

# Nurturing tomorrow's leaders

In his review of NHS leadership, Lord Rose asked, 'How do we find and nurture the people that are needed to lead the NHS over the next 10 years?' (Rose, 2015: 8). The report's 19 recommendations focus on consistent, proactive approaches to developing leaders, including training, performance management, bureaucracy and management support. Lord Rose states that, for the recommendations to be effective, they should be preceded by an NHS communication strategy that broadcasts consistent messages across the health system, and an NHS passport that includes the core values of the NHS.

## How will we find and nurture midwifery leaders?

Considering how we will find and nurture the people needed to lead maternity services over the next 10 years and beyond, I reflected on the leadership roles I have undertaken in my career and, in particular, my role as a consultant midwife (CM).

The CM role, implemented in the late 1990s (NHS Executive, 1999), saw the genesis of senior midwifery leaders who had (and continue to have) the authority, expertise and experience to develop practice and lead practice development. For such an important leadership role, there should be an accredited course that supports the development of consistent levels of experience and training across the maternity system. It is clear that we can no longer leave this to chance.

I was recently inspired by a CM trainee, Louise Perkins, who shared her personal perceptions of becoming a CM. Louise is currently undertaking the Trainee Consultant Practitioner course, run by Health Education Wessex and Health Education Thames Valley. She is in the final year of a 3-year programme that involves working alongside CMs while undertaking academic study. I asked Louise to share her personal perspective of:

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Jacqueline Dunkley-Bent with Louise Perkins

- The most exciting part of her course
- Two fundamental lessons she has learned about being a CM
- What she perceived were the challenges of being a trainee CM
- If maternity leaders viewed the development of midwifery leaders through her lens, what would they see?

## Louise's perspective

'The most exciting part of the course is having the gift of focused time, resources and support to address my own leadership development needs within the different aspects of the CM role. For example, this has given me the opportunity to have specialist quality improvement training, to undertake international midwifery consultancy projects in Uganda and Bangladesh, and to "learn as I do" alongside midwifery leaders in regional and national projects in the UK. Best of all, 50% of my time is still clinical, as I develop the specialist skills required by a CM, in complex birth planning and supporting women's needs—particularly when they request care outside of usual care recommendations.

'A fundamental lesson I have learned about being a CM is to keep the women and families I care for at the centre of what I do. It's vital for me to keep at the forefront of my mind, the woman who I see in clinic on a Tuesday, who has complex emotional needs or birth preferences outside of current guidelines, when on a Wednesday I am developing new guidelines for practice, or sitting with the clinical commissioning group to plan services. Secondly, I have learned to be comfortable with incongruent

agendas. For example, at the same time as supporting the increase in the normal birth rate and the reduction in the caesarean section rate, I support choice and advocate for women who, for a variety of reasons, request surgical birth.

'My biggest challenge is probably the same as any CM: remaining focused and effective in what I want to achieve at any one time. It is an enormous privilege having the opportunity to make a difference to practice, whether that's through education and training, research or service development. However, the demand on my time can be relentless. When I stretch myself too thinly, I become less effective in what I really should be prioritising, and that's not what I want to role model.

'I think that developing midwifery leaders isn't just about future-proofing, making sure that there are leaders of tomorrow with the training and skills needed to lead maternity care through turbulent times. It's also about retaining bright, young midwives for the profession and keeping their passion alive. Invest in potential midwifery leaders early. There are so many pressures on midwives today; more than ever, we need to show them that they can be part of changing practice and the profession for the better. If you feel it's possible to influence change, that's inspiring and energising. And women need midwives who are inspired and energised.'

## Conclusion

These interesting and insightful reflections of one CM trainee illustrate the importance of taking the development of midwifery leaders seriously. There is a need for formal, standardised preparation of leaders across the maternity system to ensure consistent levels of experience and training. Let's not leave the development of these important roles to chance!

BJM

NHS Executive (1999) *Nurse, midwife and health visitor consultants: Establishing posts and making appointments*. Health service circular (HSC)1999/217. DH, London

Rose S (2015) *Better leadership for tomorrow NHS Leadership Review*. <http://tinyurl.com/qgfbxf> (accessed 18 October 2016)