RCM Response to the Kirkup Report of Morecambe Bay Maternity Services

June 2015
Executive Summary

Dr Bill Kirkup was tasked by the Secretary of State for Health to investigate and report on maternity services at Morecambe Bay NHS trust. The report highlighted a number of failures over a number of years at Morecambe Bay which resulted in poor care, and the tragic deaths of mothers and babies. This is the RCM’s formal response to Dr Kirkup’s report.

Dr Kirkup made a number of recommendations for the RCM and other organisations. In response the RCM has started a long-term plan of work outlining how it will work on these recommendations. These are:

- **A national review of the provision of maternity care.** The RCM’s chief executive Cathy Warwick is sitting on the review panel and the RCM is contributing fully to all aspects of the review.
- **Educational opportunities to be gained from working in smaller maternity units.** The RCM is taking forward this work forward in partnership with the Royal College of Obstetricians and Gynaecologists.
- **Guidance to be drawn up setting out a framework for external reviews of maternity services.** To this end the RCM is working with the Academy of Medical Royal Colleges (AOMRC) and the Royal College of Nursing to carry forward this recommendation.

There are also a number of areas identified in Dr Kirkup’s report where the RCM has not been asked to do specific work, but where the RCM feels it can make a contribution. Included in this work is our contribution to proposed changes in midwifery regulation, and our approach to reorganisations of local maternity services. Further, we will focus on:

- **Education** - Imminent changes to regulatory systems and difficulties for midwives in accessing CPD need urgent attention. The RCM will contribute to the NMC pre-registration standards review, help develop clear standards for clinical leads and create new educational products to pick up the themes raised in the Kirkup Report.
- **Dysfunctional team working** - We will continue to pursue and promote respectful team working in our joint work with our medical colleagues on tackling bullying, and will work with national organisations to ensure all senior midwives and HOMs undertake leadership training.
- **Normality around birth** - The RCM has always focused on the safety of mother and baby and has never advocated normal birth as an end in itself. The RCM is already undertaking work in this area and pressing ahead with a number of projects to tackle this issue, including Better Births. We will continue to lobby for a maternity service which is grounded in evidence, and enables all women to make choices that are appropriate for them.
- **A duty of candour, speaking up and standing up for high standards** – We will map out guidance for our members, representatives and staff which develops Freedom to Speak Up, the new NHS providers’ Duty of Candour and the new NMC Code.

The RCM is adamant that the lessons from Dr Kirkup’s report and the changes needed as a result should not be ignored or forgotten. We will be encouraging all our members to read the report and reflect on it. We will work in partnership with other organisations to develop systems and a culture that ensures maternity services are underpinned by an educated, professional midwifery workforce who do all they can to ensure safety and quality for mothers and babies.
RCM Response to Kirkup Report of Morecambe Bay Maternity Services

1 Introduction

We would like to thank Dr Kirkup and his team for their thorough investigation. We were shocked when reading the Report and we are taking its narrative, conclusions and recommendations with the utmost seriousness. We are determined that the lessons from Morecambe Bay do not sit on a shelf, unused and unlearned. We recognise the Report’s wide-ranging significance, and the need for us to play our part to ensure such a drawn-out and tragic failure in UK maternity services cannot happen again.

We received the Report of the Morecambe Bay Investigation on the date it was published, 3 March 2015. We had been aware of the general difficulties of providing maternity services in Morecambe Bay, mainly through our support of the Head of Midwifery, and we had been aware of some of the serious untoward outcomes through representation of our members and from the numerous external reviews carried out on the Trust’s maternity services. When we saw the report, we realised the complex and systematic failings at Furness General Hospital had been occurring over many years, and that there were many organisations and individuals who failed to acknowledge and prevent the many failings at that site.

We are grateful that whilst the Report is clear about the failures it also notes that normal birth is appropriate for correctly-assessed women and babies, and that the majority of NHS staff come to work to do a good job. The Report acknowledges the role and expertise of midwives and their professional standing, the work of the Head of Midwifery and the fact that positive changes are taking place within the Trust albeit slowly.

In making his recommendations, Dr Kirkup has formulated three areas in which the RCM is a key player. However we believe that we must begin to address other questions about safety, quality and leadership that the Report poses. This paper identifies new work which will be led by other organisations and in which we will participate; new work which we will take forward ourselves; and work which is already being undertaken in which we have taken an active part.

