

Quality assurance of education and local supervising authorities

Annual report 2015–2016



We are the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland.

- We exist to protect the health and wellbeing of the public.
- We set the standards of education, training and conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.
- We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
- We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

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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. Our role is to protect the public and we seek to ensure that all our work delivers public benefit. Our regulatory responsibilities are to:
 - 1.1 Keep a register of all nurses and midwives who meet the requirements for registration.
 - 1.2 Set standards of education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.
 - 1.3 Take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care nurses and midwives provide.
- 2 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 respectively¹.
- 3 This annual report examines the key themes and risks that have emerged from our QA activity of approved education institutions (AEIs) and LSAs in the 2015–16 reporting year.
- 4 The reporting year for approved education institutions (AEIs) covers the period from 1 September 2015 to 31 August 2016 (the academic year). The reporting year for LSAs covers the period from 1 April 2015 to 31 March 2016.

¹ [Our standards](#)

Strategic context for 2015–16

NMC strategy

- 5 The NMC strategy for 2015–20 places dynamic regulation at the heart of what we do. It also puts education at the centre of our regulatory work. Ensuring that nurses and midwives are equipped for the future in the context of a rapidly changing care environment is critical to our role in protecting the public.
- 6 Education will be a major focus for us going forward, led by a newly appointed Director of Education, Standards and Policy with the support of a newly formed directorate.
- 7 In March 2016, Council approved our education strategic plan. This set out our plans for education for the next four years. We will develop new outcome-focused standards of proficiency for nurses and midwives. We will also separate these standards from those for institutions and their placement partners who deliver NMC-approved education programmes in an education framework. The education strategic plan further committed to an independent review of our QA function.
- 8 All of these workstreams are underway. We will continue to engage closely with our stakeholders as we take this work forward. In doing so, we will take account of diverging health and care policies in the four nations and other initiatives, such as changes to the funding of nursing and midwifery education and the possible introduction of new health and care roles in England.
- 9 At their meeting in September 2016, Council also agreed the timeline for the review of the standards for pre-registration midwifery education. It is expected that this work will begin in 2017.
- 10 This year we have made progress in continually improving our risk and intelligence function, working closely with other professional and system regulators and our newly formed Employer Link Service. This has resulted in triangulation of regulatory risks, access to education risk intelligence and an ability to act swiftly and proactively where concerns arise.

NMC Online and revalidation

- 11 91 percent of all UK-based nurses and midwives on our register have now signed up to NMC Online. More registrants are now also choosing to provide their equality and diversity data via this route.
- 12 Revalidation successfully launched in April 2016, with 90–95 percent of those due to renew their registration successfully completing the revalidation process each month. The percentage of registrants lapsing in each of the four UK countries is similar to previous years' lapsing rates.

Midwifery regulation

- 13 In April 2016 the Department of Health (DH) launched a consultation on proposed changes to NMC legislation, including midwifery supervision. The changes will separate midwifery supervision from regulation. This legislative reform intends to ensure the regulation of midwifery is proportionate, fair and focused on public protection².
- 14 It is anticipated that proposed legislative change will come into force in spring 2017.

² [Proposed changes to midwifery supervision](#)

Changes to the health and care and professional education landscape in England

New routes to registration

- 15 In November 2015, the Government announced plans to discontinue bursaries for pre-registration nursing and midwifery students in England, lifting the existing cap on training places. At this time the devolved governments have not made any changes to student funding and continue to provide student bursaries. Indeed, the Scottish Government has explicitly stated that they will be retaining bursaries.
- 16 The change to bursaries in England has prompted an increase in the number of institutions wishing to become approved providers or run approved pre-registration nursing or midwifery programmes for the first time. This is in contrast to the past two years of our current QA framework, in which only one new institution sought NMC institutional approval.
- 17 Increased numbers of AELs may also impact on the availability of support for students in practice learning settings. This has been identified as a key risk area in this year's monitoring of pre-registration nursing. Our QA intelligence already indicates that the availability of safe and effective practice learning environments is decreasing due to student demand, a shortage of mentors, lack of protected time and support for mentors, and budget restraints.
- 18 Any trends are being monitored closely. We continue to improve our existing QA framework while we undertake a full review of both our education standards and QA model to mitigate these risks to practice learning.
- 19 In early 2016, Health Education England (HEE) consulted on the introduction of a new nursing associate role. The outcome of the consultation suggested strong support for regulation for this new role; the Council will discuss regulation if formally asked in the future. We continue to work with HEE in the development of their proposal while being aware that this is an England-based initiative.
- 20 In a separate initiative in 2015, the Department of Business, Innovation and Skills (BIS) commissioned Higher Apprentice standards for nursing as part of their overall commitment to higher apprenticeships. The Trailblazer Group of employers leading the development has produced a draft apprenticeship standard stating that nursing degree higher apprenticeships must meet the NMC standards for pre-registration nurse education and that providers must be NMC-approved education institutions. The Group intends to submit the draft to the Department for Education (who are now leading on this work) shortly. At present this is also an England-only initiative.

