Quality Assurance of Education and Local Supervising Authorities

Annual report 2013–2014
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.
Executive Summary

The Nursing and Midwifery Council (NMC) published the Quality Assurance (QA) framework in June 2013. It sets out what we wanted to achieve over a three year period and the criteria by which the outcomes would be measured. This annual report presents the findings of the first year of QA activity for both Approved Education Institutions (AEIs) and Local Supervising Authorities (LSAs) for the supervision of midwives for the 2013–2014 period. The reporting period for AEIs covered 1 September 2013 – 31 August 2014 and, for LSAs, covered 1 April – 31 March 2014.

Our QA work is focused on outcomes and incorporates a proportionate risk-based approach involving feedback from key stakeholders. We have increased the focus in practice based education. In 2013–2014 we quality assured LSAs against the new Midwives rules and standards (2012).

In this first year we have introduced lay reviewers to all monitoring review teams, a new streamlined online QA Portal, a new annual self-reporting process and a refined risk based approach for selecting AEIs and LSAs for monitoring.

This annual report summarises the work that we do and reports on the themes and risks that were prevalent in the 2013–2014 period for AEIs and LSAs. This report will conclude with recommendations for 2014–2015.
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Part One – Introduction and reporting context

- Introduction
- The QA Framework
- Threshold standards explained
- The NMC QA portal
- Lay reviewers and the patient voice
- Risk-based monitoring
Introduction

The Nursing and Midwifery Council (NMC) is the United Kingdom regulator for nurses and midwives. Our primary purpose is to protect patients and the public through effective and proportionate regulation. We set standards for education and practice, maintain a register of those who meet those standards and take action when a nurse's or midwife's fitness to practise is called into question. By doing this we promote public confidence in nurses, midwives and in professional regulation.

QA of nursing and midwifery education covers the approval of new programmes, re-approval of existing programmes, programme modification, endorsement of programmes delivered in our overseas territories, and the annual monitoring of selected approved nursing and midwifery programmes delivered by 78 AEIs.

For QA of supervision of midwives, our responsibility is to monitor and quality assure the performance of standards used by each LSA in their supervisory role. There are 14 LSAs, with 15 appointed LSA Midwifery Officers (LSAMOs), across the UK.

LSAs must demonstrate that they are effectively delivering the statutory supervision of midwives. Each LSA must submit quarterly reports and an annual report. We also conduct annual monitoring on selected LSAs.

AEIs and LSAs must report by exception, outside routine reporting times, on any risks likely to compromise effective education or supervision. We will provide a proportionate response to emerging risks and, if necessary, will conduct extraordinary reviews.

The Quality Assurance framework

In June 2013 we launched the QA framework in which we set out what we wanted to achieve over a three year period and provided criteria against which our success in achieving our aims would be measured. The framework includes a number of key operating principles that inform the details of the process.

The primary principle is protection of the public. Our QA work aims to do that in three ways: First, we aim to ensure that new entrants to the register are capable of meeting the standards we set for safe and effective practice. Second, we aim to ensure that everyone involved in education and the supervision of midwives (including students, service users and carers), knows how and when to raise a concern. Third, we aim to ensure that an AEI or an LSA acts swiftly and effectively when there are questions about the fitness to practise of a student or registered midwife.

The second principle is ‘right-touch’ regulation. The Professional Standards Authority (PSA) defines right touch regulation as ‘proportionate, consistent, targeted, transparent, accountable and agile’. Our QA framework and processes encourage stakeholders to provide feedback on whether we are regulating in a way that meets the ‘right-touch’ definition. Responsibility for the day-to-day management of quality lies with AEIs, their placement partners and LSAs.

The third principle that our QA work is focused on is outcomes. Outcomes are what interest the public and can build confidence in the two professions.

The fourth principle that our QA work incorporates is a risk-based approach. We have increased our focus on practice learning. This year we have promoted reporting by exception for AEIs and LSAs and we have established processes for responding to concerns in AEI and LSA contexts.

The work on refining our risk-based model is ongoing. This demonstrates a further key principle set out in our framework; namely continuous improvement. Having completed the
first year of this QA cycle, we have been able to assess how successfully the framework has operated in practice. We have collected a wealth of data from our monitoring through self-reporting and through feedback supplied by a range of stakeholders. We analysed this and the feedback received from key stakeholders in education and supervision of midwives, reviewed the QA framework and agreed revisions that were published in October 2014. These revisions demonstrate our commitment to continuously improving our processes and responding to, and acting on, the feedback we receive.

