

Meeting of the Midwifery Committee

to be held between 11:00 and 13:00 on 25 February 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

- | | | | |
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| 1 | Welcome from the Chair Chair | M/15/09 | 11:00 |
| 2 | Apologies for absence Secretary | M/15/10 | |
| 3 | Declarations of interest All | M/15/11 | |
| 4 | Minutes of the last meeting (pages 3 - 8 not for publication) Chair | M/15/12 | |
| 5 | Summary of actions Secretary | M/15/13 | |

Matters for discussion

- | | | | |
|---|---|---------|-------|
| 6 | Changes to midwifery regulation Chief Executive and Registrar | M/15/14 | 11:10 |
| 7 | Evaluation of pre-registration education standards for nursing and midwifery Director of Continued Practice | M/15/15 | 11:40 |
| 8 | Objectives for the Midwifery Committee (pages 27 - 30 not for publication) Chair of the Committee | M/15/16 | 12:05 |

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| 9 | QA annual report 2013 - 14 (NOT FOR PUBLICATION) (pages 31 - 76) Assistant Director, Education | M/15/17 | 12:30 |
| 10 | Quarterly quality monitoring (Q2 and Q3 2014/ 15) Assistant Director, Education | M/15/18 | 12:45 |
| 11 | Any other business Chair | M/15/19 | 12:55 |

The next meeting of the Midwifery Committee will be held on Wednesday 29 April 2015 at 10:00 at 23 Portland Place, London.

Meeting of the Midwifery Committee
Held at 14:00 on 21 January 2015
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

| | |
|-----------------|----------------------------------|
| Dr Anne Wright | Chair |
| Yvonne Bronsky | Member |
| Patricia Gillen | Member |
| Dr Tina Harris | Member |
| Ann Holmes | Special adviser to the Committee |
| Farrah Pradhan | Member |
| Lorna Tinsley | Member |

NMC officers:

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|-----------------|--------------------------------|
| Katerina Kolyva | Director of Continued Practice |
| Clare Padley | Corporate Legislation Adviser |
| Anne Trotter | Assistant Director, Education |
| Paul Johnston | Secretary to the Committee |

Observers:

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|------------------------|---------------------------|
| Polly Ferguson | Welsh Assembly Government |
| David Foster | Department of Health |
| Jess Read | LSAMO Forum |
| Louise Silverton | Royal College of Midwives |
| Laura Allen | NMC |
| Aditi Chowdhary-Gandhi | NMC |
| Graham MacGruer | NMC |

Minutes**M/15/01 Welcome from the Chair**

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

M/15/02 Apologies for absence

1. Apologies for absence were received from Pradeep Agrawal and Susanne Roff.

M/15/03 Declarations of Interest

1. All registrant members declared an interest in paper M/15/06, "Revalidation: draft standards and guidance"; and paper M/15/07, "Draft revised guidance on responsible social media use" by virtue of being registered midwives.

M/15/04 Minutes of previous meeting

1. The minutes of the Committee meeting held on 28 October 2014 were confirmed as a correct record.

M/15/05 Summary of actions

1. The Committee noted progress on actions arising from previous meetings of the Committee.

M/15/06 Revalidation: draft standards and guidance

1. The Committee discussed the draft provisional standards and guidance to inform the revalidation pilots.
2. The Committee also received an update on the impact of revalidation on the Specialist Community Public Health Nursing (SCPHN) part of the register. In discussion on the SCPHN part of the register, the following points were noted:
 - a) The practice hour requirements for SCPHN registrants under the proposed revalidation model were complex. In essence, those registered as a nurse / SCPHN or a midwife / SCPHN would be required to demonstrate that they had undertaken a minimum of 450 practice hours over three years in order to revalidate. Practice hours undertaken as a SCPHN would count towards those 450 hours. Any dual qualified nurses and midwives (with or without SCPHN registration) would still have to complete 900 hours of practice (450 hours for each profession).

- b) Registered midwives who only practised in a specialist community public health nursing role registered on the SCPHN part of the register and not as a practising midwife would, under the proposed revalidation model, not need to file an Intention to Practise form and the Register would reflect this. However, any such Midwife / SCPHN registrants who had not served an Intention to Practise form since their last renewal would then need to successfully complete an appropriate return to midwifery practice programme approved by the NMC before they could serve an Intention to Practise form and return to practice as a practising midwife. The NMC would make this clear to employers and registrants through further communications, including through the NMC website.
- c) These provisional proposals would be evaluated during the pilots and a final decision made by the Council in October 2015. Changes could be needed to reflect any decisions around midwifery regulation. In the longer term, the NMC would be seeking to examine longer term options for improvements to the current SCPHN registration framework. These options would only be achievable through legislative change.