Oversight of our work

- 21 The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year examines a number of areas of our work³. The QA of education has not been included in the PSA's performance review of the NMC in 2015–16; this was deemed unnecessary, as they had confirmed we had met all the Standards of good regulation for education in 2014–15.

³ [Professional Standards Authority website](#)

Part one: Quality assurance of education

- 22 Our role in education plays a very important part in how we meet our overall objective of public protection. Our quality assurance (QA) of education comprises four key activities:
- 22.1 Approval of education institutions
 - 22.2 Approval of programmes, including initial approval, re-approval, and approval of programme modifications
 - 22.3 Monitoring of approved education institutions (AEIs)
 - 22.4 Responding to concerns, including annual self-assessment, exceptional reporting and extraordinary review.

Approval of education institutions

- 23 There are currently 79 AEIs across the UK. In 2016, we received applications from a number of new providers seeking to become AEIs for the first time. To date, two of those institutions have successfully gone through the process and achieved AEI status: University of Portsmouth and University of Highlands and Islands.
- 24 At the time of writing, 72 AEIs are approved to run pre-registration nursing programmes, and 52 AEIs are approved to run pre-registration midwifery programmes. The University of Sunderland was approved to deliver pre-registration nursing education for the first time this year. We are also progressing a number of new programme applications to introduce pre-registration nursing.
- 25 We have updated our process for institutions wishing to become AEIs. We have published updated guidance on our website to include an AEI status and programme approval flow chart⁴. A list of all AEIs noting new providers and those AEIs which were monitored this year is shown in annexe one.

⁴ [Applying for approved education institution status and programme approval](#)

Approval of programmes

- 26 In order to run pre- or post-registration, NMC-approved programmes, AEs must demonstrate their capability to meet our standards for the programme. The process involves two main steps: the submission of documentation for scrutiny and an approval event during which QA reviewers discuss the evidence and speak to a range of AEI staff, students and service users. Programme approval lasts for six years, after which re-approval is required.
- 27 We assign conditions of approval where we find non-compliance, which, if not satisfactorily addressed, prevents the programme from running. Our recommendations are of an advisory nature and provide information on how to strengthen compliance to our standards. Once the reviewer is satisfied that the required standards have been met, the programme will be recommended for approval.
- 28 This year, we approved 93 programmes, bringing our total number of approved programmes to 925. Of these, 13 programmes required conditions to be met before approval, 11 received recommendations, and 63 were subject to both conditions and recommendations. The number of conditions assigned was evenly spread across pre-registration nursing, pre-registration midwifery and post-registration nursing and midwifery education.
- 29 In 2014–15 we identified that some AEs were not sufficiently prepared to meet our education standards at the point of their approval event. This was leading to increased activity and cost for the NMC. As a response, we now require AEs to demonstrate the readiness of their curriculum documentation before the event is confirmed. We have also set minimum timeframes between the approval event date and the programme start date.
- 30 This new approach has had a positive impact on this year's approval activity, with the remaining six programmes being approved without any conditions or recommendations. This was an improvement compared to 2014–15, when all programmes subject to an approval event received at least one condition or recommendation. Also, no programme approval events resulted in the NMC withholding approval in 2015–16 whereas in 2014–15, there were 10 instances of this. AEs have been better prepared for their programme approval events and fewer follow-up visits have been required, leading to better use of our resources.

