

Meeting of the Midwifery Committee

to be held between 10:00 and 12:00 on 24 June 2015
in the Blue Room, 23 Portland Place, London W1B 1PZ.

Agenda

Dr Anne Wright
Chair of the Midwifery Committee

Paul Johnston
Secretary to the Committee

Preliminary items

- | | | | |
|---|---|---------|-------|
| 1 | Welcome from the Chair

Chair | M/15/29 | 10:00 |
| 2 | Apologies for absence

Secretary | M/15/30 | |
| 3 | Declarations of interest

All | M/15/31 | |
| 4 | Minutes of the last meeting (29 April 2015)

Chair | M/15/32 | |
| 5 | Summary of actions

Secretary | M/15/33 | |

Matters for discussion

- | | | | |
|---|--|---------|---------------------|
| 6 | Changes to midwifery regulation

Director of Strategy | M/15/34 | 10:05 |
| 7 | Data and intelligence: midwifery

Director of Strategy | M/15/35 | 10:55 |
| 8 | Committee effectiveness review 2014 / 2015: outcomes

Chair | M/15/36 | 11:20

(oral) |

- 9 **Quarterly quality monitoring summary: 2014 / 2015** M/15/37 11:45
Director of Continued Practice

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Committee in advance of the meeting should they wish for any item to be opened for discussion.

- 10 **Midwifery Committee: schedule of business** M/15/38
Secretary
- 11 **Any other business** M/15/39
Chair (oral)

The next meeting of the Midwifery Committee will be held on Thursday 29 October 2015 at 11:00 at 23 Portland Place, London.

Item 4
M/15/32
24 June 2015

3

Meeting of the Midwifery Committee
Held at 11:00 on 29 April 2015
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Dr Anne Wright	Chair
Pradeep Agrawal	Member
Patricia Gillen	Member
Farrah Pradhan	Member
Susanne Roff	Member
Lorna Tinsley	Member

NMC officers:

Jackie Smith (items M/15/20 to M/15/25 only)	Chief Executive and Registrar
Jon Billings (items M/15/20 to M/15/25 only)	Director of Strategy
Katerina Kolyva	Director of Continued Practice
Charles Stapleton (items M/15/20 to M/15/25 only)	Senior Policy Officer
Anne Trotter	Assistant Director, Education and QA
Paul Johnston	Council Services Manager (Secretary to the Committee)

Observers:

Aditi Chowdhury-Gandhi	NMC
David Foster	Department of Health
Jess Read	LSAMO Forum
Louise Silverton	Royal College of Midwives
Sue Jose	LSAMO, Wales
Susanne Darra	LME UK Strategic Reference Group

Minutes

M/15/20 Welcome from the Chair

- 1 The Chair welcomed members of the Committee, NMC staff and observers to the meeting.

M/15/21 Apologies for absence

- 1 Apologies for absence were received from Yvonne Bronsky and Dr Tina Harris.

M/15/22 Declarations of Interest

- 1 All registrant members declared an interest in substantive items on the agenda by virtue of being registered midwives. In addition, Patricia Gillen declared an additional interest by virtue of being Chair of the Royal College of Midwives (RCM) Board.
- 2 The Chair of the Committee noted the interests declared and determined that all members would be permitted to participate in all discussions.

M/15/23 Minutes of previous meetings

- 1 The minutes of the confidential and public meetings of the Committee held on 25 February 2015 were confirmed as a correct record.

M/15/24 Summary of actions

- 1 The Committee received and noted the summary of actions arising from the meeting held on 25 February 2015.

M/15/25 Changes to midwifery regulation

- 1 The Committee received an oral update from the Chief Executive and Registrar on wider developments around midwifery regulation, including the NMC's initial response to the publication of the Kirkup report.
- 2 The Committee discussed the paper, which set out proposals to amend the standards and guidance in the NMC's *Midwives Rules and Standards 2012* as an interim measure to increase control of the regulatory investigation and sanction of midwives. Wider changes to remove midwifery supervision from the NMC's legislation could only be realised through legislative change, which the NMC was actively pursuing.
- 3 The Committee noted the rationale behind the proposals, which are

in summary:

- a) To require Local Supervising Authorities (LSAs) to keep a record of any incident, complaint or concern about midwifery practice or an individual midwife in the LSA's area of responsibility;
- b) To require the LSA to ensure that all matters that may equate to an allegation of impaired fitness to practise are referred to the NMC immediately, who will be responsible for regulatory investigation and any appropriate sanction;
- c) To require a LSA to consult with the NMC at least 48 hours before they plan to suspend a midwife.

4 The Committee held a number of concerns around the proposals, specifically:

- a) The proposals needed to be framed in a way that was proportionate. Similarly, the consultation document needed to clearly articulate the relationship between the three proposals. In that respect, the Committee agreed that the consultation document set out a flow diagram that would clearly demonstrate LSA and NMC responsibilities and how proposals flow from one to the next.
- b) The Committee noted that there was a risk that the proposals, as framed, may potentially contribute to undermine confidence amongst the midwifery profession. The Committee was of the view that a clearer articulation of proportionality of thresholds and the relationships within the proposals will serve to reduce such concerns; but agreed that the Executive give further thought around communications as part of any consultation process in order to assuage any concerns from the profession that the consultation may prompt.
- c) The proposals are only an interim measure pending future legislative change. The Committee agreed that the Executive give further thought about the interplay between the interim proposals in the short-term and the introduction of legislation in the longer term, and the timetable in moving forward.
- d) Finally, the Committee asked the Executive to review the wording on proposals to ensure consistency with the current standards with the wording on proposed standards in the consultation.

5 The Committee was content to endorse to the Council the proposal to consult, provided that the above points were fully thought through

and addressed prior to the consultation being launched.

6 *Secretary's note: The Council will agree the consultation at its meeting on 29 July 2015 prior to issue. The Council considered the Midwifery Committee's input at its May 2015 meeting.*

7 In addition, the Committee noted that data and intelligence would be an area of priority in going forward, particularly in view of issues arising from the King's Fund review on insufficiency of quantitative data to inform their review. The Committee would need to take assurance in this area from a range of sources, including the NMC's internal Regulation Board.

Action: Consider further sources of assurance for the Committee on the future framework for midwifery regulation, including reporting from the NMC's Regulation Board

For: Director of Strategy

By: 24 June 2015

Action: Report to the Committee on amendments made to the proposed consultation documentation

For: Director of Strategy

By: 24 June 2015

M/15/26 Review of pre-registration education standards for midwifery education

1 The Committee discussed the paper, which sought members' feedback on the standards for pre-registration midwifery education, and specific aspects of the standards to support learning and assessment in practice.

2 In discussion, the Committee stressed the following points:

- a) Further consideration needs to be given to the changing expectations on the midwifery profession in the future, taking into account learning from a wide range of sources, including external reviews.
- b) Of particular importance was the agenda around public health, the role of the Lead Midwife of Education (LME) and involvement of service users and organisations that represent them.
- c) The Committee also stressed the importance of ensuring that students developed the reflective skills that are intrinsic to the NMC's model of revalidation.

3 The Committee noted that this area of work will remain an important priority for the Committee and will continue to provide advice to the Council on the development of these standards.

