

Midwifery Panel Summary 25 June 2019

This is a summary of the June Midwifery Panel meeting. The full minutes will be published on our website once they have been approved at the next meeting.

The Chair, **Anna van der Gaag**, welcomed members and in particular Gwendolen Bradshaw who had joined as a new member of the Panel, and presenters Professor Mary Dixon Woods and Dr Elisa Liberati from the University of Cambridge.

Good practice and information sharing

Members heard about examples of good practice that Donna Ockenden, Senior Midwifery Advisor to the Chief Executive, had seen on her recent site visit to the Royal Devon and Exeter NHS Trust (maternity). Members were also informed about the World Health Organisation's ongoing data collection to inform its report *State of the World's Midwifery 2020* for launch at the World Health Assembly.

Presentation: Cwm Taf Health Board investigation report outcomes

The Panel received a presentation from **Karen Jewell**, Nursing Officer for Maternity and Early Years, Wales, on the investigation undertaken into the Cwm Taf Health Board in South Wales after a number of adverse events. **Cath Broderick** spoke about a study on the patient perspective she undertook which informed the investigation.

The investigation found failings in five areas:

- A lack of focus on service users;
- A poor culture of organisational leadership and accountability;
- Poor clinical leadership;
- Weak governance systems; and
- Inadequate workforce practices (including staffing levels, inadequate induction, use of trainees, and scope of practice).

Learning from the investigation included:

- Not relying on verbal assurance, but instead on routine gathering of evidence;
- The need for agreed criteria to define serious incidents;
- The need to share learning across health boards; and
- Providing a safe space to hear the learning and discuss with other health boards.

The patient perspectives in the study identified some good practice, but there were a significant number of recurring themes that reflected poor care and described examples of distressing experiences.

Presentation: How to be a very safe maternity unit

The Panel received a presentation from **Professor Mary Dixon-Woods** from the University of Cambridge on research into 'How to be a very safe maternity unit'. The study looked at investigations after major failings had occurred and then looked for the features that define high-performing units.

The study found that a good maternity unit possessed the following qualities:

- Made a constant effort to improve;
- Had standardised systems and processes;
- Demonstrated organisational intelligence, encouraged trust and honesty;
- Avoided comfort seeking and actually went looking for problems to learn from;
- Looked for evidence to improve even when things went right;
- Looked for features that were not often measured such as quality of relationships, communication and other soft skills;
- Shaped and reinforced safe behaviours;
- Emphasised individual technical proficiency, self-insight, and critical reflection; and
- Adopted a multi professional, inter-disciplinary approach to delivering care.

Workshop session

In groups, Panel members discussed the key messages from the previous two presentations to be fed into the final future midwife standards.

Input from the Panel included the following observations:

- New starters were a great resource for identifying poor practice or a harmful culture which longer term employees accepted as the norm;
- Acknowledging the critical role played by good communication, empathy and patient-centred care in every aspect of service delivery;
- There should be clear expectations of what employers should do to support registrants in fulfilling their potential; and
- It may be beneficial for revalidation requirements to include learning from negative experiences.

Update on the Future Midwife consultation

The Panel received an update on the progress of the development of the new future midwife standards of proficiency and education standards.

The consultation had closed and the responses had been analysed. There was strong agreement that the majority of the proficiency standards reflected the skills required for midwives. Overall, positive feedback and high levels of agreement were also expressed for the education standards. No substantive changes were anticipated for either set of standards, but the issue of the length of the programme and examination of the new born needed to be resolved.

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