Emerging routes for pre-registration nursing education programmes

- 31 This year we have seen an increase in the use of different routes to pre-registration nursing education. Providers are responding to a changing health and care landscape, local workforce needs and the move towards widening access by creating a variety of pathways to becoming a graduate registered nurse. We have identified four main alternative pathways to the standard full-time or part-time pre-registration nursing programme:
- 31.1 Dedicated part-time route for healthcare assistants: usually four years in duration, these student nurses also spend a proportion of their time working as healthcare assistants outside of required practice learning and theory hours.
- 31.2 Maximising accreditation of prior learning: generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against NMC standards up to a maximum of 50 percent of the overall programme. They do not continue working as healthcare assistants, usually studying full time throughout the duration of 18 months.
- 31.3 Work-based learning model (England only): AEs work with one or more employer organisations and identify individuals to undertake a programme of study. The students will continue to work as healthcare assistants outside of the required programme hours.
- 31.4 Non-commissioned model: AEs developing pre-registration nursing programmes for non-commissioned, privately funded students.

New models and providers – case studies from 2015–16

Work-based learning pre-registration nursing education

In late 2015, we were approached by Northumbria NHS Trust who, in partnership with University of Northumbria, wished to pilot a work-based pre-registration adult nursing education route. The programme would create a route for healthcare assistants to progress on to a nursing programme using accreditation of prior learning, meaning it would be possible to complete the programme in 18 months.

For this programme, the student resigns from their post of healthcare assistant on beginning the programme, but remains under the same conditions of service, such as pay and annual leave. Once successfully registered as a nurse, the student is normally guaranteed a job with the Trust for five years. Failure to comply with this carries a financial implication for the student. The pilot programme was approved in March 2016 and is initially running with two cohorts of 10 students.

We now have approximately seven AELs running variations of work-based learning routes. We have requested annual evaluations of these routes to learn more about this approach to becoming a graduate registered nurse.

Dual-award nursing programmes

In July 2015 City University requested approval to introduce a dual-award pre-registration adult and mental health nursing pathway. Commissioned by Health Education North Central and East London in partnership with East London NHS Foundation Trust, this initiative was created to meet an identified need for registrants with dual qualifications in adult and mental health nursing. The programme is underpinned by research and cites relationship-based care as a core philosophy. This is the most recent example of approval of a dual registration nursing programme since the current standards for pre-registration nursing education were published in 2010.

Locally-led development of new pre-registration nursing providers

In January 2016 we received a proposal and vision statement from the University of the Highlands and Islands regarding their intention to become an AEL and deliver pre-registration nursing education for the first time. We also received formal notification from the Scottish Government to confirm their support for the proposal. The initiative is part of a wider strategy to maximise and enhance regional coherence of nurse education throughout Scotland. Responsibility for pre-registration nurse education in this part of Scotland would also move from the University of Stirling to the University of the Highlands and Islands as part of this proposal.

The University of Highlands and Islands was successful in their bid to become an AEL and in their subsequent application to introduce pre-registration nursing. This programme will begin in September 2017.

AEI self-assessment and monitoring

- 32 Each year, AEIs are required to undertake an annual self-assessment and self-declaration on their current ability to meet our standards. This self-assessment is an evaluative approach that includes an overview of current risks, the actions in place to manage them, and evaluative responses to annual reporting themes. All 77 AEIs submitted a self-assessment report in December 2015 for the 2015–16 academic year.
- 33 We assess these annual reports against established criteria. We require AEIs to resubmit their report providing more detailed evaluative information where the criteria have not been met. In 2015–16, 9 AEIs were requested to resubmit their self-assessment report. Of these, four were selected for monitoring and of these four, three AEIs were found to be non-compliant in one or more standards. Self-assessments continue to provide valuable intelligence as part of our targeted, risk-based QA approach each year.
- 34 Each year, we select a sample of AEIs to monitor whether our standards continue to be met. We do this by focusing on five key risk areas to determine whether adequate controls are in place. We focused on the following key themes: resources, admissions and progression, practice learning, fitness for practice and quality assurance. This year we selected 16 AEIs (21 percent) for monitoring between November 2015 and May 2016.
- 35 As part of their self-assessment report, all 77 AEIs provided a self-declaration that their current NMC-approved programme provision meets the NMC standards for education and that all key risks are controlled. Despite this, 12 AEIs from the 16 selected for monitoring failed to meet one or more standards during their monitoring visit. 10 AEIs received at least one 'requires improvement' finding. This meant that although they were managing the key risk, some processes required strengthening. This represents an increase from the results of 2014–15. We will continue to monitor the failure of AEIs to accurately self-assess compliance with our standards.
- 36 The shortened timeframe for notification introduced in 2014–15 has had a direct impact on AEIs' ability to put short-term measures in place in preparation for monitoring visits. At the same time, enhanced and focused QA reviewer training for monitoring visits has improved the capability of QA review teams to unpick issues and map findings. Lay reviewers have now been in place for three years and are contributing significantly to our QA function by offering a 'fresh eyes' approach that complements nurse and midwife reviewers. They also continually seek opportunities to understand service user views.
- 37 We have strengthened arrangements for the development and monitoring of action plans required where key risks are not being controlled. Such documentation is available via the QA handbook through standardised reporting mechanisms, additional guidance for AEIs, and an increased focus on this area in QA reviewers' training.