Action: Report to the Committee on the final report on evaluation of the pre-registration standards of midwifery education, once published

For: Director of Continued Practice

By: 29 October 2015

Action: Report to the Committee on external reviews and other sources of learning to be considered in the development of pre-registration standards of midwifery education

For: Director of Continued Practice

By: 29 October 2015

M/15/27 Objectives for the Midwifery Committee

- 1 The Committee received revised draft objectives, which had been refreshed since the meeting in February 2015. The objectives were designed to prove a useful tool in determining the Committee's short term and longer term priorities and in determining the information that members required. Objectives will also be useful in informing future annual effectiveness reviews. The Committee noted that the objectives aligned with the key strategic priorities as set out within the NMC Strategy 2015 – 2020 and the NMC's corporate plan for 2015 – 2016.
- 2 The Committee's agreed that its core objectives for the short and longer term be:
 - a) Data and intelligence. As per discussions under the previous item, the Committee stressed that this would need to be a high priority focus, given the need for an enhanced evidence base to inform future decisions on strategic midwifery regulation matters.
 - b) Strategic direction of midwifery education, including the development of the Education Strategic delivery plan and pre-registration education standards.
 - c) Development of a new framework for midwifery regulation.
 - d) Revalidation.
- 3 The Committee agreed to reflect under the objectives that there was potential, under the Law Commission Bill (should it become legislation), for the Midwifery Committee to no longer be a statutory body. The Committee would consider this under the priority item, "Development of a new framework for midwifery regulation."
- 4 The Committee stressed that it was also keen to develop its strategic engagement activity, including ongoing engagement with the Council and with the agenda in each of the four UK nations.

Action: Revise the Committee objectives to reflect further consideration of the possible removal of the Midwifery Committee from statute; and schedule reporting on the objectives on a twice-yearly basis
For: Secretary to the Committee
By: 24 June 2015

M/15/28 Any other business

1. There was no other business.

The date of the next meeting is to be Wednesday 24 June 2015.

The meeting ended at 13:00.

Confirmed by the Committee as a correct record and signed by the Chair:

SIGNATURE: DRAFT

DATE: DRAFT

Midwifery Committee

Summary of actions

Action: For discussion.

Issue: A summary of the progress on completing actions agreed by the meeting of Midwifery Committee held on 29 April 2015.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: To note the progress on completing the actions agreed by the Midwifery Committee at previous meetings.

Annexes: There are no annexes attached to this paper.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Paul Johnston
Phone: 020 7681 5559
Paul.Johnston@nmc-uk.org

Director: Katerina Kolyva
Phone: 020 7681 5882
katerina.kolyva@nmc-uk.org

Summary of the actions arising out of the Midwifery Committee meeting on 29 April 2015

Minute	Action	For	Report back to: Date:	Progress
M/15/25	Consider further sources of assurance for the Committee on the future framework for midwifery regulation, including reporting from the NMC's Regulation Board	Director of Strategy	Midwifery Committee 24 June 2015	<p>An update paper on midwifery legislative change is at Item 6.</p> <p>The future framework was discussed at May Regulation Board but that meeting did not discuss formal project documentation as the likelihood of a bill was still unclear.</p>
M/15/25	Report to the Committee on amendments made to the proposed consultation documentation	Director of Strategy	Midwifery Committee 24 June 2015	<p>Following the discussion at the last Committee, there has been further engagement with some Committee members, the LSAMO forum and the Royal College of Midwives to inform improvements to the draft.</p> <p>These have been implemented and are ready for the Council's consideration.</p>
M/15/26	Report to the Committee on the final report on evaluation of the pre-registration standards of midwifery education, once published	Director of Continued Practice	Midwifery Committee 29 October 2015	<p>Not yet due. A discussion on pre-registration standards of midwifery education is scheduled for the Committee's meeting in October 2015.</p>

Minute	Action	For	Report back to: Date:	Progress
M/15/26	Report to the Committee on external reviews and other sources of learning to be considered in the development of pre-registration standards of midwifery education	Director of Continued Practice	Midwifery Committee 29 October 2015	Not yet due. These points will be reflected in reporting to the Committee at its October 2015 meeting.
M/15/27	Revise the Committee objectives to reflect further consideration of the possible removal of the Midwifery Committee from statute; and schedule reporting on the objectives on a twice-yearly basis	Secretary to the Committee	Midwifery Committee 24 June 2015	Complete. Committee objectives revised accordingly. Committee forward work schedule reflects item on Committee objectives at October 2015 meeting. Reporting to be in April and October of each year.

Midwifery Committee

Changes to midwifery regulation

Action: For discussion.

Issue: Preparing for legislative changes to midwifery regulation.

Core regulatory function: All.

Strategic priorities: Strategic priority 1: Effective regulation
Strategic priority 3: Collaboration and communication

Decision required: No decision is required.

Annexes None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Emma Westcott
Phone: 020 7681 5797
emma.westcott@nmc-uk.org

Director: Jon Billings
Phone: 020 7681 5339
Jon.billings@nmc-uk.org

- Background:**
- 1 As per discussions at previous meetings, the Committee will be aware that concerns about midwifery supervision were raised in response to failings in maternity care at the University Hospitals of Morecambe Bay NHS Trust. The Parliamentary and Health Service Ombudsman (PHSO) in England investigated complaints relating to Morecambe Bay and, at the same time, published a thematic report detailing her concerns about supervision. The PHSO recommended that supervision and regulation should be separated and that the regulator should have direct responsibility for regulation.
 - 2 The Council commissioned the King's Fund to conduct an independent review and come up with recommendations for the future. The King's Fund concurred with the PHSO's view and the Council accepted their recommendations in January 2015. The Chair of Council wrote to the Secretary of State formally requesting change to our legislative framework.
 - 3 Our preferred vehicle for change was a comprehensive regulatory reform bill but, in the event that such a bill was not forthcoming, we emphasised the need for an urgent section 60 Order. The government indicated that it would legislate for change after the election. There was no regulatory reform bill in the Queen's Speech, and our working assumption is that we will be granted a section 60 Order to give effect to midwifery change. We met with Department of Health (DH) colleagues following the Queen's Speech and they confirmed that we should proceed on this assumption but emphasised that a decision was subject to ministerial confirmation.

Initiation of a midwifery change project

- 4 We will now formally initiate a midwifery change project, provisionally at the July meeting of our Regulation Board. We will be making some recommendations about the governance of that project in July and we suggest that we communicate out of committee to members of the Midwifery Committee after that meeting of the Regulation Board with further information, as the next scheduled meeting of the Midwifery Committee is not until the Autumn.
- 5 The Midwifery Committee is the Council's source of advice and expertise on these significant changes and so we will ensure that meetings of the Midwifery Committee and Council feature in the project timelines to allow the opportunity for the Committee to oversee the detail of the work on behalf of the Council and advise the Council about the work as needed.
- 6 While we have been waiting for an indication from the Government about the way forward for legislative change, preparatory work has continued. This includes:
 - 6.1 The preparation of interim changes to Midwives Rules and

Standards for consultation;

- 6.2 Draft transition map for the current midwifery provisions;
- 6.3 Initial risk assessment of midwifery change;
- 6.4 Fulfilling our commitment to contribute to the sector discussions about the transition of supervision from statute.

Interim changes to Midwives Rules and Standards

- 7 In January 2015, the Council authorised work on interim changes to Midwives Rules and Standards (MRS) targeted on the regulatory risk areas of the current arrangements. We cannot change the Order or Rules without parliamentary process, and so our proposals were focused only on the standards and underpinning guidance contained within the MRS. The Committee reviewed a draft of the proposals at the April meeting and advised further work was needed to ensure the proposals were reasoned and that the practical implications for midwives and employers on the ground were clear.
- 8 We have decided as a result to bring the interim proposals to the Council in July 2015 - rather than May - in order to ensure that issues raised by the Committee are fully addressed. In discussion with midwifery stakeholders, our current thinking is that if we secure confirmation of a section 60 Order prior to the Council meeting in July 2015, we may ask the Council to weigh the public protection benefits of the relatively limited interim change we can make against the implications for the sector of two waves of change. If substantive change is coming it may be prudent for the sector to focus on that, but this will be a matter for Council decision.

