

Summary of the patient and public engagement forum 8 October 2014

The patient and public engagement forum met at 23 Portland Place, London on 8 October 2014.



Welcome

Mark Addison, our Chair, gave an update on some of our recent work.

An independent report was published on 15 September 2014 which has concluded that the Nursing and Midwifery Council (NMC) has made “substantial improvements” against the four areas outlined by the 2012 strategic review. We are now in a much stronger position than was the case in 2012.

We recognise that we have more to do in some areas and we are committed to continuous improvement. However, the report captures the significant progress that has been made over the past two years and provides the springboard for us to set a clear direction for the future.

We hope that the report will give confidence to the public, patients, nurses, midwives and all our stakeholders that we are firmly on the way to being a more efficient and effective regulator.

The report is available on our website at [http://www.nmc-uk.org/Documents/CHRE/External%20Review%20-%20NMC%20Progress%20against%202012%20Strategic%20Review%20Final%20Report%20100914\(2\).pdf](http://www.nmc-uk.org/Documents/CHRE/External%20Review%20-%20NMC%20Progress%20against%202012%20Strategic%20Review%20Final%20Report%20100914(2).pdf)

The Professional Standards Authority (PSA) carry out annual performance reviews of all of the healthcare professions regulators. Individuals and organisations are welcome to feed in their views about us to the PSA. Your comments will help the PSA to assess our performance. Feedback needs to be given by 17 November 2014. The PSA will publish the performance review results in June 2015.

You can give your views to PSA at www.surveymonkey.com/s/performance-review2014-15

From 1 January 2015, the new Chair of the NMC will be Professor Dame Janet Finch. Professor Dame Janet brings substantial experience to the NMC which she gained as Vice Chancellor of Keele University from 1995-2010 and subsequently, in a number of non-executive director roles. She is currently a member of the Medical Research Council and Science and Technology Honours Committee, amongst other roles. Mark thanked the members of the Patient and public engagement forum for their valuable contribution and said he has enjoyed working with the group.



Update on our current work

Job Billings, our Director of Strategy, gave an update on other areas we have been working on.

We are continuing to work on a system of revalidation. Revalidation will ensure that nurses and midwives remain fit to practice throughout their careers and will help to improve public protection. Every three years, at the point of renewal a nurse or

midwife will declare they are fit to practice and have:

- practised for 450 hours during the last three years.
- met the requirements for continuing professional development (CPD).
- obtained confirmation from a third party on their continuing fitness to practise.
- reflected on practice related feedback and the Code.
- have a professional indemnity arrangement in place.

We have undertaken an extensive programme of stakeholder engagement with 100 activities reaching 2750 stakeholders between January and September 2014. We are now moving consultation promotion to partnership building which includes supporting employer readiness, planning the revalidation pilots and preparing the pilot organisations.

The revalidation pilots will start in early 2015 in a variety of settings which reflect the diversity of the register. The purpose of the pilots is to test the process, forms and model. The outcomes will inform how we refine the model, guidance, supporting information and NMC/employer systems and processes.

Timeline for revalidation:

- **December 2014** – Council considers draft revised Code
- **End of December 2014** – publication of revised Code
- **January 2015** – publication of draft guidance for revalidation
- **January to June 2015** – revalidation pilot and testing
- **Autumn 2015** – Council decision on model and roll out
- **End of 2015** – revalidation launch

Question: Who would a third party be and will there be guidance for getting them?

Answer: The third party would usually be the person who supervises the nurse or midwife. The pilots will help us to see how this works, especially for nurses and midwives who are lone workers. We will be producing guidance for third party confirmers.

We are involved in a whole spectrum of engagement work, of which the Patient and public engagement forum is a part. We also met with senior nurses and midwives who are part of our Professional Strategic Advisory Group; and as a four country regulator

we meet with politicians and ministers in England, Northern Ireland, Scotland and Wales.

We are accountable to parliament and on 10 September 2014 gave oral evidence to the Public Accountability Select Committee. This was following the Parliamentary and Health Service Ombudsman's report into midwifery supervision and regulation. The Committee explored to what extent the Ombudsman's recommendations in their report had been implemented to date. We have commissioned the King's Fund to undertake an independent review of midwifery regulation.

This year we have been attending the party political conferences where we have continued to call for a commitment from the parties to take forward a bill based on the Law Commissions' recommendations. This would enable us to make some fundamental and much needed changes to the current system of delivering public protection.