Key risks – analysis of self reporting and monitoring results

- 38 This year, the majority of concerns fell within three key risk themes: practice learning, admissions and progression, and resources.
- 39 As in previous years, practice learning emerged as the most significant area of concern in our quality assurance of education in 2015–16. Issues identified include: a lack of mentors, mentors who had failed to maintain their continuing professional development, and a failure to exceptionally report issues in practice.
- 40 A lack of resources was less frequent, however the severity of risk was higher, as some AEIs did not have sufficient resources to deliver programmes.

- 41 Admissions and progression, while showing the second highest number of 'standards not met' and 'requires improvement' findings overall, uncovered largely procedural issues for which there is no immediate impact on public protection. This included failure to demonstrate appropriate use of academic policies and the need to include service user involvement in recruitment and selection. A small number of procedural and policy-related issues were also uncovered in the themes of Fitness to Practice and Quality Assurance.

Practice learning and support for learning

- 42 Placement capacity in AELs was reported as an issue (31 out of 77) due to factors such as increased student numbers and reduced placement provision due to reconfiguration of services. Of these, 16 AELs reported having insufficient mentors and three AELs reported the need to monitor the engagement of academic staff in practice.
- 43 12 AELs reported concerns identified by system regulator visits to practice placement partners. One AEL reported concerns regarding the lack of timely communication from their placement partners about system regulator visits. Other reported issues included practice incidents involving students, such as medication errors and lack of support for student midwives on the labour suite. All AELs reported they had actions in place to mitigate any risks to the students' practice-learning experiences.
- 44 The practice learning theme provided the highest combined number of 'not met' and 'requires improvement' outcomes during monitoring visits, particularly in the pre-registration midwifery and nurse education programmes sampled. The two main areas were inaccurate mentor registers and the failure to submit any exceptional reports relating to a number of adverse issues in practice.
- 45 Two pre-registration nursing programmes did not meet the resources key risk theme due to a lack of available mentors for students. Nearly half of the sample of post-registration programmes did not meet the key risk for practice learning with protected learning time and the educational audit process highlighted as areas requiring strengthening. Failure to monitor and exceptionally report on adverse issues in practice may jeopardise the quality of students' learning, as well as posing a risk to public protection. Open and timely communication between AELs and their practice-placement partners is critical to the success of student learning. While many AELs are able to manage the risk in this area, it remains a challenge for others.
- 46 All non-compliant AELs were required to take immediate action to provide assurance of student support for learning and assessment in practice. This took the form of an action plan which we monitored to ensure actions were met against an agreed time frame. Time frames were determined according to the level of risk identified. At the time of writing, all but one AEL has completed their action plans and the remaining AEL continues to be monitored.
- 47 The pressures in practice are likely to increase due to capacity, resource restraints, ward closures and increased pressures on mentors. We continue to closely monitor this and ensure any QA intelligence feeds into our development of the education framework as part of the strategic education programme.

Resources

- 48 Nine out of 77 AELs self-reported issues relating to changes in staffing resource necessary to deliver NMC programmes. This included the need to recruit due to staff leaving or retiring and to support increased commissions of student numbers. The majority of AELs had local action plans to monitor and implement appropriate action to mitigate risk to staff resource. They have kept us up to date with any changes in their ability to meet our education standards to safely deliver NMC programmes and ensure that individuals meet the requirements necessary for eligibility to apply to enter the register.

- 49 Resources was the second most problematic risk theme for the 18 pre-registration nursing programmes sampled during monitoring visits, with more than a third of programmes unable to demonstrate compliance in this area. The remaining programmes monitored, pre-registration midwifery programmes and post-registration programmes, met this standard. Actions from AEIs are being very closely monitored to ensure compliance is achieved. This is a theme that we will continue to closely monitor and forms part of our review plan for next years' monitoring.
- 50 A targeted review of one AEI found insufficient registrant teaching staff in the smaller field routes of the pre-registration nursing programme. An action plan was immediately formulated to address these issues. We have been working closely with the AEI to ensure interim measures have been put in place for the 2016–17 academic year and we remain in close contact to monitor progress regarding staff recruitment. Actions will be directly followed up in the 2016–17 year.