3. In discussion on the provisional standards and guidance for use in the revalidation pilots, the following points were noted:

- a) The first phase of the revalidation model was based around compliance with provisions of the revised Code. This was designed with a view to existing legislative provisions.
- b) Further definition of certain terms within the provisional standards, such as 'participatory learning' and 'practice-related feedback' would be helpful. The pilots had been designed in part to establish whether these terms were sufficiently clear to both employers and individuals.
- c) Similarly, the standards should seek to make explicit that the 'professional development discussion' could be held with a registrant on another part of the NMC register. Feedback informing that discussion could be both positive and negative and it was important to stress that the discussion should be reflective.
- d) The provisional guidance should make explicit that registrants must not include within their feedback portfolio any information that might identify a specific patient or service user.

4. In summary, the Committee noted that the standards and guidance would be reviewed and evaluated as part of the pilot scheme, and

Midwifery Committee

Changes to midwifery regulation

Action: For discussion.

Issue: This paper reports on the Council decision on midwifery regulation and resulting activity.

Core regulatory function: All.

Corporate objectives: Corporate objective 2: “We will set evidence-based and accessible standards of education and practice. We will assure the quality of education programmes for nurses and midwives and the quality of supervision for midwives, so that we can be sure everyone on our register is fit to practise”

Corporate objective 4: “We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers, parliamentarians and the professions.”

Decision required: 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.

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Context:

- 1 On 28 January 2015, the NMC Council considered the recommendations of the review it had commissioned into the future of midwifery regulation. The King's Fund recommended that

“The NMC as the health care professional regulator should have direct responsibility and accountability solely for the core functions of regulation. The legislation pertaining to the NMC should be revised to reflect this. This means the additional layer of regulation currently in place for midwives and extended role for the NMC over statutory supervision should end.”
- 2 The Council was recommended to:
 - 2.1 Accept the recommendation of the King's Fund as its position on the future of midwifery regulation;
 - 2.2 Call upon the government to provide an opportunity to amend the NMC's legislation accordingly;
 - 2.3 Authorise the preparation of amendments to the standards component of the Midwives Rules and Standards for consultation.
- 3 The Council debate on midwifery regulation was thoughtful and measured. New members of the Midwifery Committee were able to observe the meeting. The King's Fund presented their findings and took questions. Dr Anne Wright presented the views of the Midwifery Committee, and Lorna Tinsley was also invited to comment as a member of the Committee and as midwife member of Council. The Chair of the Council invited questions and comments from the floor and there were a number of participants including the RCM, and the chair of the LSAMO Forum. The Chief Executive and Registrar spoke in support of the recommendations and also confirmed the commitment of the Chief Nursing Officers across all four UK nations to leadership of the transition.
- 4 In accepting the recommendations, the Council also accepted a 'moral responsibility' to play a responsible role in next steps. There was recognition that this role was not to assure the continuation of current practice but to provide those leading (and funding) provision in future to have full insight into the dimensions of supervision so they can make informed decisions and manage risks effectively.
- 5 The Council noted and welcomed the Midwifery Committee's commitment to providing advice and expertise to assist the transition.

Developments following the Council decision

- 6 The Council's decision was welcomed by the Professional Standards

Authority, the Public Administration Select Committee, the Parliamentary and Health Service Ombudsman and a number of the families affected by failings at Morecambe Bay.

- 7 The decision attracted a degree of concerned comment on social media and the NMC communications team monitored this and addressed any misconceptions arising where possible.
- 8 The Chair of the Council wrote to Dan Poulter MP formally requesting legislative change.
- 9 The decision was conveyed to the Kirkup Investigation looking into events at Morecambe Bay on behalf of the Department of Health in England, which is due to report in the last week of February.
- 10 The NMC wrote to a number of key stakeholders informing them of the decision and sharing key messages about next steps.

Internal next steps

- 11 Midwifery regulation reform was an item on the agenda of the first meeting of the NMC Regulation Board on 6 February 2015. The Board will consider an outline programme brief at its next meeting in March 2015.
- 12 Core messages were shared at the Board meeting and a full communications plan will be developed as part of the Programme. Stability is a key concern over forthcoming months.
- 13 Directors are considering proposals for interim amendments to the standards component of the Midwives Rules and Standards. We can schedule a discussion of interim measures at the next meeting of the Committee.

External next steps

- 14 The DH in England convened an initial meeting on the subject of transition, involving the four CNOs and the RCM. Further regular meetings are planned.
- 15 The NMC is aware that activity to consider next steps is already underway within (as well as between) the four countries of the UK and we will share insights into that activity at the Midwifery Committee meeting.
- 16 There are communications planned between the CNOs and the NMC so that stakeholders are clear about the timeframe for any change and the importance of continuity in the interim.