Compassion and care in practice: An education perspective



Our first guest speaker was Professor Gail Thomas, Dean of Health and Social Care and Director of the Centre for Excellence in Learning at Bournemouth University.

There have been a number of recent reports that have highlighted problems in health and social care and it is important that we understand why this happened and how it can be stopped from occurring again. There is no excuse for poor care but understanding the context can help us to understand the issues involved and put it right.

Most student nurses and midwives come into the profession with a desire to provide good care. They are positive, passionate and altruistic. However, they can become disillusioned when they go into practice settings and do not see the good care they expect.

It can be easy to look back at the past and say things were better then but this was not the case. In the 1980s nursing and midwifery students were based in hospitals. Their experience and behaviour was shaped by the matron in charge, and they did not always learn good habits. Education now allows students to gain experience in a variety of settings and to work with a range of staff. It is essential that students learn complex technical skills and continue to be compassionate.

Many of the people delivering direct patient care are not nurses. These staff can have a range of levels of training and are not regulated. This results in inconsistency in the standards of care provided and is a big topic of debate at the moment. Nurses can find it a challenge to manage tasks delegated to healthcare support workers, while also caring for their own patients.

A lack of compassion in healthcare is not just a UK problem. Studies into patient neglect around the world found a number of common themes across different countries. These include:

- poor staff morale
- high workload

- low staffing numbers
- burnout
- communication issues
- poor use of protocols
- insufficient training

Universities do work hard to make sure they recruit the right students. Every year there are 60,000 applicants for only 20,000 places so universities can make sure they pick the very best students. Nursing is not an easy course to do, and any suggestion that students are only attracted because they get their tuition fees paid has been shown to simply not be the case.

Bournemouth University begins this process through outreach programmes in schools which focus on the head, heart and hands required to do the job. Having the right values is an important part of this package which is further explored through open days and through marketing materials.

One of the recommendations of the Francis report was that students should have experience of care before starting a course. In many cases this already happens, with prospective students gaining experience through volunteering with a charity or working as a healthcare support worker.

When prospective students apply they need to write a personal statement and provide references. They are then interviewed, which includes a group discussion about a topical issue such as the position of older people in society. This helps students to demonstrate their values as well as communication skills.

The NMC set standards for education and quality assure universities providing approved programmes. NMC reviews do look at how service users are involved with student education.

Students do spend a lot of lot of time learning about being caring while working within in the framework of the healthcare system. They explore the importance of seeing the needs of the patient and their loved ones and understanding the different emotions they might be feeling when unwell, worried and in an unfamiliar setting. An important focus is also placed on raising concerns. Simulated learning environments and using actors to play patients helps students to understand the different interactions and emotions that can occur.

Mentorship is essential for students. They need excellent mentors who are consistent and act as positive role models. Regular checks on practice environments, and students feeding back their experiences to the university helps to highlight any problems with mentorship. Students are more willing than ever to raise concerns if they do not see the excellent care they expect in practice settings, and the universities will then take steps to address concerns.



Our second speaker was Professor Lisa Bayliss-Pratt, Director of Nursing at Health Education England.

The Shape of caring review is about setting the direction of travel for education. The healthcare environment is constantly changing. There

is a growing population, because of a raising birth rate and an ageing population. There are more and more people living with chronic conditions, and increasingly managing their own conditions. 70 per cent of people would rather be treated at home than in hospital and more care is taking place in the community. Patients are better informed than ever about their conditions and options for treatment and want to be involved in these decisions. Nurses need to be prepared for all of this during their education and have opportunities to continue to update their skills after they qualify. Continuing professional development is especially an issue for nurses working in general practice or the community where they can often be lone workers. 1 in 16 people in England are employed in NHS. Better education and training for this huge number of people would have a positive effect on healthcare and on society as a whole.

The Cavendish review found that the training of healthcare assistants and support workers was inconsistent. This has led to the development of a Care Certificate which is currently being piloted. The Care Certificate uses work based learning and takes 12 weeks. It is planned that the Care Certificate will be introduced in March 2015.

The Shape of caring review will ensure that nurses and care assistants receive high quality education and training, which support high quality patient care. The Review is being overseen by a Sponsoring Board and Jackie Smith, Chief Executive and Registrar at NMC is a Co-Chair. The report will consider what is in the gift of education and what is in the gift of regulators to influence. It will report in February 2015.

