

Meeting of the Midwifery Panel  
Held at 13:30 on 21 February 2019  
at 23 Portland Place, London W1B 1PZ

## Minutes

### Present

#### Members:

Anna van der Gaag (Chair)	
Charlotte McArdle	CNO Northern Ireland
Anne Wright	Council Vice-Chair
Lorna Tinsley	Council Member
Lord Phil Willis	Member
Jacqueline Dunkley-Bent	NHS England
Cath Broderick	Lay member
Mary Renfrew	Member
Gill Walton	Chief Executive, Royal College of Midwives
Tracy Humphrey	Council of Deans of Health
Maxine Spencer	Director of Midwifery and Gynae Nursing
Karen Jewell	Nursing Officer for Maternity and Early Years, Wales

#### Apologies:

Janice Sigsworth	Chair, Shelford Group
Fiona McQueen	CNO Scotland
Jean White	CNO Wales
Ann Holmes	Chief Midwifery Advisor & Associate CNO Scotland
Donna Ockenden	Senior Midwifery Advisor, NMC
Logan van Lessen	UK Consultant Midwives Forum
Leigh Kendall	Lay Member
Sascha Wells-Munro	Maternity Improvement Adviser, NHS Improvement
Nicky Clark	Chair, Lead Midwives for Education SRG

#### In attendance:

Julie Woodman	Trainee Consultant Midwife
Stephanie Sudgen	Midwifery Student
Amanda Woodhouse (MP/19/07)	Director, Infrastructure, Government & Healthcare, KPMG
Emyr Harries (MP/19/07)	Associate Director, Infrastructure, Government & Healthcare, KPMG

#### Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Geraldine Walters	Director, Education, Standards and Policy
Verena Wallace	Senior Midwifery Advisor (Policy)
Jacqui Williams	Senior Midwifery Advisor (Education)
Mike Hobday	Assistant Director, External Engagement
Josh Stephens	Senior Stakeholder engagement Officer
Jennifer Turner	Governance and Committee Manager

**MP/19/01****Welcome, apologies and Chair's opening remarks**

1. The Chair welcomed members to the meeting. In particular, the Chair welcomed Panel observers Julie Woodman a trainee consultant midwife, and Stephanie Sugden a midwifery student, who were shadowing Gill Walton.
2. Apologies were received from Janice Sigsworth, Fiona McQueen, Jean White, Donna Ockenden, Logan van Lessen, Leigh Kendall, Sascha Wells-Munro, Nicky Clark and Edward Welsh (Director of External Affairs).
3. The Chair and the Executive reiterated the importance of the Panel and the value it added to the work of the NMC. The Chair and the Executive were keen to hear from the Panel about what discussions members perceived would add value to the work of the Panel.
4. The Chair introduced the NMC's new Chief Executive and Registrar, Andrea Sutcliffe and invited Andrea to speak to the Panel.

**MP/19/02****Andrea Sutcliffe, Chief Executive and Registrar**

1. The Chief Executive noted that she had had the pleasure of meeting some Panel members at midwifery events she had attended since she started in mid-January.
2. This was the final year of the NMC's Strategy 2015-2020, and work was beginning work to shape the new Strategy 2020-2025. The Chief Executive was keen that the Midwifery Panel played a key part in shaping the new strategy, and would welcome its input at the April meeting.

**MP/19/03****Role of the Panel**

1. Following the discussion on the role of the Panel in October 2018, the Chair asked for further proposals from members on how the Panel could most effectively connect with the NMC and help it hear the 'midwifery voice'.
2. In discussion, the following points were noted:
  - a) The work of the Panel should ensure a balance between the work of the profession and the interests of the public, especially as there may be an upcoming change in the structure and role of all healthcare regulators.
  - b) The Panel might benefit from having more in-depth discussions about the outcomes of relevant reviews, enquiries, investigations, etc.

- c) The membership of the Panel should contain representatives from all areas of the profession, including education, practice, employers, and unions, as well as women who use services and their families, lay people, perhaps an international voice, and multi-disciplinary team representation.
- d) The Panel could play a role in influencing health policy across the four countries. The Panel might look more closely at evidence to help inform the future strategic direction for midwifery.