Draft transition map for current midwifery provisions

- 9 The policy team has started work mapping the detail of our midwifery-specific provisions. The technical changes to the current framework are set out in the table below which is a distillation of a detailed, clause by clause spreadsheet:

	Provision	Action
1	The Nursing and Midwifery Order 2001 (as amended): <ul style="list-style-type: none"> • Articles 41, 42, 42 • Paragraph 16 of schedule 1 • Paragraph 18 of schedule 2 • Schedule 4 - Interpretation - "local supervising authority" 	Remove from the Order.
2	The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012	Revoke in full.

	Provision	Action
3	The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (as amended): <ul style="list-style-type: none"> • Rules 4 and 5. 	Remove from the Rules.
4	NMC publication ' <i>Midwives Rules and Standards 2012</i> '	Withdraw in full.
5	Standing Orders of Council: <ul style="list-style-type: none"> • Paragraphs 4.2, 2.1.2, 4.1.4, 5.5.2, 6.2.1 • Annex 1, paragraph 13 • Annex 2b 	Amended to remove references to the above.
6	NMC publication ' <i>Standards of competence for registered midwives</i> '	Amended to remove references to the above.
7	NMC publication ' <i>Standards for pre-registration midwifery education</i> '	Amended to remove references to the above.
8	NMC publication ' <i>Standards for the preparation of supervisors of midwives</i> '	Withdraw in full.
9	NMC publication ' <i>Standards for adaptation to midwifery in the UK</i> '	Amended to remove references to the above.
10	NMC Circulars: <ul style="list-style-type: none"> • 07/2011 (including annexes) • 02/2011 (including annexes) • 01/2011 (including annexes) • 18/2007 • 01/2008 	Amended to remove references to the above, or withdraw in full where necessary.

10 For the NMC, the key project components are likely to include:

10.1 Work on DH and NMC consultations;

10.2 WISER changes regarding ITP;

10.3 Timing and sequencing withdrawal of associated standards – and review of any consequential changes needed to other standards;

10.4 Transition for LSA – pending sector work on the future model of supervision;

10.5 Specifying date of final annual report for NMC – knowledge transfer discussions with sector;

10.6 Future proposals for securing robust midwifery advice to replace the statutory committee;

10.7 Amendments to the Mott McDonald contract which currently includes midwifery QA operations;

10.8 Communication and engagement.

11 There will be other provisions, such as the annual audit of supervision and access to 24 hour advice, which will no longer be specified by regulatory legislation but which may be picked up in transition planning by the sector. These are already under active discussion.

Initial risk assessment of midwifery change

12 We have started to identify risks and mitigations which will feature in the midwifery change project documentation.

Transition risks	Mitigation
Interim measures ¹ not clear	Close work with Midwifery Committee and key stakeholders before proposals go to Council
Poor quality transition mapping	Establish internal project group with requisite expertise to help develop transition map and resulting timeline; sense check project documentation with external stakeholders as appropriate
Disconnect between DH / CNO group's work and NMC preparation	Continued active participation in the DH/CNOs transition group, which also includes RCM and LSAMO Forum. Ensure DH/CNO group have insight into our transition mapping so others can take timely decisions in relation to provisions that will no longer be statutory
DH drafting does not deliver desired change	Effective liaison with relevant DH teams
Communication with frontline stakeholders – midwives, employers	First draft of communications and engagement plan for first meeting of the project group
Communication with strategic stakeholders	Continue participation in the DH/CNO group and bilateral engagement. Complete first draft of communications and engagement plan for the first meeting of the project group Engagement with NHSE and NI maternity reviews
Midwifery change happening at the same time as revalidation goes live	Clarity about revalidation for midwives and the respective roles of the registrant, employer (where relevant) and the (new model, non-regulatory) supervisor

¹ Assuming we proceed with interim measures

Substantive risks	Mitigation
Potential additional fitness to practise workload ²	Monitor and adjust resource as required
Additional ELS workload ³	Monitor and adjust resource as required
Loss of midwifery expertise in NMC decision making	Design mechanism for accessing midwifery (and nursing) expertise and formulate any future proposals

Transition of supervision from statute

13 The NMC has been participating in the fortnightly meetings on the future of supervision convened by the DH and involving the Chief Nursing Officers, the NMC, the Chair of the LSAMO Forum and the RCM. The initial focus of this work is to provide a paper for the Secretary of State in response to his request for future proposals by July, with appropriate support needed from each of his counterparts in the devolved administrations.

Public protection:

14 This work arose from public protection concerns raised by the Parliamentary and Health Service Ombudsman in England, and is principally concerned with ensuring our regulatory model is playing an effective and appropriate role in public protection.

Resource implications:

15 Staff time is the main cost of this work. A small sum has been spent on legal advice to date (just under 5k).

Equality and diversity implications:

16 To our knowledge no explicit equality and diversity concerns have been raised in the course of the review, which had fairness and transparency as part of its terms of reference. However, if the review results in legislative change we envisage completing an equalities impact assessment.

Stakeholder engagement:

17 The King's Fund engaged extensively with stakeholders during the course of the review and also issued a wider call for evidence. The NMC established a Partners' Group for the review and has also kept other key stakeholders informed throughout. Following the King's Fund work we have maintained engagement with partners and contributed to the DH/CNO group on transition. Updates have been

² Not clear from the data whether we may experience an uplift in midwifery referrals or a different sort of impact e.g. cases require more investigation by NMC

³ When change occurs employers may require more support in managing midwifery cases if they have relied heavily on supervision.

provided to the Midwifery Committee, and the LSAMO Forum. NMC/CNO communications on the next steps and the need for stability pending change have been sent to LSAMO and Directors of Nursing for their onward distribution. There is a draft communications and engagement plan for consideration by the first meeting of the project. Following the last meeting of the Midwifery Committee the website carries an update message and this will be regularly updated over the duration of the period of change.

Risk implications:

18 These are set out in the paper.

Legal implications:

19 We have taken legal advice about the interim changes to MRS, to ensure that proposals were within our vires. More substantial changes to the framework for midwifery regulation require legislation.

Midwifery Committee

Data and intelligence: midwifery

Action: For discussion.

Issue: This paper is in response to the Midwifery Committee's request for further work to be done on the quality of midwifery data and analytics arising from our fitness to practise work.

Core regulatory function: Fitness to Practise; Supporting functions.

Strategic priorities: Strategic priority 1: Effective regulation;
Strategic priority 2: Use of intelligence

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Supplementary analysis of midwifery fitness to practise data

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Emma Westcott
Phone: 020 7681 5797
emma.westcott@nmc-uk.org

Director: Jon Billings
Phone: 020 7681 5339
jon.billings@nmc-uk.org

Context:

- 1 At the last Midwifery Committee meeting in April 2015, concern was expressed about the apparent lack of clear progress in respect of data relating to midwives in fitness to practise. The inhibiting issue has been that the dual registration category has made it difficult to report definitively on the experiences of midwives in fitness to practise, and to compare nature and trajectory of midwifery and nursing related referrals.
- 2 In respect of such concerns, we have already begun looking at what can be done to obtain better insights from the data we have and to address the collection of better data in future. This paper sets out our progress to date in this regard.

