

Meeting of the Midwifery Committee

To be held at 09:30 on Wednesday 26 February 2014

In the Association of Anaesthetists, 21 Portland Place, London, W1B 1PY

The meeting will be held from 9:30 to 12:00 and will be followed at 1:00 by a seminar on the Welsh context for midwifery.

Agenda

Dr Anne Wright

Chair of the Midwifery Committee

David Gordon

Secretary to the Committee

- | | | | |
|----|--|---------|--------------|
| 1. | Welcome and Chair's initial statement | M/14/05 | 09:30 |
| 2. | Apologies for absence | M/14/06 | |
| 3. | Declarations of interest | M/14/07 | |
| 4. | Minutes of the previous meetings | M/14/08 | |
| 5. | Matters arising | M/14/09 | |

For decision

- | | | |
|----|---------------------------------------|----------------------|
| 6. | Review of midwifery regulation | M/14/10 |
| | Assistant Director Strategy | <i>Verbal update</i> |

Strategy and policy

- | | | |
|-----|--|----------------------|
| 7. | Revalidation and code consultation | M/14/11 |
| | Assistant Director Revalidation and Standards | |
| 8. | Standards development work plan 2014-2017 | M/14/12 |
| | Assistant Director Revalidation and Standards | |
| 9. | Midwifery risk register | M/14/13 |
| | Assistant Director Education and Quality Assurance | |
| 10. | Education Advisory Group | M/14/14 |
| | Director of Continued Practice | <i>Verbal update</i> |

Quality Assurance of Local Supervising Authorities

11. **Quarterly quality monitoring report of the LSAs (including future quality assurance of LSAs)** M/14/15

Standards Compliance Manager

Business planning

12. **Committee work plan update** M/14/16

Secretary to the Committee

The next public meeting of the Midwifery Committee is scheduled to be held on Tuesday 29 April 2014 at 9.30 at 23 Portland Place, London, W1B 1PZ.

Meeting of the Midwifery Committee
held at 10:00 on 20 November 2013
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Anne Wright	Chair
Gill Boden	Member
Kirsty Darwent	Member
Ann Holmes	Member
Frances McCartney	Member – by teleconference
Marie McDonald	Member
Dorothy Patterson	Member
Lorna Tinsley	Member

Officers:

Katerina Kolyva	Director of Continued Practice
Kevin Gwilt	Standards Development Officer
Carmel Lloyd	Standards Development Manager
Lucia Owen	Standards Compliance Officer
Anne Trotter	Standards Compliance Manager
David Gordon	Council Services Officer (minutes)

Observers:

Louise Silverton	Royal College of Midwives
Verena Wallace	Local Supervising Authority Monitoring Officer

The meeting started at 10:06

Minutes

M/13/45 Welcome and Chair's initial statement

1. The Chair welcomed members to the meeting, which would be followed by a joint seminar with the Council. This would focus on the principles of co-operation and key issues of interest to both bodies in 2014.
2. The Chair extended the Committee's thanks to Gillian Boden and Dorothy Patterson, who would finish their terms of office on 31

December 2013. She also noted the Committee's appreciation of the work of Carmel Lloyd, who would shortly leave the NMC.

M/13/46 Apologies for absence

1. No apologies were given.

M/13/47 Declarations of interest

1. No declarations were given in relation to the items on the agenda.

M/13/48 Minutes of the previous meetings

1. The minutes of the previous meetings were approved, subject to the following amendments:

- (a) Minute M/13/1c 4b to be amended to clarify that local supervising authorities (LSAs), not the Northern Ireland Practice and Education Council, owned the system for the submission of documentation by midwives.
- (b) Minute M/13/45 3c to be amended to provide the title of the LSA co-ordinator for England.
- (c) Minute M/13/45 3e to be amended to clarify that the ratio was one supervisor of midwives to 15 midwives.
- (d) Minute M/13/45 3j to have the phrase 'full time LSA Monitoring Officers' (LSAMOs) replaced with 'full time supervisors of midwives'.

M/13/49 Matters arising

1. In discussion, the following matters were raised:
 - (a) Further clarification was sought on the position of 'Good Samaritan' acts under professional indemnity insurance. This could involve a re-examination of the text of the code to ensure that the situation was fully explained.
 - (b) With regards to minute M/13/40, the tender document had been amended to alter the focus. The original tender had included too wide a definition of the research's remit, and had caused problems with attracting prospective providers. The Committee requested that the original paper be resent to members and that the Committee be informed on progress.
 - (c) The Committee agreed that more regular communications with members across a range of issues was required. In

addition, a move towards making more items 'for decision' rather than 'for discussion' would be welcomed.

Action: Include an update on the position of 'Good Samaritan' acts at the next meeting of the Midwifery Committee

For: Director of Continued Practice

By: 26 February 2014

Action: Resend the report on the research to investigate the impact of statutory supervision of midwives on public protection to members of the Midwifery Committee

For: Secretary

By: November 2013

Action: Ensure that Midwifery Committee members are informed on major developments regarding the tender on research

For: Director of Continued Practice

By: 26 February 2014

M/13/50 NMC Annual report on the quality assurance of the Local Supervising Authorities

1. The Committee received the NMC annual report on the quality assurance of the Local Supervising Authorities, which reflected input from the Committee following the teleconference meeting on 22 October 2013.
2. The report in its current format was based on LSA reports and formed a summary of the LSA review cycle, extraordinary activity and quarterly reports. The NMC also ensured that all statutory requirements were met. Once approved by the Midwifery Committee, an embargoed version would be sent to Local Supervising Authority Midwifery Officers (LSAMOs) for comment. Once this had been completed, it would be signed off under an action by the Chair of the Council.
3. In discussion, the following points were noted:
 - (a) The Committee welcomed the clarity of the layout and the inclusion of examples of best practice.
 - (b) With regards to health visitors, more information was requested. This was with particular reference to newly qualified midwives being placed in these roles and therefore not gaining practical experience after their graduation, leading to problems finding midwifery work later. The average age of midwives may also prove to be a relevant statistic in analysing the wider picture.
 - (c) In areas identified as needing work, it was asked if actions

plans were drawn up and whether these were monitored. At present, the information was a generic overview of the national picture; however, with LSA-specific information being provided from 2014 onwards, the potential for action plans would increase. Quarterly quality monitoring (QQM) would also become a standing item for the Midwifery Committee. A new risk register would also be compiled and reported to the Committee once ready.

- (d) There was some concern that 'return to practice' courses were not being run. These examples were uncommon and at present there were 26 such programmes in approval. Despite this, it had been raised as a major risk by LSAs and MOs and would be reported back to the next meeting of the Committee.
- (e) In order to ensure standardisation of the text, the reference to 'opportunities for women to have access to a SoM' in the recommendations for LSAs for reporting year 2013 – 14 (page 48 of the report) should be amended to 'opportunities for midwives'. The paragraph on preceptorship also required clarification. In addition, given the lack of clarity about the number of people affected by problems within LSAs as the size of the LSAs involved was not stated, it was requested that references to 'risk ratings' would be more accurate if amended to 'indications'.

Decision: that the Midwifery Committee approve the LSA Annual report, subject to the comments above.

Action:	Place quarterly quality monitoring on the Council and committees work plan as a standing item
For:	Secretary
By:	26 February 2014
Action:	Report on the midwifery risk register to the Midwifery Committee
For:	Standards Compliance Manager
By:	26 February 2014
Action:	Report on the administration of 'return to practice' courses to the Midwifery Committee
For:	Director of Continued Practice
By:	26 February 2014

M/13/51 Standards for the preparation of supervisors of midwives

1. The Committee received the proposed standards, which were the result of a consultation exercise, featuring online input and a series of focus groups. These were fed into the draft standards. The standards are split into three sections (introduction, standards and

education standards), with the second of these split into four domains and the third section into 10 standards. The Committee was asked to approve the standards, which would be released once agreed by the Chair of the Council.