1.1 The RCM

The RCM’s mission is to enhance the confidence, professional practice and influence of midwives for the benefit of childbearing women and their families. We promote quality midwifery services and professional standards. We support our midwife and Midwifery Support Worker (MSW) members individually and collectively in all four UK countries, and we strive to promote excellence, innovation and leadership in the care of childbearing women, the newborn and their families, nationally and internationally.

In our auspices as a professional organisation and trade union, we have distinctly different objectives from the Medical Royal Colleges. We have no jurisdiction or authority to enforce standards (though we formulate and promote them), to investigate or to regulate. But we do have an important role in making maternity care safer for every woman. We have to make clear to our members, the public,
and other organisations working in healthcare what we are for and what we will do. Dr Kirkup has made clear the many organisations, all with different areas of responsibility, who ‘failed to work together effectively and to communicate effectively’, resulting in seven missed opportunities to intervene, leaving the mothers and babies receiving care at Furness General Hospital less safe. We are taking this Response as an opportunity to reaffirm our purpose and objectives for our members and in relation to other organisations, to leave no doubt about the job we have to do on behalf of mothers and babies across the UK.

2 Recommendations addressed to the RCM

2.1 Recommendation #20

There should be a national review of the provision of maternity care and paediatrics in challenging circumstances, including areas that are rural, difficult to recruit to, or isolated. This should identify the requirements to sustain safe services under these conditions. In conjunction, a national protocol should be drawn up that defines the types of unit required in different settings and the levels of care that it is appropriate to offer in them. Action: NHS England, the Care Quality Commission, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Paediatrics and Child Health, the National Institute for Health and Care Excellence.

NHS England has announced that this will be taken forward as part of the Maternity Review signalled in the NHS England Five Year Forward View to be headed by Baroness Cumberlege CBE which will report by the end of 2015. Cathy Warwick, our Chief Executive, has been invited to take a place on the Review panel and she has accepted that invitation.

There have been numerous reports into the appropriate principles that should underpin the delivery of maternity services across the UK and the extant policy driving England’s maternity services is Maternity Matters. However, there has not yet been sufficient focus on the relationship between the size of a maternity service, the models of care provided, the volume of activity and the level of staffing needed; for example, what is the staffing of an obstetric unit especially if the number of births is below a number which supports 168 hours a week consultant obstetrician presence, when is a maternity unit big enough to warrant a different approach to staffing and what is the optimum size/staffing model of a midwifery led unit? Patterns of staff deployment across differing models of service provision with different staff also need to be considered in remote and rural areas.

Action

We anticipate our involvement with the Review will include:

- Contributing clinical midwifery expertise and insight
- Helping to identify both UK and international evidence to inform the review
- Providing examples of maternity services which are already working in ways thought to be of ‘best practice’ standard
- Participating in a process of consultation/visits
- Ensuring the panel can hear a full range of voices who can contribute fully to the review
- Participating in finalising and disseminating the report.
2.2 Recommendation #22

We believe that the educational opportunities afforded by smaller units, particularly in delivering a broad range of care with a high personal level of responsibility, have been insufficiently recognised and exploited. We recommend that a review be carried out of the opportunities and challenges to assist such units in promoting services and the benefits to larger units of linking with them. Action: Health Education England, the Royal College of Obstetricians and Gynaecologists, the Royal College of Paediatrics and Child Health, the Royal College of Midwives.

We warmly welcome this recommendation. Midwives and student midwives already value placements in smaller maternity services. It often affords them experiences which unfortunately can be lacking in bigger, busier units, such as continuity of care and more time to spend with women and their families. They also participate in more physiological (non-intervention) births. We believe that other professionals can also gain valuable insights from working in smaller units.

We will discuss taking this work forward in partnership with the Royal College of Obstetricians and Gynaecologists (RCOG). We note that the RCOG’s Options Appraisal: Reconfiguration of Obstetric and Maternity Services in Cumbria (published 25 March 2015) proposes a hub-and-spoke concept with staff contracted to working in one trust with more than one maternity service site and rotating to different units. This concept is already used in many maternity services with midwives rotating through community-based services and hospital services and experiencing working in antenatal, postnatal, and intrapartum care, and in different settings. Movement is most common amongst less experienced midwives but some services have a policy, for example, of all community-based midwives rotating regularly to the alongside midwife-led unit (AMU) or the obstetric unit (OU). As staff rotate care has to be paid to ensuring competency; maintaining staff motivation and engagement if this was not their preferred placement; and ensuring no disadvantage in terms of remuneration.