Enhanced insight from the data we have

- 3 We have not historically collected data about whether a dual registrant is referred in relation to nursing or midwifery practice. It is not even the case that the data, while not captured by our case management system, could be ascertained from reviewing all of the case files associated with each case. This means that there is no quick or cost effective means of finding out definitively on an historical basis whether dual registrants in fitness to practise were practising as nurses or midwives at the time when incidents took place.
- 4 We identified the submission of an intention to practise (ITP) form as a possible proxy for practising as a midwife in the case of dual registrants. Informal engagement suggested there may be circumstances in which a dual registrant who was not practising as a midwife may nevertheless submit an ITP. We therefore decided we needed to test the validity of the proxy as well as undertake the analysis.
- 5 We constructed a random sample of dual registrant FTP (with an ITP) cases from 2011/12 and 2012/13 and reviewed 75 cases in detail.
- 6 We ascertained that:
 - 6.1 71 of the 75 were practising as midwives at the time of the events giving rise to the referral;
 - 6.2 Two of the 75 related to driving offences and there was no indication of scope of practice in the documentation;
 - 6.3 One had a dual leadership role but was referred in conjunction to a midwifery matter;
 - 6.4 One was practising as a bank nurse.
- 7 In summary, between 72/75 and 74/75 dual registrants referred with

an ITP were practising as midwives when referred to the NMC.

- 8 This means that submission of an ITP appears to be a good proxy for practising as a midwife. While not 100 per cent reliable, it is sufficiently robust to assume we can gain insights from its use in this context.
- 9 We then went on to conduct a range of analyses using this proxy and these are set out in **annexe 1**. There is scope to undertake further analysis, and Committee members are welcome to contribute their comments and suggestions as to what such further analysis might encompass.

Better data in the future

- 10 Our research and fitness to practise teams have worked together and identified a field in our case management system for fitness to practise referrals that can be used to capture whether a dual registrant is working as a nurse or a midwife when the allegations giving rise to a referral take place. We need to make a technical change to implement this and including in staff training information about the significance of completing this field.

Public protection implications:

- 11 Understanding the impact of our fitness to practise work on the professions we regulate is critical to public protection.

Resource implications:

- 12 Staff time is the only resource associated with this work (research and fitness to practise teams).

Equality and diversity implications:

- 13 This work is not likely to provide any immediate insights relating to protected characteristics but it may highlight differential experiences of FTP between nurses and midwives.

Stakeholder engagement:

- 14 This work arose from discussion with the Midwifery Committee and has been the subject of some informal engagement between meetings. It concerns data and analysis that we would aspire to place in the public domain once we are confident about its quality.

Risk implications:

- 15 The use of a proxy always carries a degree of risks, but as set out above we believe the benefit outweighs the risk in this circumstance.

Legal implications:

- 16 There are no legal implications arising directly from this work.

A comparison of nurse and midwife fitness to practise referrals

Introduction

This report provides an analysis of 746 fitness to practice referrals that were received by the NMC between 1 April 2011 and 31 March 2013. The aim of this analysis was to provide a comparison of referrals received for those practising as nurses and midwives at the point of referral.

The report aims to tell the stories of these cases and to highlight any significant differences between the nurse and midwife samples. We specifically aim to look at:

- The stage of the process that was reached: screening, Investigating Committee, adjudication¹ and whether interim orders were imposed
- The outcome of cases – findings of impairment and imposition of sanctions
- The characteristics of the cases – referrer and allegation type
- The average (median) duration of cases related to the stage of the process they reached

For the purposes of this report, the analysis stops at the point of decision by the NMC. Although a few of the cases within the sample were subsequently appealed, that process and the outcome are out of scope for this analysis and report.

Throughout the report sample sizes are shown and we indicate where a small sample size makes drawing inference difficult.

We have taken the analysis as far as possible within the available time, and it is important to emphasise this is a work in progress. There are a number of interesting questions that cannot be answered without supplementary data collection and analysis, and we have not undertaken any work on data quality at this stage, so the data are not yet fit for sharing more generally but give an indication of what could be made available more generally. There are aspects of the data that we would like to probe further – for example, the apparently low percentage of midwifery referrals identified as coming from LSA is interesting.

Definition of the nurse and midwife samples

The analysis covered a two year period from 1 April 2011 until 31 March 2013. This period was selected in order to capture a sufficient sample of closed and selecting a more recent period would have biased the sample towards shorter and therefore potentially more straightforward cases.

In order to compare nurses and midwives, two representative samples were drawn from referrals within this period:

¹ For the purposes of this analysis having reached adjudication defined as a case having been referred to an adjudication committee regardless of whether the hearing took place (i.e. including voluntary removals)

- **Midwives:** this sample contained all referrals relating to midwives within the period. A midwife referral was defined as someone who had only a midwifery registration (and no other) or had both a nursing and a midwifery registration and an ItP in place² covering the date that they were referred to the NMC. Using these definitions yielded a sample of 373 individual cases.
- **Nurses:** this sample contained a random sample of 373 referrals (to match the midwife sample, drawn from a total of 3,129 cases for the defined period) relating to nurses. For simplicity, a nurse was defined as someone who had only a nursing registration (and no other).

Findings

We explored the narrative potential of these data as far as possible within the time available. At the point where the data was extracted (June 2015), 39 of the nursing cases and 34 of the midwifery cases were still open. The chart below illustrates stage in the FtP process that was reached by those cases that were closed.

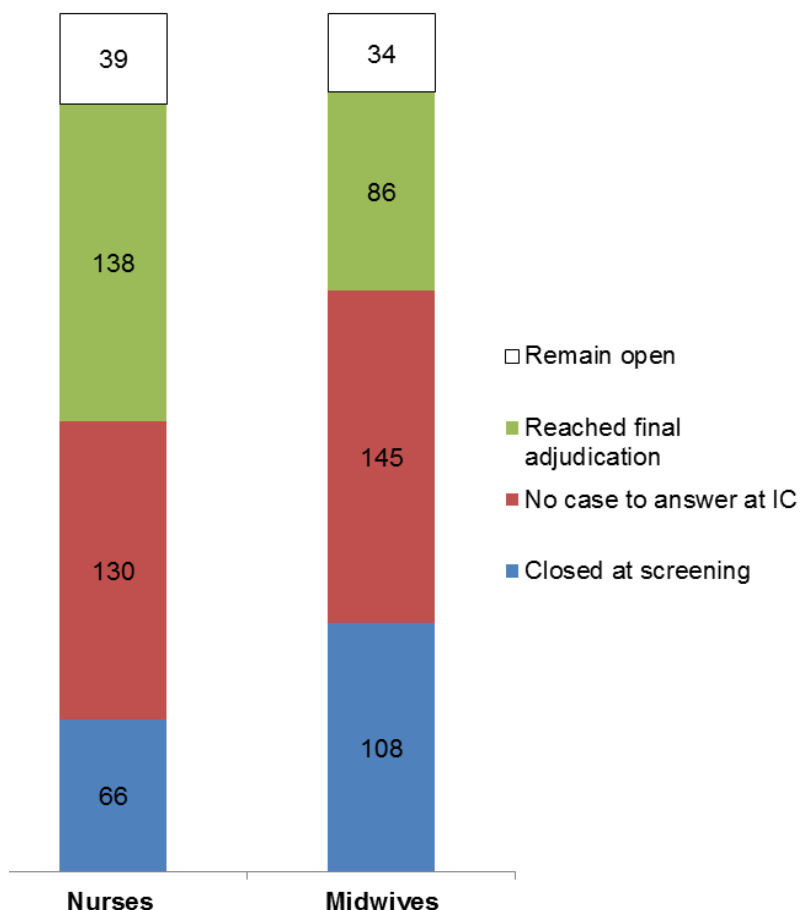


Figure 1: Case Stage. Sample size: 373 nurses, 373 midwives

When looking at the journeys of the two groups of cases as few key differences are observed:

² For more information on the use of the ItP as a proxy for a dual registrant practising as a midwife, see main paper

- A significant proportion more of the midwifery cases were closed at screening compared to the nursing cases closed at this stage.
- Similar proportions of cases are closed at Investigating Committee
- The impact of the closures at screening are seen at adjudication, with more than a third fewer midwifery cases reaching adjudication, compared to the nursing sample.

