



Welcome to The NHS Maternity
Conference!



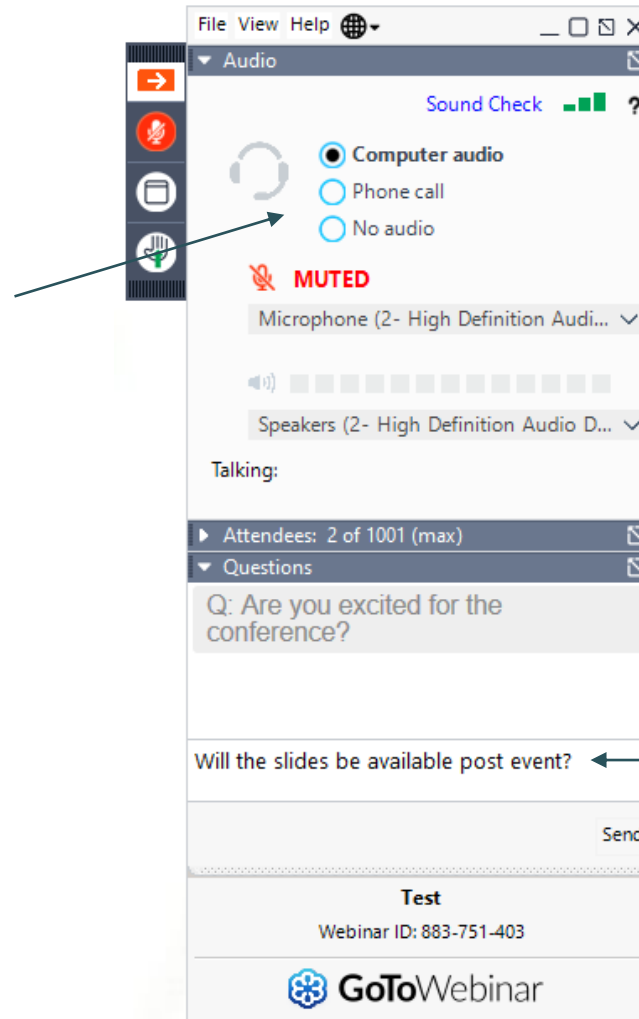
21st November 2023
10:45am – 1pm
Virtual Event



The NHS Maternity Conference



Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.



The NHS Maternity Conference



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

☒ Yes

☐ No

Submit

Click on **one** of the multiple choice options, then press 'Submit'

Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

☒ Yes

☐ No

Your poll answers have been submitted.

Once **Submitted** your screen will look like this



Speaking Now...



Wendy Matthews OBE
Chief Midwife, Director of Nursing,
East of England - NHS England

The Value of Maternity Staff: Investing in Continuous Workforce Improvements

Wendy Matthews OBE

Chief Midwife / Director of Nursing , East of England

I Want To
Tell You
A Story...

But First.....

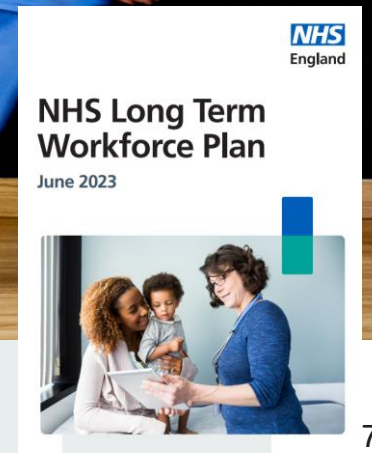
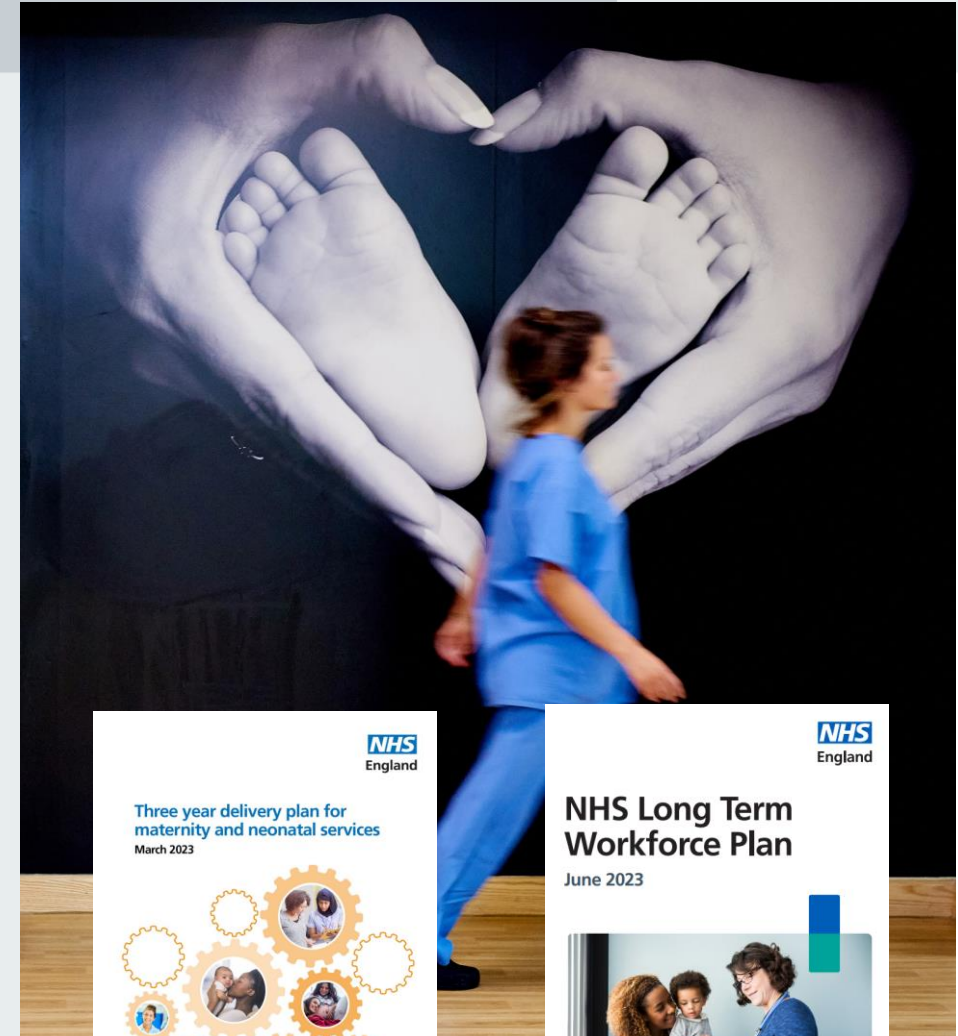
Maternity workforce: Context

Providing safe maternity care and ensuring every woman, no matter where they live in England, is provided with the very best care before, during and after their pregnancy **is our absolute priority.**

Maternity staffing is central to delivering this care, which requires sufficient and appropriate staffing capacity and capability to ensure safe, high quality and cost-effective care for women and their babies at all times

The Challenge

- **The NHS workforce is facing significant challenges including midwifery.** High vacancy and attrition rates.
- **The three-year delivery plan for maternity and neonatal services** (March 2023) aims to deliver safer, more personalised, and more equitable care: listening to women and families with compassion; supporting our workforce; developing and sustaining a culture of safety; meeting and improving standards and structures.
- **NHS Long Term Workforce Plan** (June 2023) focus on growing our workforce, retaining and reforming training.



Maternity Investment

In 2021/22:

We invested £95m in recurrent funding to increase the maternity workforce. This funded an increase in the establishment for midwives by 1200 FTE and obstetricians by 100 FTE.

In 2022/23:

Circa £23.7m of additional investment was made available to support Retention leads, MSSW's, bereavement provision, obstetric leadership capacity and international recruitment capacity.

In 2023/24

Circa £30.2m of additional investment was made available to support Retention leads, MSSW's, bereavement provision, obstetric leadership capacity, international recruitment capacity and PMA/PNA's

Total: c.£162m

The maternity workforce programme

In addition to issuing direct provider funding, NHSE delivers a maternity workforce programme which aims to address maternity workforce challenges.