Public protection:

- 17 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.

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| Resource implications: | 18 | The costs to the NMC will be associated with staff time to support the transition. The only additional cost arising at the moment will be for programme support. The cost of this cannot be confirmed until the level of support is quantified. |
| Equality and diversity implications: | 19 | 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. In the event of legislative change we envisage completing an equalities impact assessment. |
| Stakeholder engagement: | 20 | The review phase of this work was characterised by extensive engagement on the part of the King's Fund and the NMC. This is continuing into the transition phase, as detailed in the body of the paper. |
| Risk implications: | 21 | The Council had regard to the need to identify and mitigate risks through the next stage of this work. There will be two levels of risk: NMC risks and sector risks. The NMC has full responsibility for the NMC risks and will make a responsible contribution to the sector risk map. |
| Legal implications: | 22 | Legislative change is now required to give full effect to the Council's decision. In addition to our own legislation there may be requirements to change wider legislation in which the role of the LSA is embedded; for example, where the body fulfilling the function of the LSA is specified. |

Midwifery Committee

Evaluation of pre-registration standards for nursing and midwifery

Action: For discussion.

Issue: To update on the evaluation of our pre-registration education standards for nursing and midwifery.

Core regulatory function: Education / Setting standards.

Corporate objectives: Corporate Objective 3: “We will set appropriate standards of education and practice and assure the quality of education programmes and the supervision of midwives so that we can be sure that all those on our register are fit to practise as nurses and midwives.”

Decision required: None.

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.

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- Context:**
- 1 We are currently evaluating our pre-registration education standards which include the *Pre-registration nursing education standards* (2010), the *Pre-registration midwifery education standards* (2009) and the *pre-registration components of the Standards to support learning and assessment in practice* (2008).
 - 2 The evaluation of our pre-registration education standards is a public commitment in response to the Francis inquiry.¹
 - 3 We have commissioned IFF Research, an independent research agency to conduct the evaluation, following a rigorous tender submission process using a targeted list of suppliers from the Office of Fair Trading (OFT) framework.
 - 4 The contract was awarded to IFF Research on 18 August 2014 with the requirement for a final report in September 2015 and an interim report, mid-project. The draft interim report has been produced and is currently being reviewed by the NMC.
- Discussion:**
- 5 The evaluation seeks to develop an evidence base for examining the effectiveness of our pre-registration education standards in:
 - 5.1 Protecting the public;
 - 5.2 Preparing nurses and midwives for their professional roles and responsibilities;
 - 5.3 Their reach, intelligibility and accessibility to our key stakeholders.
 - 6 The findings from this evaluation will help us take an informed decision on areas to focus on for a future review of the standards which is likely to be in 2016-17.
 - 7 The broad timelines for the delivery of this evaluation are as follows:
 - 7.1 Scoping phase and early engagement with key stakeholders (August - November 2014).
 - 7.2 Quantitative research phase of the project (panel survey with public, launch of student survey) October to December 2014.
 - 7.3 Interim reporting (January – February 2015).
 - 7.4 Qualitative research phase (March – May 2015).

¹NMC response to the Francis report <http://www.nmc-uk.org/Documents/Francis%20report/NMC%20response%20to%20the%20Francis%20report%2018%20July.pdf>

- 7.5 Four country stakeholder workshops (June-July 2015).
- 7.6 Final analysis and reporting (September- October 2015).
- 8 Between October – November 2014, IFF Research commissioned an online survey with a panel provider to include 2000 members of the public. The survey asked about the awareness of NMC, the perceived importance of having skills and attributes as entry criteria for nursing and midwifery programmes and the clarity of the outcomes of the education programmes. Some of the interim findings from the survey included the following:
- 8.1 There is a correlation between awareness of the NMC and level of familiarity and contact with the health sector. A higher proportion of those who have had contact with a nurse or a midwife at some point in the past year had heard of the NMC (42% vs. 28% of those who had never been in contact) and those working in the health sector are also more likely to have heard of the organisation (53% vs. 39% not working in health). Similarly, as might be expected, awareness of NMC also increases with age; half (49%) of those aged 55 or over had heard of the NMC in comparison to 35% aged 54 or under.
- 8.2 The general public was presented with a list of various skills, behaviours and attributes that form the basis of the selection and admission criteria used to assess applicants to pre-registration education programmes. The public were asked to indicate the extent to which they thought each quality was an important prerequisite for those applying to study nursing or midwifery.² The public placed greatest emphasis on candidates' personal qualities; two-thirds consider care and compassion (66%) and honesty (64%) to be *critically* important in contrast to "harder measures" such as qualifications (36%), numeracy (33%), experience (26%) or IT skills (9%).
- 8.3 On being presented with a list of thirteen outcome statements extracted from the pre-registration nursing education standards approximately three-quarters of the general public (77%) feel that each nursing outcome statement is clear.
- 8.4 Four outcomes are considered to have the most clarity; almost all of the general public (95-96%) felt that the following statements are clear:
- "Communicate effectively;"
 - "Practice in a compassionate, respectful way maintaining

²Respondents were asked to assess each attribute and discern whether it was a "Critically important"; "Very important"; "Fairly important"; "Not very important"; or "Not at all important" pre-requisite for those applying to study nursing or midwifery

dignity and wellbeing;”

- “Deliver high quality essential care to all,” and;
- “Act with professionalism and integrity”.

8.5 Identical to nursing, at least 77% of the general public considers each midwifery statement to be clear. Higher proportions however, feel that all of the midwifery outcomes are clear (59% in comparison to 49% of the nursing outcomes).

8.6 Two midwifery outcomes are considered to be clearest, with nearly all (95%) feeling that the following outcomes are clear:

- “Not discriminate in any way against those in their care”; and
- “Use effective communication and interpersonal skills to support women and their families”.

8.7 Four out of five members of the public (80%) are aware that student nurses are required to complete practice placements as part of their course; slightly fewer (71%) know that student midwives do so. Nearly all members of the public (92%) consider practice placements important; two-thirds (66%) critically so.

9 An online survey of students and recent alumni who are studying or have studied under the current pre-registration nursing and midwifery standards was launched in December 2014. Until 22 January 2015, there were 2,260 responses to the survey. Although the survey is still open for response, the interim report is based on these 2,260 responses. Some of the preliminary findings from the survey include the following:

9.1 The majority of students and newly registered graduates know at least a fair amount about the NMC (84%), with midwifery students exhibiting slightly higher familiarity at this level (88%).

9.2 Nine in ten respondents feel that they know *at least something* about the pre-registration education standards documents, and most claimed to have heard of them via their tutor, mentor or lecturer (62%). Familiarity with these documents increases as students move through their progression points.

9.3 There was a positive response in terms of the intelligibility of the standards documents, with the majority stating that they are at least fairly easy to understand, and seven in ten knowing at least a little about each of the four elements (domains, competencies, ESCs and skills). This said, there is comparatively lower comprehension of how these elements link together than for the documents as a whole.

- 9.4 The vast majority of students feel confident that, by point of entry, they will meet the required outcome, even in areas where confidence is comparatively lower. Students anticipate the least progression in terms of 'softer' skills related to the student's personality traits. This, aligned with the entry criteria findings, implies that some knowledge, skills and behaviours are less easily taught, and students must be selected on those criteria more innate in nature.
- 9.5 Broadly speaking, students and newly registered nurses are pleased with the teaching they receive as part of their pre-registration education programmes. In most cases, midwifery students emerge as being slightly (albeit consistently) more positive. Eighty-five percent of midwifery students are satisfied with the quality of the teaching they receive (vs. 76% nursing students and 66% newly registered nurses) and 80% are satisfied with the mentoring component of their course (vs. 70% nursing students and 74% newly registered nurses).
- 9.6 Four in five midwifery students (82%) and newly registered nurses (80%) feel that the education programme is paced appropriately. Nursing students are also positive but slightly less inclined to agree (74%). Those least familiar with the pre-registration education standards are less likely to feel that the pace of the course is appropriate.
- 10 The NMC will keep a track on the responses across country, profession (nursing/midwifery) and the different fields of nursing and determine a closing date for the survey. This approach has been adopted to ensure adequate representation of different categories within the student and alumni population.
- 11 Currently IFF Research is preparing for the qualitative phase of the evaluation. This will include in-depth face to face interviews, telephone interviews, discussion groups and large stakeholder workshops across the four countries. As part of the qualitative fieldwork they will seek feedback from students, recent graduates, educators, employers, trade unions, representatives of public and patient groups, education commissioners and others.
- Public protection implications:** 12 There are no implications for public protection as there will be no policy changes as a part of this evaluation.
- Resource implications:** 13 IFF Research will be charging approximately £155,500 (excluding 20 percent VAT) for conducting this evaluation which fits within the allocated budget for this project by the Continued Practice directorate. This is subject to change at the NMC's discretion. Other costs involved are staff costs which are covered by the BAU budget for the

directorate.