The RCOG has begun a project on Leading Safer Women’s Healthcare. Our CE will co-chair a sub-group reviewing the standards for practice in 2016 and beyond, including Standards for Maternity Care 2008, and Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour 2007. The RCM will also contribute our expertise to a sub-group of this project looking at models of care. It is hoped this will link to the NHS Maternity Review.

Action:

- Setting out best practice standards and guidance in consultation with our colleagues from other Colleges
- Disseminating this guidance and standards amongst the midwifery profession
- Setting up an internal working group reviewing standards relating to midwifery-led care.

2.3 Recommendation #41

We were concerned by the ad hoc nature and variable quality of the numerous external reviews of services that were carried out at the University Hospitals of Morecambe Bay NHS Foundation Trust. We recommend that systematic guidance be drawn up setting out an appropriate framework for external reviews and professional responsibilities in undertaking them. Action: the Academy of Medical Royal Colleges, the Royal College of Nursing, the Royal College of Midwives.
The RCM has no regulatory role. Unlike the medical royal colleges who are invited to undertake service or performance reviews, we do not have a similar function. We do not set standards for the education of midwives either at a pre-registration or a post-registration level. We play a critical role in advising on such issues but the responsibility for setting and maintaining pre-registration education standards for midwifery lies with the Nursing and Midwifery Council (NMC). There is currently no programme of mandatory continuing education for midwives (though the RCM does provide e-learning and other educational opportunities for the continuing professional development of midwives). Midwives are required to declare their practice and education experience (PREP) to the NMC every three years in order to maintain their registration. They also have to notify the NMC of their intention to practise every year and this has to be accompanied by confirmation from their supervisor of midwives that they are competent to practise. The RCM sets a range of standards related to midwifery practice but none of these are mandatory. Accordingly the RCM is not usually asked to lead on a review of a maternity service, but we will often identify and nominate midwives to participate in such reviews. Reviewers must be appropriately trained and accountable, and have robust professional credibility. We welcome the opportunity to work on standards for these external reviews and reviewers, and would welcome discussion on our future role in processes encouraging safety of maternity services.

Action

- Working with the Academy of Medical Royal Colleges (AOMRC) and the Royal College of Nursing (RCN) in carrying forward this recommendation, through participation in ARMC’s proposed project to create External Review Guidance (subject to AoMRC Council approval in late April).

3 Other areas of work which the RCM will actively participate

3.1 Education and Standards

The Report has implications for the education of both student midwives and midwives following registration. The NMC sets standards for the former but not the latter. The two main drivers behind the development of any UK-wide standards or consensus on the maintenance of competence of midwives have been, firstly, the statutory supervision of midwives through the notification of intention to practice (ITP) processes; and secondly, the need for Trusts to meet Clinical Negligence Scheme for Trusts (CNST) standards. Both systems are now changing and there is a danger that no process will exist in future to ensure proactive maintenance of standards. Many Trusts provide opportunities for the continuing education of midwives and many midwives already take responsibility for ensuring their own knowledge and competence is up-to-date. The RCM provides a wide range of continuing professional educational opportunities for midwives.

The primary responsibility for CPD lies with individual registrants but is often mandated and supported by their employers; both managers and supervisors have a responsibility for identifying midwives struggling to perform at expected levels and to have programmes to enhance their practice. Our role is to lobby to improve continuing professional education and to provide opportunities for education.
Appraisal systems which underpin professional continuing educational are weak, much of local Trust education focuses heavily on dealing with physical conditions and emergencies, and there is no systematic way of collating the evidence into areas of educational need. Further, time for CPD remains unprotected, unlike that for medical colleagues. Whilst future arrangements for the supervision of midwives and revalidation could drive this process there is currently no assurance that this will be the case. We need to give further consideration into how we can create, through our networks and local structures of branches and workplace representatives, including union learning reps, working conditions which foster an attitude of constant learning and improvement that goes far beyond attendance at requisite study days. If midwives are to be thoughtful, motivated professionals we need to ensure that workplace cultures enable them to have personal agency and the time and space for reflection. The new revalidation process at this stage remains unclear and this presents another potential challenge.

At this time, the NMC are taking action against registrants for their alleged substandard practice at Morecambe Bay. The Kirkup Report raises the issue of standards in many different areas of midwifery practice (as discussed above) and maternity care provision more generally. For example, is there a need to develop organisational or professional standards to help determine which maternity services might be at risk of becoming dysfunctional? Are current standards and guidance around the assessment of women for different levels of care adequate? Are some standards due for revision? We will begin to answer these questions in taking the lessons of Kirkup forward.