The ambition of the NHS England maternity workforce programme (MWP) is to reduce maternity vacancy positions to as close to zero as operationally possible by 2025/26

Drawing on the expertise of collaborative partners, the programme will achieve this ambition through seven workstreams:



International Recruitment of Midwives (IR)

Extending our support to IR of midwives to all Trusts, and supporting existing trusts that wish to go further



Return to Midwifery

Targeted recruitment of midwives who have an active registration but are currently not working for the NHS



Retention

Expand retention activities to include groups who haven't traditionally been targeted e.g. under 55's



Maternity services support workers (MSW's)

Reduce support worker vacancies to minimal levels (zero where possible)



Training and Development

Work with partners to explore opportunities to upskill staff and training requirements of undergraduates



Multi-disciplinary Team working

Explore ways in which other roles such as nurses and MSW's can support with capacity in maternity services



Direct Provider Support








Working with trusts who need the most support to develop a plan to improve their maternity services

All workstreams are supported by case studies, webinars, data, communications and direct provider funding








The East of England Maternity Workforce Story



September 2022

Region	Vacancy rate	
East of England		18.0%
London		12.6%
Midlands		12.0%
North East and Yorkshire		10.6%
North West		12.3%
South East		12.6%
South West		10.3%
National		12.6%

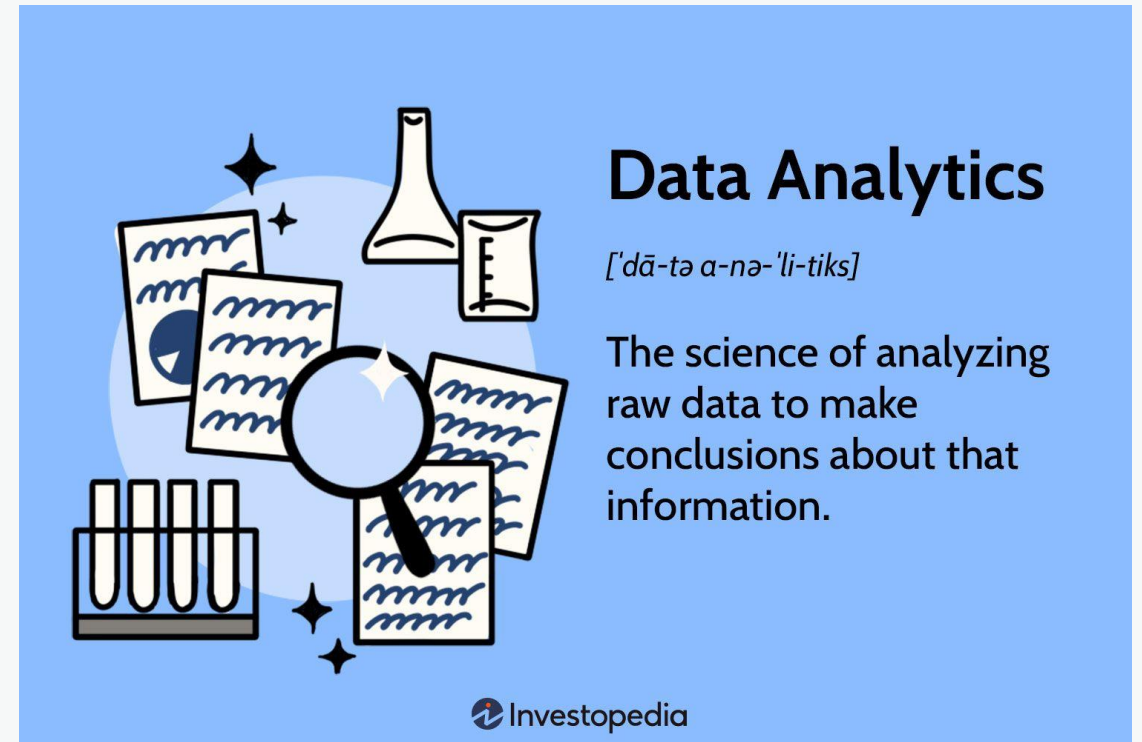
September 2022

Region	Leaver rate	
East of England		8.0%
London		7.3%
Midlands		6.6%
North East and Yorkshire		7.0%
North West		6.3%
South East		7.7%
South West		7.8%
National		7.2%

What did we do!!

Data

- Understand the data
- Standardise format of data (SPC)
- Correct the data!!!
- Allowed us to focus on right areas.





What did we do!!

Leadership

- Invested in 6 senior workforce leads assigned to ICB working with Regional Maternity Team under the remit of Deputy Chief Midwife.
- Developed key leadership programmes for leaders at all levels.
- Evaluating effectiveness of the programmes.
- Developed forums to share and learn.
- Dedicated EDI taskforce group. Bespoke EDI leadership course - 19 participants.
- Professional Midwifery Advocates - 165
- MSW's, dedicated regional lead



What did we do!!

International Recruitment

- Dedicated resource for IEM regionally and in Trusts.
- Collaboration regionally led.
- Focus on pastoral care.
- Tailored support.
- Cultural work.
- Adapted programmes based on learning and feedback.
- **Success: over 200 midwives from overseas, nationally just over 800.**



Domestic Recruitment

- Increase student numbers
- Working with Universities to improve recruitment and retention of students.
- Return to Practice Midwives
- Use of legacy midwives
- Shortened training
- Using nurses in maternity

What did we do!!

Professional Midwifery Advocates

PMA Training = Strengthening Teams	<ul style="list-style-type: none">• 165 qualified PMAs actively working across the region, with 300 more NHSE funded PMA training places available nationwide, approximately 2 PMA training places per Trust regionally .
Implementation of Staff Support Drop-In Sessions (including Retention)	<ul style="list-style-type: none">• Implementation of regular drop-in sessions, providing maternity staff an opportunity to discuss work-related or personal challenges in confidence, including revalidation, and further development opportunities/career conversations.
Retention Drop-In Sessions	<ul style="list-style-type: none">• Regional implementation of regular Retention drop-in sessions, an opportunity for maternity staff to have Stay & Grow conversations, collaborative working with Senior Management Team & Recruitment/Retention Leads.
Staff Support Resources	<ul style="list-style-type: none">• Circulation of generic version of PMA booklet to all Trusts, a comprehensive resource with support contact details within. Circulation of generic PMA Leaflet to all Trusts too, PMA Team contact details highlighted to encourage easy access to PMAs for all maternity staff.
Staff Sickness Support	<ul style="list-style-type: none">• Ongoing collaborative work, providing PMA sickness support for all maternity staff when on sick leave & support between PMA Team, staff member & line manager upon return to work (with consent obtained)
'PMA of the Day'	<ul style="list-style-type: none">• Standardised practice, 'PMA of the Day' (high visibility). Daily & wraparound (early morning & evening) service provision, attending and presenting at Mandatory training/PROMPT session & HEI updates for all maternity staff & students, highlighting the PMA support available.

What did we do!!

Professional Midwifery Advocates

Preceptee Support

- Regular Restorative Clinical Supervision (**RCS**) sessions offered by PMA team, during **orientation, on a monthly basis, & pre & post rotation**, providing an opportunity to address any challenges and highlight the positive achievements & experiences to date.

Internationally Educated Midwives (IEMs) Support

- **200 IEMs regionally**, bespoke support, including regular provision of PMA support, monthly RCS implementation of peer 'buddy' support, wellbeing/financial/career development support reviewed regularly. PMA team contact details to be included in all introduction packs. Collaborative working with IEM Leads, PDMs & Recruitment/Retention Leads locally and regionally.

PMA Activity Data Collection Process

- As from the 6th October, **PMA Activity Data Collection Process** (via PWR) Implementation, data collected using standardised process aligned to PNA Activity Data collection. SOP devised by National & Regional PMAS and circulated to all PMA Teams. Highlights the PMA support provision across the region, helping to recognise effective Qis, with further improvements identified.

TRIM (Trauma Risk Management) Training

- Plans for PMAs to receive TRIM (Trauma Risk Management) training to help support maternity staff further when managing difficult situations (investigations) - after challenging situations (SIs) & mediation. Closely liaising with TRIM Trainers/Managers and Clinical Psychologists to review this specialist level of staff support.

Psychological Supervisory Support

- Plans to implement regular psychological supervisory support for all maternity staff working highly emotional roles (for example, bereavement and advocacy services) and Senior Management Teams. Pilot study (CUH) findings highlighted at PMA Away Day & circulated via email regionally and presented at the Regional PMA Away Day (18.10.23).

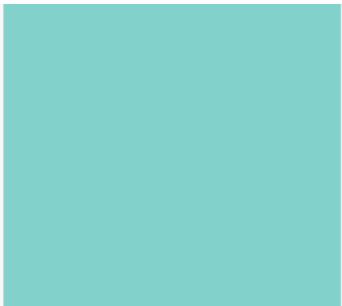


What did we do!!