Admissions and progression

- 51 Admissions and progression remains an area where issues are frequently identified both by self-reporting and by monitoring. Nine out of 77 AEIs reported that there was a need to enhance and develop recruitment and selection processes to embed a values-based approach and ensure greater involvement of service users and carers.
- 52 The lack of involvement of practitioners in student selection was reported by two AEIs. An increase in attrition and high failure rates were reported by four. One AEI reported the inappropriate admission of a student on a return-to-practice programme which had been notified to the NMC. This resulted in the scrutiny of this programme as part of the monitoring programme sample.
- 53 Nearly half of the pre-registration nursing programmes sampled this year failed to meet the key risk theme 'admissions and progression', making it the top key risk not met for this category.
- 54 A third of the pre-registration midwifery programmes monitored also did not meet this standard. The specific areas of concern around this key theme did not have an immediate impact on public protection. These covered: the absence of risk assessment or procedure to manage the learning experience of students younger than 18; the absence of equality and diversity training; the absence of face-to-face interviews; and the absence of practitioners and/or service users in the recruitment process.
- 55 Non-compliant AEIs were required to formulate an action plan and all AEIs have now completed the required actions to ensure our standards are met. The monitoring reports for each visit are available on our website.⁵

Notable practice

- 56 We are also keen to promote effective practice. Each year we invite QA reviewers and AEIs to report back on any examples of notable practice. The definition of notable practice is described as education practice which is innovative and worthy of dissemination.
- 57 This year, QA reviewers identified a number of examples of notable practice. Initiatives related to service user input were common, with reports on innovative methods of gaining service user input in to selection and of service user involvement in student learning and reflection in practice. Other examples related to enabling better support networks for pre-registration students and the creation of a new role to complement link teachers and practice education facilitators.

⁵ [AEI monitoring results from 2010-11 onwards](#)

Responding to concerns

Exceptional reporting

- 58 As reported last year, we have strengthened our QA framework and reporting requirements and engaged with AEs on the public protection drivers for exceptional reporting outside of routine reporting cycles. This has resulted in an increase of approximately 50 percent in exceptional reports this year compared to 2014–15. This year we received 58 exceptional reports from AEs, with the majority relating to issues in practice, including adverse system regulator reports. We communicated proportionately with AEs to ensure actions were in place to control risks to our standards and informed our risk-based approach to monitoring selection.
- 59 Enhanced updating of risks by AEs means that we share intelligence proactively with other professional and system regulators and are able to triangulate intelligence with other parts of the NMC such as the Employer Link Service and Fitness to Practise colleagues.

Targeted review

- 60 As a result of numerous whistleblowing allegations about a pre-registration nursing programme and after follow-up discussions with the AE, we conducted a targeted review of the AE's pre-registration nursing and nurse and midwife prescribing programme. Three of the five key risk areas were non-compliant with a further requiring improvement. We will follow up on actions required during the 2016–17 academic year.

Extraordinary review

- 61 Where serious adverse incidents and concerns are identified regarding an AE or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary where there are concerns that present a risk to public protection and if it is deemed that the AE is either unaware of or unable to put measures in place to adequately control the risk.

North Wales extraordinary review – follow-up visit

- 62 In July 2015 we conducted an extraordinary review of education in North Wales after concerns regarding the provision of education for nursing and midwifery students and the supervision of midwives were escalated to the NMC.
- 63 The final reports from this extraordinary review have been published on our website.⁶ We visited North Wales for a follow-up visit in July 2016 to evaluate progress in compliance with our standards and all actions have now been met.

Guernsey – follow-up visit

- 64 In November 2015 we undertook a visit in Guernsey to review pre-registration nursing education in light of concerns raised at the extraordinary review of midwifery supervision in October 2014. The review was conducted from 2 to 4 November 2015 and as of April 2016 all our standards are now met. The reports from the review are available on our website.⁷

⁶ [NMC reports on extraordinary review visit to North Wales](#)

⁷ [NMC reports on extraordinary review visit to Guernsey](#)

Part two: Quality assurance of local supervising authorities

- 65 There are currently 10 local supervising authority (LSA) consortiums across the UK. In April 2016 the Department of Health (DH) consulted on proposed changes to NMC legislation including midwifery supervision. If this change comes in to force, it will remove the requirement for statutory supervision of midwives from our legislation and the Midwives rules and standards (2012) which underpin our quality assurance of LSAs, would be revoked. It is currently anticipated that proposed legislative change will come in to force in spring 2017.
- 66 In 2015–16, our QA of LSAs took place through the following:
- 66.1 Monitoring of LSAs and LSA self-assessment
 - 66.2 Responding to risk, including exceptional reporting and extraordinary review.

