



A personal response to the BBC Panorama programme: Maternity Failures: The Fight for Justice

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By Jo Dagustun, AIMS Volunteer

As this [BBC One Panorama documentary](#)¹ highlighted, maternity services too often suffer from staff cultures that can be cruelly disrespectful and dismissive of the women and families that they exist to serve. Such cultures are abhorrent and unacceptable, and it is sad to reflect on how their continued existence works to undermine the huge amount of activity that is going on to deliver, and to improve the delivery of, maternity services across the country.

I am clear: taxpayers should not be paying the salaries of maternity staff who clearly lack the ability to behave appropriately at work, and who - even with the appropriate management and support - are unwilling or unable to change their ways. But I am equally clear that underlying drivers of this behaviour, and the management and leadership that de facto accepts it, are endemic within the system, and so it is at systems level that we must work to properly address this self-perpetuating problem.

In addition, I continue to pay tribute to each of the families who work tirelessly to expose such poor behaviour - notwithstanding the devastating lifelong impact it continues to have on them - as I have since the very first day I began volunteering for AIMS. Theirs is true public service. I also thank the review teams, journalists and staff members who have supported the exposure of these behaviours.

The Government promises comprehensive reform,² as previous Governments have done. I look forward to seeing the new proposals, as the Government works with a range of stakeholders - with harmed

families at the centre - to review the most recent national and local reports and to set out a new national action plan by the end of 2026. In this work, it will be important to understand how previous efforts at reform have fared.

I have the honour of representing AIMS in this work, as part of the [Charities and Third Sector Expert Reference Group](#), but I should be clear - it is not yet obvious how influential the Expert Reference Groups will be. Work will be proceeding at pace, and really involving and listening to each of the 100 plus voices that make up the Taskforce and Expert Reference Groups is no easy task. But a good start was made in getting everyone together at a Taskforce and Expert Reference Group gathering in London in early July. The relevant team at the Department for Health and Social Care have promised that all Expert Reference Group members will receive all papers to be considered by the Taskforce, albeit with some delay at times for operational reasons. They are responsive to queries. So far, so good.

As part of this comprehensive reform, I am strongly committed to the AIMS position that the wholesale adoption of a model of care that prioritises full-pathway community-based midwifery continuity of carer is necessary for effective comprehensive reform. This model of care allocates a named midwife to each woman for the whole of her maternity journey, and enables a safer, more compassionate and competent practice. One key reason for this, I believe, is that such structural change brings a step change in accountability on the part of all health care professionals involved in maternity care. The whole of our care pathway would be seen by a named midwife. She would provide direct relationship-based midwifery care, with back up by a small number of midwifery colleagues as necessary, offering system navigation for women including when they need additional care by other health professionals, including obstetricians.

Essentially, in this model of care, the midwife is recognised, supported and enabled to be the primary care provider. She is not there to replace acute hospital-based care when that is needed. Women repeatedly ask for this model of care and seek it out if they have experienced it before. They report feeling safer. The UK and international evidence supports women's views that community based midwifery continuity of carer improves outcomes for women and babies.

I fully understand that some women might be concerned that such a model of care would leave them vulnerable to the whims of their named midwife or linked obstetrician: what if they are racist, lack compassion or competency? We understand these concerns. That is why we call for all staff to work in well-functioning teams, built around the women they are there to serve, to ensure good oversight of all work being done by each member of the team. The option for women to change their continuity midwife - or indeed any member of their healthcare team - if they do not feel that they are getting the high quality support they require, is vital; and women should be aided in this with clear information about expected service standards. In this way, those healthcare professionals who are rated poorly by women - indicated by women's requests for changes in the staff caring for them - will be well-known to line managers, enabling swift action to be taken.

This proposal needs to sit alongside a step-change in the level of transparency around service provision

and outcomes. It demands an increased level of accountability too on the part of line managers and senior leaders, whose responsibility it is to ensure that every maternity healthcare professional gets the resources and support they need to do their jobs well.

Too many women are treated poorly by staff who they trust to support them and keep them safe. By introducing a model of care that allows us to hold staff accountable for the care that they and their team provide, maybe we will at last have a system that works for all women, babies and families?

Our motto at AIMS is that it is better to light a candle than to curse the darkness. I hope that the light currently being shone on the inadequacies of the maternity services leads to effective and sustained improvement. I pledge to play my part in supporting this work.

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1 First aired on BBC1 on June 1, 2026, 8pm, and due to remain available for 12 months on BBC iPlayer

2 Gov-UK (2026) National Maternity and Neonatal Taskforce

<https://www.gov.uk/government/groups/national-maternity-and-neonatal-taskforce>

The Secretary of State for Health and Social Care, James Murray, told BBC Radio 4 on Monday June 1 2026 that he chaired a meeting of the National Maternity and Neonatal Taskforce during his first few days in his new role. He noted that there needs to be "comprehensive" reform of NHS maternity services.