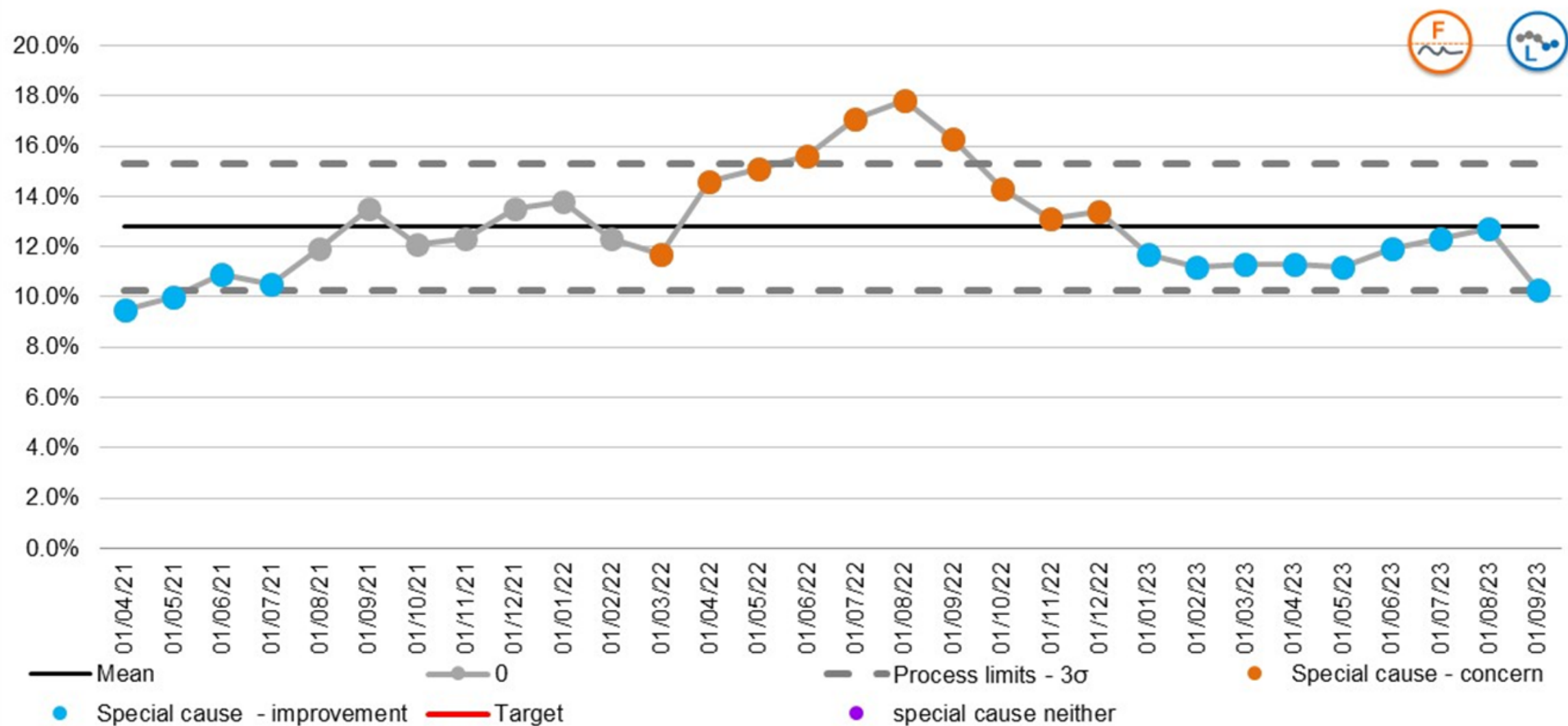
Maternity Support Workers

- Never underestimate the importance of MSW's.
- Invested in dedicated regional MSW lead.
- Career pathways and development.
- Role clarity.
- Leadership at Trust level.
- Away days for MSW's share and learn.

