

MIDWIFERY 2020

Midwifery 2020 Steering Group (England)

Meeting: 1st October 2009

14:00 – 17.00Hrs, Department of Health, Richmond House, London

MEETING NOTES

Present:

NAME	ORGANISATION
(JS) Jane Sandall – Co-chair	Professor of Midwifery and Women's Health, Kings College, University of London
(GB) Gwendolen Bradshaw – Co-chair	Dean of School of Health Care Studies University of Bradford,
(DF) David Foster	Deputy Chief Nursing Officer, Department of Health,
(RM) Rona McCandlish	Midwifery Advisor, Department of Health,
(LS) Louise Silvertown	Deputy General Secretary, Royal College of Midwives,
(SB) Sheena Byrom	Head of Midwifery East Lancashire Hospitals NHS Trust
(LP) Lynne Pacanowski	Head of Midwifery, Guy's & St. Thomas' Hospital NHS Foundation Trust, Head of Midwifery
(MM) Marie McDonald	Clinical Director, Women's Services, Guy's & St Thomas' Hospital NHS Foundation Trust
(BP) Belinda Phipps	Chief Executive Officer, National Childbirth Trust
(BB) Beverley Lawrence Beech	Chair, Association for Improvements in Maternity Services,
(BK) Barbara Kuypers	Midwifery Officer, West Midlands LSA Office
(DFr) Diane Fraser	University of Nottingham, Professor of Midwifery
(FH) Frances Harkin	Department of Health, Senior Policy Manager Pre-Registration Education and Training, Workforce Directorate
(PL) Paul Lewis	School of Health and Social Care University of- Bournemouth
(SC) Suzanne Cunningham	Consultant Midwife, Southampton University Hospital NHS Trust
(JD) Jill Demilew	Consultant Midwife, Kings College Hospital NHS Foundation Trust
(KM) Kath Mannion	Midwifery Officer, North East LSA
(MD) Miranda Dodswell	Birthchoice UK
(JG) Jacque Gerrard	Director of Board (England) Royal College of Midwives
(ST) Suzanne Truttero	Midwifery Advisor, Department of Health
(SD) Soo Downe	Professor of Midwifery University of Central Lancashire
(BK) Brenda van der Kooy	Political Secretary Independent Midwives UK
(LP) Liz Peregrine	Royal College of Obstetricians and Gynaecologists
(AM) Alison Miller	Programme Director Midwifery, CEMACE
(CB) Carmel Bagness	Stakeholder Engagement Lead, Midwifery 2020 (England), Department of Health

Apologies for Absence

(ML) Michelle Lyne	Midwifery Advisor, Nursing & Midwifery Council
(PB) Peter Blythin	Chief Nurse and Director of Workforce, NHS West Midlands
(HO) Helen O'Dell	Midwifery Officer, South East SHA
(JH) Jane Hawdon	RCPCH
(JE) Jane Evans	Assistant Director Commissioning Partnerships Walsall Teaching PCT
(GW) Gill Walton	John Radcliffe Hospital NHS Foundation Trust, Directorate Manager Women's and Sexual Health

1. Minutes of previous meeting: 1st May 2009

Minor typos identified

Item 3 page 3 NMC Review of Midwives rules inaccurate – this should be corrected and then agreement that co-chairs can sign off minutes on behalf of group

ACTION:

RM to correct typos

RM to ask Michelle Lyne to supply correct information for p3

2. Matters arising

Membership

Nurse member for not yet identified. Suggestion that Health Visitor be invited
Caroline Waterfield (NHS Employers) has agreed to become a member

ACTION: RM to contact Community Practitioners' and Health Visitors' Association to identify HV member

3. Policy review

RM reported delay in commissioning this review; primarily due to lack of capacity in M2020 support team. This has been resolved and procurement would proceed this month

PL noted that given the relatively small amount of money available for the review there may be few applicants and therefore it could be difficult to place contract within timescale

4. Quality of Midwifery Care Project – final report

Delivering High Quality Midwifery Care: the priorities, opportunities and challenges for midwives.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106063

This DH report , published on 28th September, takes education as the starting point for quality in the context of the NHS Next Stage Review in England. Many of the group had contributed to the report – RM acknowledged and thanked them.

DFr pointed out error in the report on p24: Single common assessment tool.

This section should have said that there was a need for a national framework for assessment rather than one tool. M2020 gives the opportunity to move forward on this issue

5. Commission for the Future of Nursing and Midwifery - update

Ursula Gallagher (UG) : Joint Lead Commission support team

(Presentation attached)

Progress to date: Phase 1 ('Listening' phase) complete Phase 2 ('Testing' phase) beginning. Phase 2 will test themes and issues which emerged from Phase 1. *Group members were asked to respond to the 10 'Hot Topics' which will be posted for public response on the Commission's website.* <http://cnm.independent.gov.uk/>

Commission is not about generating new policy – rather about identifying what needs to change in system to allow existing policy to be implemented and excellent practice to thrive.