The fifth and final principle is the involvement of stakeholders. The QA framework sets out enhanced provisions for engaging with key stakeholders including nurses and midwives, students, service users, carers, educators (in education and practice settings) and those with responsibilities for supervision of midwives. The feedback we receive is used to inform our judgements about quality and to improve our approach to QA year on year.

The target audience for the QA framework is the public (including students, service users and carers), strategic partners and the wider community with an interest in nurse and midwifery education and the quality and safety of midwifery practice. This includes those directly involved in nursing and midwifery education and supervision of midwives.

**Threshold standards explained**

We set requirements for providers of NMC approved programmes which we call AEIs. These are the threshold requirements that we believe are necessary for the delivery of programmes that meet our standards. We also set standards for midwives, supervisors of midwives and LSAs responsible for the statutory supervision of midwives.

Our standards are threshold ones, which means they are either met or not met. Additionally, our QA reviewers can award a ‘requires improvement’ grade to indicate where improvements may be made. Our approvals and monitoring of AEI programmes and LSAs must clearly indicate whether our standards are met or not and, where they require improvement, what needs to happen in order to strengthen risk controls.

Our reviewing teams and award outcome grades how AEIs and LSAs manage key risks. The level of risk control is graded on the following basis:

<table>
<thead>
<tr>
<th>AEIs</th>
<th>Standard met</th>
<th>Requires improvement</th>
<th>Standard not met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effective risk controls are in place across the programme provision for theory and practice learning. The element/programme enables students to achieve stated learning outcomes in both academic and practice settings. Appropriate risk control systems are in place without need for specific improvements.</td>
<td>The element/programme enables students to achieve stated learning outcomes in both theory and practice learning. However, improvements are required to address specific weaknesses in risk control processes and enhance assurance for public protection.</td>
<td>The element/programme does not meet the requirements necessary for the achievement of stated learning outcomes in theory and/or practice settings. Risk control systems and processes are weak and significant and urgent improvements are required in order that public protection can be assured.</td>
</tr>
</tbody>
</table>
We outsource our QA activity to an external contractor, Mott MacDonald. During this first year we have worked closely with Mott MacDonald to develop an online NMC QA portal. Our QA portal acts as a document repository.

The portal was developed to enable AEIs to easily submit their individual policies and to provide evidence demonstrating how they meet the AEI requirements. The evidence provided was audited to confirm AEI status thus reducing the burden of work for AEIs.

Overall the portal has been well received by all those stakeholders who use it. However, as might be expected for a new system, that feedback has revealed some areas requiring improvement, particularly in making it more accessible and user friendly. We are now working on a series of improvements to the portal’s functionality that should enhance the experience for all users.

Lay reviewers and the patient voice

This year saw the introduction of lay reviewers as part of all monitoring review teams. They worked alongside nursing and midwifery reviewers to ensure that every aspect of education provision or midwifery supervision meets the required standards.

Initial feedback from AEIs and from other reviewers suggested lay reviewers were a welcomed addition to QA teams. Lay reviewers were valued and listened to as an equal part of the QA review team and have provided informed, constructive challenges and interventions.

In August 2014 we conducted a survey with lay reviewers to better understand the benefits and challenges of introducing lay reviewers to all review teams. Most of the respondents agreed with the introduction of lay reviewers and indicated that lay reviewers brought an extra dimension to the process and strengthened an open and honest review. Table 1 indicates what lay reviewers brought to the QA monitoring activity.
The contribution provided by the lay reviewer included

Table 1

The majority of lay reviewers did, however, indicate that they would like further training and we have already included more training before next year’s annual monitoring activity.

Risk-based monitoring

Six LSAs and 16 AEIs were selected for a monitoring review visit using our new, risk-based approach. Our Standards Compliance Team (SCT) selected the AEIs, their programmes and LSAs in response to an analysis of risks emerging from adverse external governance reports and other sources of intelligence. Figures 1 and 2 shows the process we followed when selecting the AEIs and LSAs for review. We operated in this way because:

Using a mixed system of risk and cyclical reviews ensures transparency in our selection criteria and retains the possibility of examining those providers not currently under scrutiny where risk is still unknown.

Being in a position to monitor those AEIs and LSAs where notable practice exists enabled us to disseminate the effective education and practice that exists.

Allowing too long to elapse between reviews could constitute a risk in itself.