Dr Kirkup’s review highlights some specific issues, which include the preparation and ongoing competence of midwives in assessing:

- The needs of women, in recognising deviation from normal and initiating safe and robust transfer
- In recognising the sick baby, especially hypothermia of the newborn
- Contributing to and sustaining effective, positive team working across disciplines.

**Action**

- Contributing to the planned NMC review of the pre-registration standards for the education of midwives. In particular we will look at the required practice experience student midwives should be exposed to if they are to be competent in caring for pregnant women in different settings who have been assessed as low risk of developing complications. This is particularly important given the increasing number of women they will care for who will be assessed as having a high risk of developing complications due to underlying physical, social and psychological factors which are either pre-existing or develop during the course of childbirth (i.e. pregnancy, labour and the postnatal period). Additionally, there is a high rate of intervention in some Trusts which currently means that an increasing number of students will have limited exposure and experience of caring for women with normal pregnancies
- Developing further education opportunities and products, including study days, around themes emerging from the Kirkup Report
- Considering whether or not the RCM should seek to become the body that sets standards for the post-registration education of midwives which then become embedded and normalised into midwifery practice in the UK

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1 Only 32% of midwives in the latest staff survey said their appraisal was well structured. NHS Staff Survey 2014.
• Participating along with the Academy of Medical Royal Colleges (AoMRC) and the RCOG on setting standards for service reviews, as specified in our response to Report Recommendation 41
• Influencing the development of clear national standards setting out the professional duties and expectations of clinical leads at all levels, as set out in Report Recommendation 28. We will prepare a view on this as it relates to midwifery clinical leads, building on previous work we carried out, for example, 2008’s Becoming a Consultant Midwife: building clinical leadership. Cathy Warwick co-chair the standards sub-group of the RCOG’s ‘Leading Safer Women’s Healthcare’ which is anticipated to report by the end of 2015
• Reviewing RCM Standards for Birth Centres in England: a standards document (2009) and RCM Birth Centre Resource: a practical guide (2010) to consider the need for updating in the light of the Kirkup Review
• Ensuring, through a variety of channels, that we raise awareness of current standards and guidance documents that are influential in ensuring high quality practice. For example, The NMC Code: professional standards of practice and behaviour for nurses and midwives, and all relevant NICE guidance and quality standards for intrapartum care especially around risk assessment and transfer. We will also support other organisations like Monitor and the CQC to use these standards in their regulatory and inspectorate roles to ensure their adherence and implementation by Trusts.

3.2 Dysfunctional team working and leadership

The importance of high quality team working to maternity care is not a new concept. The King’s Fund Report Safe Births: Everybody’s Business\(^2\) was clear on this over six years ago and poor team working has been a factor of mortality reports over many years.\(^3\) There are many examples of high quality team working in maternity services and we would argue that in these services there are three conditions to success. Firstly, the recognition that teamwork is considered of utmost importance throughout every level of the organisation, from Chief Executive to a support worker. Secondly, that true respect and understanding of professional roles and responsibilities exists, between individuals, within teams, across sites and between professional boundaries. Lastly, that there are leaders who facilitate workplace conditions that foster high-performing teams by ensuring time for reflection and discussion, fostering accountability for practice and outcomes, and eliminating cultures of bullying and fear.

We also believe there is a case to be made for increased resourcing and attention given to midwifery leadership. Some Heads of Midwifery are in dual roles, taking on leadership in paediatrics, gynaecology or general management. There are many challenges to securing high quality maternity leadership, including a reduction in senior clinical posts creating less opportunities to move into management and variable levels of access to Boards and other decision makers. We will continue to advocate leadership standards in every Trust.


Action

- The RCM will ensure that the need for high quality team working and mutual professional respect is threaded through all of our activities
- We will take seriously our responsibility as an organisation that leads by example to mimic this in everything we do, working collaboratively when appropriate
- We will particularly stress the value and importance of multidisciplinary guidelines for care at a local level, whether this is for women who have been assessed as being at low risk or high risk of developing complications during childbirth, or about the provision and practice associated with homebirth services, midwifery led or obstetric led units
- We will review all of our own standards and guidance to ensure that this is clear and unequivocal
- We will continue to pursue and promote respectful team working in our joint work on tackling bullying (Undermining Behaviours, Standing Up for High Standards) with the RCOG
- We will continue to work with organisations like NHS England and Health Education England to ensure all senior midwives and HOMs undertake leadership training.

