their professional judgement in their interactions with people and it helps in knowing how to deal with discriminatory behaviours along with the NMC’s Standards of Proficiency. The Panel were reminded the NMC had supported the development of an anti-racist resource that supports nursing and midwifery professionals working in the NHS to combat racism. The NMC has also commissioned a review of some FtP cases to address disproportionate referrals of black professionals, as part of its Ambitious for Change research.
  8. Andrea said racism is a patient safety issue and it needs to be recognised as such. It is important the NMC maintains public trust and confidence as the regulator, making the right and proportionate decisions. Being clearer about how we address these issues, is a journey that all professional regulators are on.

### Introduction to the new Chief Midwifery Officer for England

* 1. The Chief Midwifery Officer for England gave an update on her key priorities. A pre-briefing presentation was shared in advance of the meeting.
  2. The key priorities in England, are ensuring there is a culture of listening to women and tackling inequalities. She stressed if we do not get our approach to inequalities right, we will not get it right for anyone. She said there was a need for honesty and humility about what is needed to improve things, then focus on the priorities for the future.
  3. The Panel heard maternity services in England are facing significant challenges. There is an ongoing Care Quality Commission (CQC) inspection programme that is about two thirds complete. Many organisations have had their CQC ratings downgraded. This has caused damage to confidence in maternity services. It is important to understand the scale of the problems faced, because if we do not understand them, we will never change them.
  4. NHS England has experienced many maternity reviews with hundreds of recommendations. The NHSE maternity and neonatal three-year delivery plan brings together all those recommendations to ensure women are listened to. Details on the commitments in the plan were shared.
  5. Other key updates included bringing together the voices of people who use services and addressing organisational culture and equity of service. The Panel heard it is important to get the culture right, if this is done, people will receive personalised care, and the workforce will feel valued and that someone cares if they come to work or not. The importance of a retention and recruitment strategy was also highlighted.
  6. The Panel heard inequalities is one of the biggest issues facing the workforce. Freedom of Information requests are playing a key role in understanding the experience of midwives from black backgrounds who are disproportionately represented in disciplinary procedures. It was stressed that it is the responsibility of everyone to not only describe the problem but to act. There should not be a single initiative or piece of work, that does not have equality running through it.
  7. The importance of bringing neonatal colleagues together with midwives was shared. Taking a ‘family of care’ approach demonstrates NHS England understands the importance of a joined-up integrated care system.
  8. Concluding with some positive ‘green shoots,’ the Panel heard that midwifery and obstetric establishments in Trusts are growing. Vacancy gaps still exist however the trend is reducing when compared to pre-pandemic levels.
  9. NHS England have introduced a ‘quad’ leadership programme around culture and the workforce is growing. Other positive news is that the stillbirth, brain injury and maternity death rates are all reducing but concerns about the neonatal death rate remain.
  10. Points raised in discussion:
      + A Panel member revisited the point about listening to people who use services. She said National Maternity Voices would welcome working in partnership with NHS England to embed co-production to improve maternity services, so people genuinely feel they are helping to shape their care.
      + In response, NHS England believes it is about modelling co-production at every level of the system and building trust. NHS England’s national team are working with people who use services to help shape them.

### Midwifery learning and support programmes

* 1. An overview was given of the work of the NMC’s Employer Link Service (ELS), and its outreach function with employers. The team structure includes regulation advisers who are attached to every region in England and to each of the devolved nations. A detailed presentation was shared in advance of the Midwifery Panel meeting.
  2. The Panel were informed the ELS had worked internally and externally to develop three learning and support programmes that are offered to maternity services.