The chart below shows the outcomes for the registrants whose cases are closed and reached a final adjudication committee, there was one case in each of the nursing and midwifery samples where no outcome was recorded as the registrant died prior to the final hearing. The sample sizes are relatively low and differ for the nurse and midwife sample, the information has been represented proportionately (on a percentage scale) but with numbers to demonstrate the differing sample sizes.

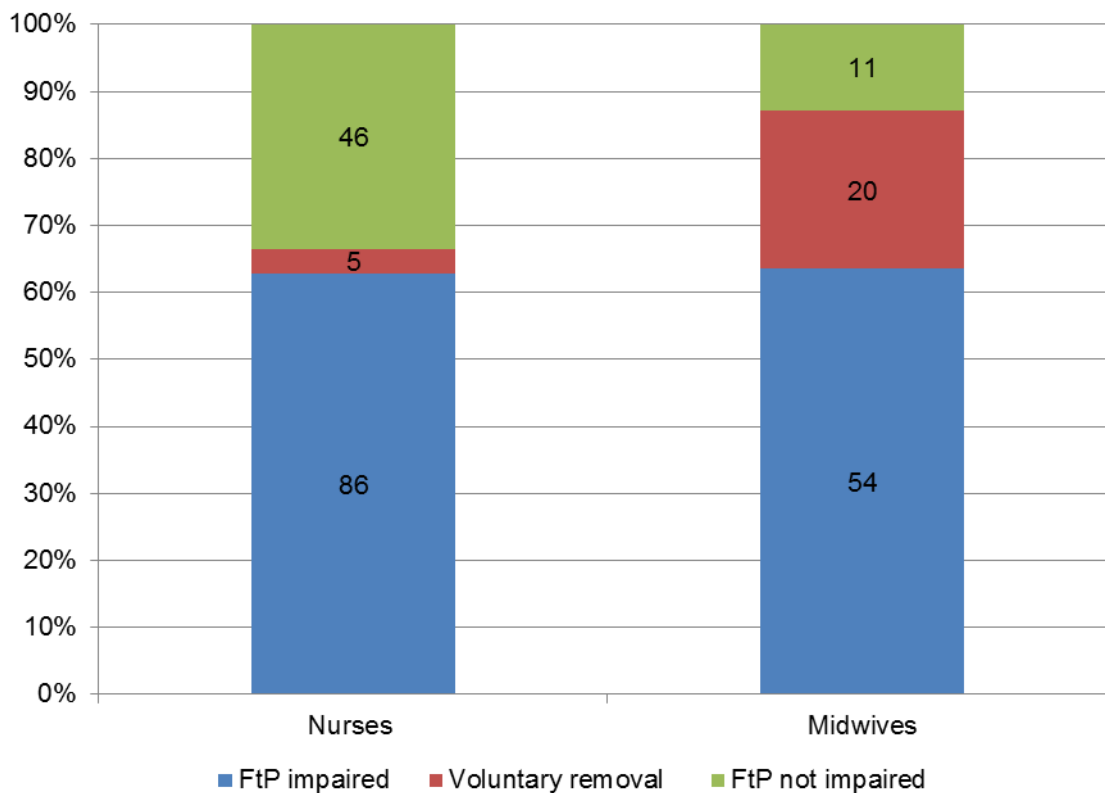


Figure 2: Adjudication Outcomes. Sample size: 138 nurses, 86 midwives (caution small sample sizes)

Although the difference in sample size leads the level of impairment to appear lower for midwives, proportionally both samples see around 60% of cases that reach final adjudication, leading to an outcome of FtP impairment and a sanction of some kind. Where there is an interesting difference is that the midwifery sample had proportionately more registrants delaring their fitness to practice impaired and volunteering to come off the register prior to a formal hearing.

The other significant piece in the journey of these cases is the enforcement of interim orders (IOs). The chart below provides some information on this.

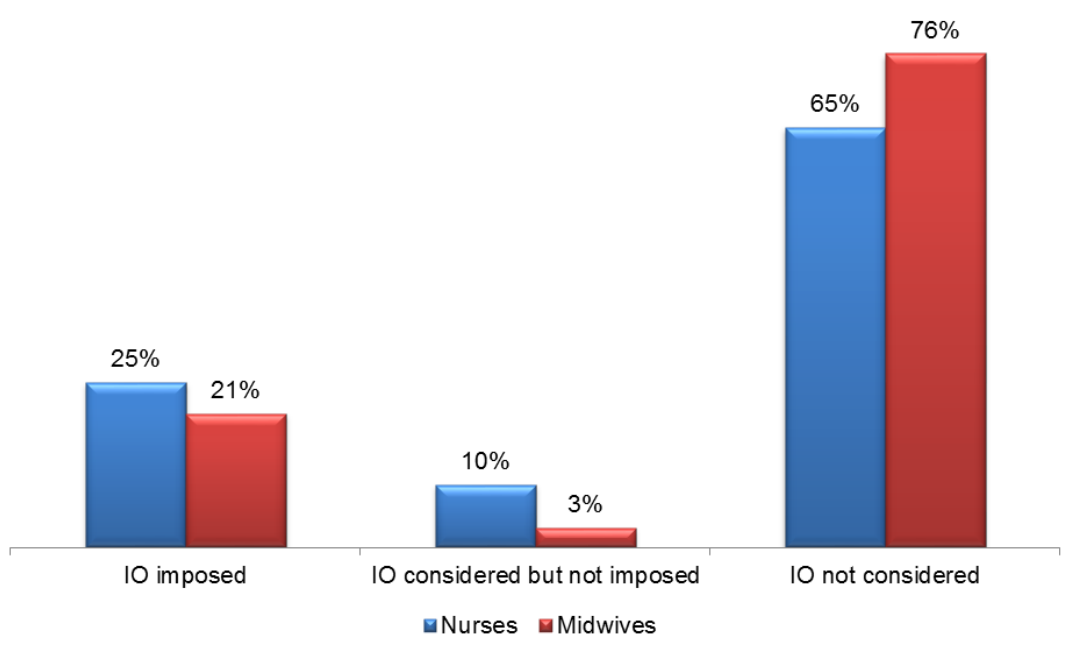


Figure 3: Interim Orders. Sample size: 334 nurses, 339 midwives

The data seems to suggest that while the proportions of IOs imposed is broadly similar (25% for nurses and 21% of midwives) overall, fewer of the midwife cases were considered for an IO. The graph shows that around a quarter (24%) of the midwifery cases were considered for an IO compared with around a third (35%) of nursing cases.