3.3 Normality, safety and choice

The Kirkup Report makes clear that pregnancy and childbirth are ‘inherently normal physiological processes’. Midwives are the appropriate clinicians to help women give birth in these circumstances. The RCM has always focused on the safety of mother and baby and has never advocated normal birth as an end in itself. As Dr Kirkup states, ‘The safety of maternity units depends on their level of vigilance to detect risk and deviation from the norm, and on their taking effective action when it is found.’

The issue of midwives promoting normality beyond the point of safety is one of the most concerning aspects of the report and is the issue that has generated the most discussion both in mainstream and social media channels. There is a blurred line between midwifery and obstetric care; the key to safe and happy outcomes is that all maternity professionals have the clinical competence, appropriate structures and team-working skills (discussed above) to navigate that line, in partnership with women.

In the last two years we have reorientated the RCM Normal Birth Campaign as the Better Births Initiative. The focus of the latter is about developing a positive birth experience for all women and acknowledges that ‘campaigning’ for one birth outcome may be misleading. We have also worked in collaboration with Birthrights and the British Institute of Human Rights in developing their Human Rights Guide for Midwives which will be published in Autumn 2015.

We do have to take responsibility for how this normality, safety and choice is understood and acted upon by women and their families, and by midwives, MSWs and other clinicians. We must discuss safety, benefits and risk in ways that are meaningful and evidence-based so women can make informed decisions and midwives and clinicians can care for women in the best possible way. We will continue, along with other UK and global experts on maternity to stress the importance of reducing unnecessary interventions which are damaging to the wellbeing of women and babies. We do not

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believe that a blanket approach which promotes ‘normality’ or ‘interventions’ at any cost can ever be justified given the evidence.

**Action**

- The RCM will continue, through all of our activities, to stress that the critical issue is to ensure women-centred care and to help women to have the safe birth they want. We will stress that high-quality care is grounded in evidence, allowing time for women’s needs to be individually understood and for this to drive communication, information-giving and team working
- We will continue to lobby for more continuity of carer within maternity services and for the provision of services that enable all women to make choices that are appropriate for them. Such service provision should be based on high quality evidence
- The RCM will continue its three-pronged Better Births initiative, which seeks to normalise the process of birth for all women regardless of the type of labour and birth they will experience and care they and their babies require; work in partnership with commissioners, providers, MSWs and midwives to develop care-continuity models; and promote service design which reduces inequalities.

### 3.4 A duty of candour, speaking up and standing up for high standards

The Kirkup Report outlines serious failings in openness and honesty of staff at Furness General Hospital which greatly concerns us. We have raised the point in the many discussions that have ensued following Sir Robert Francis’ two Reports (*Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* and most recently, *Freedom to Speak Up*) that there are still cultures in the workplace which make it hard for NHS staff and, in our case, midwives and MSWs, to speak up honestly about their own practice and that of others. Following the Francis Report into Mid Staffordshire, we developed a document *Standing up for High Standards*\(^5\) which sets out the obligations and responsibilities of RCM members and RCM representatives raising concerns about clinical practice and sets out how the RCM will support them when doing so. Further, we are mindful of the obligations of all midwives the NMC have laid out in *Raising concerns: Guidance for nurses and midwives*, which was updated this year to reflect the new Code.\(^6\)

We are committed to help create, along with every other part of the NHS, a culture of safety and learning.\(^7\) We are confident that the RCM will always stand up for high standards and never condone poor practice. We are absolutely clear what our job is when representing our members: to ensure justice is done, that processes are followed and a fair hearing is had. We will continue to monitor and manage our roles in relation to one another keeping the concerns from Sir Robert Francis and Dr Bill Kirkup in mind.

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\(^5\) Royal College of Midwives. *Standing Up for High Standards: How the RCM will support midwives, student midwives and maternity support workers if they have concerns at work*. July 2014. [https://www.rcm.org.uk/sites/default/files/Standing%20up%20for%20High%20Standards.pdf](https://www.rcm.org.uk/sites/default/files/Standing%20up%20for%20High%20Standards.pdf)


\(^7\) See Sir Robert Francis QC. *Freedom to Speak Up: An Independent review into creating an open and honest reporting culture in the NHS*. February 2015. [https://freedomtospeakup.org.uk/](https://freedomtospeakup.org.uk/)
Action

- We will review *Standing up for High Standards* to ensure the lessons from Francis’ *Freedom to Speak Up*, and from the Kirkup Report, are learned throughout our organisation.
- Map out guidance for our members, representatives and staff which develops *Freedom to Speak Up*, the new NHS providers’ Duty of Candour and the new NMC Code.
- Ascertain clearly how the RCM will ensure its leadership has knowledge of local issues and can feed into national reviews by regulatory bodies and others as appropriate.