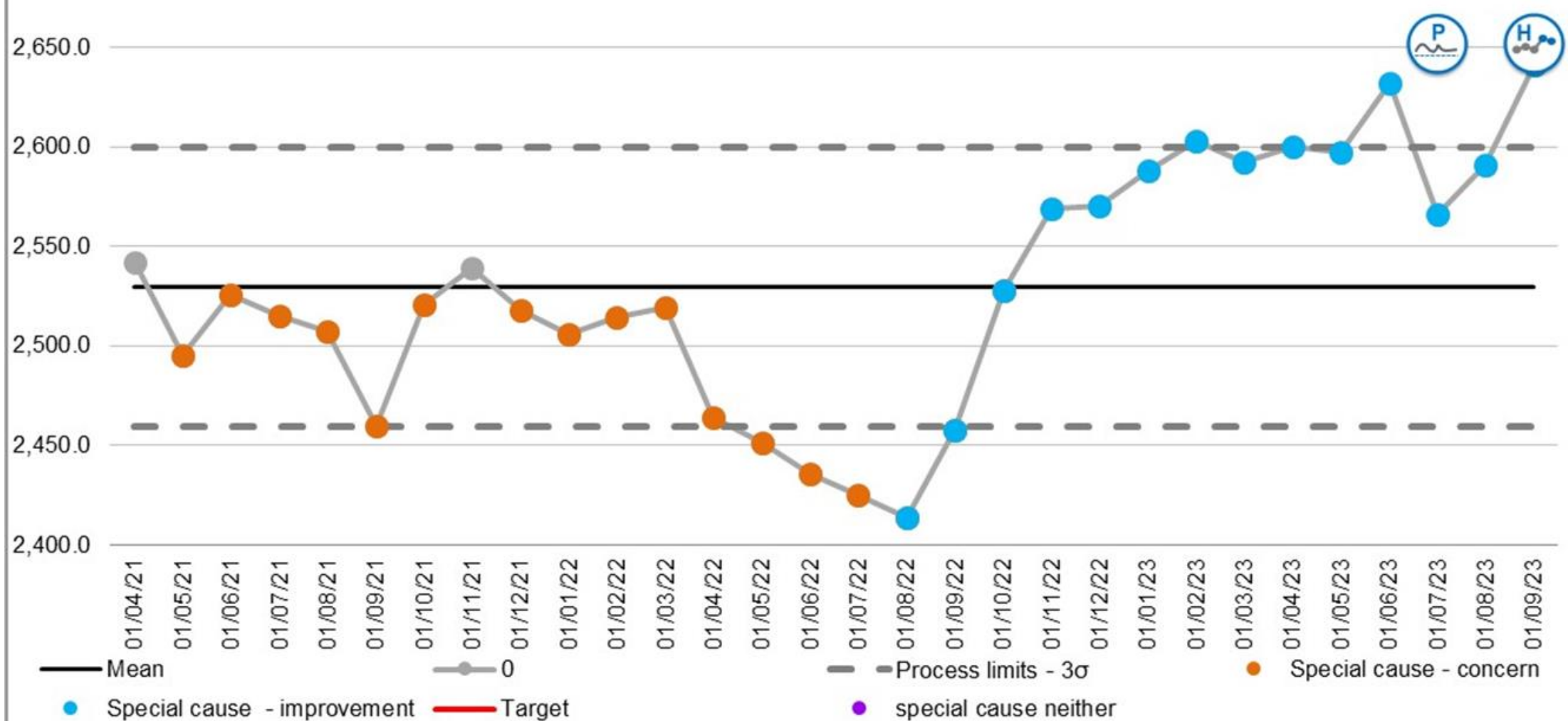











MW Vacancy rate-Workforce starting 01/04/21



MW in post-Regional team starting 01/04/21



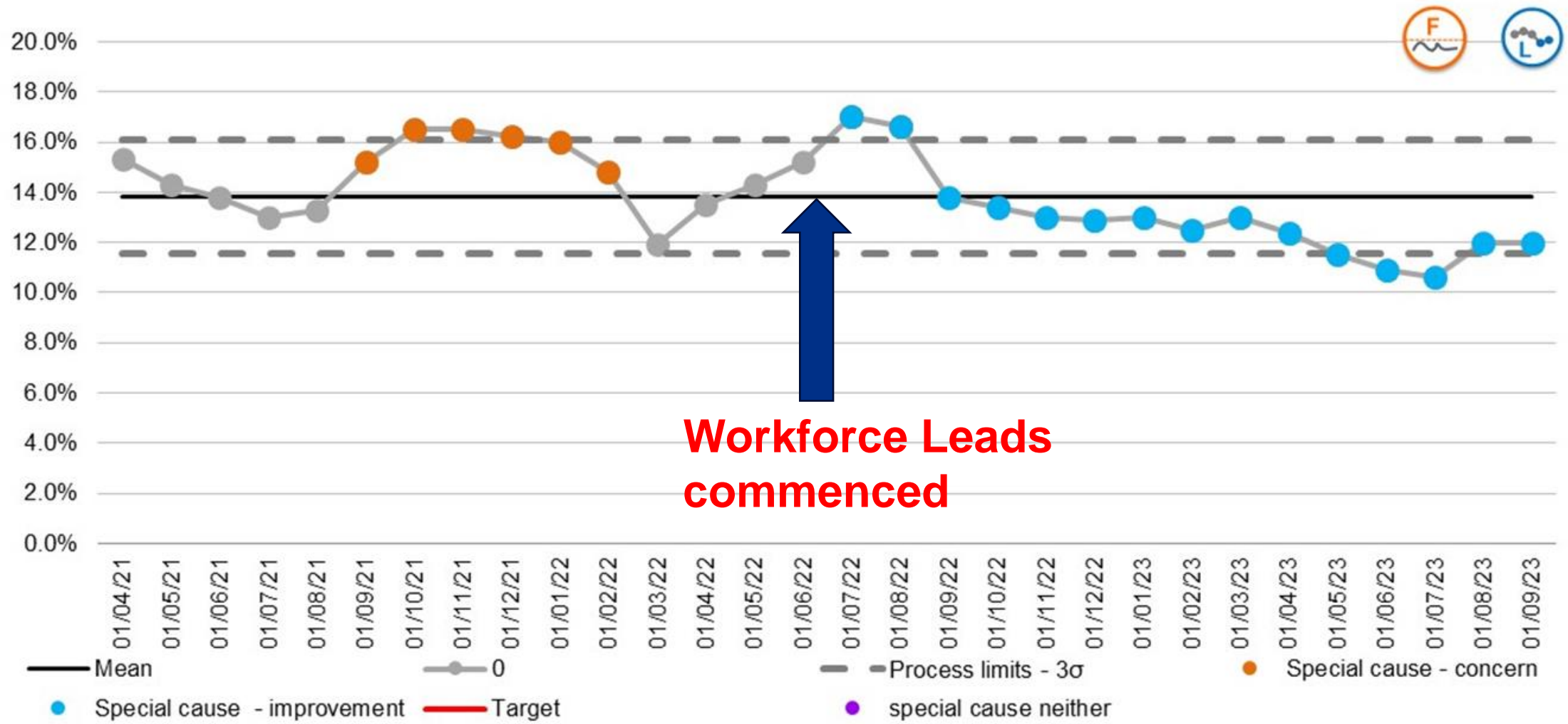
September 2023

Region		Vacancy rate
East of England		10.3%
London		13.5%
Midlands		11.3%
North East and Yorkshire		11.0%
North West		9.2%
South East		11.8%
South West		7.7%
National		11.1%

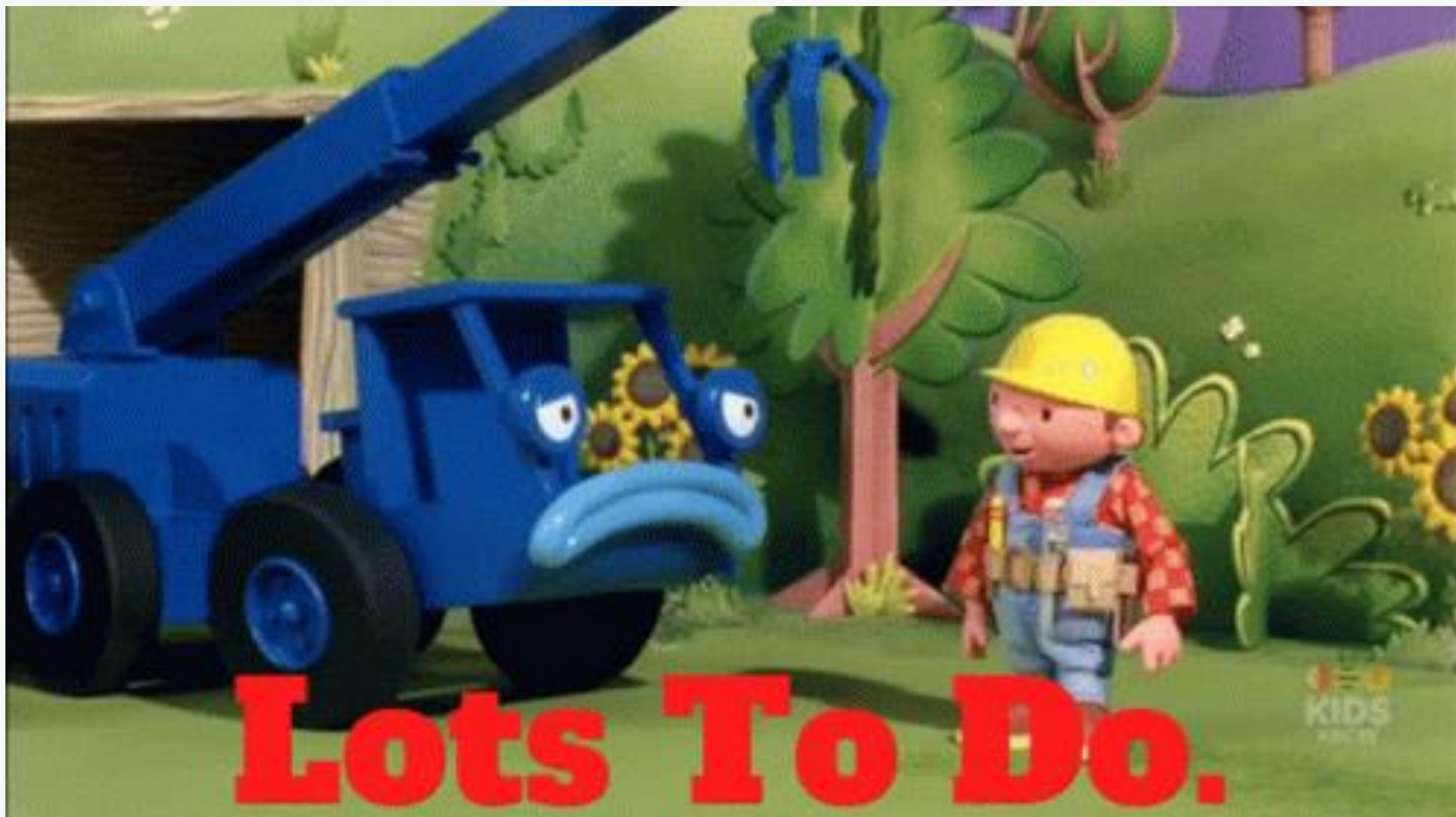
September 2023

Region	Leaver rate		Turnover rate	
East of England	●	5.5%	●	9.9%
London	●	6.8%	●	11.6%
Midlands	●	4.5%	●	8.2%
North East and Yorkshire	●	4.8%	●	8.3%
North West	●	5.6%	●	10.2%
South East	●	5.3%	●	9.9%
South West	●	6.2%	●	9.2%
National		5.5%		9.7%

MSSW Vacancy rate-Workforce starting 01/04/21



**Workforce Leads
commenced**





ADVERSITY... SO EXPECT THE UNEXPECTED AND WHEN IT HITS, HOLD YOUR HEAD UP. DON'T LOOK BACK. FORWARD MARCH YOU'LL BE SURPRISED AT HOW MUCH STRENGTH YOU HAVE.

THANK
YOU





2023

Up Next...





Speaking Now...



Stella Nwogu

Matron for Maternity inpatients, Triage helpline, ANC,
Screening, Infant feeding & Immunisation teams. -
Newham University Hospital – Barts Health

Review of the effectiveness of Pay & Reward and its impact on staff retention.

Stella Nwogu

RN (DipHE), RM (BSC) & HRM (MSc) Assoc CIPD.

Supervisor: Andrew Boocock.

Overview of presentation

- Introduction
- Rationale for the study.
- What is Pay & Reward?
- What is employee retention?
- Impact of high staff turnover.
- Research objectives.
- Literature review on research objectives.
- Methodology
- Findings/Data analysis.
- Limitations of the study.
- Recommendations.
- Summary
- References.

Introduction

- Midwifery staff shortage is a huge challenge to NHS maternity units and has resulted in international recruitment of midwives. Staff shortage has been exacerbated due to economic and political changes following BREXIT as well as Covid-19 pandemic.