2. In discussion, the following points were noted:
- (a) Paragraph 6 of the standards would be altered to place LSAs in context.
 - (b) The Committee raised concerns over equality and diversity implications. Policies and procedures at AEs were investigated to ensure compliance, and the standards did require NMC approval for courses prior to their being run.
 - (c) The weighting of responses was also an issue, given that many of them were collective rather than individual. As the collection of responses was outsourced, the NMC sought clarification on this matter, and also looked at the overall alignment of responses on specific issues.
 - (d) Regarding Standard 9.1, the phrase 'designated programme leader... should have past or current experience as a supervisor of midwives' was questioned. This was 'should' rather than 'must' as there were occasional instances where this was not possible. However, the Committee felt that the requirement would benefit from being strengthened.

Decision: that the Midwifery Committee approve the standards, subject to the comments above.

M/13/52 Introduction to the principles for the revised Code

1. The revised code will be published in 2014; this was required as a) part of the regular revision cycle b) a response to the Francis report and other reviews and c) the 2015 deadline for revalidation. The report was based on the key themes which had emerged during the revision; the next meeting would receive an update on progress.

Action:	Add item on the principles for the revised code to the agenda for the next meeting of the Midwifery Committee
For:	Secretary
By:	26 February 2014

2. In discussion, the following points were noted:
- (a) The role of behaviours in the code should be strengthened.
 - (b) Groups should not be named explicitly to the exclusion of

other groups.

- (c) Equality and diversity considerations should be embedded within the code.
- (d) The Education Advisory Group would cover the issue at their inaugural meeting in January 2014, and this would be reported back to the Committee in February.
- (e) There were concerns over the measurability of compassion and as to whether it could be taught. Equally, situations where midwives found themselves responsible for multiple simultaneous labours, or where structural or managerial problems were the root cause of difficulties, could present problems for the demonstration of compassion. However, in the post-Francis environment it was also a consideration which needed discussion.
- (f) The issue of conscientious objection had the potential to have a major impact, with one case at present subject to judicial review. This matter would be pursued with the Scottish Government by the NMC, and the relevant text in the code amended accordingly. The situation in Northern Ireland would also need to be taken into account.

Action: Include an item on the Education Advisory Group on the agenda for the next meeting of the Midwifery Committee

For: Secretary

By: 26 February 2014

Action: Discuss the matter of conscientious objection with the Scottish Government

For: Director of Continued Practice

By: As appropriate

- (g) The text in section 13.5 may not be suitable to midwifery, as mothers often wanted to make decisions about their care rather than just influence them.

M/13/53 **Quarterly quality monitoring report of the LSAs and demonstration of reporting criteria**

1. The Committee received...
The focus of QQM was on protecting women, their babies and families. It is specific to midwifery practice and based on principles of good regulation, concentrating on targeting risks, actions and outcomes. It would provide contemporary information, with a focus on risks, actions and outcomes.
2. Maintaining the ratio of one supervisor to 15 midwives remained

challenging for most LSAs, although mitigation was often in place. In addition, full time supervisor appointments were increasing, with its introduction in London and Wales likely to adopt it soon. Strong engagement with lead midwives for education, AEs and student midwives had been noted. However, there were still differences in reporting by LSAs, with further refinements necessary in future.

3.

The NMC was developing a risk register for midwifery, which would clarify the risks for which the NMC was responsible. The main risks identified in discussion with LSAMOs were resource and budgets, the effectiveness of Intention to Practise programmes and revalidation.

4.

In discussion, the following points were noted:

- (a) Regarding critical incidents and investigations, the NMC would be involved in looking at overall trends and the types of incidents occurring. Discussions with LSAMOs took place on a regular basis to provide further context.
- (b) Given the prominence and potential to change midwifery practice substantially, the issue of full time supervisors should be included on the agenda of a future meeting of the Midwifery Committee.

Action:	Include 'full time supervisors of midwives' on the work plan of the Midwifery Committee
For:	Secretary
By:	26 February 2014

M/13/54 Council update

1. The Committee would be meeting the Council at a joint event later in the day, which was a positive opportunity for further engagement. The Council was now involved in setting its strategy for the foreseeable future, focusing on issues such as the governance review, key performance objectives and the corporate plan. It was keen to focus on strategic rather than operational matters, and had recently held a strategic away day to maintain this focus.
- 2.

M/13/55 Committee work plan update

1. The work plan provided in the agenda papers was noted. In addition, the Secretary informed the Committee that each of the four nations would provide a seminar on their respective positions during 2014. The dates were as follows: Wales on 26 February 2014, England on 29 April 2014, Scotland on 25 June 2014 and (provisionally) Northern Ireland on 28 October 2014.

2. Partner members were also reminded that those who were not to end their term of office on 31 December 2013 would end on 31 December 2014.

The date of the next meeting is to be 26 February 2014.

The meeting ended at 12:08.

Meeting of the Midwifery Committee – Teleconference
held at 12:00 on 10 January 2014
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Ann Wright	Chair
Pradeep Agrawal	Member – by teleconference
Patricia Gillen	Member – by teleconference
Frances McCartney	Member – by teleconference
Marie McDonald	Member
Lorna Tinsley	Member – by teleconference

Officers:

Jackie Smith	Chief Executive and Registrar
Katerina Kolyva	Director of Continued Practice
Emma Westcott	Assistant Director, Strategy
David Gordon	Council Services Officer (Minutes)

The meeting started at 12:07

M/14/01 Welcome from the Chair

1. The Chair welcomed members to the meeting, which was the first for the newly appointed members (Pradeep Agrawal and Patricia Gillen). She also reminded those present that this was a single issue agenda, in order to consider any advice the Committee wished to provide Council on its response to the report on midwifery regulation by the Parliamentary and Health Service Ombudsman (PHSO).

M/14/02 Apologies for absence

1. Ann Holmes and Kirsty Darwent gave their apologies.

M/14/03 Declarations of interest

1. Patricia Gillen and Marie McDonald declared their interests given their involvement with the Royal College of Midwives Board.

M/14/04 Parliamentary and Health Service Ombudsman's report on midwifery supervision and regulation

1. The PHSO published four reports in December 2013. Three were investigation reports into individual complaints about the North West

Strategic Health Authority, in which the local supervising authority sat at the time of the events under investigation. These were very serious cases involving the deaths of women and babies. The fourth was a thematic report setting out some critical views of the public protection afforded by the current arrangements for midwifery regulation.

2. The PHSO recommended that the roles of supervision and regulation be separated, with regulation including investigations being the business of the NMC in future. The Committee was informed that Council would be advised to approve a review of midwifery regulation, the terms of reference and timings of which should be negotiated with the other organisations suggested to us as stakeholders. These are Department of Health (DH), NHS England and the Professional Standards Authority (PSA), to which we would add four nations representation.
3. The PSA had made a contribution to the report which suggested that the current arrangements seemed outdated with reference to recent moves to ensure fitness to practise is not a matter for closed deliberation among professionals. PSA also implied that midwifery regulation needed to be scrutinised for proportionality, with reference to the risks involved in midwifery.
4. In discussion, the following points were noted:
 - a. The investigation reports detailed a number of very serious cases at one Trust, but the criticisms of midwifery regulation in the thematic report are not derived solely from the three cases but from wider discussion and deliberation on the part of the PHSO triggered by her involvement in the cases at Morecambe Bay. The report found a structural weakness in the dual responsibilities of supervision and investigation. The Committee was nevertheless concerned that a proportionate response should be supported by robust evidence of regulatory impact and risk.
 - b. The Committee understood the significance of the NMC's regulatory framework being questioned on public protection grounds by another regulator with a duty to protect the public. It also grasped the importance of the comments from the PSA with its role in oversight of good standards of regulation.
 - c. Any review of the framework for midwifery regulation would need to be clearly focussed on its regulatory impact rather than any wider benefits or challenges associated with the current arrangements.
 - d. The PHSO report may cause public anxiety about the safety of midwifery, and the NMC needed to be prepared to respond to that should it arise. There will also be uncertainty for the midwifery community, and the NMC needed to maintain the good practice in communication of developments that it initiated by contacting

midwifery stakeholders immediately on the day of the PHSO publication. Plans for engagement after the decision made by the Council also require establishment.