In order to understand some of the reasons behind the differences noted in the progression of these cases, we took a look at some of the case characteristic data that is held – where the referral came from (the referrer type) and the theme of the referral (the allegation). We found that for the allegation/theme of the referral, the coded data did not provide the insight that we required and it was not possible for us to review the detailed case documentation to explore the uncoded details.

On the other hand, the referrer type data provided some interesting background context to the journeys of cases. The two charts below illustrate the breakdown of case referrers for the nurse and midwives samples.

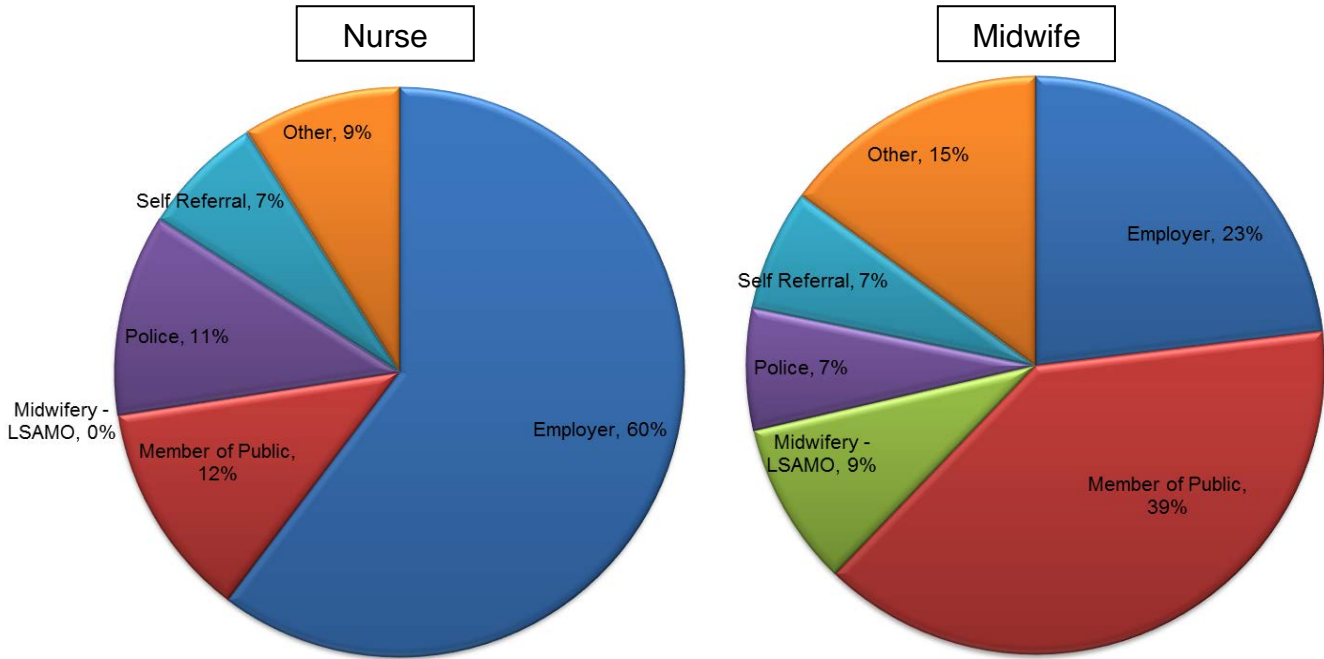


Figure 4: Referrer types. Sample size: 373 nurses, 373 midwives

The interesting story from this data is the representation of referrals from members of the public. This group accounted for 12% of those referring the nursing cases to the NMC, however this proportion is three times higher (39%) for the midwifery cases.

Based on this information, we decided to compare, for both the nurse and midwife samples, the stage reached data for two groups – members of the public versus employers (including LSAMOs). The chart below shows the outcome of this analysis – the sample sizes are low and differing, the information has been represented proportionately (on a percentage scale) but with numbers to demonstrate the differing sample sizes.



Figure 5: Case Stage employer referrals compared with public referrals. Sample size: 242 nurses, 244 midwives (caution small sample sizes)

Referrals from the public are far more likely to be closed at the screening stage or IC, and far less likely to reach final adjudication.

Referrals from the LSAMO accounted for 28 of the closed midwifery cases within the defined period which is too small a sample for significant comparisons, which is why they were grouped with employers. However, in the interests of completeness, if we look at these 28 referrals, we learn that all but 4 of them went on to reach final adjudication. For the 24 cases that reached adjudication, one of the registrants died before the final hearing the table below shows the outcomes for the remaining 23 cases:

Outcome	Number of cases
FtP Impaired	13
Voluntary removal	7
FtP not impaired	4

It seems from this data that the over representation of midwifery referrals from members of the public, is a strong contributor to the overall higher levels of midwifery cases closed at screening.

Finally, we looked at the average (median) case durations for the two samples of cases. The chart below shows the median case durations (in days) for the nursing and midwifery cases that reached the three stages of the FtP process.

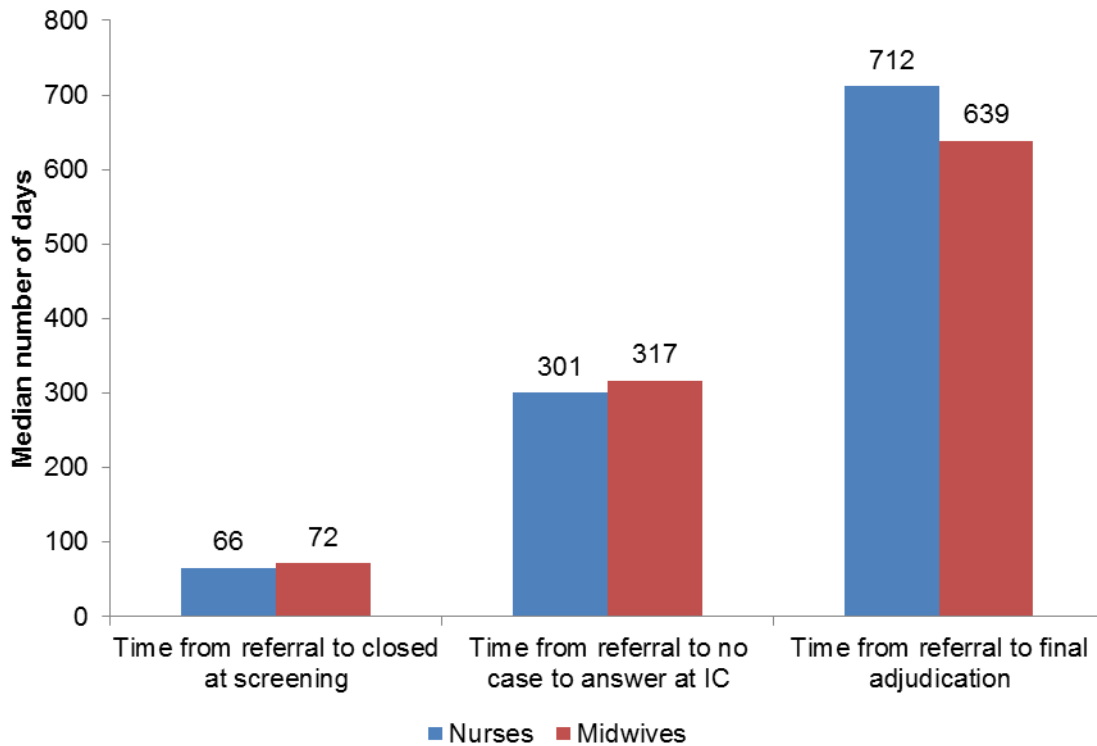


Figure 6: Case Duration. Sample size: 334 nurses, 339 midwives

There are not any very significant differences in the case duration between the nurse and midwife samples, particularly given the small sample sizes in some groups. One point of note is that the median time for these cases to reach final adjudication is significantly higher than the current 12 month median; this is likely to reflect the efficiencies that have been made to the process within the past few years.