The monitoring reviews were evidence-based; all judgements were made on secure information drawn from a range of sources and the outcomes reflected the quality and effectiveness of LSAs, AEIs and their practice placement partners in meeting the applicable NMC standards and key risks.
The 16 AEIs selected for annual monitoring during 2013–2014 were: Anglia Ruskin University, Bedfordshire University, Christchurch Canterbury University, Coventry University, University of Cumbria, University of Greenwich, University of Hull, Kings College, London, University of Manchester, University of Central Lancashire, University of West London, University of Wolverhampton, Edinburgh Napier University, Bangor University and Swansea University.

The focus in education QA was on aspects of provision where risk was anticipated or known. Many of the AEIs were targeted because one of their practice placement partners had either been identified as a Keogh trust (in England) or had received an adverse system regulator report. The remainder were selected as part of a rolling programme; however, in many cases, they also had practice placement partners who presented emerging risks to patient safety.

A total of 32 programmes were reviewed. This included a sample of the programmes which we considered presented the greatest potential risk. The range of programmes reviewed includes pre-registration nursing, pre-registration midwifery, specialist community public health nursing health visitor (SCPHN HV) and overseas nurses programmes.

In nursing the sample clinical focus comprised:
- Nine adult nursing programmes (28 percent of the adult nursing programmes provided);
- Seven children's nursing programmes (22 percent of the children's nursing programmes provided);

In midwifery the sample clinical focus comprised:
- Seven midwifery programmes (22 percent of the programmes provided).
• In Specialist Community Public Health Nursing (SCPHN) the sample clinical focus comprised:
• Eight health visitor (HV) programmes (25 percent of the programmes with students enrolled).

In overseas nurses programmes the sample clinical focus comprised of:
• One overseas nurses programmes (3 percent of the programmes with students enrolled).

Figure 2: LSAs – Risk based process for annual monitoring visit 2014/2015

The six LSAs selected for annual monitoring during 2013–2014 were:
• North East LSA
• East Midlands LSA
• South Central LSA
• London LSA
• South East Coast LSA
• Northern Ireland LSA

Five of the six LSAs selected for review were selected as part of the rolling programme because they had not been reviewed for a period of time. The risk basis for review was therefore not as significant in the LSA selection process this year.
Part Two – QA of AEIs

- AEI monitoring results 2013–2014
- Overview of other NMC QA activity with AEIs
- AEI self-assessment reports: themes and outcomes
- Equality and diversity considerations
- Education Engagement Strategy
**AEI monitoring results 2013–2014**

This section reports our analysis on the risks that were well controlled under the key themes of: resources, admission and progression, practice learning, fitness for practice and quality assurance. The monitoring process demonstrated that a large majority of AEIs had strengthened their risk controls and adhered to NMC standards.

Although the ‘requires improvement’ grade may indicate that risk control mechanisms need to be strengthened, the grades do not necessarily cast doubt on the outcome of the programmes. Indeed, all the commissioners of education, service managers and mentors who were interviewed during the AEI reviews and external examiners reports confirmed that the students were fit to practise and fit for purpose at the point of qualification. In meeting the standards for approved programmes, the AEIs prepared students who were about to enter the professional register with the knowledge, skills and behaviours to offer safe and effective care.

AEIs and practice placement partners responded to the award of a ‘requires improvement’ grade very seriously.

The comparisons of risk controls achieved by all programme providers across the key risk themes are summarised in chart one below.

**Chart 1: Comparison of grades achieved by AEIs across the key risk themes 2013–2014**

Of the 16 AEIs monitored the following eleven achieved the standards met grade in all risk themes:

Anglia Ruskin University, Bangor University, University of Bedfordshire, Canterbury Christchurch University, University of Central Lancashire, Coventry University, University of Cumbria, Edinburgh Napier University, University of Greenwich, University of Wolverhampton, University of West London.

Five AEIs, University of Hull, Kings College University, University of Manchester, Swansea University and the University of West of Scotland, were required to make improvements to risk controls. The grade requires improvement is across three key themes: resources, practice learning and quality assurance.

For the five AEIs that received a grade of ‘requires improvement’, it is worth noting the circumstances under which those grades were awarded. Two AEIs – Hull University and University of West of Scotland – received a ‘requires improvement’ grade for practice learning. At Hull
University link lecturers were not consistently available in practice learning, while at the University of West of Scotland service user and carer involvement in the SCPHN health visiting programme needed to be consistent and formalised.