- Equality and diversity implications:**
- 14 The evaluation is part of our regulatory activity without any restrictions on who can participate in the data collection processes. Where relevant there will be provisions made for Welsh versions of any documentation for stakeholders, as needed.
- 15 Although there are no changes to any NMC standards or policies as part of this evaluation we will conduct an initial screening of equality assessment to ensure that all aspects of the evaluation give due consideration to the protected characteristics. A full equality impact assessment will form part of the review of the standards at a later stage.
- Stakeholder engagement:**
- 16 In order to capture the views of key stakeholders IFF Research conducted some early engagements with the Education Advisory Group, Council of Deans, the Lead Midwives for Education Strategic Reference Group and the LSA Midwifery Officers group.
- 17 There will be evaluation activities in all four nations of the UK: Scotland, England, Wales and Northern Ireland so that the evaluation can reflect the country specific implementation of our nursing and midwifery pre-registration education standards and the Standards to support learning and assessment in practice.
- Risk implications:**
- 18 This is a strategically important project for the NMC. Therefore:
- 18.1 There should be adequate representation from the wide variety of stakeholders across the four countries.
- 18.2 The evaluation needs to be effective in generating findings that will be useful for planning the review of the pre-registration education standards and the standards to support learning and assessment in practice.
- 18.3 Failure to deliver an interim report mid-project and final report by autumn 2015 could have an adverse impact on NMC's reputation and ability to meet our Francis commitment.
- Legal implications:**
- 19 This evaluation seeks to create an evidence base for reviewing our pre-registration education standards and the Standards to support learning and assessment in practice in the future. There are no legal implications as part of the evaluation activity. IFF Research will conduct all research activities as per the Government Social Research and the Market Research Society guidelines.

Midwifery Committee

Midwifery Committee objectives

Action: For discussion.

Issue: The Committee is invited to discuss draft objectives for the Committee.

Core regulatory function: Education / Setting standards / Supporting functions.

Corporate objectives: Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

Decision required: The Committee is invited to discuss its (draft) objectives.

Annexes: The following annexe is attached to this paper

- Annexe 1: (Draft) Midwifery Committee objectives (not for publication)

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.

Secretary: Paul Johnston
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- Context:**
- 1 Members of the Midwifery Committee have asked that short-term and longer term objectives be designed for the Committee.
 - 2 Provided that they are correctly framed, these objectives will provide a useful steer for guiding Committee business over 2015 and beyond.
- Discussion and options appraisal:**
- (Draft) Committee objectives**
- 3 The (draft) Committee objectives are attached for discussion at **annexe 1**. The objectives, which are felt to be sufficiently broad to incorporate any emergent strategic issues in the external and internal environment, have been formed with consideration primarily to:
 - 3.1 The Committee's current terms of reference;
 - 3.2 The developing NMC Strategy for 2015 – 2020.
 - 4 Consideration has also been given to both the learning emerging from the review of midwifery regulation on data; and the Committee's ongoing commitment to external engagement.
 - 5 **Recommendation: The Committee is invited to discuss the draft objectives set out at Annexe 1.**
- Next steps**
- 6 In view of the fact that this is both a new approach for the Committee, and the fact that the NMC Strategy for the forthcoming five year period is still in development (and due for agreement by the Council in March 2015), it is proposed that Committee members' comments be incorporated within the draft objectives – taking into account any further changes to the NMC strategy – for agreement by the Committee at its meeting on 29 April 2015.
 - 7 In terms of assessing performance against the objectives, this would ordinarily be ascertained primarily through the annual Committee effectiveness review.
 - 8 It is also proposed that objectives be reviewed and, if required, refreshed annually, following the Committee effectiveness review. The objectives can also be embedded within the annual appraisal process for members through assessing each member's contribution to meeting the objectives.
 - 9 **Recommendation: The Committee is invited to note proposed next steps.**

- Public protection implications:** 10 There are no direct public protection implications from this paper but clearly the objectives are designed to directly or indirectly enhance the Midwifery Committee's, and the NMC's role in ensuring public protection.
- Resource implications:** 11 No resource implications arising from this paper
- Equality and diversity implications:** 12 There are no equality and diversity implications arising directly from this paper.
- Stakeholder engagement:** 13 The paper, and objectives, detail proposals in respect of engagement between the Midwifery Committee and external stakeholders.
- Risk implications:** 14 There are no risks arising directly from this paper. Risks will be considered further in the cover paper on finalised objectives to be submitted to the Committee in April 2015.
- Legal implications:** 15 There are no legal implications arising directly from this paper.

Midwifery Committee

Quarterly quality monitoring report update for Quarter two (01 July to 30 September 2014) and Quarter three (01 October 2014 to 31 December 2014)

Action: For information.