- e. If the Council approves a review, it will need to be clear about the evidence it seeks regarding midwifery regulation. The Committee had previously discussed the lack of strong evidence about the impact of the unique midwifery provisions on public protection and it has proved challenging to formulate the right research questions to apply. In any case, review outcomes would need to be demonstrably informed by evidence and a variety of stakeholder perspectives.
 - f. It may help to consider at what point the bodies involved in any review might be clear about the nature of their role in the future midwifery arrangements, so that stakeholders know who to approach about various aspects of any changes.
 - g. In addition, it was vital to reflect the four countries perspective.
 - h. The forthcoming Council paper would give Members the opportunity to consider timings, but the Committee's advice was not to delay action. The parliamentary investigation into Morecambe Bay chaired by Bill Kirkup would also be a consideration in the timing of any review, as could progress on the planned Bill containing the Law Commission recommendations.
5. The Committee's advice for the Council meeting on 29 January 2014 was as follows::
- a. The PHSO's report was a serious one and merited a review of whether the framework for midwifery regulation protects the public.
 - b. The NMC's focus should be on effective and proportionate regulation but other bodies involved may welcome discussion of the wider benefits of aspects of the framework.
 - c. Any review should be informed by evidence and give stakeholders the opportunity to be heard.
 - d. If the Council decides to initiate a review there is no case for delaying.
 - e. Terms of reference and outcomes need to be negotiated with the partners suggested by the PHSO, with representation from Northern Ireland, Scotland and Wales.
 - f. A review should have regard to public confidence in midwifery care and the regulatory process.

- g. Communications with midwifery stakeholders need to be sensitive to the anxieties that may be caused by uncertainty over the future direction.

Action: Add evidence on supervision to the Midwifery Committee's work plan
For: Secretary
By: 26 February 2014

Action: Communicate progress made by the Council on 29 January 2014 to members of the Midwifery Committee
For: Secretary
By: 26 February 2014

The date of the next meeting is to be 26 February 2014.

The meeting ended at 13:04.

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 20 November 2013 and the teleconference on 10 January 2014.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: To note the progress on completing the actions agreed by the Midwifery Committee at the meeting held on 31 July 2013 and the teleconference on 22 October 2013.

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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Item 5
M/14/09
26 February 2014

Summary of the actions arising out of the Midwifery Committee meeting on 20 November 2013 and the teleconference on 10 January 2014

20 November 2013

Minute	Action	For	Report back to: Date:	Progress
M/13/49	Include an update on the position of 'Good Samaritan' acts at the next meeting of the Midwifery Committee	Director of Continued Practice	Midwifery Committee 26 February 2014	
	Resend the report on the research to investigate the impact of statutory supervision of midwives on public protection to members of the Midwifery Committee	Secretary	Midwifery Committee November 2013	Email sent 21 November 2013
	Ensure that Midwifery Committee members are informed on major developments regarding the tender on research	Director of Continued Practice	Midwifery Committee 26 February 2014	
M/13/50	Place quarterly quality monitoring on the Council and committees work plan as a standing item	Secretary	Midwifery Committee 26 February 2014	Standing item inserted on to work programme

Item 5
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Minute	Action	For	Report back to: Date:	Progress
	Report on the midwifery risk register to the Midwifery Committee	Standards Compliance Manager	Midwifery Committee 26 February 2014	Included on agenda as item M/14/13
	Report on the administration of 'return to practice' courses to the Midwifery Committee	Director of Continued Practice	Midwifery Committee 26 February 2014	
M/13/52	Add item on the principles for the revised code to the agenda for the next meeting of the Midwifery Committee	Secretary	Midwifery Committee 26 February 2014	Included on agenda as item M/14/12
M/13/52	Include an item on the Education Advisory Group on the agenda for the next meeting of the Midwifery Committee	Secretary	Midwifery Committee 26 February 2014	Included on agenda as item M/14/14
	Discuss the matter of conscientious objection with the Scottish Government	Director of Continued Practice	Midwifery Committee As appropriate	
M/13/53	Include 'full time supervisors of midwives' on the work plan of the Midwifery Committee	Secretary	Midwifery Committee 26 February 2014	Issue discussed at teleconference and to be considered by Committee in light of PHSO review

Item 5
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26 February 2014

Teleconference – 10 January 2014

Minute	Action	For	Report back to: Date:	Progress
M/14/04	Add evidence on supervision to the Midwifery Committee's work plan	Secretary	Midwifery Committee 26 February 2014	Added to work programme for 29 April 2014
	Communicate progress made by the Council on 29 January 2014 to members of the Midwifery Committee	Secretary	Midwifery Committee 26 February 2014	Email sent to Committee members 30 January 2014

Revalidation and Code consultation

Yasmin Becker, AD Revalidation and Standards

Stakeholder engagement

- 4 country stakeholder engagement
 - Nurses and midwives including students
 - Professional and systems regulators
 - Education and employer stakeholders
 - NMC formed reference and advisory groups
 - Patient and public representatives

Council decision

Self confirmation from the individual registrant

- Reflection on the revised code, CPD, hours of practice, GHGC, fitness to practise, PII
- Informed by third party input:
 - Confirmation
 - Feedback
- Compliance audit (random and risk-based)
- Risk intelligence triangulation

Stakeholder groups

- Revalidation Strategic Advisory Group
 - Task and Finish Group
 - Employer Reference Group
 - Communication Reference Group
-
- Governance – Revalidation Programme Board

Challenges acknowledged

- Potential impact on the system
- Transition from Prep standards to revalidation (first 3 years)
- Differing or no appraisal systems in place
- Varied employment settings and scope of practice
- Flexibility of third party confirmation

Consultation – 6 months

Part one

- 06 Jan to 31st Mar 2014
- Online and omnibus survey
- Focus on:
 - revalidation model
 - Code and guidance
- Outcomes to inform implementing revalidation, draft versions of Code and revalidation guidance

Part two

- 15th May to 14th Aug 2014
- Range of methods including focus groups
- Focus on:
 - draft Code and draft guidance
 - revalidation model
- Outcomes to inform implementing revalidation, Code and revalidation guidance

Consultation development

Cognitive testing of online survey questions

- Mix of:
 - Lay people – with little or no understanding of revalidation
 - Attendants of a Cardiff revalidation roadshow event with wide representation of nursing and midwifery in Wales.
- Feedback – Length of survey & simplicity of language

NMC website

Updated revalidation section –

<http://www.nmc-uk.org/revalidation>

- Single point of access to complete the survey and learn more about the programme
- New layout enables easy access
- Employers briefing pack published to help engage staff

Consultation part one - launch

Start date: 06 January

- Generating media coverage; Nursing Standard, Nursing Times and Mail online, including interviews with Jackie Smith and Katerina Kolyva.
- 1500 emails to nurses, midwives, their representatives and employers.
- 100,000 NMC registrants received information promoting the survey.
- Agreeing CNO participation in stakeholder summits.
- Using stakeholder communication channels to promote the consultation.
- Tweeting to our 15,000 followers and Twitter Chats with Jackie Smith and Katerina Kolyva.
- 1,000 members of public to be targeted via omnibus survey

The NMC consultation is worth making time for³⁰

Some consultations can feel like token exercises, with many believing that those asking the questions have already made up their minds. Why spend your valuable time completing multiple-choice questionnaires and invitations to comment? However, taking part in the consultation launched by the Nursing and Midwifery Council (NMC) this week will be well worth the effort.