3. The Chair thanked members for their suggestions.

**MP/19/04 Minutes of previous meeting**

1. The minutes of the meeting on 22 October 2018 were approved by the Panel with the following changes:
  - Maxine Spencer to be added to the attendees' list.
  - Under MP/18/46: Minutes of previous meeting – the date of the previous meeting was 19 July 2018, not 19 April.

**MP/19/05 Actions from the previous meeting**

1. The two outstanding actions would be reported back through items on the April 2019 agenda.
2. Relating to MP/18/51: Capturing the experiences of users of maternity services – Lord Willis was pleased to note that a survey of users of maternity services, run in December 2018, had generated over 500 responses. This was an excellent response rate and special thanks were given to the External Affairs team.

**MP/19/06 Update on *Better Births* initiative and the NHS long term plan for England**

1. The Chair welcomed Professor Jacqueline Dunkley-Bent, Head of Maternity, Children and Young People at NHS England, who presented to the Panel on the *Better Births* initiative and how it related to the new NHS England long term plan.
2. The *Better Births* maternity review had been undertaken following a recognition that maternity care provision was not as good as it should be. To inform the review, 9,000 people provided feedback on what they thought maternity services should look like. Thematic analysis showed that people wanted for example: care that was personal and safe; choice and personalisation; improved data and information; improved payment system; continuity of carer; better post-natal care; multi-professional working; and cross-boundary care.
3. It was now three years since the publication of *Better Births* and the

NHS in England had also published its Long Term Plan for the next ten years. A detailed structure and workstreams for the *Better Births* initiative were already in place to ensure that the reform was seen through to completion.

4. Some of the ambitions of *Better Births* will continue into the NHS Long Term Plan for England, further cementing the commitment to see it through to completion. The Long Term Plan takes a “life course approach” starting with engagement with families at preconception stage, through pregnancy and birth, neonatal care, early years and to a person’s transition into adulthood, as follows:
  - a) All maternity providers who do not already deliver an evidence based infant feeding programme will be supported to do so, to achieve high standards of practical breastfeeding support and early attachment between babies and their parents, whatever their feeding choices.
  - b) Women who experience mental health difficulties arising from, or directly related to, the maternity experience will receive integrated maternity, reproductive health and psychological therapy.
  - c) Women have access to multidisciplinary pelvic health clinics and pathways across England via referral. Clinics provide training and support for other local clinicians working with women, such as GPs and midwives.
  - d) Saving Babies’ Lives Care Bundle v2 -Reduce pre-term birth from 8% to 6% - including through specialist clinics
  - e) Neonatal critical care -More NICU cots- Improved triage-More neonatal nurses & expanded AHP roles- Care coordinators for families -Improved parental accommodation
5. There were still a number of gaps to address, including additional education on the harmful effects of smoking, physiotherapy provision, offering folic acid supplements, guidance on infant feeding, and maternity medicine networks which will eventually ensure that services are spread around the country to ensure women have access wherever they are.
6. In discussion, the following points were noted:
  - a) *Better Births* appeared to be compatible with the draft midwifery standards.
  - b) It was pleasing to see that the relationship between deprivation and poor pregnancy outcomes was an element of the initiative in order that needs are recognised.
  - c) Healthcare staff may need more training to sufficiently understand genetic predispositions of mothers and babies.
7. The Chair thanked Jacqueline Dunkley-Bent for presenting to the Panel.