Rationale for this research study.

- Personal - establish the significance and importance of pay & reward to the motivation, wellbeing, development, retention of midwives and MSWS.
- Strategic rationale- the Trust being studied is committed to improve staff retention across all disciplines.
- King's fund (2022) has identified that the NHS England workforce is in crisis and to tackle this shortage and pressure on staff, urgent action is required to ensure current staff are retained and that current vacancies are filled.

What is Reward?

- According to CIPD (2022), reward represents every financial provision made to employees which include salary, wages, pensions and it can be termed total reward when it includes non-monetary benefits such as flexible working opportunities, appreciation, good working relationships etc

What is Employee retention?

- It is defined as a process by which staff are actively encouraged to remain with an organisation for as long as possible or at least until a particular project or work is completed (Sandhya and Kumar 2011).

Impact of high staff turnover.

Employee turnover leads to delays in executing projects thereby impacts on organisational performance.

It brings about low morale in teams and expenditure in the hiring and training of new staff (Chait and Panatik 2019).

It can jeopardise the realisation of organisation's goals and vision as departing employees leave with their knowledge, experiences and expertise. (Samuel and Chipunza 2009).

Research objectives.

Impact of
hygiene/environmental factors
– leadership, teamwork,
facilities) on staff retention.

The balance of intrinsic and extrinsic
motivation in relation to staff retention.

Career structure –
opportunity for
growth/development.

Literature review on environmental factors.

Leaders who are present and supportive of their staff create a friendly environment where staff feel valued and as such improves retention (Duffield et al 2010).

Cohen et al (2009)- study found significant difference in perceptions of healthcare professional who stayed or left their jobs within a two- year period. Staff who received support were less likely to resign.

Herzberg 2 factor theory – affect the feelings of job dissatisfaction or satisfaction.

- One factor (satisfiers) has to do with an individual's interest in their job and available opportunities to develop – Example sense of achievement. These are moderated by hygiene/ environmental factors.
- The other factor is about working conditions which are otherwise called hygiene/environmental factors that in themselves do not motivate individuals; however, they can cause dissatisfaction if they are inequitable or insufficient (Malik and Naeem 2013). Example- facilities, relationships.
- If the hygiene factors are lacking, the satisfiers will have no effect because staff will not appreciate the intrinsic elements of their job due to irritation caused by environmental challenges.

Literature review on the balance of intrinsic and extrinsic motivation.

Intrinsic motivation is about an individual's feeling towards their work as being interesting or important (Armstrong 2020). It is linked to positive emotions which protects employees from stress (Kuvaas et al 2017)

Extrinsic motivation is the desire to carry out an activity with the intention to achieve a positive outcome or to avoid a negative consequence (Deci and Ryan 2000)

For instance-
punishments for not meeting expectations.

Excessive use of extrinsic motivation approach tends to crowd out or reduce the intrinsic motivation of employees leading to reduced quality of performance and services (Lohmann et al 2016).

Literature review on the balance of intrinsic and extrinsic motivation cont'd:

- The motivation level of employees determines the overall effectiveness, efficiency of employees and the success of the organisation.
- Reduced motivation leads to decreased job satisfaction, increase in absenteeism and employee turnover (Edrak et al 2013)

Literature review on career development.

Career development improves staff performance which facilitates higher productivity for the organization (Sandhya and Kumar 2011).

It enables employees to move towards self – actualization and develop one's potential (Benson and Dundis 2003)

Drawing on Maslow's hierarchy of needs, for an individual to get to the pinnacle of their career, other various needs should be met such as physiological, safety, esteem and belongingness.

Literature on Career development cont'd:

Physiological needs –
provide basic amenities
eg watercoolers,
ventilation, calm rest
rooms.

Safety- financial safety, personal
safety from arbitrary use of
authority and stressful
disciplinary processes.

Belonging needs- when
met prevents/reduce
anxiety and insecurity.

Meeting esteem needs – staff
feel competent. Lack of
recognition and appreciation
leads to discontent, – primary
reason for high turnover.

Methodology:

- Research philosophy used is Interpretivism - intended to uncover the lived experiences of midwifery staff.
- Research approach is induction - means no preconceived theory – allowing emergence of research findings from significant and dominant themes without restraints
- Interview strategy was chosen; sample includes MSWs and midwives of different ages/generations, different ethnic origins, varying years of experience, working in different clinical areas and occupying different roles.
- Reason for this sampling- participants have adequate experience of and exposure to the research topic and will provide the researcher with highly relevant, credible and adequate information to answer the research question and objectives.

Findings – Hygiene/environmental factors

- ❖ 80% -have good relationship with their peers depending on people on duty. 47% said -some staff from same ethnic group form cliques, support each other and leave other staff feeling isolated.
- ❖ 73.3% said they struggle to escalate issues due to fear of being criticised – this makes them over- cautious.
- ❖ 86.6%- Leadership appears to be transactional/authoritarian focusing on target/output; not considering building relationships and developing concern for staff needs.
- ❖ 60% of staff thinks that their voices are not being heard by the senior leadership.
- *“we’ve got dictators who pretend they are listening but don’t take on board what you are saying”.*

Findings – Hygiene/environmental factors.

- ❑ Very frustrating to be looking for equipment to perform their duties.
- ❑ Leaders state that it appears staff are not reporting and sending off faulty equipment for repairs.
- ❑ Managers state the process for ordering and tracking equipment takes a very long time to complete.
- ❑ Lack of equipment not only impact on safe care provision but impacts also on staff confident and psychological well – being.

Findings –Balance between intrinsic & extrinsic motivation.

- ❖ 73% of staff interviewed - happy with flexible working and found it compassionate of their managers.
- ❖ However, 27% were not aware of this policy and had to fight to be supported with flexible working.
- ❖ 100% of managers are happy to support staff with flexible working though there must be boundaries to cover the service and ensure safety.
- ❖ 80% staff appreciate using blue light card in getting discount for their shopping.
- ❖ 20% of staff were not aware that such discount existed.
- ❖ 27% said - Discounts only offered in certain shops and restaurant hence does not benefit some staff.
- ❖ 100% said- wellbeing support is not equitably accessible. Support from PMA is minimal.

Findings - Balance between intrinsic & extrinsic motivation.

- 87% said - Bank rate is very poor, and the salary does not reflect the amount of work done. This is affecting especially junior staff- struggling to meet basic needs. Some reduced their hours to engage in agency shifts.
- Remaining staff are left with increasing workload – still expected to provide high quality individualised care.
- Staff are extrinsically motivated to work as hard as they can without breaks sometimes to ensure safety of clients.
- This suggest an imbalance between intrinsic and extrinsic motivation for junior managers, junior midwives and MSWs.

Findings – Career development

- 80% of staff including managers have described our yearly appraisal as a tick box exercise that mostly leads nowhere.
- 7% find it a useful opportunity to sit with the manager and discuss any burning issue.
- One support worker said *“It is not worth it. Things are planned but never followed up. Same thing every year and midwives just ticking boxes and sometimes do not know what to put there. Some of the midwives doing it for staff do not even know the staff”*.

Findings – Career development.

- 100% of MSWs interviewed felt there is no room for career development for them in midwifery and as such some are retiring as band 2 level or leave to do nursing.
- 60% do not think that the recruitment process is fair and transparent.
- This affects staff commitment – Expectancy theory by Vroom (1964).

Limitations of this research study.

Time constraints

Quota sampling was chosen instead of purposeful sampling hence could not reach saturation.

Limited resources.

This research does not provide absolute scientific evidence of turnover but has provided some clues such as the motivational explanation of why staff could potentially leave the trust.

Recommendations- to utilising appropriate motivational variables.

- Distributive leadership as it is integral, collaborative and not controlling – people take responsibility and do the right thing rather than what is right for the leader. NHS Interim People Plan (2019) has emphasised the need for leadership that reflects inclusive and compassionate cultures.
- Leaders and managers require training and as part of the King's fund strategic priority (2020), leaders will be supported with relevant training to develop their leadership practice and inclusive workplace cultures.

Recommendations

- Encourage group activities/ away day/ reflection time for the team - an opportunity to break down walls of racism and segregation - learn about each other.
- Ensure clear communication between leaders and staff and establish action plans as this reassures staff that they are being listened to.
- The Trust wellbeing services should be made accessible for all staff including PMA sessions, CiC services. O/H referral following long term sickness.