Issue: This paper discusses the findings arising from the quarterly quality monitoring by Local Supervising Authorities (LSAs) across the United Kingdom (UK) for the second and third quarter of the reporting year 2014-15.

Core regulatory function: Education and Standards.

Corporate objectives: Corporate objective 2: "We will set appropriate standards of education and practice and assure the quality of education programmes and the supervision of midwives, so that we can be sure that all those on our register are fit to practise as nurses and midwives."

Decision required: None.

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.

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- Context:**
- 1 There are 26 LSAs across the UK. The Health Boards in Scotland are arranged into two regions, encompassing six and eight LSAs respectively. There is a combined representation of 14 LSAs with 15 appointed LSA Midwifery Officers (LSAMOs) across the UK.
 - 2 In accordance with its statutory duties, the Nursing and Midwifery Council (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*.
 - 3 The Quality assurance (QA) framework first published in 2013 and revised in October 2014, sets out what the NMC wants to achieve in nursing and midwifery education and supervision of midwives over a three year period.
 - 4 Mott MacDonald is in its second year of holding the operational function of the QQMRs within the revised QA framework. The QQMRs are submitted electronically by each LSAMO through the QA Portal which is hosted by Mott MacDonald.
 - 5 The quarterly quality monitoring reports (QQMRs) should provide the NMC with up to date information on any emerging risks within the LSA and promote rapid reporting of such risks as well as any other significant events. The reporting process also offers the opportunity for each LSA to identify areas of good practice and areas where more development is needed.
 - 6 The QQMRs are reviewed by the standards compliance team and are then discussed with the relevant LSAMO over the telephone. This ensures that further understandings of local context, risk, actions and outcomes can be assured as part of public protection measures.
 - 7 In quarter two 10 LSAs submitted their quarter two reports onto the QA Portal on or before the due date. North West LSA had problems submitting their report onto the QA Portal and submitted a word document. Four LSAs (Healthcare Inspectorate Wales (HIW), South Central, South East Coast and West Midlands) submitted their reports after the due date.
 - 8 In quarter three 12 LSAs submitted their reports onto the QA Portal on or before the due date. Mott Macdonald reported significant improvement in LSA engagement for quarter three.

Discussion and options appraisal:

- Key themes from quarter two reporting period, July -September 2014**
- 9 **Maintaining Supervisor of Midwives (SoM) ratios:** 12 LSAs were compliant with the NMC recommended SoM midwife ratio of 1:15.

The data presented below indicates the continual challenges in complying with this requirement.

- 9.1 Two LSAs exceeded the recommended ratio; East Midlands reported a ratio of 1:17 and South Central LSA reported a ratio of 1:16.
 - 9.1.1 East Midlands LSA reported the following reasons for the high ratio: increasing numbers of health visitors and family nurse practitioners requiring midwifery supervision; seven SoMs on leave of absence; and the retirement of SoMs.
 - 9.1.2 South Central LSA had a SoM to midwife ratio of 1:16. However, four out of 12 trusts had a ratio greater than 1:15. The Royal Berkshire NHS Trust was reported to have a ratio of 1:18; University Hospital Southampton NHS Foundation Trust reported a 1:17 ratio, Dorset County Hospital NHS Foundation Trust reported a ratio of 1:16 and Oxford University Hospitals Trust reported a ratio of 1:22. South Central LSA declared a 'requires improvement' in meeting the standards set by the NMC for the delivery of statutory supervision of midwives.
- 9.2 Although the majority of maternity units were compliant in relation to SoM to midwife ratios, all LSAs, with the exception of North of Scotland LSA Consortium and HIW LSA, reported ratios greater than 1:15 in one or more maternity units with ratios ranging from 1:16 to 1:23. The QQMR telephone discussions were able to provide background and context as to the impact of the high ratios, why they exceeded 1:15 and what action plans were being put in place to manage any risks.
- 9.3 All LSAs with the exception of HIW LSA and North East LSA highlighted the impact of ongoing resource challenges in maintaining the SoM to midwife ratio and provided evidence of succession planning being implemented to improve ratios.
- 10 **Awareness of Preparation of Supervisor of Midwives programme (PoSoM):** LSAs continue to recruit midwives to the PoSoM programmes. At the time of report, midwives who had successfully completed the PoSoM programme were in the process of being appointed as SoMs.
- 11 **Supervisory investigation reporting lengths:** There were 191 incidents investigated during quarter two. All LSAs, with the exception of North of Scotland LSA Consortium, identified difficulties in completing one or more investigatory reports within 45 days.
 - 11.1 At the time of report, 13 LSAs were not meeting the NMC standard relating to timeliness of LSA supervisory

investigations. HIW reported the new model of full time SoMs and aimed to ensure compliance with the best practice timeframe. It was noted however that the reporting period for quarter two included peak annual leave time for SoMs and midwives.

11.2 Other mitigating factors for the delay in completing the investigations were as follows:

11.2.1 Sickness.

11.2.2 Annual Leave.

11.2.3 Lack of protected time for statutory duties.

11.2.4 Clinical duties seen as a priority over SoM role.

11.2.5 Length of time to write reports.

11.2.6 Delays in retrieving information including statements, interview scripts and healthcare records.

12 **Concerns in relation to student midwives:** Four LSAs reported students' involvement in concerns. The LSAs were: North West LSA, North East LSA, South West LSA and Yorkshire and Humber LSA. Each LSA provided assurance of these concerns being appropriately managed.

13 **Awareness of concerns or investigations by any system regulator or serious reviews:** Eight 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), Monitor and the Regulation and Quality Improvement Authority (RQIA). The LSAs reported working closely with HoMs and SoM teams to support maternity services in developing action plans and taking forward recommendations from external reviews.

14 **LSA resources:** Several LSAs reported on limited resources to support their function. Notably QQMRs from LSAs in England reported concerns and the potential low morale of SoMs following the future outcome of NHSE restructuring, the reduction in LSAMO posts, and an increase in the size of geographical areas for the management of midwifery supervision.

Key themes from quarter three, September – December 2014

15 **Maintaining SoM ratios:** Nine LSAs were compliant with the NMC recommended SoM midwife ratio of 1:15. This represents a decrease from Quarter two whereby 12 LSAs were compliant.

15.1 The five LSAs who exceed the recommended ratio were:

Yorkshire and Humber with a ratio of 1:16, South Central LSA with a ratio of 1:17, North of Scotland LSA with a ratio of 1:16, East of England LSA with a ratio of 1:17 and East Midlands LSA with a ratio of 1:18.

15.1.1 Yorkshire and Humber LSA had an increase of 127 midwives in Quarter three however the number of SoMs had minimal variation during the reporting year. 196 SoMs was reported.

15.1.2 South Central LSA reported an increase of 670 midwives in Quarter two, but a decrease of 111 midwives in Quarter three. The SoM numbers also decreased by 25 in this quarter.

15.1.3 North of Scotland LSA reported an increase of 28 midwives and a decrease of five SoMs across the LSA in Quarter three. North of Scotland LSA reported a particular concern about the ratio at NHS Tayside Trust, which is currently 1:21. Even with succession planning the LSAMO lacked confidence that ratios could be brought under control.

15.1.4 East of England LSA had a slight increase of SoMs from 230 in Quarter One, to 235 in Quarter two. There was then a decrease to 206 SoMs in Quarter three, coupled with an increase of 75 midwives.

15.1.5 East Midlands LSA reported a gradual increase in the number of midwives during Quarter three. There was an increase of 92 midwives in Quarter two and a further increase of 36 midwives in Quarter three. There has been minimal variation in SoM numbers during this quarter.

15.2 Although the majority of maternity units were compliant in relation to SoM to midwife ratios, all LSAs, with the exception of HIW LSA, reported ratios greater than 1:15 in one or more maternity units with ratios ranging from 1:16 to 1:29. The QQMR telephone discussions were able to provide background and context as to the impact of the high ratios, why they exceeded 1:15 and what action plans were being put in place to manage any risk. This is a recurring theme being reported.

15.3 All LSAs with the exception of HIW LSA highlighted the impact of ongoing resource challenges in maintaining the SoM to midwife ratio and continue to provide evidence of succession planning being put in place to improve ratios.

16 **Awareness of PoSoM:** LSAs continue to recruit midwives to the PoSoM programmes. A number of midwives have successfully

completed the PoSoM programme and were in the process of being appointed as SoMs. Additional midwives have been recruited to commence the next programme in early 2015.