The programmes are:

* + 1. Midwifery Matters at the NMC
    2. Professional Behaviours and Patient Safety
    3. Welcome to the UK
  1. A discussion ensued with the Panel members, on how they would be addressing these issues in their organisations, and how the NMC might support them in doing so. Other focussed discussion was on how the Panel members felt the NMC and the ELS team, along with other teams can influence the professional culture of maternity services.
  2. Points raised in discussion:
     + A Panel member suggested it might be useful to consider introducing a Welcome to the UK programme for midwives that are already in situ so they are prepared in advance to welcome new colleagues arriving from overseas and know how they might best support them.
     + In response, the Panel were informed that this is something NMC colleagues have been talking about with Boards and Trusts, as some of this work lies within the remit of the NMC while some other issues are managed by employers, NHS England or the health departments in the devolved countries.
     + An observer reflected it is important that Boards and Trusts have some ownership of this as well, and that they prepare their own staff for what is going on, as the issue is about culture and behaviours, so must be done together in the Trust and in the organisation.
     + Linking to the point about Boards and Trusts, a Panel member shared that the Welsh Government had recently employed an Equality, Diversity and Inclusion midwife who was working as part of its *Anti-Racist Wales Action Plan*, to improve outcomes for staff and people who use services.
     + The Panel learnt the ELS assess high risks by using an intelligence driven approach, and through conversations and relationships they have developed with the Chief Nursing Officers.
     + The Panel listened to challenges being faced at Matron level and in the Heads of Midwifery roles. The ELS are providing support to empower those professionals to use their voices to highlight concerns.
     + A Panel member shared observations that applications to midwifery programmes in England were significantly down in the last recruitment cycle. In some places it was down by 25%. She stressed the importance of retention, particularly of diverse students, as pregnant and birthing women like to be supported by midwives who are from their own communities.
     + Another Panel member levelled criticism that culture concerns tend to rest at the door of midwives, because they play a vital role right throughout the system. Other reflections were the media and social media are demonising midwives, and that makes them feel demoralised, leading to poor behaviours, and a negative cycle is perpetuated.

### Review of NMC’s processes for internationally educated midwives

* 1. The NMC’s update highlighted the government’s target to recruit more internationally educated midwives to increase the workforce. Panel members received pre-briefing papers in advance of the meeting.
  2. The Panel learnt the NMC has anecdotal evidence there are some internationally educated midwives who have little or no practical experience of midwifery or facilitating birth. This has prompted the NMC to look at what it can do to provide assurance that those joining the register meet the Standards of Proficiency.
  3. NMC’s data shows internationally educated midwives currently represent 5% of midwives on the NMC’s register, the highest increase for six years. A pre-briefing to Panel members had also outlined how the NMC’s Test of Competence works, and the robust mechanism that it provides for assessing the skills of internationally educated midwives.
  4. A discussion took place in breakout rooms on internationally educated midwives, as there is an opportunity influence NMC’s planned research in this area. Short summaries were shared after the breakout rooms.

1. **Senior Midwifery Advisers update**
   1. An update was given on the NMC’s Senior Midwifery Advisers work. This covered engagement across the four countries. included presenting at webinars for students, supporting the NMC’s two maternity campaigns For Every Pregnancy and The Best Maternity Care happens in Partnership.
   2. The Senior Midwifery Advisers engagement also included joining the expert working group supporting Professor Mary Renfrew, who has been commissioned by the Department for Northern Ireland (NI) to report on enabling safe, quality midwifery services and care in NI and develop recommendations for policy, practice, education, and research.
   3. A new interim Director of Midwifery in Jersey is establishing links with the NMC’s ELS.
   4. Other discussions were about concerns that registered midwives are having to wait to attend to women and babies, as non-registered midwives were increasingly being engaged in free births. The Senior Midwifery Advisers will work with external colleagues to discuss a way forward on this issue in the best interests of safety for women and babies; hopefully meeting in person later in October.
2. **Reflections and closing remarks**
   1. The Chair closed the meeting with a summary of the themes of the Panel. It was important that the Panel was clear on how its work informed the Council. There had been important discussions on issues of racism and inequality throughout the meeting, and a consensus that all of us have a responsibility to speak up, call out racism and discrimination, collaborate and influence others, including employers, boards, and advocacy groups. Listening and acting upon the voices of women and midwives in all of this was critical to making progress.

### Next meeting date: Thursday 14 December 10.00-13.00 online.