NURSES NOW HAVE A GENUINE OPPORTUNITY TO SHAPE THE NEW REVALIDATION SYSTEM

The profession's regulatory body is seeking the views of nurses, midwives, unions, health service managers and

the public on two issues that will have far-reaching consequences for all 670,000 of those on its register. They are revalidation – evidence that registrants remain fit to practise – and a new code of professional conduct.

Nurses and midwives have a genuine opportunity to shape the new system of revalidation. There is no consensus among regulators, professional leaders and politicians on what form it should take. So it is worth ten minutes of your time to fill in the questionnaire and add your comments.

One potentially contentious area surrounds third-party feedback. The NMC would like to know who should have a say on whether a nurse or midwife should be allowed to stay on the register. Nurse managers? Colleagues? Other healthcare professionals, such as doctors?

A replacement for the current system of revalidation – post-registration education and practice (PREP) – is overdue. There is little wrong with the principles that underpin PREP, requiring registrants to complete 450 hours of practice and 35 hours of continuing professional development every three years. However, the lack of audit means the system is now devoid of credibility.

■ From this week subscribers may notice that Nursing Standard arrives on Thursday rather than Wednesday. This is due to a change in how the magazine is distributed. Sorry to make you wait, but you can still access all our content on a Wednesday by visiting www.nursing-standard.co.uk

Source:
Nursing Standard
08 January 2014

NMC revalidation and Code review Stakeholder summits

- Bringing together nurses, midwives and those who employ, manage, train and represent them to help develop the revised Code and guidance for revalidation.
- Each summit will be co-launched by Jackie Smith, Chief Executive and the CNO for each country.
 - 20 March – London
 - 29 May – Belfast
 - 18 June – Leeds
 - 26 June – Cardiff
 - 11 July – Glasgow

Response numbers

Responses

Week 1 - 865 responses

Week 2 - 538 responses

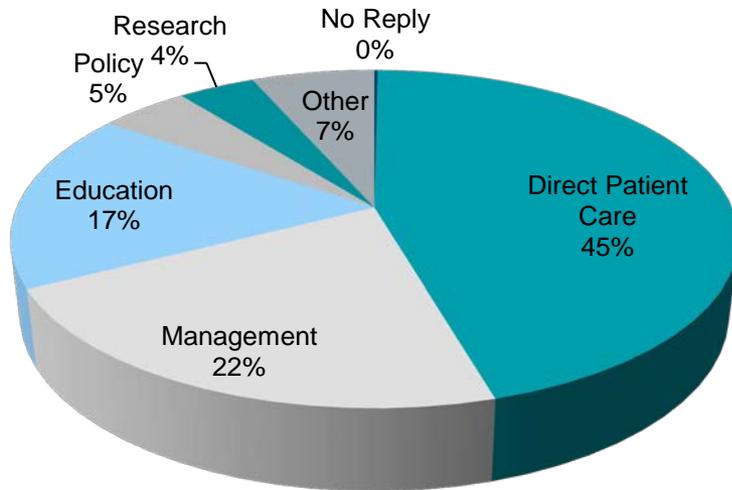
Week 3 – 493 responses

Week 4 – 486 responses

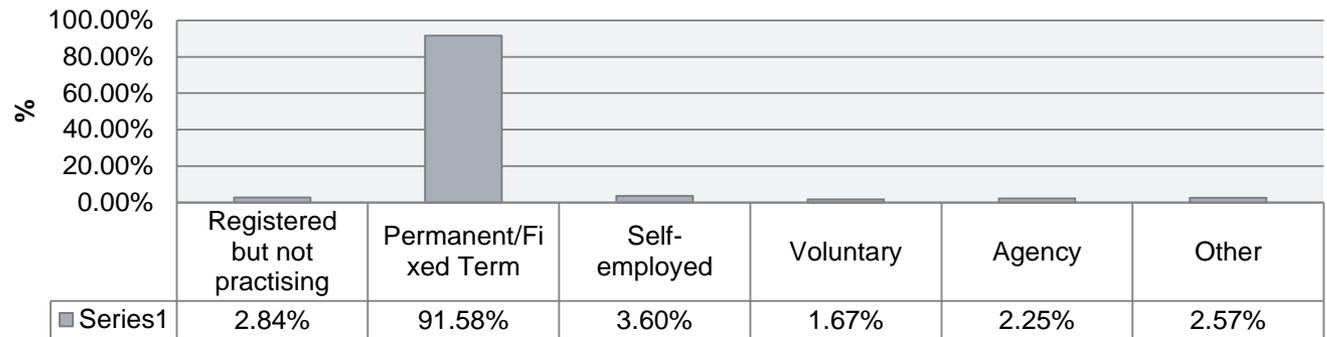
Week 5 – 591 responses

Total – 2,973 responses

Current Practice of 2253 respondents (Note 33 respondents may select more than one option)



Current Employment Status (Note respondents may select more than one option)

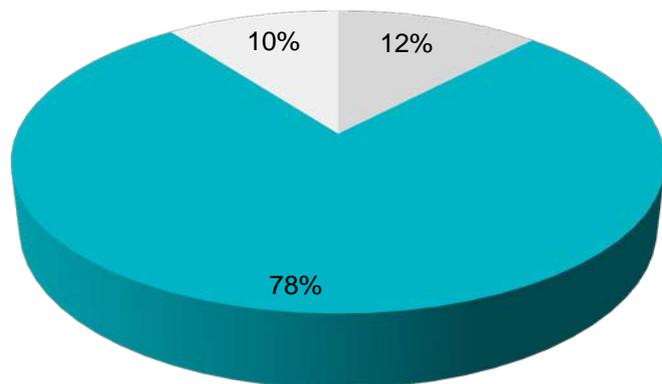


Analysis:

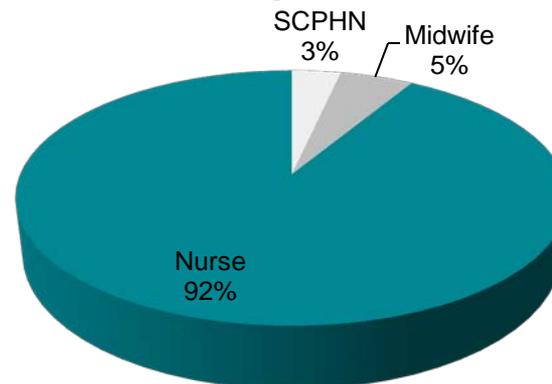
- **Total of 2382 responses (2356 individuals, 26 organisations, 167 public, 51 students).**
- **The vast majority of respondents had some sort of current permanent employment**