Group members then highlighted a range of issues relevant to midwifery and maternity care including:

- To deliver 'genuine choice' services need to be aligned
- Need for transparency around the conflict that choice agenda brings: because of 50 years of hospital -oriented birth and therefore financial gearing to support this encouragement to push for choice and out of hospital birth brings terrible pressure on midwives as they can't practise way know would make a difference
- Drive to location of services near where people live may further disadvantage socially excluded and exacerbate inequalities
- NCT strategic work on malign influences which have negative effects on culture/systems and therefore outcomes
- lack of joint philosophy for professionals/managers/ - lack of commonality of training, but don't have basic shared building blocks
- Need for health professionals to have training in user-perspective from beginning
- System rules produces disincentives to activity outside hospital ie home birth/birth units
- Bullying remains a crucial issue in maternity services
- Culture needs to support and promote safety (social, emotional and physical)
- Organisational and institutional barriers impede midwives practising fully – creating learned helplessness and crushing innovation
- shift to degree level entry has meant financial hardship for some students
- NMC will be crucial to translating and delivering agenda

ACTION: RM to send group UG's presentation

6. Midwifery 2020 UK Programme

NK had provided a summary (Doc 3) of the progress to date on the workstream groups for the M2020 programme.

The two workstreams – Education and Career Progression and Quality Measurement, led by England, were discussed in detail; progress on other workstreams was noted.

7. Education and Career Progression Group (Chaired by GB)

The group has translated its terms of reference into section headings for its report. Individual members had agreed to lead and to contribute to the various sections. Current focus is to scope existing provision.

An interim report on progress is being produced for the Midwifery 2020 UK Programme Board by the end of December 2009.

a. Scope current midwifery education and consider its fitness for purpose (DFr leading this section)

A survey of LMEs in UK is ongoing. Emerging themes include:

- provision of inter-professional learning
- challenges associated with maintaining viable midwifery specific post-registration modules
- limited availability of part-time pre-registration midwifery education
- need for efficient learning timetables for undergraduate students
- impact of shift patterns
- residential refresher courses
- inclusive approach towards CPD
- competence and confidence to use IT
- variation in access to computers

Now undertaking work with HOMs to outline in-house training.

Discussion points/issues raised by group members:

- This is a pragmatic survey and therefore there will be limited data to quantify provision
- Module relevant to midwifery/midwives may be embedded within a generic course – identifying such provision can be challenging
- PL member of RCM/RCOG joint-learning survey group
- recommendations for future: consider support for normal birth; provision of modules on normality has considerable potential to impact positively on care and outcomes
- it can be difficult to identify funding streams which allow people to access multi-disciplinary experiences
- independent providers can offer placement opportunities but indemnity cover inhibits take-up

- take into account Council for Healthcare Regulatory Excellence report on Advanced Practice (July 2009)
[http://www.chre.org.uk/ img/pics/library/090709_Advanced_Practice_report_FI_NAL.pdf](http://www.chre.org.uk/img/pics/library/090709_Advanced_Practice_report_FI_NAL.pdf)

ACTION: ALL send RM examples of overcoming systems barriers
RM contact PL for details of RCM/RCOG joint-learning survey

b. Midwifery contribution to research base and delivery of evidence based practice. (GB leading this section)

This section includes new clinical research careers structures being developed across the UK

Issue raised:

- link with 'Professors of Midwifery' group

c. Image of Midwifery (JG leading this section)

A preliminary search of web has produced limited sources of positive images about midwives and midwifery but many highly negative images. In addition, it is clear that women are not always able to discriminate between the role of a nurse and midwife; the image of midwifery seems to be linked to personal experience.

Discussion points/issues raised

- narratives around midwives and stories from media focus on negative and therefore feed into women 'living in fear of birth'
- essential to distinguish midwifery from nursing
- survey carried out in Hull on juniors obstetricians experience and attitude towards midwives demonstrated they had very bad experiences: feeling undermined and bullied SD will send this to JG
- NCT carrying out work to change perception at school level
- RCOG has carried out work to outline and promote career in obstetrics - LS suggested contacting Frances Day-Stirk at RCM to find out more
- London Deanery had undertaken work on bullying (MMcD)

d. Preceptorship

NHS West Midlands undertaking a project for DH to develop preceptorship framework for nurses, midwives and allied health professionals GB is participating as a member of the expert reference panel for the project. The aim is to produce generic concepts (ie non-profession specific) and menu of approaches that will be published for stakeholder input in November. The framework will then be finalised and published in March 2010.