Midwifery Committee

Quarterly quality monitoring summary: 2014 / 2015

Action: For discussion.

Issue: This paper discusses the findings arising from the quarterly quality monitoring by Local Supervising Authorities (LSAs) across the United Kingdom (UK) for the 2014/15 reporting year (1 April 2014 – 31 March 2015).

Core regulatory functions: Education; Setting Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: No decision is required.

Annexes: There are no annexes attached to this paper.

Further information: If you require clarification about any point in the paper or would like further information please contact the authors or the director named below.

Author: Renata Johnston
Phone: 020 7681 5836
renata.johnston@nmc-uk.org

Director: Dr Katerina Kolyva
Phone: 020 7681 5882
katerina.kolyva@nmc-uk.org

Author: Laura O'Sullivan
Phone: 020 7681 5626
laura.o'sullivan@nmc-uk.org

- Context:**
- 1 The NMC is responsible for monitoring and quality assuring the role and function of LSAs. This is to ensure that each LSA is delivering effective statutory supervision of midwives and is meeting the requisite standards as set out in the Midwives rules and standards 2012.
 - 2 In accordance with our Quality assurance (QA) framework (2013) the quarterly quality monitoring reports (QQMRs) provides us with up to date information on any emerging risks within the LSA and promotes rapid reporting of such risks, other significant events and areas of good practice.
 - 3 Mott MacDonald is in its second year of holding the operational function of the QQM within the revised QA framework. The QQMRs are submitted electronically by each LSA Midwifery Officer (LSAMO) through the online portal which is hosted by Mott MacDonald.
 - 4 The QQMRs are followed up with individual telephone calls to ensure points raised can be actioned appropriately.
 - 5 In January 2015, the Council took a policy decision to accept the King's Fund's recommendations that midwifery supervision should be removed from our legislation. The QA of LSAs continues at this time.
 - 6 The findings of LSA reviews and extraordinary reviews for the year being reported will be incorporated into the QA annual report to be received by Midwifery Committee in September 2015.

Discussion and options appraisal:

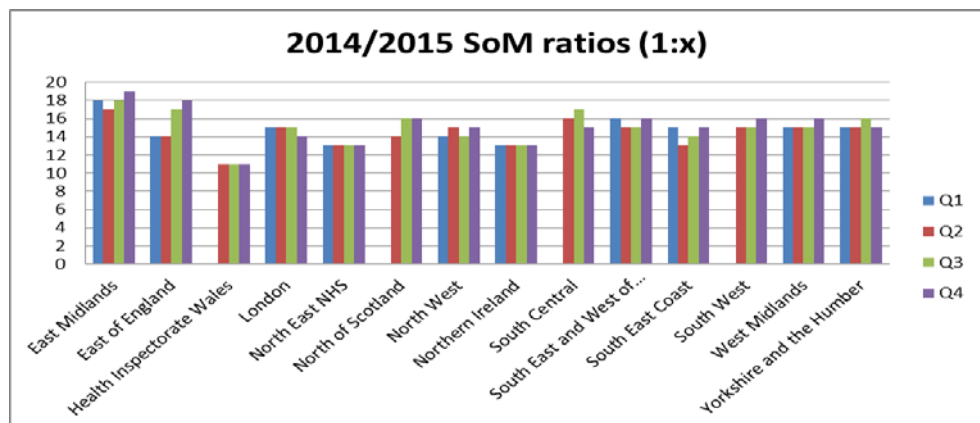
Key themes from the quarterly reports

Ratios of Supervisor of Midwives (SoM) to midwives

- 7 The Midwives rules and standards (2012) set the ratio of SoMs to midwives at 1:15. LSAMOs routinely report on individual LSAs' overall ability to comply with these ratios as well as the SoM to midwife ratios within individual maternity units.
- 8 The numbers of midwives varies across the 14 LSAs and were reported in quarter four as ranging from 966 midwives in the North of Scotland LSA to 5941 midwives in the London LSA.
- 9 Although a significant proportion of maternity units were compliant in relation to SoM to midwives ratios, the majority of LSAMOs reported ratios greater than 1:15 in one or more maternity unit. The results were as follows:
 - 9.1 Ten LSAs were compliant for the overall annual LSA average ratios. These were Healthcare Inspectorate Wales (HIW), London, North East, North of Scotland, North West, Northern Ireland, South East Central, South West, West Midlands and

Yorkshire and the Humber. Of these LSAs, HIW, London, North East, North West, Northern Ireland and South East Coast were consistently compliant with the LSA ratios across all four quarters.

- 9.2 Four LSA regions (East of England, East Midlands, South Central and South East and West of Scotland) were not compliant with our ratio, reporting annual average ratios of 1:16 to 1:18. All four regions had two or more quarters that exceeded the 1:15 ratio.
- 9.3 All LSAs provided evidence of strategies and mitigations in place to improve ratios with many LSAs implementing or considering the implementation of full time SoMs.
- 10 The King's Fund report, the Kirkup report and the NHS England reconfiguration are all being reported by LSAMOs as impacting on the ability to meet and maintain the required ratios. Several LSAs have reported that since the release of the Kirkup and King's Fund reports many SoMs have made a decision to retire or resign.



Preparation of Supervisor of Midwives programme (PoSoM)

- 11 LSAs have continued to report succession planning through the enrolment of midwives onto PoSoM programmes. However an increasing number of LSAMOs have reported that some Heads of Midwifery (HoMs) are reluctant to second midwives onto existing programmes. Several LSAs are looking to redevelop their courses. Specifically:
- 11.1 East of England LSA reports that there will be no further recruitment of midwives to the PoSoM programme.
- 11.2 London LSA reports that the King's Fund decision has resulted in three HoMs withdrawing support for midwives to undertake the PoSoM programme and notes that this will impact on SoM to midwife ratios.

- 11.3 West Midlands LSA reports that the LSAMO had discussions with the regional Director of Nursing (DoN) and a decision was made to cancel the spring intake of the PoSoM programme at Birmingham City University. The autumn term programme is under review.

Time allocation for the SoM role and pressures in maternity environments

- 12 LSAs have reported that some SoMs are not receiving dedicated time for supervision due to pressures from their clinical workload. This impacts on the time available to fulfil their SoM roles and lengthens the time taken to complete supervisory investigations.
- 13 A key issue highlighted was the importance of LSA discussions with HoMs and DoNs to secure additional hours for existing SoMs to undertake their role as a result of the decrease in the number of SoMs. In some areas this is being managed by the appointment of full time or part time dedicated SoMs.