Under the key theme of resources, Kings College London and Swansea University received a ‘requires improvement’ outcome. At Kings College London the review team concluded that midwifery mentors had not progressed to sign-off mentor status and at Swansea University the programme leader did not hold an NMC recorded teaching qualification. Finally, the reporting mechanism of external examiners on theory and practice assessments needed to be strengthened at University of Manchester under the QA key risk theme.

Although no AEIs received a ‘standard not met’ grade it is important that we reflect on this outcome. Many of the AEIs selected for monitoring had placement partners that were already under considerable scrutiny. Consequently we found that AEIs who used these placement partners had put in place additional resources and action plans to address previously identified risks to ensure that the learning environment remained effective.

Importantly, the length of notice given to AEIs to prepare for a monitoring visit was generous and, in some cases, AEIs received nine months’ notice as we published the entire AEI selection list at the same time. Although preparation and rehearsal for monitoring visits can drive improvements and enhance risks controls, this approach did not allow for a thorough assessment of day-to-day management or determine whether any additional resourcing to help control risks was sustained over the long term. These factors and other potential risk indicators have been explored as part of the evaluation of the first year of the new QA framework and we took the decision to reduce the notice period to AEIs for 2014–2015.

Notable practice

As part of the monitoring process, reviewers identified and noted areas where notable practice had been evidenced by an AEI. This year, reviewers found several examples of notable practice across the monitored AEIs which included:

- Evidence of an AEI creating a multi-professional audit tool. This addressed the issues identified in the Francis report and lessons learnt by other programme providers who have had to address CQC inspection outcomes (Christchurch Canterbury University).
- An evaluation form for students to feedback on mentors (Anglia Ruskin University).
- A ‘recognising excellence in practice award for mentors’ and a ‘mentor of the year award’ (University of Greenwich).
- A ‘buddy scheme’ to develop students’ understanding of mental ill health and related issues from a service user perspective (University of Greenwich).

We intend to promote and share examples of notable practice as part of our engagement activity with AEIs.

Overview of other Quality Assurance activity with AEIs

In addition to the risk-based monitoring we have undertaken over the past year, we have carried out a number of other QA activities across the range of programmes.

Approval and re-approval

Programme approval events were down on the previous academic year. Chart two below shows that there were 79 approvals (68 with conditions), 70 major modifications and 95 minor
modifications. Programme extensions were granted on 27 occasions. By way of comparison, the previous year’s figures were 172 approvals, 154 major modifications, 76 minor modifications and 34 extensions.

**Endorsement**

Programmes approved and delivered in the UK may also be delivered outside the UK with the UK AEI bearing responsibility for quality. One AEI, the University of Chester, sought endorsement of their UK programmes to be delivered in Jersey.

**Modifications**

AEIs may improve and enhance NMC approved programmes through their own internal QA policies, processes and procedures. Such modifications, which are agreed and documented by the relevant internal processes and continue to adhere to NMC regulatory requirements, will not normally require our direct approval. Where modifications introduce more significant changes to approved programmes it may be necessary for NMC reviewers to participate in the AEI’s internal QA processes to assure continued compliance with the relevant NMC standards. This may be undertaken as a visit to the AEI or as a documentary review. We usually determine when a visit is necessary (for example introducing another field of practice; introducing grading of practice or introducing a non-accredited route).

**Chart 2: Approvals and modification 2013-2014**

AEI annual self-assessment reports: themes and outcomes

In moving to a more proportionate and risk-based form of monitoring we must remain assured that our approved programmes are being implemented in a robust and effective manner. We have achieved this by introducing a streamlined self-assessment reporting process with an AEI declaration form to confirm that all NMC key risks are being controlled. This year 78 AEIs across the UK completed a self-assessment report. London Metropolitan University did not complete a self-assessment report and is no longer an approved education institution.

The content, style and depth of reporting contained in the self-assessment reports varied. Some provided very thorough evaluative responses with regular inclusion of outcomes, links and evidence, while others gave much more limited descriptions of their processes, and simple statements that evidence ‘existed’ without further details being provided.

More than half of the reports were considered to be well written and provided a good level of assurance. Of note are the well written annual reports provided by Buckinghamshire New University, Leeds Metropolitan University, Southampton University, Teesside University and the
University of West London. Some of the self-reports we received lacked sufficient outcome evidence and consequently were considered to be lacking in assurances. We will continue to reinforce our requirements for annual self-reporting with all AEIs and during 2014–2015 we will provide useful feedback on the quality of the self-assessment reports and seek further written assurances from AEIs who we find have provided very limited reports. We also intend to use the self-assessment reports as an input factor in our selection criteria for future monitoring activity.

