strengthening midwifery leadership

A manifesto for better maternity care

Royal College of Midwives

Strengthening midwifery leadership: a manifesto for better maternity care

Around three-quarters of a million babies are born in the UK each year, making childbirth one of the most common reasons for admission to hospital and our maternity services a 'shop window' for the NHS.

Everyone – NHS staff, politicians, the public and those who use the service – all want maternity care to be the best and safest it can be. Midwives and all maternity staff work hard to deliver that, and given the importance of what we do the spotlight is rightly on maternity services continually to improve. A vital part of delivering that improvement is strong, effective midwifery leadership, focused on getting the best out of every member of staff.

> "Strong and collective leadership is important to the development of a positive work environment" [1]
>
> "High quality maternity leadership which supports innovation is essential" [2]
>
> "Effective leadership has a key role in developing safe, high quality services" [3]

The cost to the NHS of getting maternity care wrong can be severe. Not only in terms of the damage that can be done to lives, and even the loss of life, but financially too. Clinical negligence claims relating to obstetrics represented only 10 per cent of the volume of claims received in 2018/19 but accounted for half of their total value [4].

Despite all of this – the number of women who receive maternity care each year and the cost of getting maternity care wrong – the voice of midwifery can struggle to reach the highest levels of management within trusts and health boards, and within the health service more widely.

This may be because midwives make up only around two per cent of NHS staff, or possibly because maternity care serves predominantly healthy people through a natural life event that does not necessarily require medical intervention.

Whatever the reason, it is a situation that needs to change. We need strong midwifery leadership to deliver the high quality, safe maternity services that all of us strive to provide. And in this manifesto the Royal College of Midwives sets out seven steps to make that happen.

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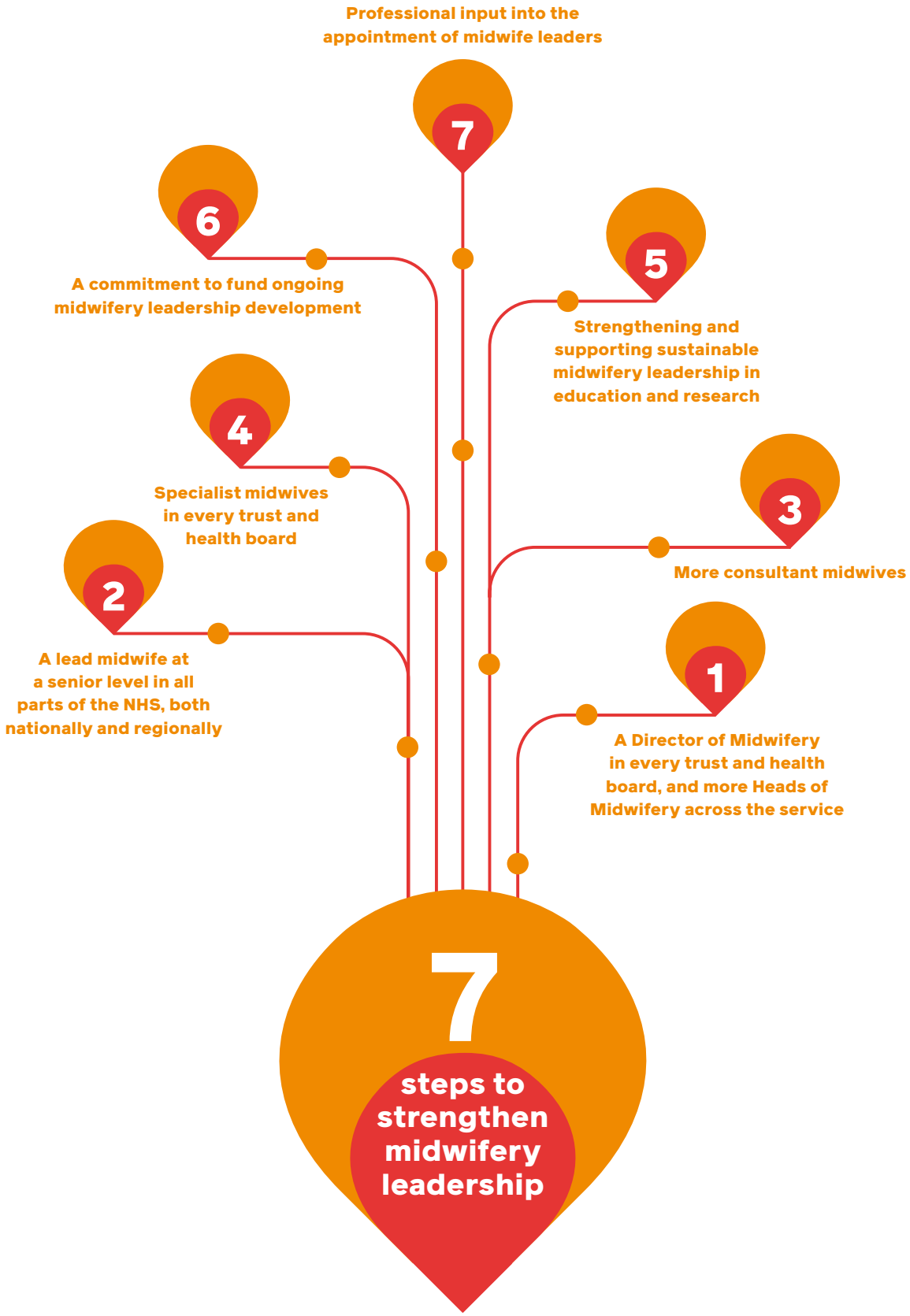
1 Scottish Government & Grant, J (2017: page 59) The Best Start: a five-year forward plan for maternity and neonatal care in Scotland. Edinburgh: Scottish Government. Available: https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/
2 National Maternity Review (2016:page 78) Better Births: improving outcomes of maternity services in England. Available: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
3 Welsh Government (2019:page 15) Maternity Care in Wales. A Five Year Vision for the Future (2019-2024). Available: https://gov.wales/sites/default/files/publications/2019-06/maternity-care-in-wales-a-five-year-vision-for-the-future-2019-2024.pdf
4 NHS Resolution (2019) Annual report and accounts 2018/19. Available: https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution-Annual-Report-2018-19.pdf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steps to strengthen midwifery leadership