LSA self-assessment and monitoring

- 67 In July LSAs were required to submit an annual self-assessment and self-declaration on their ability to meet the Midwives rules and standards (2012). This self-assessment reports on current risks, the actions in place to manage these, and evaluative responses to themes which we determine annually. All 10 LSAs completed a self-assessment report which was submitted in July 2016 for the 2015–16 financial year.
- 68 Following a risk-based selection, we conducted two risk based LSA monitoring visits in October and November 2015. Seven rules were identified as the key themes for monitoring: 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).

Key risks – analysis of self-reporting and monitoring results

- 69 This year, the majority of concerns which posed a risk to public protection fell under two themes: time to complete Supervisor of Midwives (SoM) activities, including supervisory investigations; and adverse issues in practice. Results from LSA monitoring did not highlight any serious concerns which would impact upon public protection. Out of the two LSAs selected, one met all standards, receiving a 'requires improvement' for Rule 7 around consistency of the LSA's audit procedure. The other LSA did not meet Rule 6, regarding safe storage of clinical records; or Rule 9, for non-compliance of annual reviews and storage of SoM records.
- 70 Both LSAs were required to formulate action plans and have provided evidence to confirm that actions have been met. The full reports are available on our website.⁸

Future models of supervision

- 71 Nine out of 10 LSAs confirmed that they are actively contributing to national plans for the future model of supervision. Many LSAMOs and LSA midwives played leading roles in the supervision taskforce across the four countries. LSAMOs have reported that SoM teams are proactively engaging with their midwifery workforce, their organisations and with local politicians within their areas to discuss what will be required in a new non-statutory model for midwifery supervision. Directors of Nursing, Heads of Midwifery, supervisors, midwives, medical staff, and members of Trust Boards are reported to be actively involved alongside bodies such as NIPEC, Department of Health, the Scottish Government and CNOs across the four countries.
- 72 The London LSA created an impact analysis tool for the removal of supervision and conducted a survey of women's views and experiences of engaging with SoMs which will feed into the national taskforce group. Cumbria, North East and Yorkshire and the Humber LSA hosted and led a debate on the future of supervision, which was well attended by midwives, students and service users across the LSA.

Supervisory investigations

- 73 At the conclusion of the LSA reporting year, 9 out of 10 LSA consortiums were not meeting best-practice timelines for completing LSA supervisory investigations. This is compared to 11 out of 14 LSAs in 2014–15 (79 percent). Mitigating factors for the delay in completing investigations included: sickness of midwives under investigation, lack of protected time for statutory supervision activity, and increasing involvement of families with the process. 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 on the length of time taken to complete supervisory investigations. This was consistent with the findings and judgements made when we monitored LSAs.
- 74 All LSAs recognise the length of time taken to complete investigations is a cause for concern and acknowledge the impact of a delay in midwives commencing development programmes, if required. Guidelines introduced in January 2015 to freeze the 45-day timeline for supervisory investigations where challenges are out of the control of the LSA do not appear to have made an impact on the trend to lengthening timeframes. In April 2016, a new 60-day timeframe was agreed by the LSAMO Forum UK with members monitoring the output of this change.

⁸ [LSA reviewer reports 2008-2016](#)

- 75 In preparation for proposed removal of statutory supervision of midwives, we are working closely with leaders in midwifery to define the future process for investigations. Discussions have been taking place around how any new system can ensure that fitness to practise concerns will be referred to the NMC where necessary and that swift and appropriate local action will be taken where the issue does not meet the regulatory threshold. Our Employer Link Service continues to work with employers to support decisions for referral.
- 76 Key themes in LSA investigations this year remained in similar areas including record-keeping, cardiotocograph (CTG) interpretation, medicines management, and decision-making. LSAMOs have reported that midwives are “becoming more accustomed” to informing the woman and her family of errors and incidents following the release of the Duty of Candour guidance, produced in collaboration with the GMC.