The Education and Career Progression Group will consider preceptorship once framework published.

ACTION: RM will alert group when framework published for stakeholder input

8. Quality measurement (Chaired by JME)

Group members volunteered to work together on particular sections of the maternity care pathway (Pre-conception, Accessing Services, Antenatal Care, Intrapartum Care and Postnatal Care) to map existing standards, outcomes and indicators.

Acknowledged that if only existing national standards are identified this would result in a highly reductive focus; therefore group will seek to identify where quality measurement(s) has(have) been developed eg to evaluate aspects such as experience of care.

Once map of existing quality measurements drawn up group will take into account outputs from other workstreams and develop indicators for future

Interim report on progress to be submitted to M2020 UK Programme Board at the end of December.

9. Workforce and planning (led by Scotland)

Issue raised:

- Central SE SHA looking at work force planning across clinical pathways – this information can feed into both Workforce and the Education and Career Progression Group (SC)

ACTION: RM to contact SC for details of CSE planning to share with the relevant workstream chairs

10 Developing the structure of the Midwifery 2020 report (Doc 4)

RM introduced this summary of the facilitated discussion held at the end of July involving the chairs of workstreams and the government leads for M2020 at which they began to clarify the purpose, content and format of the final outputs from M2020.

Reports from each workstream will be submitted to the UK Programme Board by April 2010; the interim project report will be circulated to the UK Programme Board ahead of the June 2010 UK Programme Board meeting and then circulated to focus groups for comment. A consensus conference will be organised for the summer of 2010 for the final report to be published in September 2010

Draft outputs from the Education and Career Progression and the Quality Groups will be sent to members of the Steering Group (England) in December, and in March.

Members will be asked to review these with particular reference to how maternity services are managed nationally, including user involvement and working with the third sector.

ACTION: Members to note that they will be asked to review outputs from workstream groups in December and March

11. AOB

a. Policy Restricted label

PL noted that all papers had been labelled 'policy restricted' and asked for guidance about whether particular papers, such as Document 3 **could be shared with the RCM Council**

Action: RM to clarify with NK whether members can share content of Document 3 can be shared with other organisations/groups

b. M2020 England Stakeholder Engagement Lead: CB

CB is seconded 0.6FTE for 12 months from her post as Associate Dean of Standards in the School of Health Care Studies at TVU. She will support delivery of Midwifery 2020 and midwifery commitments of A High Quality Workforce. CB outlined issues being considered in draft engagement and communication plan.

Discussion points:

- Important to prepare stakeholders to engage with emerging themes and issues and also to prepare to receive final output
- Plan dissemination as carefully as development of products
- Tailoring recommendations and messages to different recipients would be important
- Learn from past in developing outputs – be courageous!
- Communication with LSAMOs important as source of 'live' HOM and LME lists
- Target MSLC chairs via website
- Criticism of image of dismembered pregnant abdomen on M2020 postcards
- To raise profile of M2020 card should be sent via NMC & RCM routine mailings
- Budget constraints would shape what would be possible

c. Members' other relevant activities

- GB: Participating in the NMC Review of Midwifery rules & standards
- LP/MMcD: Health care for London work: Members of Clinical Expert Panel with wide-ranging scope including examining workforce for maternity, pathways – how to address challenges; service re-configurations – examining all possibilities including stand-alone obstetric units; considering how to develop and support new midwives and their fitness for purpose; and recruitment and retention; commissioning maternity services; innovation for workforce
- BVK: Independent Midwives UK: Contributing to NMC re-validation of practitioners project

- BP: NCT work on what do parents currently experience which has negative impact – cause/effect analysis
- SD: International work on ensuring collaboration between obstetricians and m/ws – compassionate care ‘operationalised’. Issue about skilled birth attendants and centralising birth into a centre – what impact does this have on relationships
- JG: Yorks and Humber SHA - looking at whole workforce Kings Fund Safer Births group
- LS: WHO collaborating centre – Macedonian midwives enhancing and support for m/w education
- BB – Maternity Forum of RSM – present M2020?
- PL: Clinical learning environment group
Wellbeing application: public health role of the midwife
- SC: Consultant m/w trainee programme in SC SHA region
Labour ward learning – issues about communication interdisciplinary
Next Stage Review – AHQW – post-reg skills

Future meetings:

Date	Time	Venue
Tues, 19 th January 2010	14:00 – 17:00	London
Thur, 22nd April 2010	14:00 – 17:00	London DATE TO BE CHANGED