**MP/19/07**

**Update on the Future Midwife consultation and midwifery programme length**

1. The Panel received an update on the Future Midwife consultation and was provided with a summary of the evaluation by KPMG on the length of the midwifery programmes and preceptorship.
2. The preliminary findings from KPMG's stakeholder engagement exercise were discussed at a roundtable of stakeholders in January 2019. The outcome of the roundtable was that stakeholders supported the inclusion of questions on programme length in the consultation. Preceptorship required further discussion and debate with Council to establish a direction of travel.
3. The review involved gathering perspectives from nearly 700 stakeholders across the four countries. The spread of stakeholders was around one fifth educators, one fifth employers, one quarter students, and one quarter registrants, with the remainder made up of other stakeholders. A high level cost benefit impact assessment was also undertaken.
4. Three scenarios were explored. These were: extending the programme length and hours with a 50:50 theory practice split in the additional year; extending the programme length and hours with all additional learning done in clinical practice; or a mandated preceptorship period for newly qualified midwives for 12 months.
5. Most educators were in favour of extending the programme length. Most other stakeholders were in favour of retaining the three year programme length. There was no consensus view around the need to extend or retain the current programme length. There was no evidence found to indicate that extended programme duration would improve competence or confidence in graduating students. The outcome of the evaluation was that questions relating to programme length were included in the Future Midwife consultation.
6. After the Future Midwife consultation closes, the NMC will analyse the consultation responses, review all of the evidence relating to programme length, discuss the wider implications with the Council and commission further work if necessary. A full economic impact assessment of any longer length programme would also be needed.
7. The Future Midwife consultation opened on 12 February and multiple events were planned across the UK. 175 responses had been received already, representing a good spread across the four countries; 98 of those from the public.
8. In discussion, the following points were noted:
  - a) Universities were expected to soon be undertaking mapping exercises to determine how the new standards align with

midwifery programmes. The new outcome-based standards might give providers the opportunity to re-design their programmes. Providers should be encouraged to feed the results of mapping exercises into the consultation. The Council would want to be assured of the programme delivery time before making any decision to move away from the current three-year programme arrangement.

- b) There was a question about the current programme's ability to turn out competent midwives in the existing three year format. If not, the challenges and blockers experienced may not be resolved by simply adding a fourth year to the programme. Fundamental challenges of the current programme included the inconsistent variation and quality of supervision and mentorship.

9. The Chair thanked members for their comments. The Panel would continue to be update on these issues at future meetings.

**MP/19/08 Good practice and information sharing**

1. Panel Members were asked to share insight and information on current relevant developments or good practice. The following was shared by members:

- a) Cwm Taf Health Board in South Wales had been investigating a number of adverse events. The investigation report should be finalised by April. Karen Jewell asked if she could share the themes and trends arising at the next Panel meeting.
- b) The RCM's Maternity support workers' competency framework was being signed off in the near future. Gill Walton asked if she could make a presentation on this at a future meeting.
- c) Cath Broderick was keen to share with the Panel ideas for engaging with women and families arising from her previous work on the RCOG review.
- d) Mary Renfrew noted that the World Health Organisation would be considering midwifery education for the first time at its Assembly in May 2019.

**MP/19/09 Implications of the UK's exit from the European Union**

1. The Panel noted the update.

**MP/19/10 Update from NMC's Senior Midwifery Advisor**

1. The Panel noted the update from the Senior Midwifery Advisor.
2. In Donna's absence, Cath Broderick talked about an initiative that she and Donna were working on, looking at ways the NMC could

engage through different formats and channels with a wider range of people.

3. There was a suggestion that the Panel might consider a more strategic and outcomes-based approach to activities, and an evaluation of the outreach already done.

**MP/19/11 External Affairs update on midwifery**

1. Panel members considered the update on recent and future events.
2. In discussion, the following points were noted:
  - a) International Day of the Midwife was on 5 May 2019. The NMC would be looking to link up with what other organisations were doing.
  - b) Panel members were encouraged to see the NMC engaging in different ways.
  - c) There was an onus on midwives, as professionals, to actively engage with the NMC if they were interested in what was happening. There was an opportunity to remind midwives of this.

**MP/19/12 Forward Work Plan 2019**

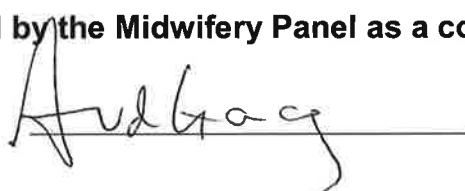
1. The Panel noted the forward work plan, and suggestions from Panel members for future discussions were welcomed.
2. As communications was a fundamental issue, it was suggested that a Panel discussion on a communications strategy would be useful.

**MP/19/13 Any other business**

1. There was no other business to discuss.

**Confirmed by the Midwifery Panel as a correct record and signed by the Chair:**

Signed:



Date:

