

Meeting of the Midwifery Committee

to be held between 09:30 and 12:15 on 29 October 2015
in the Council Chamber, 23 Portland Place, London W1B 1PZ.

Agenda

Dr Anne Wright
Chair of the Midwifery Committee

Jennifer Turner
Secretary to the Committee

Preliminary items

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

Chair | M/15/42 | 09:30 |
| 2 | Apologies for absence

Secretary | M/15/43 | |
| 3 | Declarations of interest

All | M/15/44 | |
| 4 | Minutes of the last meeting

Chair | M/15/45 | |
| 5 | Summary of actions

Secretary | M/15/46 | |

Matters for discussion

- | | | | |
|---|--|---------|-------|
| 6 | Midwifery regulation change: Update paper

Director of Strategy | M/15/47 | 09:35 |
| 7 | Midwifery education: The context for pre-registration midwifery education standards

Director of Continued Practice | M/15/48 | 10:35 |
| 8 | Draft annual report on the quality assurance of education and local supervising authorities (2014-2015)

Director of Continued Practice | M/15/49 | 11:05 |

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|----|--|---------|-------|
| 9 | Revalidation update: report on Council decision in October 2015 | M/15/50 | 11:30 |
| | Director of Continued Practice | (oral) | |
| 10 | Draft Midwifery Committee effectiveness review | M/15/51 | 11:45 |
| | Chair / Secretary | | |
| 11 | Midwifery Committee objectives and schedule of business 2016 – 2017 | M/15/52 | 12:05 |
| | Chair / Secretary | | |

Matters for information

- | | | | |
|----|---------------------------|---------|-------|
| 12 | Any other business | M/15/53 | 12:10 |
| | Chair | | |

The next meeting of the Midwifery Committee will be held on Wednesday 24 February 2016 at 10:00 at 23 Portland Place, London.

Meeting of the Midwifery Committee
Held at 10:00 on 24 June 2015
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Dr Anne Wright	Chair of the Midwifery Committee
Pradeep Agrawal	Member
Dr Patricia Gillen	Member
Dr Tina Harris	Member
Farrah Pradhan	Member
Susanne Roff	Member
Lorna Tinsley	Member

NMC officers:

Jackie Smith (Items M/15/29 to M/15/34 only)	Chief Executive and Registrar
Jon Billings	Director of Strategy
Laura Harper (M/15/34 to M/15/35 only)	Evidence and Research Manager
Katerina Kolyva	Director of Continued Practice
Anne Trotter	Assistant Director, Education and Standards
Emma Westcott	Assistant Director, Strategy and Communications
Paul Johnston	Council Services Manager (Secretary)

Observers:

Professor Jacqueline Dunkley-Bent	NHS England
David Foster	Department of Health
Barbara Kuypers	LSAMO Forum
Susan Peterson	Supervisor of Midwives
Louise Silverton	Royal College of Midwives

Minutes

M/15/29 **Welcome from the Chair**

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

M/15/30 **Apologies for absence**

1 Apologies for absence were received from Yvonne Bronsky.

M/15/31 **Declarations of Interest**

1 All registrant members declared an interest in substantive items on the agenda by virtue of being registered midwives. In addition, Dr 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/15/32 **Minutes of previous meetings**

1 The minutes of the meeting of the Committee held on 29 April 2015 were confirmed as a correct record, subject to correction of the first line of M/15/27 (3) to read as follows:

“The Committee agreed to reflect under the objectives *that* there was...”

M/15/33 **Summary of actions**

1 The Committee received and noted the summary of actions arising from the meeting held on 29 April 2015.

2 The Committee would receive a substantive item on pre-registration standards of midwifery education at its October 2015 meeting. The Committee noted that the NMC’s Public and Patient Advisory Group and Education Advisory Group had considered the NMC’s current standards as part of initial intelligence gathering. The feedback from the Group had focussed on the future structure; the language employed to ensure that it was accessible to the public; and the aspiration to provide for common competencies across both the nursing and midwifery professions insofar as possible whilst maintaining specific competencies for each profession too.

M/15/34 **Changes to midwifery regulation**

1 The Committee discussed the paper, which set out ongoing work

following the Council's decision in January 2015 to accept the King's Fund recommendations on the future framework for midwifery regulation. No decision was sought within the paper from the Committee; the Committee was invited to consider any advice it wished to give to the Council at this juncture. The Chair of the Committee would report its discussions to the Council on 29 July 2015.

2

In discussion, the following points were noted:

- a) The preferred route for implementing the full range of changes agreed by the Council had been through a comprehensive regulatory reform bill. As such a Bill had not been included within the Queen's Speech in May 2015, the route for securing such change was therefore being pursued through a section 60 order. The Committee recognised the need for urgent progress and welcomed the fact that the Department of Health had recognised this as an area of priority and noted that further progress on this was expected within the coming month.
- b) **Governance.** The Committee noted that the NMC had initiated an internal midwifery change project. The Executive recognised the vital role of the Midwifery Committee as the Council's source of strategic advice and expertise in terms of the NMC's overall governance arrangements, and would ensure that the Committee's steer and views were incorporated in the delivery of the change project.
- c) Given the range of partners - including the Department of Health and Chief Nursing Officers across the four UK nations - involved in delivering this work, the governance around the project was complex and multi-faceted. The Committee sought further assurance on how delivery by those partners was being coordinated across the sector and communicated.
- d) The Committee noted that, as part of wider legislative change proposals, the requirement under statute for the NMC to constitute a Midwifery Committee was likely to be removed. Discussions on the future of the NMC's overarching governance structure, should this statutory requirement change, were at an early stage; but the Council and the Executive recognised the importance of the midwifery agenda and that there was appropriate governance in place to deliver on this agenda.
- e) **Risks.** The Committee welcomed the initial risk assessment of midwifery change in the paper, noting that many of the risks previously discussed by the Committee were reflected. The Committee had noted the concerns held by the professions

and members of the public on the future of midwifery regulation and the expected timeframes for securing change; and had similarly noted concerns on how those aspects of the current supervision model that were valued by the profession could be transposed into any future model.

- f) The Committee noted that it would be equally important to ensure that the public interest was at the heart of future project development and delivery.
- g) The Committee noted that the risk around ensuring effective communication and engagement with both frontline and strategic stakeholders, as well as with members of the public that would be dependent on midwifery and maternity services, was therefore significant in view of these concerns; it was likewise important to ensure that communications made explicit the NMC's role, alongside partners, in ensuring an orderly transition that did not adversely impact the public; and that this was an area that the Committee would require particular assurance upon as transition arrangements continued.
- h) There was a further significant risk in that the end point of the transition to a new regulatory framework, and associated timescales, had not been clearly identified at this stage. This was currently contingent upon the route for legislative change being secured, but there was a clear imperative that the end point be clearly identified as soon as possible. This was particularly important in terms of shaping communications with the sector, patients and the public. The Committee also required further assurance on how the NMC and partners would arrive at this endpoint, and agreed that a route map be presented at the next Committee meeting in October 2015.
- i) **Interim changes to midwives rules and standards.** The Committee noted work undertaken on proposals to introduce interim changes to midwives rules and standards following the Committee's discussion in April 2015. In view of the possibility of a section 60 Order being announced in the near future, there was some concern that two changes introduced in close succession and with some potential overlap would lead to further confusion from the profession and members of the public. The Committee reflected that there was a need to strike an appropriate balance between expediting progress and doing so with diligence and care. Provided that it could be introduced in the near future, the Committee was of the view that a section 60 Order appeared to allow for a more considered view to be formed and allow for a full mapping of the extent of transitional changes, risks and interdependencies.

- 3 The Chair of the Committee invited comments from observers. In discussion, the following points were noted:
- a) Any proposed legislative change would require a full impact assessment to be undertaken by the Department of Health prior to such change being introduced. This assessment would consider risks, interdependencies and four-nation considerations.
 - b) The Committee's discussion on the need for greater clarity on future timescales was welcomed by observers; particularly in respect of information for supervisors of midwives and Approved Education Institutions, given the uncertainty of ongoing provision for midwifery supervision courses. The Committee noted its commitment to monitoring any apparent or overt disengagement from the current regulatory framework. The Local Supervising Authorities (LSA) Quality Assurance quarterly reporting was an important source of intelligence in this respect.
- 4 The Chair of the Committee thanked members and observers for their contributions to discussions.

Action: Provide an update to the Committee once the section 60 Order is introduced (if introduced)
For: Director of Strategy
By: July 2015

Action: Provide a) further details on the governance arrangements for the midwifery change project, including the scope and proposals for Midwifery Committee involvement; and b) route map for the midwifery change project, including dependencies
For: Director of Continued Practice / Director of Strategy
By: a) July 2015; b) 29 October 2015

Action: Consider future format of reporting to the Midwifery Committee on risks associated with changes to the midwifery regulation framework and risk mitigations, including particular focus on communication and engagement activity with the professions and the public
For: Director of Continued Practice / Director of Strategy
By: 29 October 2015

M/15/35 Data and intelligence: midwifery

- 1 The Committee discussed the paper, which set out initial work in response to the Committee's request for further work to be done on the quality of midwifery data and analytics arising from the NMC's fitness to practise work. The Committee noted the methodology employed in compiling the report and the emerging findings.

2 In discussion, the following points were noted:

- a) The submission of an intention to practise form had been employed as a proxy for practising as a midwife in the case of dual registrants. While not entirely reliable, this proxy was considered sufficiently robust to enable its use. There were other limitations in the data, which meant that reliable and valid conclusions could not necessarily be drawn in full. The conversion of accurate, reliable and useable data into intelligence remained a challenge; this was recognised by the Executive and was an important area to take forward for the NMC.
- b) Nonetheless, the data presented offered a number of interesting interpretations, including the source of referrals for nurses and midwives. Future work was proposed to compare the nature of referrals within both professions.

3 The Committee welcomed the work undertaken, recognising it as an important first step, and recognised the importance of developing a fuller and more robust evidence base upon which to inform future discussions and strategic decisions.

4 The Committee's views on the areas where future data and evidence gathering should be focussed were welcome. The Committee would receive suggested proposals on where this might be best focussed in view of the NMC's strategic priorities at its October 2015 meeting.

Action: Provide suggested proposals on where future data and evidence gathering should be focussed, taking into account the
For: NMC's strategic priorities
By: Director of Continued Practice / Director of Strategy
 29 October 2015

M/15/36 **Committee effectiveness review 2014 / 2015: outcomes**

1 The Chair of the Committee thanked members for contributing to the review and noted that detailed findings would be shared with the Committee in due course as the basis for production of a development plan for the Committee and for Committee members.

Action: Share findings of Committee effectiveness review and proposed development plan with the Committee
For: Secretary to the Council
By: July 2015

M/15/37 Quarterly quality monitoring summary: 2014 / 2015

- 1 The Committee discussed the paper, which set out findings arising from the quarterly quality monitoring by LSA across the United Kingdom for the 2014 / 2015 reporting year.
- 2 In discussion, the need to ensure timely publication of the annual LSA Quality Assurance report was emphasised. The report provided an important source of information and learning points for Local Supervising Authorities, provided that it was issued in sufficient advance to allow learning points to be shared with LSAs and embedded in good time ahead of the next quality assurance review.
- 3 The Committee noted that the QA annual report was due to be considered for approval by the Council in October 2015.

M/15/38 Midwifery Committee: schedule of business

1. The Committee received and noted the schedule of business for the Committee meeting in October 2015.

M/15/39 Any other business

- 1 On behalf of the Committee, the Chair noted that this would be the last meeting at which Paul Johnston (Secretary) would be in attendance; and wished him well for the future.
- 2 There was no other business.

The date of the next meeting is to be 29 October 2015.

The meeting ended at 12:00.

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 24 June 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.

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Summary of the actions arising out of the Midwifery Committee meeting on 24 June 2015

Minute	Action	For	Report back to: Date:	Progress
M/15/34	Provide an update to the Committee once s.60 Order introduced (if introduced)	Director of Strategy	July 2015	This is an ongoing issue which will be captured under any papers on changes to Midwifery legislation. To be removed from action item list.
M/15/34	Provide a) further details on the governance arrangements for the midwifery change project, including the scope and proposals for Midwifery Committee involvement; and b) route map for the midwifery change project, including dependencies	Director of Continued Practice / Director of Strategy	a) July 2015; b) 29 October 2015	On agenda for 29 October 2015 meeting (addressed as part of Item 7).
M/15/34	Consider future format of reporting to the Midwifery Committee on risks associated with changes to the midwifery regulation framework and risk mitigations, including particular focus on communication and engagement activity with the professions and the public	Director of Continued Practice / Director of Strategy	29 October 2015	On agenda for 29 October 2015 meeting (Item 7).
M/15/35	Provide suggested proposals on where future data and evidence gathering should be	Director of Continued Practice / Director of	29 October 2015	On agenda for 29 October 2015 meeting (Item 8).

Minute	Action	For	Report back to: Date:	Progress
	focussed, taking into account the NMC's strategic priorities	Strategy		
M/15/36	Share findings of Committee effectiveness review and proposed development plan with the Committee	Secretary to the Council	July 2015	On agenda for 29 October 2015 meeting (Item 12).

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

Minute	Action	For	Report back to: Date:	Progress
M/15/26	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	On agenda for 29 October 2015 meeting (Item 9).
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	On agenda for 29 October 2015 meeting (Item 9).

Midwifery Committee

Midwifery regulation change – update paper

Action: For information

Issue: Preparing for legislative changes to midwifery regulation

Core regulatory function: All

Corporate objectives: 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

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

Recommendation: The Committee is recommended to note the proposed approach to preparing for the legislative change and advise on whether this covers the necessary areas adequately.

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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Background:

1. Council accepted the recommendations of the independent review of midwifery regulation by the King's Fund in January 2015. The Chair of Council wrote to the Secretary of State formally requesting change to our legislative framework.
2. Over the summer, the Secretary of State announced that the government would legislate to reform midwifery regulation by means of a section 60 Order.

Progress

3. We have been working with DH since the Secretary of State's announcement to:
 - a. specify the scope of the change required
 - b. assist with legal drafting
 - c. contribute to preparatory work such as impact assessments
 - d. inform the development of public consultation documents.
4. We have established a project team which is meeting fortnightly to manage all aspects of the change, including legislative work, communications and engagement, and planning for operational transition.
5. Separately, we continue to take part in discussions hosted by DH and including the four UK CNOs on the future arrangements outside a statutory framework for the important aspects of supervision.

Timescales

6. The DH provisional timetable suggests completion date for the passage of the section 60 Order in Q4 of 2016/17, making it likely that we have another full (or near to full) year in which to maintain the current framework. The timetable for parliamentary processes is always subject to change and we will update the Committee on the latest position at its meeting.

Scope of the proposed changes

7. We will take Committee Members through the proposed changes to legislation in the meeting.
8. We would like to emphasise that this scope remains subject to confirmation in discussions with DH, but we are keen for the Committee to have an opportunity to understand the scope of proposed changes and a chance to give views on each.

9. It should be noted that these changes do not affect:
- a. The separate registration of midwives
 - b. Direct entry to the register as a midwife;
 - c. The protected title of midwife;
 - d. The protected function of attendance on a woman in childbirth; or
 - e. Separate competencies and pre-registration standards for midwives.
10. There will be a presentation at the meeting covering the timeline for the change, key risks/issues, and plans for communication and engagement.

Stakeholder engagement

11. A detailed communications and engagement plan has been developed, and a lot of work has been going on with stakeholders. Highlights include:
- a. Meetings with the RCM to understand and seek to address their perspective on key issues;
 - b. An opportunity for the lead midwives for education to advise on the handling of implications for education programmes;
 - c. Continued involvement with the DH/CNO group developing proposals for a future model of non-statutory supervision; and
 - d. Request to the LSA host bodies of the four countries of the UK to nominate a lead contact for the change ahead with whom the NMC can work to plan for transition
12. We will cover communications and engagement in more detail at the Midwifery Committee meeting.

Public protection:

13. 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:

14. Staff time is the main cost of this work. Legal costs to the sum of £6,888 to date have been incurred.

Equality and diversity implications:

15. An equalities impact assessment has been undertaken for this project. Although there are some known impacts on protected characteristics (more women than men are midwives; more women than men use maternity services) there are no known adverse impacts on people with protected characteristics. DH will also be undertaking an impact assessment.

Stakeholder engagement:

16. 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 provided to the Midwifery Committee, the LSAMO Forum, and the LME SRG as well as key individuals. We have met twice with RCM specifically on the section 60 in addition to engagement on other matters. We continue to provide regular updates on our website and to use our e-newsletters and social media channels to signpost stakeholders to these updates. There is a communications and engagement plan for the project, and there will be a presentation at the Midwifery Committee meeting which draws on that plan.

Risk implications:

17. Risk will be addressed in a related presentation to the Midwifery Committee meeting.

Legal implications:

18. We have taken legal advice about the changes proposed and that has been supportive of the proposed changes.

Midwifery Committee

Midwifery education: The context for pre-registration midwifery education standards

Action: For discussion

Issue: To facilitate a discussion on the review of Standards for Pre-registration Midwifery Education (SPME) following the evaluation of our pre-registration education standards.

Core regulatory function: Setting standards

Strategic priority: Strategic priority 1: Effective regulation

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 The current SPME were introduced in 2009. Following our response to the Francis report recommendations, we committed to an evaluation of our education standards. We commissioned an external provider IFF Research to conduct this evaluation for us and have received their findings. It is one of the key pieces of evidence contributing to the background research for the review of our SPME.
 - 2 This paper sets out the context for pre-registration midwifery education, including relevant findings from our evaluation presenting the way forward for this review.

- Discussion:**
- 3 Since 2009 when the SPME were drafted there have been a number of changes in healthcare in general, including some specific issues related to midwifery in the UK. The context of this review therefore includes:

Expectations from the newly qualified midwife

- 4 Like other healthcare professionals, midwives are increasingly expected to be able to perform a range of tasks and roles confidently as part of an inter-professional team. Women and their families expect to have a greater role in the decision making around their care.
- 5 There is an increasing focus on patient safety, human factors, and the professional 'duty of candour'.
- 6 The emphasis of the standards on normal birth and how this interplays with the wider context of maternity and health is something to explore.
- 7 Newly qualified midwives of the future need to meet outcomes that provide assurance to the public on 'what to expect from a midwife' on our register. Clarity in the NMC standards will help ensure that the documents are accessible to a wide range of stakeholders.

Public health and demographics

- 8 Newly qualified midwives are expected to fulfil their specialist clinical role along with the need to contribute to public health. Changing demographics put expectations on the midwifery workforce to be sensitive and responsive to socio-cultural aspects of health by working closely with other professionals like social workers to tackle complex issues such as female genital mutilation (FGM), domestic abuse and the needs of specific groups such as asylum seeker women. Increasingly therefore midwives are finding themselves at the heart of multi-agency care models.

System wide challenges

- 9 Considering the challenges facing the NHS and wider system, there is a greater need for integrated services and a workforce able to adapt and be flexible. The professional midwife and student midwife each have a distinct role as a competent member of a multi-agency, inter-professional team. There is an expectation of role flexibility and agility from all members of a team whilst ensuring accountability.

Revalidation

- 10 With the introduction of revalidation for all NMC registrants from April 2016 there will be a greater emphasis on professionalism and the need for keeping user/patient needs at the core of all practice and learning. Student midwives need to be oriented to that kind of continuing professional development and reflective practice. Pre-registration education would need to create the building blocks for a professional midwife, confident about revalidation and professional development.

Legislative considerations

- 11 Legislative changes due to the removal of statutory midwifery regulation, although a practice-related, post-registration issue, will have impact upon the practice learning components of pre-registration education and possibly other areas which will have to be examined.
- 12 In order to future proof the standards, our midwifery competencies must be aligned with the EU Directives such as Mutual Recognition of Professional Qualifications (MRPQ).

Standards for midwives of the future

- 13 Our standards of the future will need to address in particular the following areas:
- 13.1 The balance between normality and complexity which determines the practice experience midwifery students receive and how it drives the competence achievement (technical and soft skills).
- 13.2 The split between theory and practice components and how these work together for ensuring that students are fit for autonomous practice at the point of registration. Practical clinical skills and numeracy skills are essential to safe practice and this is an area of concern for some.
- 13.3 The role of practice placements in providing adequate exposure to wide ranging issues/contexts in midwifery (prenatal, antenatal and postnatal care including maternal mental health). A lack of experience of specialist perinatal

mental health services is the most commonly reported gap in placements, largely because these services are not offered in all areas.

- 13.4 Mentorship in midwifery and how it is delivered and the factors that influence mentorship. Midwifery mentors are expected to have sign-off proficiency as opposed to mentorship in nursing which assigns separate role for mentors and sign-off mentors. The requirement for all midwifery mentors to have sign-off proficiency is not what is practised in reality.
 - 13.5 Preparedness for midwifery practice and meeting the expectations of employers as well as what women and their families expect from the midwife. Students feel they are generally sufficiently prepared for practice at the point of registration. However, this is with the assumption that they will receive some degree of support in their initial stage of professional practice.
 - 13.6 The importance of a good preceptorship is recognised by all including students, and in fact our evaluation reported that the offer of preceptorship influences their employment choice. Whilst there is recognition of the fact that preceptorship is beyond the NMC's remit, there is an expectation that we will play a role in influencing this area.
 - 13.7 Role of service users in the delivery of midwifery education and how it is distinct to the role of service users in nursing education.
 - 13.8 The language, tone, vocabulary, clarity of the SPME and the role they play in ensuring midwifery education is consistent and effective across the four countries. Stakeholder feedback from our recent engagement events and the evaluation both indicate an appetite for refreshed thinking around the standards to make them more accessible, linking them more directly to the Code and simplifying them.
 - 13.9 The need for standards to be aligned to the EU directives and competencies as well as any relevant UK legislation.
- 14 The proposed way forward for the review of the standards is to re-draft the education standards by audience, so that the programme delivery components sit in a separate document from those standards that define key competencies for midwives. It is expected that the standards would be aligned to the NMC Code.
 - 15 This would essentially lead to:
 - 15.1 A set of standards for education and training addressed to

education institutions and their practice partners in the delivery of education;

15.2 A set of standards for tomorrow's midwives alongside standards for tomorrow's nurses.

16 The review is currently in scoping and evidence phase. We are working with the aim of launching pre-registration midwifery and nursing education together in 2017, following a period of formative engagement and public consultation.

Public protection implications:

17 The education standards have a crucial role to play in ensuring appropriate entry to the midwifery profession. Therefore the standards can potentially impact not just current issues in the midwifery profession but future midwifery care as well.

Resource implications:

18 The standards review is part of the business planning for 2015-17. We intend to appoint a subject matter expert to provide key inputs to this review. In addition we will draw upon the expertise from this Committee and key stakeholders on specific aspects of the review.

Equality and diversity implications:

19 Part-time study, career breaks, language considerations (including commitments to Welsh language), user perspectives from ethnic minority groups feeding into the standards are some of the key equality considerations in this work. Women's choices will be considered as part of the review particularly in relation to equality.

Stakeholder engagement:

20 We are committed as part of this review of standards to continue our engagement with key stakeholders across midwifery education and practice and with service users. A detailed engagement plan is being developed aligned to our corporate engagement strategy.

Risk implications:

21 All risks in relation to delivery of the standards work are included in our risk register.

Legal implications:

22 The review of the standards for pre-registration midwifery education would need to be conducted to ensure that the standards accurately reflect all relevant UK and EU legislation. In particular the review will be aligned to the work being undertaken around the EU MRPQ Directive and the legislative changes for removal of statutory midwifery regulation.

Midwifery Committee

Draft annual report on the Quality assurance of education and local supervising authorities (2014-2015)

Action: For decision

Issue: Draft annual report on the quality assurance (QA) of education and Local Supervising Authorities (LSAs) (2014-2015)

Core regulatory function: Education and setting standards

Strategic priority: Effective regulation

Decision required: Midwifery Committee is asked to comment on the draft annual report on the QA of education and LSAs (2014-2015) prior to Council discussing the report.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft annual report on the QA of education and LSAs (2014-2015)

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 The NMC strategy for 2015–2020 calls for our education function to be dynamic and fit for the future. Our education standards, regulatory policies and processes need to address the needs of the future population.
 - 2 Our revised Code (published in March 2015) and our model for revalidation of nurses and midwives agreed by Council in October 2015 put professionalism, reflection and continuous improvement at the heart of the future of regulation.
 - 3 Following our Council decision of January 2015 for a change in our legislation in relation to midwifery regulation, on 16 July 2015, the Secretary of State for Health announced that the UK government would be changing our legislation governing the regulation of midwives and removing statutory supervision. The timings of change will depend on Parliament timelines.
 - 4 In its 2014-15 performance report the Professional Standards Authority (PSA) commented on our QA activity and in particular the extraordinary review conducted in Guernsey. PSA stated that our recent QA work amounted to ‘good practice’ and that ‘taking an active leadership role on such a high profile matter [was] also likely to have a positive impact on public confidence in the NMC and the system of regulation’.
 - 5 Approved Education Institutions (AEIs) are required to self-report to the NMC on an annual basis on their continued ability to comply with our standards. LSAs are required to report to the NMC on a quarterly and annual basis on their ability to meet our Midwives rules and standards (2012). A number of AEIs and LSAs are selected every year for a monitoring visit.
 - 6 The reporting year for AEIs covers the period 1 September 2014 to 31 August 2015 (the academic year). The reporting year for LSAs covers the period 1 April 2014 to 31 March 2015 (the financial year).
- Discussion:**
- 7 This year's education QA activity provides an opportunity both for continuous improvement of the current QA process and future changes to our education standards and their assessment. This year's LSA QA activity provides further insight on areas of focus around changes to midwifery regulation and transition for the change.
 - 8 Summarising the key themes from education QA activity, while we can be assured that standards are now met following action plans on the monitoring visits, there are a number of points worthy of our attention. Our key findings from this year's activity focus on AEIs governance processes and their overall preparedness at the point of approval, which are clearly for the AEIs to address as well as wider system issues within the environment where student learning

operates, which is for the AElS to address in collaboration with their practice partners.

- 9 Issues that arose from our monitoring activity around governance and process lead us to the conclusion that AElS preparedness against NMC standards at the point of approval varies considerably. The majority of the AElS this year have not been able to demonstrate full compliance despite selecting themselves the date for approval and having sufficient time to prepare for the approval event. On a short term basis and as part of our QA continuous improvement we will want to address this issue both with stronger communication to AElS and their networks and through the potential of considering specific action with AElS that have not demonstrated preparedness over a number of occasions. On a longer term basis and as part of our education standards review and their assessment in the future we will want to consider how we address the significant variability of compliance.
- 10 Issues that arose from our monitoring activity around the student environment lead us to the need for a stronger focus around practice placement. Normally, issues that can have an impact on the student experience are in the practice environment. These include mentorship, practice placement and resource management. These issues are for the AElS to manage in close collaboration with their practice partners. On a short term basis and as part of our QA continuous improvement we will want to address this issue both with stronger communication to AElS and their networks and through process changes of QA to strengthen our focus in this particular area. On a longer term basis and as part of our education standards review we will want to consider our position and expectations from mentorship and the theory and practice relationship. As part of our strategic intent for stronger interregulatory working we will want to strengthen our relationships with other regulators (both professional and system) in this area. Direct input from students around their learning experience through student surveys forms also part of future plans.
- 11 Summarising the key themes from LSA QA activity, it would be fair to conclude that our review of midwifery regulation and changes in the configuration of the LSA function within England and Scotland seem to be leading to increased concerns raised to us by the LSAs. We have made it clear to Local Supervising Authority Midwifery Officers (LSAMOs) that compliance with Midwives Rules and Standards (2012) remains a matter for the NMC until the change of midwifery regulation is complete. As part of our partnership work with the system we will want to strengthen communication on this particular issue.
- 12 There is clearly an issue around our assurance on LSA investigations and how timely and effectively these are escalated to the NMC. In the short term we will want to continue to communicate

the importance of this issue with LSAs while our employer link service could look at this particular aspect of escalation of FtP as part of the transition period of the review of midwifery regulation. Longer term this is addressed as part of our change to midwifery regulation.

13 Finally, issues around midwives' clarity around their accountability and the ability to escalate concerns are points for us to consider as part of the midwifery education standards review.

14 **Recommendation:** Midwifery Committee is asked to comment on the draft annual report on the QA of education and LSAs (2014-2015) prior to Council discussing the report.

Public protection implications:

15 The report sets out the contribution our QA activity makes towards protecting the public in ensuring that newly qualified nurses and midwives meet our education standards and are safe and competent to join our register.

Resource implications:

16 Staff resources to compile the annual report form part of our business as usual.

Equality and diversity implications:

17 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. In accordance with our Quality assurance framework, approved education institutions must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy and evidence of providing support to students that promotes equality and diversity.

18 With respect to LSAs, 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).

Stakeholder engagement:

19 A wide range of stakeholders, including service users and carers, contributed to the collection of our reported findings.

Risk implications:

20 Failure by AEIs and LSAs to comply with our education standards and Midwives rules and standards (2012) could impact upon public protection.

21 In our planning for the 2015-16 year we are identifying the mitigation necessary to reduce the risks, in particular, during transition pending formal legislative change regarding LSAs.

Legal implications:

- 22 The review of midwifery regulation is subject to legislative change. Standards development and their assessment and quality process form part of one of our core regulatory functions set in legislation.

DRAFT

Nursing and Midwifery Council

**Annual report on the quality assurance of education and
local supervising authorities (2014–2015)**

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Introduction

Who we are and what we do: quality assurance of education and local supervising authorities

- 1 We are the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. We exist to protect the public.
- 2 We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers. We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our standards and we maintain a register of nurses and midwives allowed to practise in the UK. We have clear and transparent processes to investigate nurses and midwives who fall short of our professional standards.
- 3 The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the quality assurance (QA) of education and local supervising authorities (LSAs). The Order is supplemented by our education standards and the Midwives rules and standards (2012) which form the basis of our QA of education and LSAs respectively.¹
- 4 This annual report examines the key risks and themes that have emerged from our QA activity of approved education institutions (AEIs) and LSAs in the 2014-15 reporting year. The reporting year for AEIs covers the period 1 September 2014 to 31 August 2015 (the academic year). The reporting year for LSAs covers the period 1 April 2014 to 31 March 2015.

Strategic context for 2014-15

NMC strategy

- 5 The NMC strategy for 2015–2020 places dynamic regulation at the heart of what we do. Our education function also needs to be dynamic as well as fit for the future. Our strategic intent is to have education standards, regulatory policies and processes that look forward and address the needs of the future population.
- 6 Our strategy places significant focus on collaboration and intelligence. Last year we signed a memorandum of understanding with NHS Education for Scotland (NES), which has helped us to improve our collaborative work in the quality of education in Scotland. It also supports intelligence sharing.
- 7 In 2014-2015 we co-sponsored the Shape of Caring review of nursing education with Health Education England (HEE)². Recommendations from

¹ <http://www.nmc.org.uk/standards/additional-standards/>

² <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

the Raising the Bar report³ published in March 2015 touch upon our role as the regulator and, including our QA education function.

The NMC Code and the launch of revalidation

- 8 Our revised Code⁴ (published in March 2015) and our model for revalidation of nurses and midwives agreed by Council in October 2015 puts professionalism, reflection and continuous improvement at the heart of the future of regulation. This approach needs to be considered as part of our review of education standards in the future.

Midwifery regulation

- 9 In January 2015, following the publication of the King's Fund report, Council took the decision to ask for a change in our legislation in order to remove the additional layer of regulation applying to midwives. We requested the review of midwifery regulation following a number of critical incidents and independent reports in maternity services. The review confirmed that the current arrangements are not appropriate for public protection. The changes to our legislation will make sure that, as the regulator, we are responsible for all regulatory decisions regarding midwives.
- 10 On 16 July 2015, the Secretary of State for Health announced that the UK government would be changing our legislation governing the regulation of midwives and removing statutory supervision. This has particular implications for LSA QA. The timings of change will depend on Parliament timelines. We continue to work closely with LSAs during this time to ensure that compliance with our Midwives rules and standards (2012) is maintained during this transitional period.

Oversight of our work

- 11 The Professional Standards Authority (PSA) for Health and Social Care has oversight of our work and each year they examine a number of areas of our work.⁵ In its 2014-15 performance report PSA commented on our QA activity and in particular the extraordinary review conducted in Guernsey. PSA stated that our recent QA work amounted to "good practice" and that "taking an active leadership role on such a high profile matter [was] also likely to have a positive impact on public confidence in the NMC and the system of regulation".⁶

³ Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants (2015)

⁴ The Code: Professional standards of practice and behaviour for nurses and midwives
<http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf>

⁵ Full details of the Professional Standards Authority's work and their reports on our work can be found at
<http://www.professionalstandards.org.uk/regulators/overseeing-regulators>

⁶ <http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015---print-ready.pdf?sfvrsn=0>

Improvements to our QA activity

- 12 Improvements in 2014–15 made to enhance our QA function included:
- 13 **Exceptional reporting:** Following a strategic reference LSA Midwifery Officer (LSAMO) forum, we reviewed our internal processes for managing and escalating these reports and ensure that they are shared with the newly established Employer Link service.
- 14 **Endorsements:** Following the extraordinary review in Guernsey in October 2014, we put the approval of any new endorsed programmes on hold whilst we undertook a legislative review into our jurisdiction and legal relationship with overseas territories. We met with all AEs approved to run endorsed programmes and sought assurance from them that they were continuing to meet our standards.
- 15 **Internal QA scrutiny meeting group:** In response to the recommendations made by the internal audit of our QA of education and LSA contract, we created a QA scrutiny meeting group which examines programme requests made by AEs and strengthens internal decision-making.
- 16 **QA reviewer training:** We evaluated and undertook a training needs analysis where QA reviewers were given the opportunity to identify their areas of strengths and weaknesses.
- 17 **Timing of monitoring reviews:** In line with our revised QA published process we notified each AE and LSA six weeks in advance of our monitoring reviews which was substantially shorter compared to 2013-14 when they received up to nine months' notice. We have increased the time spent conducting some monitoring reviews (three days at some locations in 2014-15, instead of two days throughout the previous year).
- 18 **Feedback on monitoring reviews:** As part of our monitoring reviews, we asked AEs and LSAs to complete an evaluation of how the event went and the process that was followed. This year we received a high number of positive responses. Areas for improvement included focusing on making communication more rapid, increasing the user-friendliness of the online QA portal, and providing more reviewer feedback on the outcomes at the close of the monitoring visit.
- 19 **QA portal:** We have continued to develop the QA online portal which was created in 2013 and acts as a document repository and information sharing platform for AEs and LSAs.
- 20 **Lay reviewers:** We have continued to use lay reviewers as part of our monitoring reviewing teams. This has been positively received and we have found that our lay reviewers add valuable insight and perspective to our monitoring events.

Part one: quality assurance of education

- 21 There are currently 77 AEs across the UK. Since 1 September 2014, we have approved 92 programmes bringing our total number of programmes in approval to 951.
- 22 We conducted monitoring visits between January and March 2015 on a selection of AEs to ensure compliance with our standards. This year 17 AEs (22 %) were monitored and we focused on the following key themes: resources, admissions and progression, practice learning, fitness for practice and quality assurance.
- 23 Despite AEs previously declaring as part of their self-reporting that they were meeting our standards in December 2014, eight out of 17 AEs went on to receive a 'standard not met' outcome with respect to at least one key theme. Five AEs received at least one 'requires improvement'. Only four out of 17 AEs met all five of our key themes. This is in contrast to 2013-14 where none of the selected AEs received a 'standard not met' for any key theme and five AEs received a 'requires improvement'. For the purposes of this report we have separated the key risks impacting upon the safety and quality of student learning versus impacting upon internal processes and governance.

Key risks to public protection and the student learning environment

Mentorship

- 24 As part of annual self-reporting, 17 out of 77 AEs identified incidents on practice placements due to service reconfigurations, restructuring of schools and departments and increased commissions creating challenges for access to mentors. We received assurance from each of the AEs that they had actions in place to ensure compliance with our standards. Due to a significant number of AEs raising mentorship as an issue, we focused a portion of our reviews on ensuring that mentors were up to date with training and were providing adequate support to students.
- 25 During our monitoring events we discovered that a number of AEs had out of date mentor databases and, in some cases, mentors who had not completed their annual updates and triennial reviews. A lack of clarity on collaboration and who holds responsibility for maintaining and updating these databases was reported as contributing to the prevalence of this outcome. In total two AEs received a 'not met' and four AEs received a 'requires improvement' for standards regarding mentorship.
- 26 Two AEs were found to have inadequate systems to ensure that their placement partner local mentor databases were up to date, and that non-compliant mentors were suspended from the register. One of those AEs was also found to have insufficient records for mentors in private, voluntary and independent sector placements. Four AEs also required their mentor databases to be updated or the processes surrounding them to be strengthened.

- 27 All AEIs were required to take immediate action to reassign their students and/or update their mentors and mentor databases. This was reflected in an action plan which we monitored and ensured timeframes were met. We now have assurance that all AEIs have met this key risk and all mentors and mentor databases are up to date.

Resources

- 28 47 out of 77 AEIs (over two thirds) self-reported issues relating to changes in staff resources necessary to deliver NMC programmes. This included the need to recruit due to staff leaving or retiring, or to support increased commissions of student numbers for existing programmes or a new pathway.
- 29 Two AEIs did not meet this key theme when monitored. At one AEI we found that the midwifery programme leader did not have a recorded teaching qualification, while their lead midwife for education (LME) required support to develop at a strategic level. The other AEI did not effectively monitor staff NMC registration statuses. Their records of staff teaching qualifications also required updating.
- 30 This raised issues as staff could have potentially been teaching and making judgements about students when they were not qualified to do so. This, in turn, had the potential to compromise our register as students could have been signed off as being competent. Given the risks identified, both AEIs were required to prioritise an action plan and demonstrate evidence of resources being put in place to ensure that staff were updated and monitored. These actions have now been completed and we have assurance that both AEIs have ensured that appropriate resources are in place to meet our standards.

Placement capacity

- 31 15 out of 77 AEIs self-reported concerns relating to placement capacity either due to increased student numbers, reduced placement provision, or reconfiguration of services and the resulting variability of quality within practice learning. Five AEIs in England reported placement areas that were subject to Care Quality Commission (CQC) visits and two AEIs noted difficulties in releasing practice staff to undertake continuing professional development (CPD) as a consequence of poor staffing levels within clinical areas. This had an impact on mentors being released to receive their annual updates and triennial reviews.

Key risks relating to AEI's processes and internal governance

Preparation of AEIs for programme approvals

- 32 We approved 92 programmes in this reporting year. A large majority (73 programmes) were subject to both conditions and recommendations while ten programme approval events resulted in withheld approval. This is a significant enough figure to conclude that a number of AEIs were not

adequately prepared to meet our standards, despite requesting their preferred date for an approval event.

- 33 In total 187 individual conditions were applied to programmes in this reporting year. No AElS were approved to run a programme without conditions or recommendations, and the number of conditions and recommendations has increased from last year. This suggests that there is a variability of preparedness between AElS for approval events with resource implications to the NMC.

Admissions and progression

- 34 Five out of 17 AElS monitored this year failed to meet the key theme 'Admissions and progression'. The main areas of concern around this key theme related to the absence of equality and diversity training, the absence of a practitioner and/or service user in the recruitment process and issues with the way AElS were managing their fitness to practise (FtP) procedures.
- 35 One AEl's processes for ensuring health clearance and DBS/Protection of Vulnerable Groups (PVG) checks were not robust and another did not routinely include practitioners in the student selection process. The processes at two AElS for addressing issues of poor performance of students were also not sufficiently robust and required improvement. Finally, one AEl was found to have no strategy or action plan in place to capture the involvement of service users and carers in the admissions and selection process and this also required improvement.
- 36 At the time of report, four out of five AElS have completed their action plans. The remaining AEl continues to be monitored until its action plan has been completed.

Fitness for practice

- 37 The majority of AElS self-reported robust fitness to practise policies and procedures which are annually reviewed. Three AElS raised concerns about the change in protocols from Criminal Records Bureau (CRB) to Disclosure Barring Service (DBS) vetting. They reported delays in students commencing practice placements due to delays in DBS clearances and outstanding immunisation requirements. Other incident reports included a rise in fraud concerns, the increase in the number of FtP cases relating to inappropriate use of social networking, and students' ill health raising professional concerns. Several AElS positively acknowledged our new social media guidance published in early 2015.
- 38 One AEl (out of 17) did not meet this key risk theme during monitoring due to not having clear documentation on the practice hours required to meet programme outcomes, and not being able to demonstrate clear and consistent practices for monitoring student practice hours. This was not declared in their annual self-report however that AEl has completed its action plan and provided evidence of complying with this key theme.

Quality assurance

- 39 AEs self-reported on student evaluations and National Student Survey (NSS) scores and highlighted that reduced scores tended to relate to concerns about management and organisation, communication, feedback and time-tabling.
- 40 Three out of 17 AEs did not meet this key theme during monitoring and were unable to demonstrate robust external examiner processes including failing to respectively show that due regard was assured, that the role of the external examiner was consistently applied, and that the examiner engaged sufficiently with assessment of practice learning.
- 41 These AEs have now completed their action plans and have provided evidence of meeting our standards.

Notable practice

- 42 As part of our QA activity, we invite reviewers and AEs to report back to us on any examples of an AEI demonstrating notable practice. The definition of notable practice is described as practice which is innovative and worthy of dissemination.
- 43 This year QA reviewers identified a number of examples of notable practice which included:
 - 43.1 inter-professional learning with the use of simulators (University of South Wales);
 - 43.2 partnership working into the assessment process of the specialist community public health nursing (SCPHN) programme (Anglia Ruskin University);
 - 43.3 online professional forum and learning activities (The Open University);
 - 43.4 integration of the improving quality together (IQT) silver award national learning programme within the course (University of South Wales);
 - 43.5 the Pan-London assessment tool for pre-registration midwifery (eight AEs in and around London);
 - 43.6 student nurses undertaking service user led education alongside mental health service users whilst in practice (Kingston University and St George's University Hospital);
 - 43.7 a 'staying in touch contact' model where regular contact is made with students who are on an interruption of studies (Cardiff University);
 - 43.8 use of the Hyland and Donaldson psychological assessment tool in the district nursing students' professional practice to ensure that

nurses and midwives are compassionate and caring (Birmingham City University);

- 43.9 Collaborative Learning in Practice (CLiP) project, developed in partnership between the University and Health Education East of England and piloted at hospitals in Norfolk, being rolled out across the East of England (University of East Anglia); and
- 43.10 a peer assisted student support project where students promote the use of the skills centre to existing students and people who are interested in beginning an undergraduate degree in nursing (Edinburgh Napier University).

Part two: quality assurance of LSAs

- 44 This year we conducted monitoring visits between December and March 2015 on a selection of LSAs to ensure continued compliance with our Midwives rules and standards (2012). We selected four LSAs (29%) to be monitored as part of our QA of supervision of midwives.
- 45 We selected seven rules that we identified as key themes. The rules were: notification by the LSA (Rule 4), records (Rule 6), the LSA Midwifery Officer (Rule 7), Supervisors of Midwives (SoMs) (Rule 8), LSA responsibilities for SoMs (Rule 9) publication of LSA procedures (Rule 10) and suspension from practice by LSAs (Rule 14).
- 46 Despite LSAs declaring they were meeting our standards in their quarterly and annual self-reporting, two out of four LSAs went on to receive a 'standard not met' with respect to at least one key risk theme. One LSA received a 'requires improvement' and only one LSA met all seven of our key risk themes. We have separated the key risks impacting upon the safety of women and babies versus impacting upon internal processes and governance.

Key risks to public protection and the safety of women and babies

Supervisory investigations

- 47 At the conclusion of the LSA reporting year, 11 out of 14 LSAs were not meeting best practice timelines for completing LSA supervisory investigations. The following reasons for the delay in completing the investigations were consistently provided by LSAMOs through their reporting:
- 47.1 sickness of midwives under investigation;
 - 47.2 annual leave of either the midwife under investigation or the investigating SoM;
 - 47.3 lack of protected time for statutory supervision activity;
 - 47.4 clinical duties seen as a priority over SoM role; and
 - 47.5 length of time to write reports due to delays in midwives returning statements and signed interview transcripts as well as delays in retrieving information.
- 48 These delays present a risk that the findings of the supervisory investigations, which relate to individual midwives' fitness to practise, are not shared or escalated in a reasonable time frame. This potentially presents a risk to public protection as midwives could be practising and providing care whilst under local investigation. This will need to be closely monitored during the transitional period.

- 49 Key themes in LSA investigations this year included record-keeping, cardiocotograph (CTG) interpretation, medicines management, decision making and escalation. We have also seen an increase in reporting on the inappropriate use of social media which could be due to the publication of our social media guidance earlier this year.

Escalating concerns

- 50 Many LSAs described a consistent theme of midwives failing to escalate concerns in a timely manner and to the appropriate people. They also reported that there was a lack of understanding around accountability. This failing appeared to occur more frequently with midwives at the beginning stages of their career. This finding led to recommendations to managers to review preceptor programmes for midwives in the North West region.

Concerns or investigations by any other regulators or serious reviews

- 51 The majority of LSAMOs reported their awareness of concerns or investigations by other regulators throughout the year. Nine regions of NHS England LSA reported information pertaining to issues and outcomes from external reviews of maternity services including reviews by CQC, Clinical Commissioning Groups (CCGs), and Monitor. All LSAMOs across the four countries reported working closely with Heads of Midwifery (HoMs) and SoM teams to support maternity services in developing action plans and taking forward recommendations from external reviews.

Key risks relating to the compliance of Midwives rules and standards (2012)

Supervisor of Midwives (SoM)

- 52 The Midwives rules and standards (2012) set the ratio of SoMs to midwives at 1:15 to ensure midwives have adequate access to and support from a SoM. Although a significant proportion of maternity units were compliant with this ratio, the majority of LSAMOs reported ratios greater than 1:15 in one or more maternity units. Ten LSAs were compliant for the overall annual LSA average ratios; and of those, four were consistently compliant with the LSA ratios across all four quarters. Four LSA regions were not compliant with our ratio overall, reporting annual average ratios of 1:16 to 1:18.
- 53 LSAs self-reported that some SoMs were not receiving dedicated time for supervision due to pressures from their clinical workload. This impacted on the time available to fulfil their SoM roles and impacted on the length of time taken to complete supervisory investigations. This was consistent with the findings and judgements made when we monitored LSAs.
- 54 A 'standard not met' outcome was given during one of our monitoring review visits to an LSA which did not have robust processes in place to ensure the ratio of SoMs to midwives in one area reflected local need and circumstances and SoMs did not have adequate resources to undertake their role. An action plan was formulated to address this issue and the LSA

has now provided evidence of having the necessary processes in place and consequently has met this standard. We continue to monitor this through our quarterly telephone calls with LSAMOs.

- 55 We also found evidence during our monitoring reviews of SoMs being called upon to work in clinical settings while on-call for midwifery supervision when maternity services were at full capacity. The relevant LSAMO had previously met with the HOM to discuss this issue however the situation was unresolved at the time of the review and a 'requires improvement' outcome was given.
- 56 Two LSAs were unable to verify that an effective system was in place to ensure that every practising midwife had completed an annual supervisory review (ASR) with their named SoM for the practice year 2014–15. A 'standard not met' grade was given as assurance could not be provided that midwives were complying with our standard to maintain their midwifery registration. These issues have been addressed and we have received assurance that our standards are now being complied with. We continue to follow up on this during our quarterly telephone calls.

Preparation for the Supervision of Midwives (PoSoM) programmes

- 57 LSAs reported on succession planning through the enrolment of midwives onto PoSoM programmes. However, more recently, increasing numbers of LSAMOs have reported that some HoMs are reluctant to place midwives onto existing programmes. Specifically: London LSA reported 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; West Midlands LSA reported 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; and East of England LSA reported that there would be no further recruitment of midwives to the PoSoM programme.

Resources

- 58 All LSAs self-reported and confirmed that there were adequate resources in place for the 2014-15 reporting year. However, since the reporting year concluded on 31 March 2015, several LSAMOs have raised concerns that those resources are no longer available following the reconfigurations in NHS England and Scotland which is consistent with our findings from monitoring. Regions are geographically larger with less LSAMOs and a reduced number of SoMs assigned. We will be closely monitoring this in the 2015-16 reporting year through our routine QA and we continue to encourage LSAMOs to exceptionally report to us on any risks to the provision of midwifery care and the LSA's ability to comply with our Midwives rules and standards (2012).

Key risks relating to process and internal governance

Records

- 59 No issues were discovered around records (Rule 6) and particularly the secure storage of records, which was the only standard not met in the previous year's monitoring cycle. All LSAs monitored were found to be compliant with data protection policies and guidelines for the retention of midwifery records.

Governance

- 60 All LSAs were found to have an appropriately qualified LSAMO in post and their duties, which cannot be delegated, were in all cases covered by another LSAMO in times of annual leave or sickness.

Notable practice

- 61 This year, QA reviewers identified a number of examples of notable practice within LSAs across the four countries.
- 61.1 Northern Ireland LSA has developed a new, interactive e-learning resource to help midwives understand their responsibilities when administering medicines.
 - 61.2 South East and West of Scotland LSA created a new birth plan document which clearly shows reasons for deviation and agreed forward plans.
 - 61.3 London LSA demonstrated good practice in providing psychological support for women; supportive working with colleagues; collaborative support with women and specific care for family post-natally.
 - 61.4 Many LSAs have reported innovative practice around the safe use of social media (Facebook and Twitter).
 - 61.5 Some maternity providers in two of the LSAs reviewed (HIW and South West LSA) have implemented full time SoMs as a solution to the problem of maintaining the ratio. HIW's 'Future Proofing Supervision' work has been recognised by other LSAs and HIW has shared and collaborated on this work across the four countries.
 - 61.6 The CPD programme provided for SoMs by West Midlands LSA was described as innovative by the QA reviewing team and the delivery of the programme was evaluated as being of high quality by SoMs.

Part three: responding to risks

Extraordinary activity

- 62 Where serious adverse incidents are identified regarding an AEI, practice placement or LSA, we may decide to conduct an unscheduled event called an extraordinary review.
- 63 This year we conducted two extraordinary reviews. In August 2014, we were notified about escalating concerns around the supervision of midwifery and the provision of midwifery care within maternity services in the Princess Elizabeth Hospital (PEH), Guernsey. We convened a meeting on 11 September 2014 at the Health and Social Services Department (HSSD) in Guernsey in order to fully discuss the issues with all relevant organisations. Following this meeting we took the decision to conduct an extraordinary review, which took place in October 2014.
- 64 During this event, the reviewing team found that a number of our standards had not been met. In addition, concerns were raised about issues such as the care environment, governance, policies and procedures, and the organisational culture. While we have no legislative powers to force improvement in the wider environment of maternity care, in the absence of a system regulator, we took the unprecedented step to raise these issues publicly in order to drive improvements in the interest of public protection in Guernsey. We continue to support those organisations as they further progress the comprehensive action plan and it is our intention to follow up on progress later in 2015.
- 65 South West LSA and the Health and Social Services Department (HSSD) Guernsey both provided action plans which responded to the concerns raised during the extraordinary review. Student nurses were also removed from placement by the AEI. A follow-up visit was conducted in February 2015 and we found that progress had been made however assurance remains fragile. A full report from this extraordinary review is available on [our website](#). It is our intention to return in the 2015-16 year to assess the sustainability of this progress.
- 66 We have also very recently undertaken a joint extraordinary review into pre-registration adult and mental health nursing and midwifery education and statutory supervision in North Wales. This extraordinary review was conducted following an escalation of concerns by HIW LSA and Bangor University that were impacting on our education standards and Midwives rules and standards (2012). The findings of this extraordinary review will be published on our website in October 2015.

Part four: conclusions and forward focus

- 67 The year's education QA activity provides an opportunity both for continuous improvement of the current QA process and future changes to our education standards and their assessment. This year's LSA QA activity provides further insight on areas of focus around changes to midwifery regulation and transition for the change.
- 68 Summarising the key themes from education QA activity, while we can be assured that standards are now met following action plans on the monitoring visits, there are a number of points worthy of our attention. Our key findings from this year's activity focus on AEIs governance processes and their overall preparedness at the point of approval, which are clearly for the AEIs to address as well as wider system issues within the environment where student learning operates, which is for the AEIs to address in collaboration with their practice partners.
- 69 Issues that arose from our monitoring activity around governance and process lead us to the conclusion that AEIs preparedness against NMC standards at the point of approval varies considerably. The majority of the AEIs this year have not been able to demonstrate full compliance despite selecting themselves the date for approval and having sufficient time to prepare for the approval event. On a short term basis and as part of our QA continuous improvement we will want to address this issue both with stronger communication to AEIs and their networks and through the potential of considering specific action with AEIs that have not demonstrated preparedness over a number of occasions. On a longer term basis and as part of our education standards review and their assessment in the future, we will want to consider how we address the significant variability of compliance at the point of approval.
- 70 Issues that arose from our monitoring activity around the student environment lead us to the need for a stronger focus around practice placement. Normally, issues that can have an impact on the student experience are in the practice environment. These include mentorship, practice placement and resource management. These issues are for the AEIs to manage in close collaboration with their practice partners. On a short term basis and as part of our QA continuous improvement, we will want to address this issue both with stronger communication to AEIs and their networks and through process changes of QA to strengthen our focus in this particular area. On a longer term basis and as part of our education standards review, we will want to consider our position and expectations from mentorship and the theory and practice relationship. As part of our strategic intent for stronger interregulatory working, we will want to strengthen our relationships with other regulators (both professional and system) in this area. Direct input from students around their learning experience through student surveys forms also part of future plans.
- 71 Summarising the key themes from LSA QA activity, it would be fair to conclude that our review of midwifery regulation and changes in the configuration of the LSA function within England and Scotland seem to be

leading to increased concerns raised to us by the LSAs. We have made it clear to LSAMOs that compliance with Midwives rules and standards (2012) remains a matter for the NMC until the change of midwifery regulation is complete. As part of our partnership work with the system we will want to strengthen communication on this particular issue.

- 72 There is clearly an issue around our assurance on LSA investigations and how timely and effectively these are escalated to the NMC. Short term we will want to continue to communicate the importance of this issue with LSAs while our employer link service could look at this particular aspect of escalation of FtP as part of the transition period of the review of midwifery regulation. Longer term this is addressed as part of our change to midwifery regulation.
- 73 Finally, issues around midwives' clarity around their accountability and the ability to escalate concerns are points for us to consider as part of the midwifery education standards review.

Midwifery Committee

Midwifery Committee effectiveness review

- Action:** For discussion.
- Issue:** Findings from the 2014-2015 effectiveness review for the Midwifery Committee.
- Core regulatory function:** Supporting functions.
- Strategic priority:** Strategic priority 4: An effective organisation.
- Decision required:** No decision is required. The Committee is recommended to note the findings as set out in the report.
- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Midwifery Committee effectiveness review: responses
- 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 This paper provides the findings from the annual effectiveness review undertaken by the members of the Midwifery Committee for 2014-2015.
 - 2 This is an annual review, the purpose of which is to identify the strengths and challenges for the committee, with a view to identifying areas for member development and committee planning.
 - 3 Committee members were asked to complete a questionnaire scoring against nine questions. Members were also asked to provide comment on what they believed was or was not working well for the committee, and any other comments or observations about the committee or its work. A summary of the results is provided at Annexe 1.
- Discussion:**
- 4 Overall, the members agreed that the committee is working well across all areas.
 - 5 The majority of members either agreed or strongly agreed with all of the survey statements.
 - 6 One member disagreed with the statement “the committee receives information that is accurate, relevant, timely, clear and concise”.
 - 7 This was a consistent theme running through all responses received by members Council and the other committees which undertook the effectiveness review.
 - 8 The NMC is working to improve the quality of papers presented to the Council, committees and boards.
 - 9 The following is a selection of comments and suggestions made by members in the free text section of the questionnaire:
 - 9.1 The committee needs to clearly understand and address the views of the four countries as we move forward with changes to midwifery regulation.
 - 9.2 The chair is effective and both members and observers are encouraged to express their thoughts.
 - 9.3 Clarity about why some agenda items are discussed in confidential sessions would be appreciated.
 - 9.4 More places for observers and a system for different people to attend as observers, rather than just those who are invited.
 - 9.5 An away day and informal member meetings could be beneficial for member development.
 - 9.6 Would like to receive updates on issues affecting midwifery

policy and practice.

- 9.7 The Committee could meet in different locations (eg, all four countries).
- 9.8 The Committee needs access to the appropriate level and quality of NMC data to inform the Committee's decision-making.
- 10 Overall, members responded positively on the workings and direction of the Committee. No single theme could be identified from the suggestions made by individuals, indicating that there are no substantial or obvious issues that required immediate attention.

Areas for development

- 11 In relation to development opportunities for members, the NMC is planning to create a training and development policy for both Council and partner members. This will take into account the current skills and competencies of the Committee's members, the skills and competencies needed for the Committee to fulfil its role, and the ways in which any identified gaps can be addressed.
- 12 Recommendation: The Committee is recommended to note the findings from the 2014-2015 effectiveness review for the Midwifery Committee.**

Public protection implications:

- 13 There are no public protection implications arising directly from the report.

Resource implications:

- 14 The effectiveness review has been undertaken within existing staffing resources.

Equality and diversity implications:

- 15 No equality and diversity implications arise directly from this report.

Stakeholder engagement:

- 16 Not applicable as this is an internal governance process.

Risk implications:

- 17 An annual effectiveness review is undertaken to ensure that the NMC operates in accordance with good corporate governance practice. The review serves to ensure that any areas of concern are identified and addressed; such areas of concerns could, if unaddressed, undermine the ongoing effectiveness of the NMC's governance arrangements.

Legal implications:

- 18 There are no direct legal implications arising from this report.

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Mean
The Committee is clear about its role, focuses on the right issues and manages business efficiently at meetings with the right balance of debate and challenge	2	6	0	0	0	4.25
The Committee receives information that is accurate, relevant, timely, clear and concise.	2	5	0	1	0	4.0
The Committee has effective mechanisms in place for reporting to, and from, the Council	5	2	1	0	0	4.5
The Committee is supported to do its job effectively by the Executive and Council Services team	5	2	1	0	0	4.5
The Committee has the right mix of skills and competencies required to fulfil its role effectively	3	4	1	0	0	4.25
The Committee has sufficient diversity in its membership to allow for a breadth of perspectives	3	3	2	0	0	4.13
Committee members have appropriate access to development opportunities	4	1	3	0	0	4.13
The Committee offers constructive challenge	3	4	1	0	0	4.25
All members of the Committee are able to, and are enabled to, participate fully in discussions	6	2	0	0	0	4.75

Midwifery Committee: Forward Work Plan 2016-2017

At the meeting of 29 April 2015, the Midwifery Committee agreed that the following topics will form the objectives of the committee, and will be standing items on the agenda.

Midwifery Committee: standing items	
• Minutes and summary actions from previous meetings	For information
• Changes to midwifery regulation	For discussion
• Data and intelligence	For discussion
• Revalidation update	For information
• Midwifery education	For discussion

Proposed dates for 2016 – March 2017:

	Date	Time	Venue
Midwifery Committee	Wed 24-Feb-16	10:00 – 13:00	London
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