Emerging themes from the report include:

- Increasing patient/carer voice and service user involvement
- Valuing the role of the Care Assistant
- Widening opportunities for Care Assistant career progression
- Assuring flexibility in the model of education and training for the future
- Assuring and maintaining high quality practice learning environments for the future
- Assuring Registered Nurses continuous learning and development
- Enabling research, innovation and evidence-based practice
- Reviewing the use of funding and commissioning levers to drive up quality

Questions and answer for Gail and Lisa.

Question: Would you fail a student because they do not show empathy?

Answer: Courses are based on learning outcomes which include values and students need to achieve the learning outcome to continue on the course.

Question: Would the Care Certificate help people who want to be a nurse but who do not have the academic qualifications to get on a course?

Answer: People do not need any qualifications in advance of taking the Care Certificate so this could be the start of a journey into higher education. There are a range of current apprenticeships available, some of which would result in qualifications that could help someone onto a nursing degree. A lot of students also go onto do degrees after doing an Access course at a further education

college. These courses help people who might not have been ready for nursing when they were younger but are more prepared after gaining some care experience.

Question: How is patient experienced used on the education programme at Bournemouth?

Answer: Patients and carers talk to students about their experiences and participate in group discussions.

Question: What happens to the 40,000 people who do not get on to nursing course but want to work in healthcare?

Answer: These are all people that would benefit from the Care Certificate. The Care Quality Commission will be starting to check if staff have access to Care Certificate training as part of the inspection process.

Question: Students have to complete their courses within 5 years. Can universities do more to support students in doing this?

Answer: It can be an issue for students who need to take time off from studying for a number of reasons such as taking on caring responsibilities at home or having children. Courses need to be flexible but students also need to have up-to-date skills when they qualify.

The NMC Council agreed at its October meeting to consult on a proposal to revoke the requirements across all our education standards that indicate mandatory time limits for completion of education programmes. Once the consultation is live a link will be shared with the Patient and public engagement forum.

Compassion and care in practice

Paul Jebb, Assistant Director of Nursing at Blackpool Teaching Hospitals NHS Foundation Trust talked to the groups about compassion and care in practice.

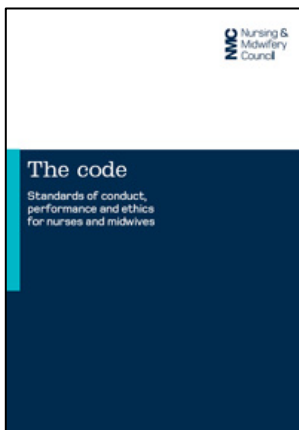
The 6Cs are linked to the National Nursing and Midwifery Strategy – Compassion in Practice. It was launched by Jane Cummings, Chief Nursing Officer for England in December 2012. The 6Cs are:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Blackpool Teaching Hospitals NHS Foundation Trust has developed a compassionate care strategy. Key areas of work include:

- Patient safety
- Patient experience
- Leadership
- Clinical quality
- Workforce and Education

The hospitals ambition is to have zero delays, zero inappropriate admissions, 100 per cent of patients and carers involved in decisions about their care and zero patient harms. Health professionals and patients need to work together to achieve these ambitions. The compassionate care strategy is already making a difference with 84 per cent of patients rating their overall care as excellent, very good or good and 95 per cent feeling that they were treated with respect and dignity.



Update on the draft revised Code

Chris Bell, Standards Development Manager update on the Code review.

Part one of the consultation ran from January to March 2014 and was on the revalidation model and the Code. It focused on operational aspects of the model and gauged initial views on the content of the revised Code. There were 9,799 responses, of which 215 were from organisations. A clear majority those who responded felt that revalidation would enhance public safety and supported proposals for a new Code.

Part two of the consultation ran from May to August 2014. It considered the draft revised Code and revalidation process. As well as an online consultation survey we also undertook qualitative research including deliberative workshops, focus groups and online forums with nurses and midwives, employers, patients and the public and seldom heard groups. We heard from 1,652 individuals and 110 organisations.

Discussions around the draft revised code have generated considerable debate and been very positive. Going forward key issues to consider include:

- **Application:** ensuring it addresses all scopes of practice, not just direct patient care roles.
- **Tone:** including positive language to support the professionalism agenda.
- **Length/structure:** reducing the length and structuring under more appropriate and distinct themes.

From October 2014 we will be reviewing the draft revised Code in light of the feedback received from the consultation and our stakeholders. Council will consider the draft revised Code at their meeting on 1 December 2014. Publication is planned for the end of December 2014.