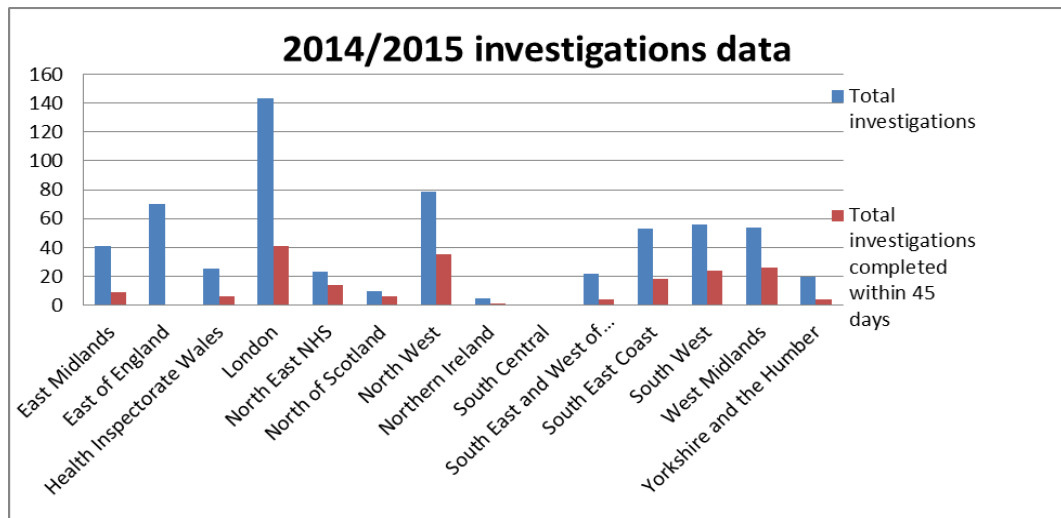
LSA resources and the reconfiguration of NHS England LSA

- 14 LSA areas in England report that the ability to deliver statutory supervision will be affected by the reconfiguration of NHS England LSA and therefore needs to be closely monitored in the next reporting year. The regional boundaries have been redrawn and the number of LSAMOs in England has been reduced from ten to seven.
- 15 LSA midwifery officers affected by the changes reported at the April 2015 LSAMO Strategic Reference Group that they were experiencing additional challenges.

Supervisory investigation reporting lengths

- 16 At the conclusion for quarter four, 11 LSAs were not meeting best practice timelines for completing LSA supervisory investigations. This is a slight improvement from previous quarters. This improvement may be partially due to the LSAMO Forum UK introducing guidelines on freezing the timeline in January 2015.
- 17 The following mitigating factors for the delay in completing the investigations are similar to previous years and includes:
- 17.1 Sickness of midwives under investigation;
 - 17.2 Annual leave of either the midwife under investigation or the investigating SoM;
 - 17.3 Lack of protected time for statutory supervision activity;
 - 17.4 Clinical duties seen as a priority over SoM role;

- 17.5 Length of time to write reports due to delays in midwives returning statements and signed interview transcripts as well as delays in retrieving information.



Awareness of concerns or investigations by any other regulators or serious reviews

- 18 The majority of LSAMOs have reported their awareness of concerns or investigations by other regulators throughout the year. Nine LSAs reported information pertaining to issues and outcomes from external reviews of maternity services including reviews by the Care Quality Commission (CQC), Clinical Commissioning Groups (CCGs), and Monitor. The LSAMOs reported working closely with HoMs and SoM teams to support maternity services in developing action plans and taking forward recommendations from external reviews.

Examples of good practice

- 19 Five LSAs self-reported good practice initiatives in this reporting year. Northern Ireland has developed a new, interactive e-learning resource to help midwives understand their responsibilities when administering medicines, and South East and West of Scotland has created a new birth plan document which clearly shows reasons for deviation and agreed forward plans. London LSA has demonstrated good practice in providing psychological support for women; supportive working with colleagues; collaborative support with women and specific care for family post-natally. North West has reported supportive mechanisms in place for junior midwives from SoMs and North East has identified good practice in the compassionate care it delivers.

Summary conclusions and considerations

- 20 Many LSAs are carrying risks that impact on their ability to fully

comply with MRS. Although this is often due to insufficient SoM resource, the combined impact of reports of failures in maternity care together with Council's policy decision to remove midwifery regulation are listed as contributing factors. Additionally the reconfiguration of NHS England LSA has been reported as having a profound impact on the remaining LSAMOs workloads.

- 21 As part of the operational QA function we will continue to support and deliver QA during this period of transition and change. We are building on earlier work with Mott MacDonald in developing a risk management plan. Key midwifery stakeholders will be asked to contribute to this work over the forthcoming months. We expect to provide an update at the next midwifery committee.
- 22 LSAs will be submitting their annual self-reports on 31 July 2015 and this enables us to continue to monitor risk. Our annual report of QA will be circulated to the Midwifery Committee in the Autumn. The findings will also inform our selection of LSAs for monitoring next year.

Public protection implications:

- 23 Each QQMR requires the LSAMO on behalf of their LSA to declare that the report provides assurance that the LSA is compliant with our standards for the delivery of statutory supervision of midwives. Nine reported that the standards were not being met, one reported that the standards were partially met and two reported that the standards required improvement and reflects the challenges experienced by LSAs. Only two LSAs (Northern Ireland and HIW) reported that the standards were being met.
- 24 The reconfiguration of NHS England coupled with the transition to remove statutory supervision from our legislation, needs to be closely monitored to ensure that compliance with the Midwives rules and standards 2012 continues.
- 25 Midwifery regulation remains in place, however the impact of Council's proposed policy change is already being reported as having an impact on the delivery of statutory supervision. Ongoing engagement and effective QA of LSAs must continue in order to monitor the effect on public protection.

Resource implications:

- 26 The QA of LSAs is part of the agreed business and operational budget of the Continued Practice directorate.

Equality and diversity implications:

- 27 As supervision of midwives impacts directly on women using maternity services, individual LSAs are expected to address equality and diversity requirements in meeting the Midwives rules and standards 2012. No direct issues were reported by LSAs.

- Stakeholder engagement:** 28 The QQM approach ensures regular engagement with LSAMOs. Staff attendance at LSA events is also supported.
- Risk implications:** 29 Falling numbers of SoMs and reduced commissioned numbers for PoSoM courses may have an impact on the delivery of statutory supervision. We are working with Mott MacDonald to review the risk factors in order to safely mitigate risks for the forthcoming year and during transition pending formal legislative change.
- Legal implications:** 30 Midwives rules and standards 2012 came into force on 1 January 2013.

Midwifery Committee: Forward Work Plan 2015

Midwifery Committee: standing items	
<ul style="list-style-type: none"> • Minutes and summary actions from previous meetings 	For information
<ul style="list-style-type: none"> • Changes to midwifery regulation 	For discussion (and recommendation to Council)
<ul style="list-style-type: none"> • Quarterly quality monitoring reports 	For information
<ul style="list-style-type: none"> • Midwifery Committee: forward work plan 	For information

Midwifery Committee: decision by correspondence (September 2015)	
<ul style="list-style-type: none"> • Review of LSA / QA annual report 	For approval to the Council (8 October 2015)

Midwifery Committee: 29 October 2015	
<ul style="list-style-type: none"> • Committee seminar: subject TBC 	
<ul style="list-style-type: none"> • Revalidation: update on decision by the Council (October 2015) 	For discussion
<ul style="list-style-type: none"> • Midwifery education: final report on evaluation of the pre-registration standards of midwifery education and next steps 	For discussion
<ul style="list-style-type: none"> • Data and intelligence 	For discussion
<ul style="list-style-type: none"> • Midwifery Committee objectives (twice-yearly review) 	For discussion

Proposed dates for 2016 – March 2017:

	Date	Time	Venue
Midwifery Committee	Wed 24-Feb-16	10:00 – 13:00	TBC
Midwifery Committee	Wed 27-Apr-16	10:00 – 13:00	London
Midwifery Committee	Wed 29-Jun-16	10:00 – 13:00	London
Midwifery Committee	Wed 26-Oct-16	10:00 – 13:00	London
Midwifery Committee	Wed 22-Feb-17	10:00 – 13:00	London