Marks on register for 2222 registered respondents ³⁴

■ SCHPN ■ Nurse ■ Midwife



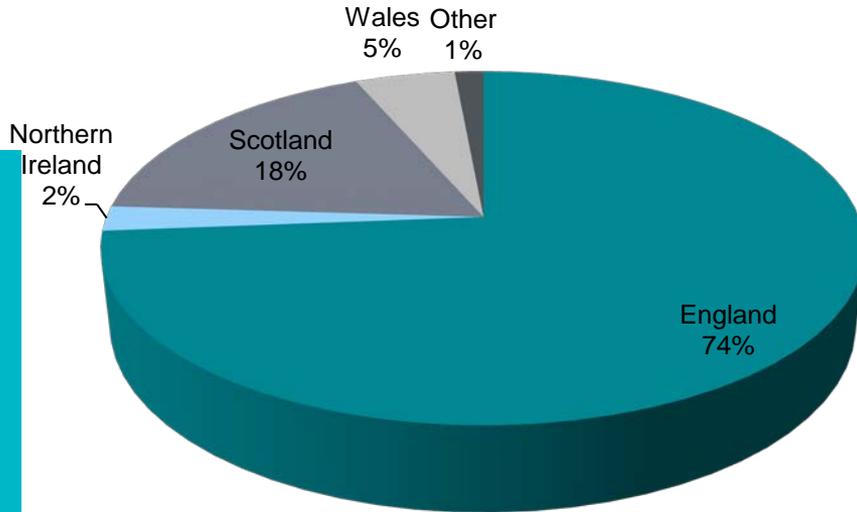
Spread of active Nurses, Midwives and SCHPNs on register as of 22/1/14



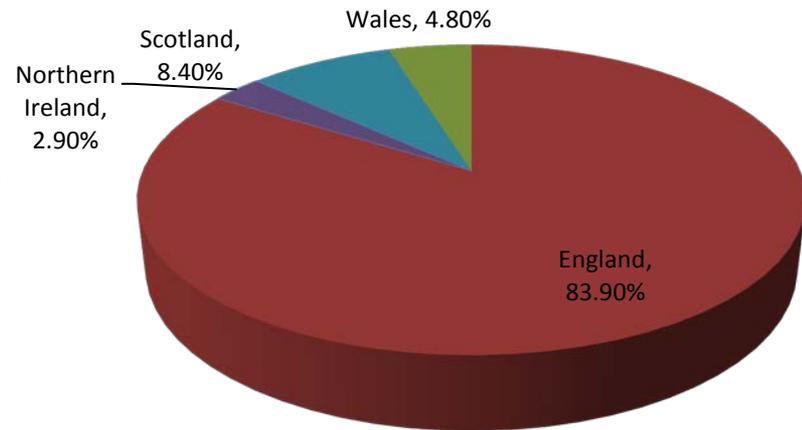
Analysis:

- **SCHPNs and Midwives have larger response proportionately than on current register.**

Location



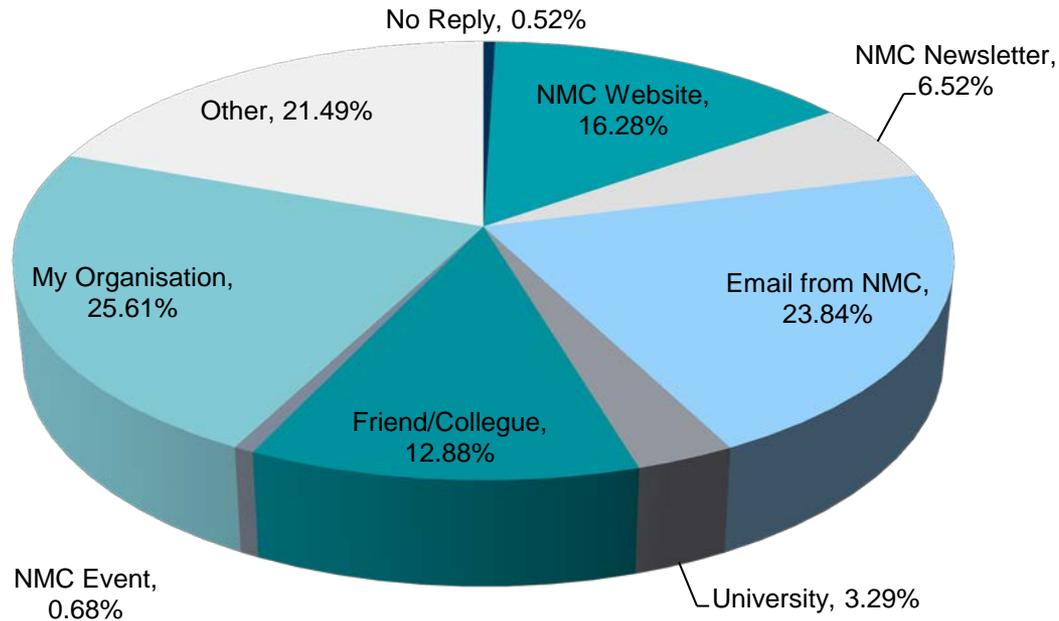
4 countries population (Census 2011)



Analysis:

- **Scotland and Wales are over represented proportionately against population. England and Northern Ireland are under represented**

How did you find out about this consultation?



Analysis:

- Majority of information shared by organisational networks
- Good spread of communication over a variety of channels
- The 'Other' category will require further analysis but is thought to be Press/Media

Key dates

December 2014: publication of revised Code and draft revalidation guidance

Spring 2015: early implementers / pilots

From end of 2015: launching revalidation to those renewing from that point onwards

Thank you

revalidation@nmc-uk.org
<http://www.nmc-uk.org/Nurses-and-midwives/Revalidation>

Midwifery Committee

Standards development work plan 2014/2017

Action:	For information.
Issue:	This paper outlines the proposed review and publication cycle for new and existing NMC standards and guidance documents over the next three years.
Core regulatory function:	Setting 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 of those on our register are fit to practise as nurses and midwives."
Decision required:	No decision is required by this report.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.
	Author: Chris Bell Phone: 020 7681 5554 chris.bell@nmc-uk.org
	Director: Dr Katerina Kolyva Phone: 020 7681 5882 katerina.kolyva@nmc-uk.org

- Context:**
- 1 The Continued Practice directorate has produced a draft business plan for the three year period covering financial years 2014/15 to 2016/2017. This plan awaits approval from the Executive Board and Council (March 2014) before coming into effect in April 2014.
 - 2 This business plan contains the proposed review and publication cycle for new and existing NMC standards and guidance during that period.
- Discussion:**
- 3 As currently drafted, the business plan sets out our proposals for issuing new or revised guidance in the following areas:
 - A revised version of 'The Code' to underpin revalidation.
 - New guidance on the 'duty of candour'.
 - New standards on medicine management and prescribing.
 - A review of all nursing and midwifery pre- and post-registration education standards and guidance (including SLAIP, guidance on professional conduct for nursing and midwifery students, and guidance on good health and good character).
 - A review of other current post-registration standards and guidance.
 - 4 It is anticipated that this work will be carried out by members of the Standards Development Team within the Continued Practice Directorate, with the exception of the review of pre- and post-registration education standards and guidance, which will be carried out by an external provider under contract and under the supervision and direction of the Standards Development Team.
 - 5 The anticipated timetable for publication of new and revised standards and guidance is as follows:
 - Q3 2014/15 (Oct – Dec 2014): The revised Code and new guidance on the professional duty of candour will be published.
 - Q4 2014/15 (Jan – Mar 2015): Revised standards on medicines management and prescribing will be published.
 - 2015/16: The report of the evaluation of education standards and its recommendations will be published – those recommendations can then be considered and acted upon where appropriate.
 - 2015/16: The review of other current post-registration

standards and guidance will commence.

- 6 In drawing up this timetable, priority has been given to the review of the code, guidance on candour and evaluation of pre-registration education standards as they are all Francis commitments. The review of the Code is also necessary to underpin the successful rollout of revalidation, which is due to commence in late 2015

Public protection implications:

- 7 All of our standards and guidance play a central role in supporting the NMC's public protection functions.

Resource implications:

- 8 This paper has no specific resource implications as all these activities will be carried out under the umbrella of 'business as usual' by the Standards Development Team within the Continued Practice Directorate.