Recommendations

- Review of local equipment management policy to ensure availability – can order extra or better quality.
- Review bank rate offered to staff/ ensure it is attractive.
- Create awareness about the blue light card for discounts.
- Regular performance appraisals and follow up.
- Staff and managers should be educated on the usefulness of appraisals. Ensure protected time for appraisals.

Recommendations

- Ensure safety – protection from incivility and disrespect. We should all feel safe, confident to speak up and listen to understand what lies behind the words as enshrined in the (NHS People Promise 2020).
- Talent management via assessment centres, interview preparation/skills, upskilling staff, secondment, shadowing others, use of apprenticeship levy especially for MSWS.

Summary:

- Utilise total rewards to secure midwives and maternity support workers' will and intention to remain in their jobs. That means both monetary and non-monetary rewards.
- According to CIPD (2022), total reward is necessary in attracting, retaining and motivating employees in their jobs.

Final Statement

- ☐ If we say we care about mothers, birthing people and their babies, we need to cherish our midwives and maternity support workers.

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Thanks for listening.



Any
Question





Speaking Now...



Donna Marie Kirwan
National Lead Midwife for Genomics
NHS England – Genomics Unit

Genomics at a Glance in Maternity & Perinatal Health

NHS Maternity Conference

Imposing Safety and Culture 2023

Donna Marie Kirwan

NHS England - Lead Midwife for Genomics

Overview

Background & context

Mainstreaming maternity & perinatal genomics

Genomics fundamentals

Helping Midwives Succeed
with Genomics

National Drivers



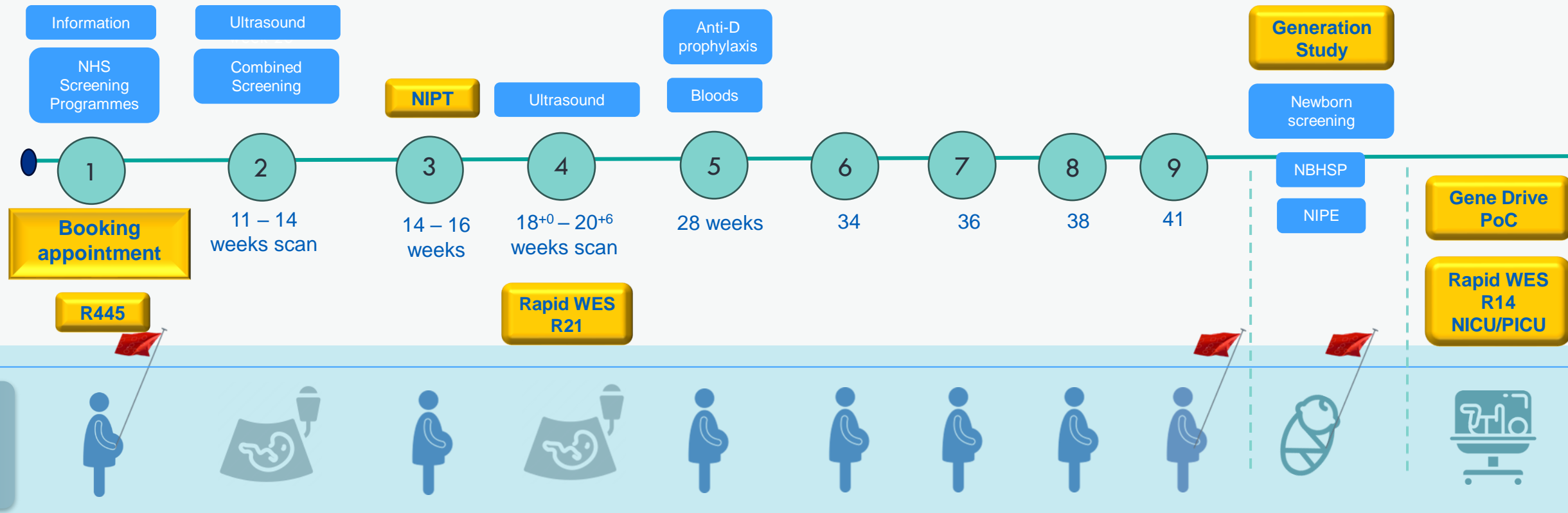
Mainstreaming



Our vision is that the power of genomics in **predicting, preventing and diagnosing disease, and targeting treatment** is accessible to all as part of **routine care** in the NHS

Mainstreaming Genomics

High level antenatal and newborn pathway



Genomics

Book



Genome



Every cell

Genomics

Book

Chapter



Genome

Chromosomes



Every cell

46 (23 pairs)

Genomics

Book



Genome



Every cell

Chapter



Chromosomes



46 (23 pairs)

Sentence

The study of the complete set of DNA (including genes) in a person or other organism. Almost every cell in a person's body contains a complete copy of the genome. The genome contains all the information needed for a person to develop and grow.



Genes



20,000

Genomics

Book



Genome



Every cell

Chapter



Chromosomes



46 (23 pairs)

Sentence

The study of the complete set of DNA (including genes) in a person or other organism. Almost every cell in a person's body contains a complete copy of the genome. The genome contains all the information needed for a person to develop and grow.



Genes



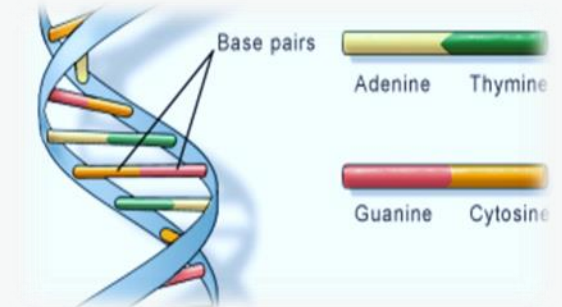
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Letters

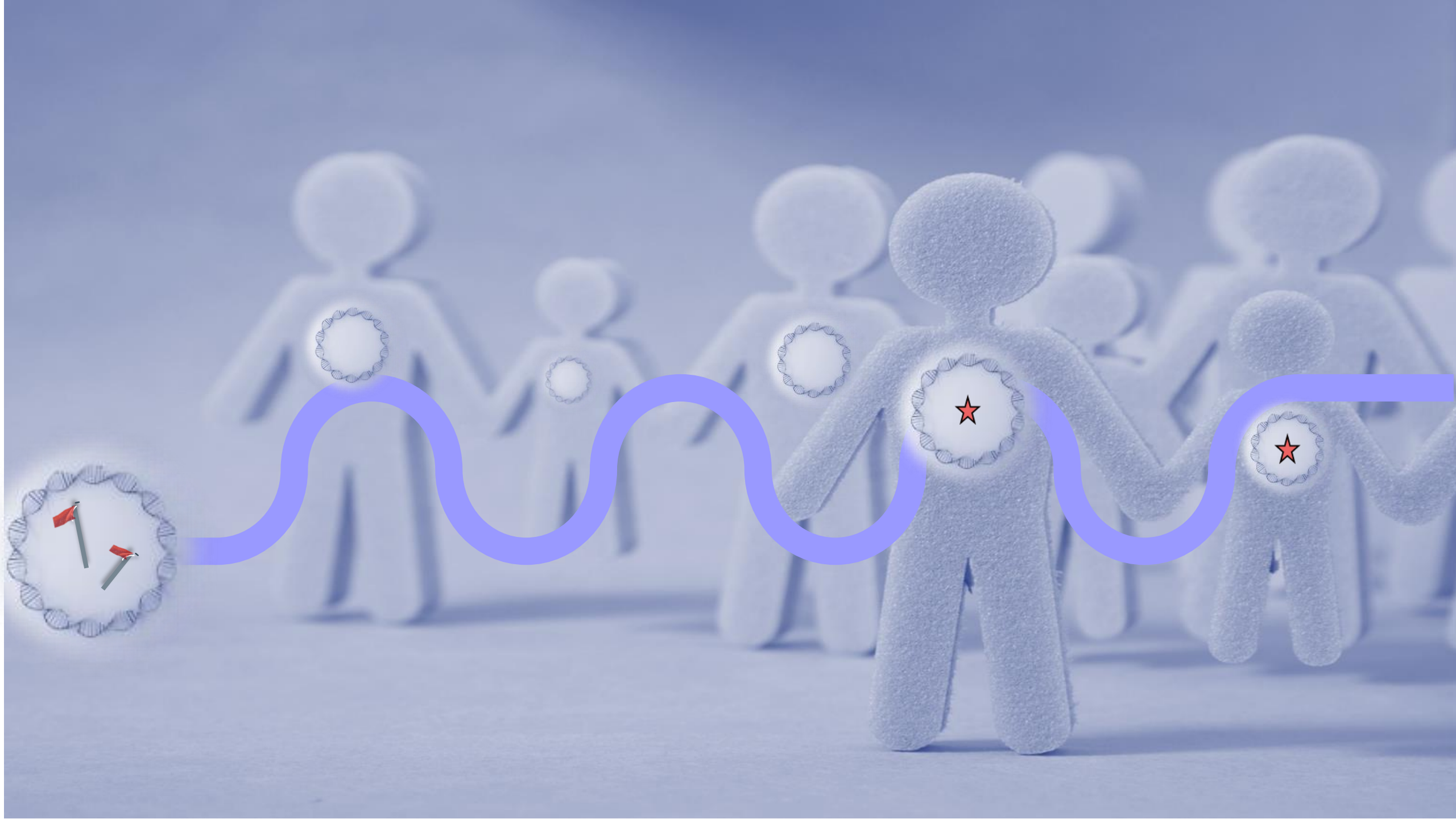
A B C D E F G H I
J K L M N O P Q
R S T U V W X Y Z