Concerns or investigations by any other regulators or serious reviews

- 77 Eight out of 10 LSAs (England and Wales) reported information pertaining to maternity providers having challenges that impact on public protection as relates to maternity care. This included external reviews of maternity services by the Care Quality Commission and Healthcare Inspectorate Wales.
- 78 Many of these issues were exceptionally reported outside of quarterly quality monitoring. All LSAMOs across the four countries reported working closely with Heads of Midwifery and SoM teams to support maternity services in overcoming challenges in areas such as staffing, time to carry out the SoM role and learning from incidents.

Supervisor of Midwives (SoM) and PoSoM programmes

- 79 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. In 2015–16, five out of 10 LSAs did not meet the ratio overall, reporting annual average ratios of 1:16 – 1:18. This is an increase on 2014–15, where 10 out of 14 LSAs were able to meet the recommended ratio.
- 80 For many LSAs the recruitment of new SoMs is significantly reduced and the preparation of midwives (PoSoM) programme is running for the last time at a small number of universities. In other LSAs however, notably both those in the North of England, interest in and support for PoSoM programmes continues unabated, which has resulted in overall ratios of 1:15 being maintained. London LSA has reported that a repurposed PoSoM programme that can support the future model of supervision has ensured its continuation. In LSAs where PoSoM programmes have been discontinued, additional time is being given to existing SoMs alongside the use of full-time SoMs and an emphasis on retention rather than recruitment.

Resources

- 81 Seven out of 10 LSAs confirmed that adequate resources are in place to fulfil their function, though the majority reported that it is a challenge to ensure SoMs receive dedicated time to undertake supervisory activities. Both LSAs in the South of England reported on insufficient LSA staff to fulfil the function. London LSA was unable to declare compliance with the key risk due to an inability to meet the time frame for supervisory investigations. The LSAMO in Northern Ireland LSA reported uncertainty about the continuation of her role as her appointment was on a secondment basis until August 2016. Recruitment of a replacement LSAMO took place at the end of September 2016.

Quality assurance of LSAs in 2016–17

- 82 In view of the pending legislative change, we agreed to remove the requirement for operational quarterly quality monitoring reporting and scheduled monitoring visits as part of QA delivery for the new LSA year which began from 1 April 2016. We have adopted a risk-based approach instead according to which LSA Midwifery Officers report by exception, so they can focus on statutory reporting requirements and prepare for transition.
- 83 We continue to monitor LSAs through annual and exceptional reporting and we have the discretion to undertake an extraordinary review if risks to statutory supervision and women and babies are present and not being adequately and locally managed.
- 84 We are assured that the above changes will allow us to continue to meet our legislative requirements and maintain control of risk. The additional safeguard of Employer Link Service and our strengthened collaboration with strategic LSA leads means that our adjusted QA framework will not impact upon our oversight of LSA risk during this transitional period.

Notable practice

- 85 Several examples of notable or innovative practice were identified by LSAs in quarterly and annual reports which include midwifery practice initiatives led by SoMs. Themes included a 'preceptorship passport', initiatives to improve and disseminate learning from clinical incidents, and SoMs taking the lead in supporting the process of revalidation.

Exceptional reporting

- 86 As reported last year, we have improved and actively engaged with LSAs on the subject of exceptional reporting. We received 10 exceptional reports from LSAs in 2015–16, all relating to adverse issues in midwifery care in NHS Trusts and Health Boards in England and Wales. Of these exceptional reports, one resulted in an extraordinary review and follow-up visit.

Extraordinary activity

- 87 Where serious adverse incidents and concerns are identified regarding an LSA, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary where there are concerns that present a risk to public protection and it is deemed that the LSA is either unaware of or unable to put measures in place to adequately control the risk.

North Wales extraordinary review – follow-up visit

- 88 In July 2015 we conducted a joint extraordinary review of education and midwifery supervision in North Wales after concerns regarding the supervision of midwives were escalated to the NMC. The review focused on the LSA function which is managed by Health Inspectorate Wales. After reviewing the evidence and speaking to various stakeholders including students, service users, and representatives of the LSA, the QA review team identified several key issues and found that a number of our standards were not being met.
- 89 It was found at the review of HIW LSA with Betsi Cadwaladr University Health Board (BCUHB) that HIW LSA ensured adequate measures to monitor and control risks at BCUHB for five of the Midwives rules and standards (NMC, 2012). However rules seven (The LSAMO) and nine (LSA's responsibilities for supervision of midwives) had not been met. HIW LSA identified and carried out the actions to revise and strengthen the systems in place to monitor the performance of SoMs and practising midwives to assure public protection.