Medicines management

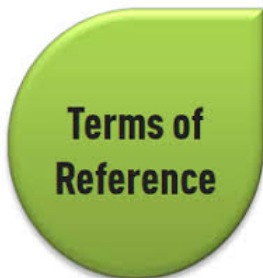
Ben Scanlon, Standards Development Manager presented on medicines management.

The standards for medicine management apply to all nurses and midwives. We will be reviewing them to ensure they are in step with other guidance, for example information provided by the National Institute for Clinical Excellence (NICE).

There a number of professions who can prescribe including doctors, nurses, pharmacists, podiatrists, physiotherapists, opticians, radiographers and dentists. We will be convening a Prescriber and Medicines Working Group as a forum for prescriber and medicines regulators to gauge interest in working together to develop cross-regulatory standards for all of these professions.

We would be keen to hear from anyone who is part of a prescribing or medicines management forum and would be interesting in working with us.

Parkinson's UK raised an issue that is of concern to patients. Many patients have medications that they are required to take at a specific time of day. During hospital stays these patients find that they are not being given their medications at the times they have been advised and this is a cause of distress. Parkinson's UK would like to see something about this included in the revised standards for medicines management.



Terms of reference

We discussed the draft terms of reference for this group. There was agreement of the terms of reference, with a few amendments.

We would like to re-name this group the Patient and Public Advisory Group. This better explains the role of the group and brings it in line with the other advisory groups we have. Members

of the group agreed.

Comments from the group suggested that we need to embrace the power of the connections and networks members have and we will strengthen this in the terms of reference.

There was a suggestion that a member of the group could become Co-Chair. This was welcomed by the group and we will consider what the expectations of the Co-Chair role would be and how we put this into place.

We were reminded by the group that members have extensive networks that are very willing to share their comments but that we need to remember they need time to share information and feedback.

There was a suggestion that a member of the group sit on Council. Our constitution does not allow this. However, anyone is welcome to attend a Council meeting to observe, and some members of the group already do this. We would like to suggest that members attending the Council meetings share their experience of being at Council with the rest of the group.

We reminded the group that you are very welcome to suggest topics for discussion or areas of work that you are interested in getting more involved with. Please feel welcome to share your suggestions with Laura Oakley, Engagement Officer.



The next meeting of the patient and public engagement forum will take place on Wednesday 4 February 2015 from 13:00 to 16:00 at our London office, 23 Portland Place, W1B 1PZ.

Attendees

Patient and public engagement forum:

Bridget Baker, Doula UK

Beverley Beech, Association for Improvements in Maternity Services

Dr Gwyneth Eanor, Birth Trauma Association

Lavinia Fernandes, Parkinson's UK

Jan Green, Healthwatch Luton

Sue Harle

Dr Rachel Haywood, Picker Institute Europe

Margaret Jeal, Action for Sick Children

Robert Johnstone, National Voices

Lorraine Khan, Centre for Mental Health

Michael Osborne, Integritas Advocacy

Francesco Palma

Russell Prestwick, Advocacy for All

Debra Ridley

Lynn Strother, Greater London Older People's Forum

Virginia Saynor, CHANGE

Elizabeth Tack, Epilepsy Society

Annie Topping, Healthwatch Suffolk

Guest speakers:

Professor Lisa Bayliss-Pratt, Director of Nursing, Health Education England

Paul Jebb, Assistant Director of Nursing, Blackpool Teaching Hospitals NHS Trust

Professor Gail Thomas, Dean of Health and Social Care and Director of the Centre for Excellence in Learning, Bournemouth University

Apologies:

Caroline Brocklehurst, Teenage Cancer Trust

Fiona Byrne

Elizabeth Duff, National Childbirth Trust

Jane Fleetwood, Diabetes UK

Roger Goss, Patient Concern

Andrew Leitch, Scottish Health Council

Dr Roger Morgan, Children's Commissioner for England

Helen Turier, Twins and Multiple Births Association

Martha Vickers, Healthwatch Berkshire

Deborah Waddell, Asthma UK

Leo Watson, Parkinson's UK

NMC Council members and staff:

Mark Addison, Chair

Amerdeep Somal, NMC Council member

Stephen Thornton, NMC Council member

Jon Billings, Director of Strategy

Yasmin Becker, Assistant Director Revalidation and Standards

Ben Scanlon, Standards Development Officer

Chris Bell, Standard Development Manager

Laura Oakley, Engagement Officer