1 A Director of Midwifery in every trust and health board, and more Heads of Midwifery across the service

We need a stronger midwifery leadership voice in every part of the NHS that delivers a maternity service.

While it is routine for the most senior practising midwife within a trust or health board to be a Head of Midwifery, there are significantly fewer places where that role is taken by a Director of Midwifery. The difference is more than just a title. Heads of Midwifery will typically focus on the operational delivery of maternity care locally. They will often report into a director of nursing within a trust or health board and will not have direct input into or responsibility for strategic, board-level decision-making.

Directors of Midwifery, on the other hand, are leaders and advocates for safe, high quality maternity care, managing the strategic and operational delivery of maternity services locally. They are accountable for the strategic planning of maternity services and the provision of midwifery care, the provision of strategic, professional leadership and advice, and act as both an advocate for women and the expert voice of the profession.

Where midwifery leaders locally do not have direct access to the board, but must instead feed into it via a director of nursing, there is the risk of a damaging disconnect between strategic direction and operational management. A director of nursing will oversee the provision of nursing care in a wide range of areas, from A&E, cancer care, and geriatric medicine, for example, to radiology, surgery, and urology. Even with the best will in the world the provision of maternity care will rarely be at the top of a director of nursing's agenda.

Nursing and midwifery are also distinct professions. The overall direction of midwifery care has diverged from nursing, and continues to do so. Midwifery care is undergoing a fundamental shift towards a model of care based in the community rather than centralised in big hospitals. It is also one of the few NHS services in which practitioners can cross the boundaries between primary and secondary care every day. Given this divergence, the current norm of having a director of nursing responsible for midwifery at board level is increasingly outdated. Additionally, there are issues relating to maternity care that should be important and strategic enough – the litigation risk, for example – to require that a senior midwife has at least the right of access to the board in their own right.