Nucleotides



3.2 billion bases 72



The RISE of the machines



VARIANTS

causative
variant



variant
of
unknown significance
(VUS)



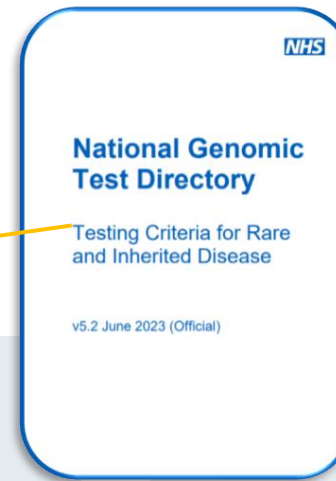
no
causative
variant



Whole Genome
Sequencing



National **Genomic** Test Directory



TESTING METHOD

Karyotype

Qf-PCR

Array

Exome / whole genome

PATTERN

Missing / additional copies

Duplication

Missing / duplicated

Spelling mistake

SCOPE

Book

Chapter

Paragraph or sentence

Letter in sentence



Multi Disciplinary Team **Genomics**

*Bringing
together a
range of
professionals
from
mainstream
services to
genomic
specialists*

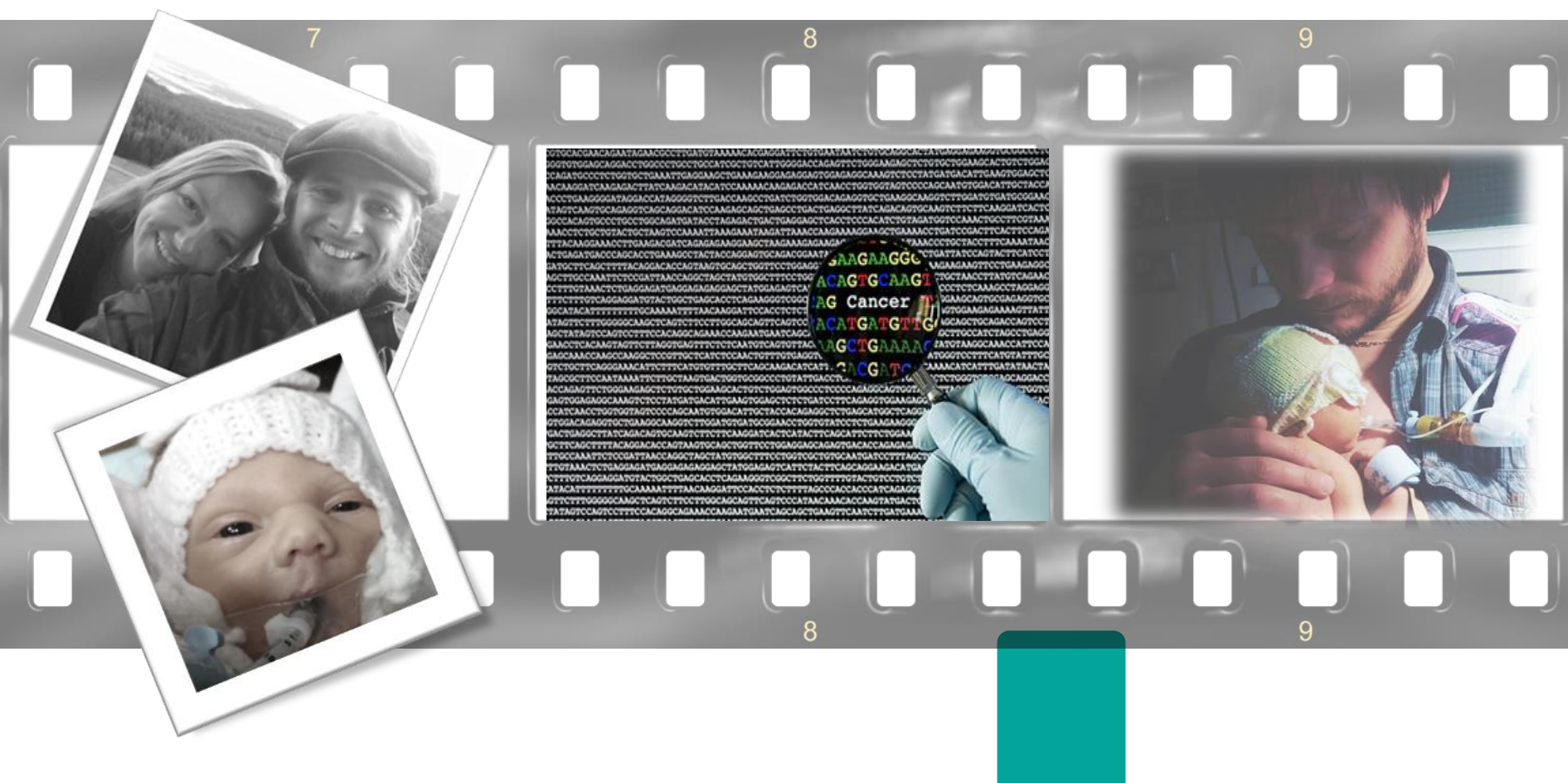
Case study

31 weeks - trio sampling



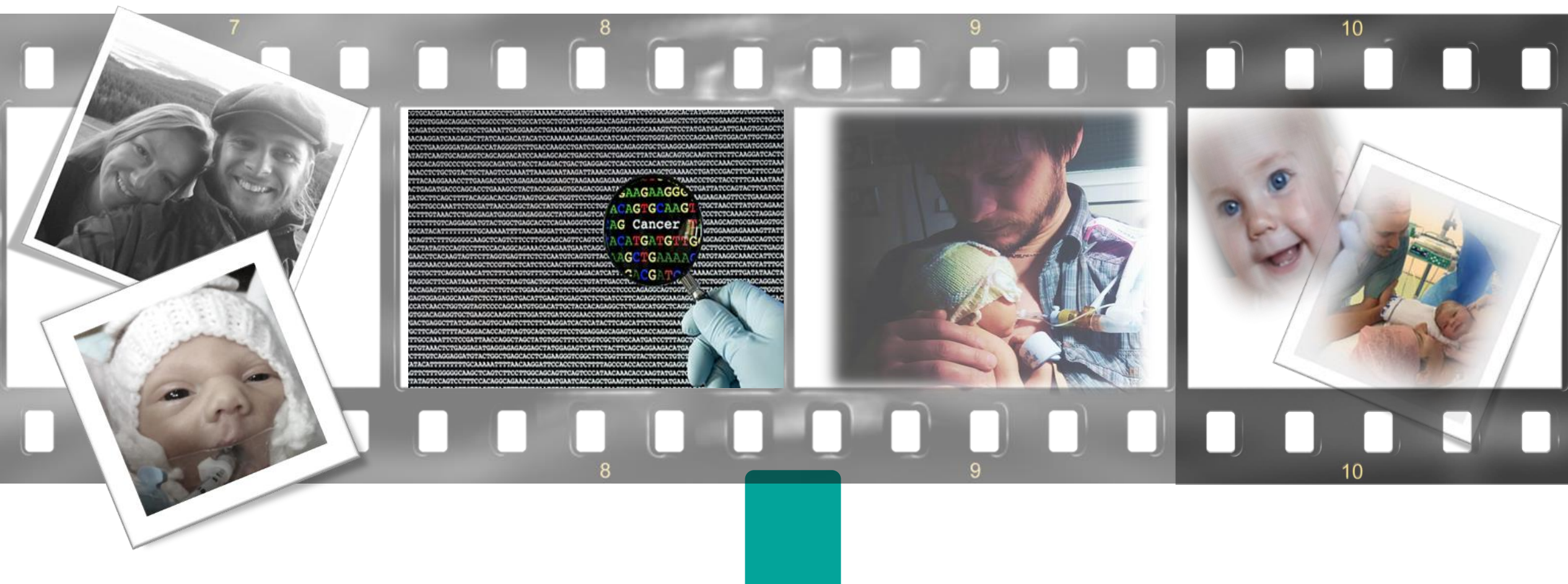
Genomics- WGS





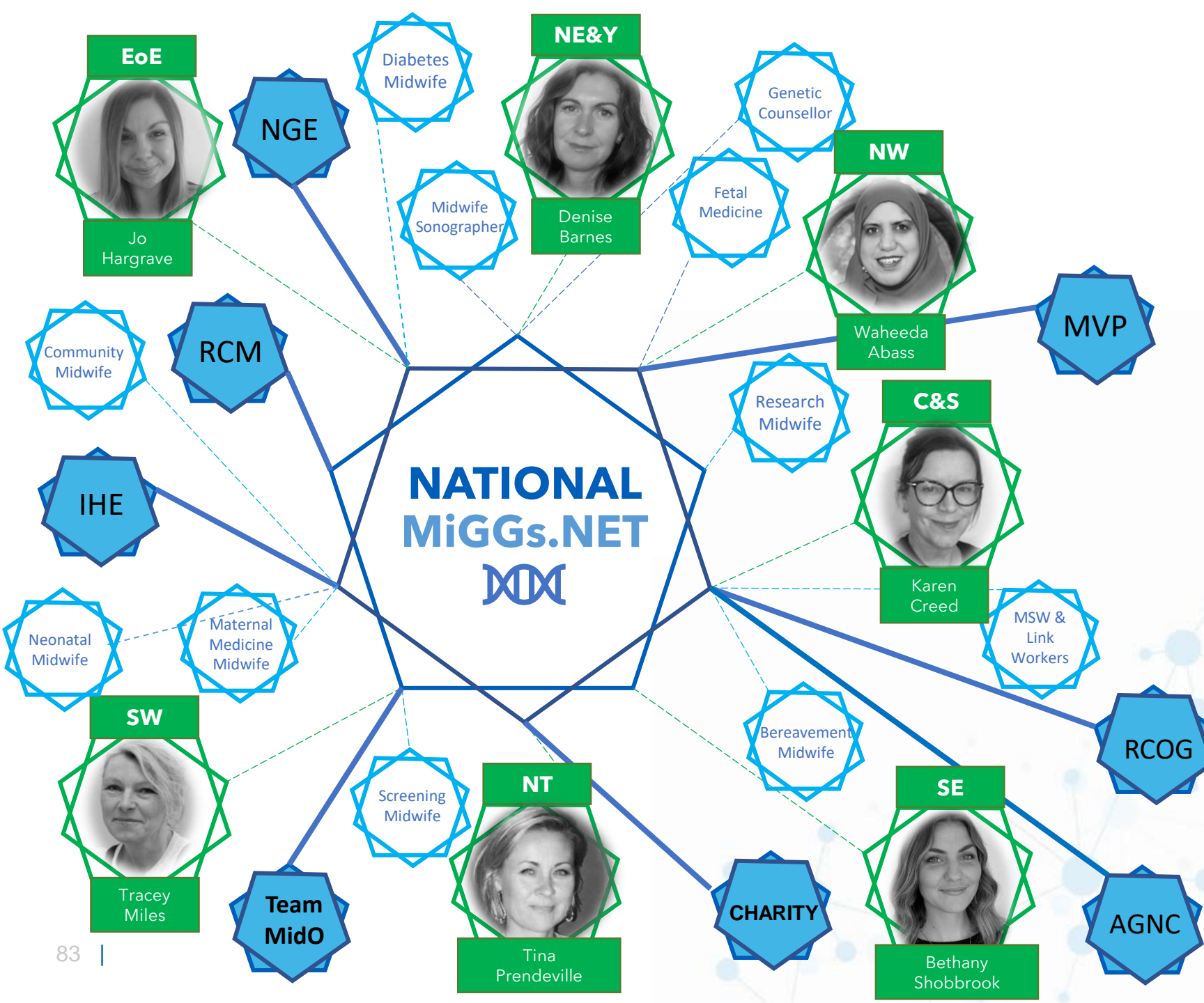


Value and Benefits



Helping Midwives Succeed with Genomics

How is this
being managed with
genomic technology?



Our Mission

WE will foster collaboration to pursue and develop ideas that are scalable with all levels of midwives to enable genomics become a routine aspect of clinical practice.

Midwives in Genetics & Genomics Network

MiGGs.Net Steering Group

Donna Kirwan
Heather Longworth
Yvonne Muwalo
Sarah Fiadjoe
Lindsay Ratan
Helen Williams
Janet Driver

Antenatal booking questions

Do you require an interpreter /British Sign Language?

Do you have any **mobility, sight, hearing** or other needs that we should be aware of to help prepare for your appointment?

Have you had any **complications** in a previous pregnancy?

If you have any of the following conditions, please specify:

?

Epilepsy
Kidney problems
Heart problems
Lung problems
Bowel problems
Blood disorders
Type 1 Type 2 diabetes
Previously had a blood clot in the lungs or legs