Equality and diversity implications:

- 9 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further equality aims. All standards and guidance are subject to equality impact assessing during their development.

Stakeholder engagement:

- 10 All new or revised standards and guidance are subject to public consultation and engagement with key stakeholders. Each individual project will have its own stakeholder engagement plan as part of its communications strategy.

Risk implications:

- 11 None.

Legal implications:

- 12 None.

Midwifery Committee

Development of a midwifery risk register for supervisory and education functions

Action: For information.

Issue: The paper discusses the development of a NMC midwifery risk register that is informed by engagement with Local Supervising Authority Midwifery Officers (LSA MOs) and Lead midwives for education (LMEs) during scheduled strategic reference groups.

Core regulatory function: Education/Setting standards.

Corporate objectives: Strategic objective 2: We will set appropriate standards for the 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: Annexe one: LSA and LME risk register

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

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- Context:**
- 1 As the regulator, part of our remit is to monitor and quality assure the role and function of each LSA and each Approved Education Institutions (AEIs) who deliver nursing and midwifery education programmes.
 - 2 Throughout the year there are regular strategic reference group (SRGs) meetings held with LSA midwifery officers (LSA MOs) and LMEs.
 - 3 The SRG meetings provide an opportunity to listen, inform and update accordingly.
 - 4 In the autumn of 2013 the respective LSA MO and LME SRGs took part in discussions that discussed and identified key risks to our supervisory and education functions.
 - 5 This means that we can identify those risks that are the responsibility of the NMC to own and manage and those that are the responsibility of the LSAs and AEIs to own and manage so that we can work together to mitigate the risks identified.
 - 6 This approach will enables us to triangulate the risks and risk controls across both functions in order to identify themes for future review or redevelopment.

Discussion and options appraisal:

Key risks identified by LSA Midwifery Officers

- 7 There was general discussion around issues generally prior to identifying specific risks that would go onto the new LSA risk register. The topics discussed included the effectiveness of the registration process including the intention to practice (ItP) process; how we use the Code within statutory supervision; raising concerns guidance and midwives who are employed as Specialist Community Public Health Nurses – health visitors.
- 8 The list was summarised into three main categories:
 - 8.1 Resources and budgets;
 - 8.2 Effectiveness of ItP;
 - 8.3 Revalidation.

Key risks identified by Lead Midwives for Education

- 9 Similarly there was considerable discussion with LMEs around issues generally prior to identifying specific risks that would go onto the new LME risk register. A wide range of topics discussed were discussed and included the need for a review of both pre registration

midwifery education standards (2009) and standards to support learning and assessment in practice (2008), impact of changes in education commissioning, need for clarity around preceptorship, challenges in accessing RtP midwifery programmes, lack of clarity around post registration standards, erosion of the LME role in higher education, quality assurance of the practice learning environment and support of learning and assessment in practice and the impact of service reconfiguration and finally the ageing demographics of registered midwives.

10 The list was summarised into three main categories:

10.1 Standards for education;

10.2 Educational workforce planning, resources and the strategic role of the LME in higher education

10.3 Quality assurance of the practice learning environment;

10.4 Management of the midwifery student journey.

Public protection implications:

11 The development of the risk register will enable the NMC to accurately identify the risks, mitigation, actions and outcomes against a published timeline.

12 Quarterly reporting against the newly developed risk register will ensure that midwifery committee have oversight of the actions in place, the outcomes achieved and the risks that need to be reported to Council.

13 All LSAs and LMEs are continuing to provide assurance that they are managing their situations safely as part of local action plans in place to support protection of women, babies and their families.

Resource implications:

14 The standards compliance team is currently overseeing this work up telephone calls.

15 The production of this report was achieved using resources from the Continued Practice directorate to manage, analyse and report on the outcomes of the report.

Equality and diversity implications:

16 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

17 All LSAMOs continue to actively engage with the Standards

engagement: Compliance team during the follow-up telephone QQM discussions. These will occur during February 2014.

Risk implications: 18 Continuous monitoring to ensure a seamless transition with our new QA contractor, Mott MacDonald is in place. Currently intelligence is available via the QA portal. Ongoing development of the QA portal LME risk continues to enhance the management of LSA QQM information.

19 There is a risk to the integrity of our regulatory functions if a clear and consistent approach is not provided within the context and direction of travel articulated within the new Quality Assurance Framework.

Legal implications: 20 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* (NMC, 2012) came into force on 1 January 2013.

21 The Nursing and Midwifery Order 2001 (the order) requires the NMC to set standards for education for pre registration midwifery education.

DRAFT LSA and LME risk register

Note: This draft risk register has not been distributed for comment to LSAMOs and LMEs. This will take place in March during the NMCs regular meeting with each group.

Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.

		Date: February 2014			Issue No: 1												
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score)		
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score						
CP: LSA 1	September - 13	Risk: Insufficient resources and budgets						Mitigation in place: (1) LSA MOs have local line managers in place and continue to escalate concerns within new reporting structure at NHS England. (2) Succession planning to maintain SoM to midwife ratio above recommended amount. (3) A meeting between LSA MOs and Juliet Beal, Director of Nursing; Quality, improvement and care planned for December 2013. (4) Direct NMC contact with Juliet Beal as part of strategic engagement with CP. (5) Birte Harlev-Lam Head of Maternity and Children's Services Birte Harlev-Lam Head of Maternity and Children's Services New Head of Maternity and Children's Services Planned action: To continue to maintain contact with NHS England (1) To meet Birte Harlev-Lam (2) To maintain contact and receive updates from Juliette Beal (3) To monitor impact of limited resources on MRS through QQM				TBC	10/2/14	Open - on track to reduce scoring. This will be achieved in Dec 2015	No change		
		Resources and budgets: Insufficient resource available both in LSA and maternity units to deliver safe and effective supervision	(1) The Single operating model introduced in England on 1 April 2013 was impacting on the LSA MO's ability to support and deliver statutory supervision : a) this was impacting on having appropriate administration support and b) being in a position to recruit and recompence lay and registrant reviewers for LSA audits in an effective manner. 2) High use of agency midwives in order to compensate for staff shortage. 3) SoMs unable to deliver their full supervisory scope due to shortage of staff and clinical workload is prioritized	(1) Public protection compromised and compliance is not assured. (2) Negative impact on statutory supervision (3) Impact on effective delivery of LSA audits (4) MRS are not met (5) Impact on continuity of care (6) Supervisory investigations not completed within 45 days thus potentially causing a risk to the public by having midwives practice unsupervised	4	4	16		3	4	12						
CP: LSA 2	10/02/2014	Risk: Effectiveness of Intention to Practise			3	4	12	Mitigation in place: (1) LSAs ensure that there is sufficient protected time for SoMs to undertake annual reviews and to process ItPs (2) LSA Mos provide advice and support regarding midwives who are employed as HVs Planned action: (1) QA of LSA to monitor SoM protected time via QQM (2) Agree consistent messaging around midwives who re employed as HVs. (3) Timely communications between LSAs and Registrations to manage expectations	2	3	6	TBC	10/2/14	Open	No change		
		(1) Challenges in undertaking annual supervisory reviews within required timelines (2) Challenges with completing ItP for midwives who are employed as health visitors (3) Registrations unable to complete ItP re registration processes in time	(1) Insufficient time for SoMs to undertake annual supervisory review (2) Inconsistent approach to annual supervisory review of midwives who are employed as HVs (3) Slower response by Registrations in processing ItPs at peak periods	(1) ItPs are not completed in time (2) Reduced confidence in ItP process with associated public protection risk. (3) Backlog in processing ItP - reputational risk to NMC													