Every trust or health board delivering maternity care should have a Director of Midwifery, with a Head of Midwifery in every maternity unit within the organisation (with exceptions for very small units). This would help protect people from the risk posed by dysfunctional maternity services by enabling problems to be identified and escalated more quickly. It should be the role of the Head of Midwifery locally to lead their team and to manage the provision of local services. It would then be for the Director of Midwifery, as a senior manager, not only to support the work of Heads of Midwifery but also to contribute strategically to improve how maternity services link into what is happening across health and social care sectors, both locally and more widely.

> "Front line teams do not operate in a vacuum; leadership is the key determinant of the organisational culture in which front line teams operate" [5]

5 Ibid (n2: page 72)

2

A lead midwife at a senior level in all parts of the NHS, both nationally and regionally

As well as the parts of the NHS that deliver maternity services directly to the public, there are many other bodies involved in the delivery of healthcare. They monitor how well providers are doing, plan the future workforce, regulate staff, amongst many other functions. These bodies need a senior midwifery voice too.

Maternity care should be among those services that have a guaranteed strategic voice at the top levels of senior NHS management. After all, with three-quarters of a million births taking place in the UK each year, childbirth is amongst the top reasons for admission to hospital, and claims relating to obstetrics account for around half of the amount paid out in clinical negligence claims. It is vital for the NHS to focus on getting maternity care right.

This is already recognised in some parts of the NHS. The Scottish Government employs a Chief Midwifery Advisor and following the publication of *the NHS Long Term Plan* [6], England now has its own Chief Midwifery Officer.

But there are notable exceptions, i.e. organisations with an important role to play in functions such as workforce planning and development, and the inspection, monitoring and regulation of maternity care, that do not have a senior midwife.

All NHS organisations in each part of the UK and at all levels, from the national to the local, should have a lead midwife in a senior position within that organisation. They would ensure that the strategic advice and the unique perspective of midwifery is appropriately articulated within any new policy, standards and guidance.

6 NHS England (2019) The NHS Long Term Plan. Available https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

3 More consultant midwives

Consultant midwives are highly experienced and acknowledged clinical experts in their field. They lead, support, coach, mentor, inspire and empower their midwifery colleagues. They are leaders with both the responsibility and the ability to evaluate, develop and improve the provision of maternity services. We need more of them.

Becoming a consultant midwife allows a midwife to take on a more senior role within the service whilst continuing to focus on the provision of care rather than more managerial tasks, such as management of staff. This enables them to focus solely on aspects of leadership that are directly about the frontline of care, such as quality improvement, implementation of evidence-based practice and service innovation.

As with midwives as a whole, there are fewer consultant midwives than there should be. In our 2018 survey of Heads of Midwifery, 44 per cent of those who responded stated that they did not have a single consultant midwife in post. Of those who did, they employed the equivalent of less than one full-time consultant midwife (four-fifths of one, to be exact).

More consultant midwives would mean better and safer care for women and their families [7]. It would mean someone of seniority and professional standing who is on the ground, accessible to colleagues and on the frontline of delivering care.

We are all ambitious for our maternity services, what they can achieve and how they can improve. To achieve those ambitions, like the UK Government's ambition to make England one of the safest places in the world in which to have a baby, we need strong clinical leadership visible and accessible. This is exactly what recruiting more consultant midwives would deliver.

Given the national imperatives for high quality and safe maternity care, there needs to be a focus on succession planning and growth of the role of the consultant midwife across all trusts and health boards.

We would like to see at least one consultant midwife in every maternity unit. For those responsible for providing services in remote and rural areas, one option could be to appoint a consultant midwife across more than one trust / health board, providing consistency and clarity of professional guidance for this very specific kind of midwifery service.