90 The final reports from this extraordinary review have been published on our website.⁹ We visited North Wales for a follow-up visit in July 2016 to evaluate progress in compliance with our standards. The LSA has completed their agreed actions.

Guernsey – follow-up visit

91 In November 2015 we undertook a visit in Guernsey to follow up on progress made by the LSA since the extraordinary review in October 2014. The review, conducted from 2 to 4 November 2015, found that progress had been made and all our standards for midwifery supervision are now met. The reports from the review are available on our website.¹⁰ On 31 March 2016, NHS England terminated its contract to provide statutory supervision in Guernsey, Jersey and the Isle of Man. We continue to engage with colleagues in Guernsey following this change.

⁹ [NMC reports on extraordinary review visit to North Wales](#)

¹⁰ [NMC reports on extraordinary review visit to Guernsey](#)

Part three: Summary conclusion

- 92 We are committed to using the results of the year's activities to continuously improve our education QA function to ensure that students are learning in environments that equip them with the knowledge and skills necessary to practise safely and effectively at the point of entry to the register. This ensures that we protect the public and can be confident about what a newly qualified nurse and midwife knows and is competent to do.
- 93 We also continue to be proactive in making the best possible use of our intelligence, through promoting information sharing and collaboration both internally and externally with other regulators and key organisations. Every year, we update our quality assurance framework as part of this commitment.
- 94 All issues identified through monitoring are followed through to resolution with the use of action plans. Learning from themes in the year's monitoring is shared with all AEs through our Quality Matters newsletter. Learning is also fed in to our annual update of subsequent monitoring review plans and annual self-assessment requirements.
- 95 Based on our findings from this reporting year, we are assured that the correct risk controls are in place to ensure that approved nursing and midwifery programmes meet our education standards and that our role in public protection in this area can be assured. We are also assured that we targeted the right risk controls for LSAs to ensure continued compliance with our Midwives rules and standards (2012) and that earlier discussions with Employer Link Service and Fitness to Practise are taking place. This is particularly important during this transition period.
- 96 We will continue to be transparent and proportionate in our approach to quality assurance and will provide regular updates to stakeholders on our education strategic programme.
- 97 Looking forward, our education strategic plan sets out our plans for education for the next four years, which ensure we will continue to strengthen our role in this important area of public protection.

Annexe one: List of NMC approved education institutions and monitoring details

England	Edge Hill University	Nottingham, University of	Northern Ireland
Anglia Ruskin University	Essex, University of	Open University, The	Queens University Belfast
Bedfordshire, University of	Gloucestershire, University of	Oxford Brookes University	University of Ulster at Jordanstown
Birmingham City University	Greenwich, University of	Plymouth, University of	Scotland
Birmingham, University of	Hertfordshire, University of	Portsmouth, University of	Abertay Dundee, University of
Bolton, University of	Huddersfield, University of	Reading, University of	Dundee, University of
Bournemouth University	Hull, University of	Salford, University of	Edinburgh Napier University
BPP	Keele University	Sheffield Hallam University	Glasgow Caledonian University
Bradford, University of	King's College London	Sheffield, University of	Edinburgh, University of
Brighton, University of	Kingston University & St George's University of London	Southampton, University of	Glasgow, University of
Brunel University	Leeds Beckett University	Staffordshire University	Highlands and Islands, University of
Buckinghamshire New University	Leeds, University of	Sunderland, University of	Queen Margaret University
Canterbury Christ Church University	Lincoln, University of	Surrey, University of	Robert Gordon University
Central Lancashire University of	Liverpool John Moores University	Teesside University	Stirling, University of
Chester, University of	Liverpool, University of	University of Suffolk (formerly University Campus Suffolk)	West of Scotland, University of
City University London School of Health Sciences	London South Bank University	West London, University of	Wales
Coventry University	Manchester Metropolitan University	West of England in Bristol, University of	Glyndwr, University of
Cumbria, University of	Manchester, University of	Wolverhampton, University of	Swansea University
De Montfort University	Middlesex University	Worcester, University of	South Wales, University of
Derby, University of	Northampton, University of	York, University of	Bangor University, School of Healthcare Sciences
East Anglia, University of	Northumbria University		Cardiff University

Annexe one key

1. AEs highlighted in purple are newly approved in 2015-16.
2. AEs highlighted in blue were monitored during 2015-16 and the monitoring reports for each visit are available on our website¹¹.

¹¹ AEI monitoring results from 2010-11 onwards



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