- 17 **Time allocation for the SoM role and pressures in maternity environments:** SoMs reported challenges in taking the allocated time for supervisory duties due to pressures from their clinical workload. This impacted upon the time available to them to fulfil their supervisory roles and also upon the length of time taken to complete supervisory investigations. Some LSAs also reported that this has contributed to SoM resignations.
- 18 **Supervisory investigation reporting lengths:** There were 163 incidents investigated during Quarter three. 319 midwives generated an outcome report. 83 supervisory investigations across 13 LSAs were completed within the best practice timeline of 45 days and 99 investigations were out of the timeframe. Key themes indicated in investigations included decision making and accountability, record-keeping, and medicines management.
- 18.1 All LSAs identified difficulties in completing one or more investigatory reports within 45 days and provided the following reasons:
- 18.1.1 Sickness and maternity leave impacting on remaining SoMs' available time.
 - 18.1.2 Annual Leave (Quarter three covered the Christmas period).
 - 18.1.3 Lack of protected time for statutory duties.
 - 18.1.4 Clinical duties seen as a priority over SoM role.
 - 18.1.5 Length of time to write report.
 - 18.1.6 A delay in retrieving information including statements, interview scripts and healthcare records.
- 19 **Concerns in relation to student midwives:** Five LSAs reported students' involvement in concerns. The LSAs were: HIW, North West LSA; West Midlands LSA, North East LSA and South West LSA. North East LSA reported all third year students had been removed from one trust because of reported bullying. Each LSA provided assurance of how these concerns were being managed.
- 20 **Awareness of concerns or investigations by any system regulator or serious reviews:** Eight LSAs reported information pertaining to issues and outcomes from external reviews of maternity services including reviews by the CQC, CCGs and Health Improvement Scotland (HIS). The LSAs reported working closely with HoMs and SoM teams to support maternity services in

developing action plans and taking forward recommendations from external reviews.

- 21 **LSA resources:** Several LSAs reported on limited resources to support their function.
- 21.1 The LSAMO in South Central LSA has taken over responsibility in supporting and developing the action plan and working with the full time SoM in Guernsey following the adverse concerns identified during the NMC extraordinary LSA review in October 2014. This work in Guernsey continues to impact on the ability of the LSAMO to respond as quickly to emails and also to review investigation report in South Central. An LSA midwife will commence post in January 2015 to assist the current LSAMO.
- 21.2 LSAs in NHS England have reported that the restructure of NHS England LSA has resulted in the overall reduction of LSAMOs in the North, the Midlands and the South of England LSA areas from 01 April 2015. Several LSAMOs in the affected areas warned of potential risk as the remaining LSAMOs are 'stretched' to cover wider areas. Similarly, all LSAMOs voiced concern about the implications of the King's Fund report on their ability to manage risk and supervision during this period of potential change.
- Public protection implications:**
- 22 Quarter two saw two LSAs, South Central and South West, report a 'standard not met' with regard to the delivery of statutory supervision of midwives. SoM ratios continued to be problematic and challenging in Quarter three. During the QQMR follow up telephone calls, LSAMOs provided assurance that they are managing their situations safely as part of local action plans.
- 23 The Midwifery Committee is requested to consider the particular concern around ratios noted in paragraph 15.1.3; the LSAMO will retire in July 2015 and has informally reported that there are no plans to replace her.
- 24 Future compliance with midwives rules and standards is at risk pending any future legislative changes. We will be working with all LSAs to ensure that compliance with existing requirements continues.
- Resource implications:**
- 25 Since September 2013 the operation function of this QA activity is delivered by Mott MacDonald in line with the new QA framework.
- 26 The standards compliance team currently continues to oversee QQM reporting and undertakes the follow up telephone calls.

- Equality and diversity implications:** 27 As supervision of midwives impacts directly on women using maternity services, it is expected that individual LSAs address equality and diversity in meeting *Midwives rules and standards 2012* within all reporting to the NMC in their oversight of risk activity
- Stakeholder engagement:** 28 All LSAMOs continue to attend QQMR telephone discussions. Whilst most LSAMOs engage actively with the standards compliance team during the follow-up telephone conversations, some LSAMOs appear unengaged in the process. The next set of telephone calls will occur in May 2015 for the Quarter Four reporting period.
- Risk implications:** 29 Continuous monitoring with our QA contractor, Mott MacDonald, remains in place. Currently intelligence is available on the QA portal. It is anticipated that further refinements and ongoing development of the QA portal will continue to enhance the management of LSA QQM information. In addition, Mott MacDonald is undertaking a review on refining triggers that indicate risk for escalation for LSAs. A meeting to discuss their interim findings will be held later in February.
- 30 It is important that continuity of QQM reporting continues to take place as indicated within our QA framework. Although Council's decision on midwifery regulation following the publication of the Kings Fund report will lead to legislative change this will not happen immediately. There is a risk to the integrity of our regulatory functions in this area if compliance diminishes. .
- Legal implications:** 31 *The Nursing and Midwifery Order 2001* (the Order) requires the NMC to set rules to regulate the practice of midwifery and the local supervision of midwives. The NMC also establishes standards for the exercise by LSAs of their functions and may give guidance to the LSAs on these matters. *Midwives rules and standards 2012* came into force on 1 January 2013.