> "Individuals will only be able to make a difference if they are nurtured and supported by strong leadership at local level" [8]

7 Wilson C, Hall L, Chilvers R (2018) Where are the consultant midwives? British Journal of Midwifery Vol 26:4: 254-260.
8 Ibid (n2: page 85)

4 Specialist midwives in every trust and health board

Specialist midwives provide expert advice to colleagues and to women and their families. They act as a resource on issues relating to their area of specialism, championing improvements in the trusts / health boards where they work. We need to expand this role throughout the NHS.

Specialist mental health midwives are one example of this role. These midwives are experts who lead work to ensure women with perinatal mental illnesses and their families receive the specialist care and support they need during pregnancy and in the postnatal period.

They support their maternity team colleagues to ensure that affected women and families receive the best possible care, personalised to them [9].

Other examples include specialist midwives who cover bereavement, diabetes, infant feeding and safeguarding.

In far too many parts of the country however these specialist midwife posts do not exist, meaning women are going without this specialist care and midwives are not able to access knowledge and expertise that would improve the quality of care they are able to provide.

According to the RCM's 2018 survey of Heads of Midwifery:

- two in three (69 per cent) reported not having a smoking cessation specialist midwife
- two in three (67 per cent) reported not having a female genital mutilation specialist midwife
- two in five (41 per cent) reported not having a substance misuse specialist midwife
- one in four (27 per cent) reported not having a maternal mental health specialist midwife
- It is also often the case that these specialist midwives are only able to work on these specialisms for part of their working week. In that same survey, for example, even those Heads of Midwifery who had a maternal mental health specialist midwife, employed an average of four-fifths of one midwife in that role. For smoking cessation specialist midwives, it was just one-fifth of one midwife.

Specialist midwife roles provide direct specialist and expert care to women who need it and advice and guidance to colleagues. Without them, maternity services would inevitably provide care that is not as good as it could be.

A range of specialist midwife roles should be the norm in every trust / health board across the United Kingdom. The mix of specialisms will depend upon the needs of the service locally. Midwives should have access to and be able to draw upon these midwives' skills and experience as they strive to deliver and improve care.

9 Maternal Mental Health Alliance/NSPCC/RCM (2013) Specialist Mental Health Midwives: what they do and why they matter. Available: https://www.rcm.org.uk/media/2370/specialist-mental-health-midwives-what-they-do-and-why-they-matter.pdf

5 Strengthening and supporting sustainable midwifery leadership in education and research

It is not just the NHS that plays an important role in delivering the midwifery workforce we need. Our universities train the next generation of midwives and they employ the teachers and academic researchers upon whose work we rely to improve maternity care.

There is national [10] and international [11] expert consensus on the fundamental importance of midwifery leadership in education and the role of midwifery educators in the provision of high quality midwifery care. It is recommended that midwifery leadership is positioned in high-level national policy, planning and budgeting processes to improve decision making about investments for midwifery education [12].

Lead Midwives for Education (LMEs) are experienced, practising midwife teachers who lead on the development, delivery and management of midwifery education programmes [13]. They help to ensure high standards in midwifery education and are a vital intermediary between the professional regulator (the Nursing and Midwifery Council) and the universities.

To succeed in this role LMEs must have the seniority and authority to exercise strategic influence over all university business that impacts on the development and delivery of pre- and post-registration midwifery education.

In addition, we need strong professorial midwifery leadership within universities to promote, protect and support a strong and vibrant research community whose work continually improves the evidence upon which the very best maternity care is based.

Universities together with their partner trusts / health boards must support and develop future midwifery research leaders through clinical academic career programmes, funded PhDs and post doctoral research posts [14] as well as the creation of midwifery professorships in all institutions that provide midwifery education.

10 NMC/University of Nottingham (2010) The MINT Project. Midwives in Teaching. Evaluation of whether Midwife Teachers bring a unique contribution particularly in the context of outcomes for women and their families. Available: https://www.nmc.org.uk/globalassets/siteDocuments/Midwifery-Reports/MINT-report.pdf.