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No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CP: LSA 3	08/05/2013	Revalidation			4	4	16	<p>Mitigation in place:</p> <p>(1) On going engagement via Revalidation Strategic Advisory Group, Task and Finish Group, Patient and Public Forum, Revalidation Communications Group, Employers Reference Group and events in four countries.</p> <p>(2) Costed options developed in collaboration with stakeholders, preferred option agreed by Council 12/09/13.</p> <p>(3) Oversight and scrutiny by Revalidation Programme Board, Change Management Portfolio Board and Executive Board.</p> <p>(4) Consultation launched 6 January 2014, webpage updated and events calendar created</p> <p>(5) Appropriate alignment of revalidation programme with registration improvement plan around online renewal achieved by November 2013.</p> <p>Planned action:</p> <p>(1) Consultation stage 2 starts May 2014 on code and revalidation guidance drafts.</p> <p>(2) Evidence of code review published by May 2014</p> <p>(3) Evidence on risk model and update to Health Select Committee by July 2014</p> <p>(4) Continuous engagement at four country level with five summits planned for March - July 2014.</p> <p>(5) Cost benefit analysis and impact to begin May 2015 following pilots.</p>	3	4	12	TBC	6/1/14	Open	no change
		<p>(1) Possible lack of stakeholder buy-in due to supervisory model in place so revalidation is seen as overlap.</p> <p>(2) Complexity of the revalidation model</p> <p>(3) Cost of revalidation process to the NMC and/or to the wider system</p>	<p>(1) Revalidation model which has been signed off is not delivered:</p> <p>(a) by December 2015 and/or (b) in an effective manner</p> <p>(2) Revalidation model does not address current workforce needs, specifically:</p> <p>(a) direct entry midwives working as Health Visitors and ability to meet requirements of revalidation</p> <p>(b) independent midwives and issues with PII and ability to demonstrate third party feedback</p>	<p>(1) Public protection compromised</p> <p>(2) Negative impact on registrants</p> <p>(3) Reputation damaged</p> <p>(4) PSA standards of good regulation are not met</p> <p>5) Health visitors working by virtue of midwifery registration will not fit for revalidation causing a great loss of midwives off the register, and risks of legal challenge impact on IMs with subsequent loss to register</p>											
CP: LME 1 (CR3)	10/02/2014	Risk: Standards for Education			3	4	12	<p>Mitigation in place:</p> <p>(1) LMEs commitment to exceed current NMC threshold standards</p> <p>(2) Growing midwifery practice evidence base incorporated into programmes</p> <p>(3) Formal partnership agreements regarding support for learning and assessment in practice, including providing assurance of annual updates and triennial review compliance</p> <p>Planned action:</p> <p>(1) Commitment to evaluate pre registration standards as part of Francis response</p> <p>(2) Standards are currently being examined by NMC for updating purposes</p>	2	3	6	TBC	10/2/14	Open	no change
		<p>(1) The pre registration midwifery standards were developed in 2009 so are due for review.</p> <p>(2) SPME focused on normality and although this reflects contemporary midwifery practice there is also a need to focus on women with complex health needs.</p> <p>(3) SLAIP were published in 2008 and are overdue for review</p>	<p>(1) Delays in reviewing SPME</p> <p>(2) Standards do not reflect care of women with complex health needs</p> <p>(3) Standards lack current workforce needs</p> <p>(4) sign off mentor decisions impaired</p>	<p>(1) ageing standards inform midwifery education</p> <p>(2) women are not protected due to out of date standards</p> <p>(3) insufficient assurance in sign off mentors decisions</p> <p>(4) mentors are not able to fully support students with accurate standards</p>											

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No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CP: LME 2	10/02/2014	Risk: Educational workforce planning, resources and the strategic role of the LME in higher education			2	3	6	Mitigation in place: (1) NMC published QA framework with annexes for further explanation and discussion (2) Education Advisory Group established, with first meeting held January 2014 (3) Ongoing engagement with LMES in order to understand challenges to LME role within the AEI and provide appropriate support to strategic education partners.. Planned action: (1) Need to set up engagement with education commissioners and AEI leads 2) Pending decision of Education Advisory group prioritisation and business case	2	3	6	TBC	10/2/14	Open	No change
		1) resource and budget cuts in AEIs impacting on midwifery programme delivery. 2) ageing demographic of experienced midwifery lecturers leading to reduced understanding of the role of the LME and a lack of understanding of the NMC QA framework and its requirements 3) Limited resources allocated to education function within the NMC to routinely engage strategically with LMES	1) ineffective training of students 2) lack of compliance with SPME and QA framework and role in education	1) students develop poor care behaviours 2) public protection compromised 3) LME engagement and reporting to the NMC diminished											
CP: LME 3	10/02/2014	Risk: Quality assurance of the practice learning environment			3	4	12	Mitigation in place: (1) Students well informed about escalating concerns processes. (2) robust educational audits, mentor registers and placement allocation systems in place. (3) Working with placement partners to ensure professional behaviours are demonstrated. (4) Support available by the University and trust Planned action: (1) Midwifery lecturers expected to spend 20% of time in clinical environment so QA needs to continue to be assured that this continues to be met. (2) review of placement evaluations with appropriate escalation of issues and actions to education leads, HoM and to the NMC as necessary. (3) NMC QA monitoring visits to triangulate placement learning experiences. (4) Introduction of an NMC student survey	3	2	6	TBC	10/2/14	Open	No change
		1) Clinical governance issue impacts on positive learning experience. 2) Staffing issues and skill mix affect appropriate mentorship and support.	1) Adverse event reduces learning opportunities. 2) insufficient sign off mentors available to adequately support students. 3) Poor professional role modelling behaviours available 4) capacity issues prevalent, especially on delivery suite	1) Students involved in poor midwifery practice events. 2) Too many students and too few sign off mentors available. 3) Students involved in investigatory process as potential witness 4) continuity of learning and development broken if students are reallocated mentors and practice placements											
CP: LME 4	10/02/2014	Risk: Management of the midwifery student journey.			3	4	12	Mitigation in place: (1) AEIs are responsible for managing the student experience and the LME has oversight of this (2) Students are informed and familiar with the NMC standards and Code prior to registration Planned action: (1) AEIs hold student support sessions for students experiencing the possibility of attrition or interruption (2) Student engagement event held on January 2014 and further engagement events planned throughout the year plus planned introduction of NMC student survey.	3	2	6	TBC	10/2/14	Open	No change
		1) Poor internal QA policies and processes at AEI level. 2) High levels of student attrition and interruption. 3) Reduced strategic presence of LME with insufficient resource to manage midwifery programme.	1) Student selection, admission and progression processes do not provide adequate assurance that recruitment to standards is taking place. 2) Interruption to studies impacts on students' ability to complete programme successfully. 3) Insufficient resources to support the student experience in theory and practice settings.	1) LME does not have a strategic pretence with AEI. 2) High levels of student interruption and attrition. 3) Poor learning experience leading to non compliance with NMC standards 4) complacency with low standards leading to potential future investigations and FtP referrals											

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Midwifery Committee

Quarterly quality monitoring report update for Quarter 3 (October 2013 – December 2013)

Action: For information.

Issue: The paper discusses the findings arising from the quarterly quality monitoring by local supervising authorities (LSAs) across the United Kingdom (UK) for the third quarter of the year, October 2013 – December 2013.

Core regulatory function: Education/Setting standards.

Corporate objectives: Strategic objective 2: We will set appropriate standards for the 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 authors or the director named below.