venous thromboembolism
deep vein thrombosis pulmonary
Sickle cell disease carrier
Thalassaemia carrier
Other:

Have you ever **lost a baby** shortly after birth?

Medical problems in offspring of parents RELATED by blood

?

Do you or your partner have a family history of learning problems, congenital disorders or other medical genetic problems?

Are you taking any **long-term medication**?

Have you ever given birth to a baby more than 24 weeks into the pregnancy, **who died before birth**?

THINK ABOUT WHERE GENOMICS APPLIES TO YOUR PRACTICE



Ethical framework



*Meaningful model of
consent*

**Genomics
is complex**

*Not a one-off
conversation*

Pre-test

Determine **eligibility** for
a genomic test

Discuss genomic testing

*Consent
for testing*

**Collection
of sample**

*Recording &
requesting
genomic testing*



**CLINICAL PATHWAY
INITIATIVE
(CPI)**

Post-test

***Interpret** report*



Inform patient/
next of kin of result

*Inform patient/next of kin
of family implications*

Management plan

Summary

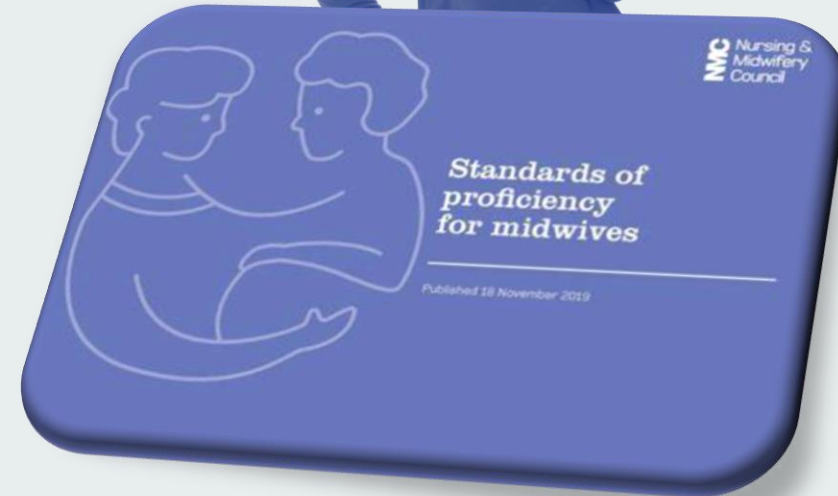
"The pace of advance in our understanding of inherited disease is rapid and accelerating. These advances are making a considerable impact on the practice of obstetrics and midwifery, as elsewhere in clinical medicine".



Mayes Midwifery Textbook for Midwives (1989)

THINK ABOUT WHERE GENOMICS APPLIES TO YOUR PRACTICE

We
together
with nurses
are the
largest
section
of the NHS
workforce



Thank You

Donna.kirwan@nhs.net



Speaking Now...



Lisa Jesson
Deputy Lead Midwife –
Workforce Training &
Education - NHS England



Kerri Eilertsen-Feeney
Lead Midwife –
Workforce Training &
Education - NHS England



2023

**Thank you for attending The
NHS Maternity Conference!**