3.5 Statutory Supervision of Midwives

The Kirkup Report found midwifery supervision failed repeatedly to identify problems and lacked objectivity. The Local Supervising Authority system failed to assure the quality of this system and spot obvious conflicts of interest. The way supervision was carried out at Morecambe Bay was ineffective, but this is because agreed standards of supervision were not adhered to. We believe there are significant risks from removing supervision from the regulatory system, however we have accepted the conclusions of the King’s Fund Report into Statutory Supervision, and we have already prepared *Re-framing midwifery supervision: a discussion paper* to pave a way forward for this new era of midwifery regulation in the UK. The King’s Fund Review stated that ‘all of the current functions of statutory midwifery supervision are important and useful’ and to that end we will continue to lobby for there to be a national requirement for all midwives to have access to a strong, UK-wide clinical supervision system.

Action

- Continue to feed into the on-going discussions about the future of the supervision of midwives and revalidation. A first iteration of a possible future for the supervision of midwives focusing on clinical supervision has been well received by the Department of Health and Chief Nursing Officers, and has been sent to the Nursing and Midwifery Council.

3.6 Reorganisation

The Kirkup Report echoes the findings of the Francis Report on Mid-Staffordshire in its portrayal of clinicians, Trust Boards and regional and national organisations struggling to come to terms with what felt like a constantly changing healthcare system. This is considered to have contributed to a culture characterised by poor communication between organisations, a lack of focus on the delivery of safe and effective front line care, dispersed management and demoralised and disengaged staff. Negative issues or concerns were downplayed or at worst, hidden. We believe from our first-hand experience of working with midwives that reorganisation aiming to achieve endorsement (such as becoming a Foundation Trust) can distract the attention from clinical standards and can impact negatively on both Heads of Midwifery and staff.

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Heads of Midwifery are the most senior professional midwifery voice in most midwifery services. As noted in 3.1, we will be setting standards for their clinical leadership but in every HOM job description is the duty to ensure maternity services are of a high standard. HOMs struggle to do this if they are also tasked with meeting stringent financial targets or planning for and dealing with mergers or reorganisations. The Kirkup Report is clear that there is risk in constantly changing management structures within Trusts, where support and leadership changes or disappears. HOMs need time to concentrate on clinical services if they are to deliver the efficiencies that will be needed over the next three years in a very difficult financial climate. Nor can staff deliver of their best if there is uncertainty as to their future place of employment. With regard to the findings of Dr Kirkup and Sir Francis, and the experiences of our members, we must strongly make the arguments on behalf of our members around the possible negative, often unanticipated, consequences of reorganisations, both within and across trusts.

**Actions**

- The RCM will campaign against any further major, top down reorganisation of the NHS whilst advocating strongly for a system that encourages innovation and change at a local level
- The RCM will advocate that Trusts and others are mindful of the findings of Dr Kirkup when planning any local reorganisations. We will reflect this in our own submissions to local consultations.

4 **In conclusion**

We consider the Kirkup Report of the Morecambe Bay Investigation to be a challenge everyone involved in the provision of maternity services must rise to meet. We urge all RCM members to read and reflect on the Report. Much of the work that is needed in response has already started and many maternity units and their staff are already exemplars of the good practice which we would wish all women to receive. However, our significant challenge now is to develop systems and a culture that ensures that no dysfunctional maternity service can slip under the radar as was the case in Morecambe Bay. This means we must begin new work as well as reviewing current standards and guidance so they are fit for purpose. We will work in partnership with other organisations to achieve this, demonstrating behaviours like effective team working and honesty which we know must be the behaviours of all our members to ensure the lessons of Kirkup Report are truly learned.

Further, the lessons from Kirkup are underpinning our wider goals for our organisation as a whole in 2015. We are determined to use our leadership to call for all maternity services to be underpinned by an educated, professional midwifery workforce working in multi-disciplinary teams who do all they can to ensure safety and quality for mothers and babies.