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- Context:**
- 1 There are 26 Local Supervising Authorities (LSAs) across the UK. The health boards in Scotland are arranged into two regions encompassing six and eight LSAs each. There is therefore a combined representation of 14 LSAs with 15 appointed LSA Midwifery Officers (LSAMOs) across the United Kingdom (UK).
 - 2 As the regulator, part of our remit is to monitor and quality assure the role and function of each LSA. Until September 2013 the previously published quality assurance framework (2008) was used and included a combination of reporting that included quarterly quality monitoring (QQM) reporting from each LSA during the reporting year
 - 3 The newly appointed QA contractor, Mott MacDonald, now holds the operational function of the QQM in line with the new QA framework.
 - 4 The quarterly monitoring reports are followed up via telephone discussions with the LSAMOs, ensuring that further understandings of local context, risk, actions and outcomes can be assured as part of public protection measures. The follow up telephone calls are currently carried out by the standards compliance team.
 - 5 This paper summarises the findings of quarter 3, October – December 2013 QQM submissions

Discussion and options appraisal:

Key themes from the quarterly reports for Q3

- 6 **Maintaining Supervisor of Midwives (SoM) ratios:** LSAs are continuing to find it difficult to maintain a ratio of SoMs to midwives below 1:15. Although the vast majority of maternity units are compliant in relation to SoM to midwife ratios, almost all of the LSAs reported ratios greater than 1:15 in one or more maternity units with ratios ranging from 1:16 to 1:29.
- 7 **Awareness of Preparation of Supervisor of Midwives programme (PoSoM):** LSAs are continuing to encourage and recruit midwives into the PoSoM programme with many students set to complete by June 2014. Continual exploration of the full-time SoM role is advancing into new LSAs.
- 8 **Supervisory Investigation reporting lengths:** LSAs have highlighted the difficulty in completing the investigatory reports within 45 days. The majority of the mitigating reasons given are:
 - 8.1 Lack of protected time;
 - 8.2 Long term sickness;
 - 8.3 Sickness of either the midwife under investigation or the investigating supervisor.
- 9 **Awareness of concerns or investigations by any system**

regulator or serious reviews: Not all LSAs receive direct contact by system regulators and although LSAs hold a general awareness of governance and system regulator risk findings in relation to midwifery practice, LSAs continue to be minimally aware of broader non-maternity related concerns.

- 10 **Midwives working as Specialist Community Public Health Nurse - Health visitors:** Continual resource implications have been highlighted by some LSAs with high number of Health Visitors practicing by virtue of their midwifery registration. Further concerns have been raised in relation to midwives maintaining the requirements for their midwifery registration following immediate entry into health visiting upon initial registration.

Public protection implications:

- 11 Some serious concerns have been raised and reported together with information regarding all necessary action plans. Progress against action plans are followed up during the next quarter or by exception if necessary.
- 12 All LSAs and LSAMOs are continuing to provide assurance that they are managing their situations safely as part of local action plans in place to support protection of women, babies and their families.

Resource implications:

- 13 Since September 2013 the operational function of QA activity is delivered by Mott MacDonald in line with the new QA framework.
- 14 The standards compliance team is currently overseeing QQM reporting and continues to undertake the follow up telephone calls.
- 15 The production of this report was achieved using resources from the Continued Practice directorate to manage, analyse and report on the outcomes of the report.

Equality and diversity implications:

- 16 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:

- 17 All LSAMOs continue to actively engage with the Standards Compliance team during the follow-up telephone QQM discussions. These will occur during February 2014.

Risk implications:

- 18 Continuous monitoring to ensure a seamless transition with our new QA contractor, Mott MacDonald, is in place. Currently intelligence is available via the QA portal. Ongoing development of the QA portal

continues to enhance the management of LSA QQM information.

- 19 There is a risk to the integrity of our regulatory functions if a clear and consistent approach is not provided within the context and direction of travel articulated within the new Quality Assurance Framework.

Legal implications:

- 20 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* (NMC, 2012) came into force on 1 January 2013.

COUNCIL and COMMITTEE SCHEDULE OF BUSINESS 2014

The items highlighted in red are annual items.

COUNCIL: STANDING ITEMS	
SEMINAR	OPEN SESSION
<ul style="list-style-type: none"> • Briefing from Chief Executive & Registrar • Review of Council papers 	<ul style="list-style-type: none"> • Minutes and matters arising • Chair's report (including Chair's actions) • Chief Executive's report • Francis and other reports • Performance and risk report • Financial report • Committee reports • Schedule of business • Questions from observers
COMMITTEES OF COUNCIL: STANDING ITEMS	
MIDWIFERY COMMITTEE	
<ul style="list-style-type: none"> • Minutes and matters arising • Review of midwifery regulation • Update on revalidation and standards • Quarterly quality monitoring • Schedule of business 	

COUNCIL: 25—26 MARCH 2014 Deadline for receipt of papers: 12 March 2014 Despatch date: 18 March 2014	
SEMINAR 25/03/14	OPEN SESSION 26/03/14
<ul style="list-style-type: none"> • Stakeholder representative TBC • 	<ul style="list-style-type: none"> • NMC Strategy * • NMC 2014 – 17 Corporate Plan and budget * • Annual fees review • Review of equality and diversity objectives • Planned development of Standards and guidance 2014/15 • Engagement with patients and the public • Registration Improvement Plan • Recruitment process for the Chair <p><i>*Those that are starred will need Executive Board consideration prior</i></p>

COMMITTEES OF COUNCIL: 29-30 April 2014
Midwifery Committee 29/04/14
Seminar: Midwifery in England

COUNCIL: 3—4 JUNE 2014 (Edinburgh) Deadline for receipt of papers: 21 May 2014 Despatch date: 27 May 2014	
SEMINAR 03/06/14	OPEN SESSION 04/06/14
<ul style="list-style-type: none"> • Outcomes of Revalidation consultation (may move to open session if decisions required) 	<ul style="list-style-type: none"> • Annual review of Council and Committee effectiveness • Health and safety annual report • Law Commission update • EU Directive on professional indemnity insurance • Annual equality and diversity report 2013 – 14 * <p><i>*Those that are starred will need Executive Board consideration prior.</i></p>

COMMITTEES OF COUNCIL: 24—25 JUNE 2014
MIDWIFERY COMMITTEE 25/06/14
Seminar: Midwifery in Scotland

COUNCIL: 29—30 JULY 2014 Deadline for receipt of papers: 16 July 2014 Despatch date: 22 July 2014	
SEMINAR 29/07/14	OPEN SESSION 30/07/14
	<ul style="list-style-type: none"> • Draft annual report and accounts * • Draft fitness to practise annual report * • Business assurance framework and quality assurance update • PSA strategic review stock take • Welsh language scheme annual report * <p><i>*Those that are starred will need Executive Board consideration prior.</i></p>

COUNCIL: 30 SEPTEMBER – 1 OCTOBER 2014 Deadline for receipt of papers: 17 September 2014 Despatch date: 23 September 2014	
SEMINAR 30/09/14	OPEN SESSION 01/10/14
•	<ul style="list-style-type: none"> • Revalidation progress report •

COMMITTEES OF COUNCIL: 28—29 OCTOBER 2014		
MIDWIFERY COMMITTEE 28/10/14	AUDIT COMMITTEE 29/10/14	REMUNERATION COMMITTEE 29/10/14
<ul style="list-style-type: none"> • SA Annual Report Seminar: Midwifery in Northern Ireland	<ul style="list-style-type: none"> • External audit programme • Francis report – governance recommendations 	<ul style="list-style-type: none"> • Mid year directors' reviews Remuneration trends <ul style="list-style-type: none"> • Appraisal and development of Chair and Council members

COUNCIL: 3 – 4 DECEMBER 2014 Deadline for receipt of papers: 19 November 2014 Despatch date: 25 November 2014	
SEMINAR 03/12/14	OPEN SESSION 04/12/14
<ul style="list-style-type: none">•	<ul style="list-style-type: none">• LSA Annual Report• Proposed Code and standards to support revalidation• Education Annual Report• Education strategy update