11 ICM Global Standards for Midwifery Education (Amended 2013) Available: https://www.internationalmidwives.org/assets/files/education-files/2018/04/icm-standards-guidelines_ammended2013.pdf

12 UNPFA/Unicef/WHO/ICM (2019) Strenthening quality midwifery education for Universal Health Coverage 2030. Framework for Action. Available: https://apps.who.int/iris/bitstream/handle/10665/324738/9789241515849-eng.pdf?ua=1

13 https://www.nmc.org.uk/education/lead-midwifery-educators/the-role-of-lead-midwives-for-education/

14 Council of Deans of Health (2018) Nursing, midwifery and allied health clinical academic research careers in the UK. Available: https://councilofdeans.org.uk/wp-content/uploads/2018/08/Nursing-midwifery-and-allied-health-clinical-academic-research-careers-in-the-UK.pdf

6

A commitment to fund ongoing midwifery leadership development

Organisations that offer career progression and personal development in leadership and management are more likely to attract and retain talent [15], and RCM members tell us that they believe leadership and management training will improve their personal performance.

Programmes that include developing, mentoring, and coaching can help workplaces retain existing talent, attract new staff and develop new thinking. Investing in leadership is also linked to higher performance and a learning culture.

In this prolonged era of tight budgets it is all too easy for organisations to cut back on training and development, and this has been the case in the NHS over many years. In our most recent survey, around a third (31 per cent) of Heads of Midwifery said they have been forced to reduce access to training and development, with continuing professional development funding down by around half in some units.

The NHS should instead be helping people to lead the service through challenging times. In every corner of the UK, the health service has high ambitions for maternity services, and in times of change it is critical to have the best leaders to navigate through the challenges.

We are seeing some good work. Health Education England, for example, is working with the NHS Leadership Academy to develop a leadership training offer to Local Maternity Systems (where commissioners and providers of maternity services come together at the local level).

They recognise that the evidence demonstrates that "collaborative, compassionate and inclusive leadership" is most effective in improving care and delivering better care outcomes [16].

The growing urgency of the need for leadership development is underlined by the age profile of the midwifery profession. In Scotland, for example, in 2018, two in every five midwives were in their fifties or sixties. In Wales, the figure was 36 per cent, over one in three.

Not every senior midwife will be in an older age category, and not every older midwife will be in a leadership position, but inevitably there will be a correlation between the two. Such large proportions of the midwifery workforce in these older age bands helps to emphasise the need to act on midwifery leadership now, to prepare for the future.

We want to see NHS organisations across the UK commit to clear and funded plans to develop midwife leadership skills.

15 NHS Improvement (2016) Developing People – Improving Care: a national framework for action on improvement and leadership development in NHS-funded services. Available: https://improvement.nhs.uk/documents/542/Developing_People-Improving_Care-010216.pdf

16 Ministerial answer, dated 29th January 2019, from Baroness Manzoor to written parliamentary question [HL12864] from Baroness Tonge. Available: https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2019-01-15/HL12864/

7 Professional input into the appointment of midwife leaders

Directors and Heads of Midwifery must have the skills, experience and credibility to lead and manage maternity services. The appointment of the right individual is an important matter, and selection procedures within the NHS should be focused on ensuring that the right people get into the right jobs.

The best leaders need more than just skills and experience, as important as these attributes are. The best candidates also carry professional credibility and the confidence of their midwifery colleagues.

This is as true for doctors as it is for midwives, which is why for senior medical appointments the medical royal colleges are involved in the selection procedure. It would be a small but important step to extend this convention to midwifery, to include a senior RCM representative. Similar arrangements should be made for LMEs.

We are hopefully seeing signs of this starting to emerge, for example with the involvement of an RCM representative on the selection panel for the new post of Chief Midwifery Officer in England.

We need to see more of this.

The seven steps to strengthen midwifery leadership

1. **A Director of Midwifery in every trust and health board, and more Heads of Midwifery across the service**
2. **A lead midwife at a senior level in all parts of the NHS, both nationally and regionally**
3. **More consultant midwives**
4. **Specialist midwives in every trust and health board**
5. **Strengthening and supporting sustainable midwifery leadership in education and research**
6. **A commitment to fund ongoing midwifery leadership development**
7. **Professional input into the appointment of midwife leaders**

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