Table 3 below gives some examples of risks identified during monitoring reviews set against the risks identified through self-assessment reports under each key risk theme.

<table>
<thead>
<tr>
<th>Monitoring Reviews</th>
<th>Self-Assessment Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Theme – Resource</strong></td>
<td><strong>Most Frequently Reported Risks</strong></td>
</tr>
<tr>
<td>• Academic staff completed a teaching qualification but have not recorded it on the NMC professional register</td>
<td>• Academic staff changes due to retirement, restructuring of organisations, need to recruit due to increased student commissions</td>
</tr>
<tr>
<td>• Midwifery mentors must meet the additional criteria to be a sign off mentor</td>
<td>• Pressures on placement capacity</td>
</tr>
<tr>
<td>• Increased workloads of long arm supervision by practice teachers for health visiting students</td>
<td>• Increased workloads of long arm supervision by practice teachers for health visiting students</td>
</tr>
<tr>
<td>• Resource in AEIs are stretched</td>
<td>• Resource in AEIs are stretched</td>
</tr>
<tr>
<td><strong>Risk Theme – Admissions</strong></td>
<td></td>
</tr>
<tr>
<td>• None identified</td>
<td>• Challenges in embedding values based recruitment in England</td>
</tr>
<tr>
<td></td>
<td>• Need for greater involvement of service users</td>
</tr>
<tr>
<td></td>
<td>• Impact of the increased numbers of health visiting students in England and the impact on</td>
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<tr>
<td></td>
<td>• Practice teacher resources</td>
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<tr>
<td><strong>Risk Theme – Practice learning</strong></td>
<td></td>
</tr>
<tr>
<td>• Extraordinary reporting process to NMC</td>
<td>• Pressures on placement capacity due to service reconfigurations and increased student numbers</td>
</tr>
<tr>
<td>• Service user and carer involvement</td>
<td>• Insufficient mentors to support increased student numbers</td>
</tr>
<tr>
<td></td>
<td>• Issues related to system regulator visits and how this is communicated to AEIs</td>
</tr>
</tbody>
</table>
Risk Theme – Fitness for Practice

- None
- An increase in student Fitness to practise (FtP) cases, together with an increase in those being managed by AEI FtP panel hearings.
- High re-sit rates of medicines management and numeracy examinations in nursing and midwifery programmes
- Monitoring and managing escalating concerns
- Attendance monitoring

Risk Theme – Quality Assurance

- External examiners reporting requires improvement in relation to theory and practice of the approved programmes
- Student evaluations and NSS scores report students face high workloads and assessments,
- Variation in consistency and quality of feedback
- Feedback of students’ evaluations to practice areas

This year we requested that all AEIs provide an evaluative commentary on three overarching themes in order to identify developments and progress in those areas. Despite this request many AEIs described their processes rather than the outcomes of those processes. This is something we will continue to work with AEIs on. The three themes were as follows:

1. **An evaluation of current values based recruitment and selection approaches.**

The majority of AEIs provided a descriptive, but in some cases very brief, account of the values-based recruitment and selection approaches used. All AEIs confirmed using some form of values based approach. This was well developed in some AEIs. Very few AEIs were able to provide an evaluative account but there was evidence of the use of validated tools. Many AEIs confirmed the high level of partnership working and joint interviewing that occurs across a range of programmes. Small providers, who run programmes where applicants are nominated by the employers, had difficulty in answering this theme.

2. **An evaluation of current Accreditation of Prior Learning (APL) approaches.**

The responses for this theme were mainly descriptive accounts that provided ongoing confirmation that APL processes were in place. Some responses were very brief and very few included evaluative commentary of the approaches used or the frequency of times when APL is used. Some AEIs had limited use of, or do not use, APL.
3. A review of service user and carer evaluations and feedback on students’ participation of planned care.

Many AEIs completed this section by providing an account of the range of service user and carer involvement in programmes rather than just feedback on students’ participation of planned care. It is evident that there is a large range of service user and carer initiatives in aspects such as programme development, delivery, management, assessment and evaluation. However, this is more developed in some than others and has therefore been identified as work in progress.

Service user and carer evaluations and feedback on students’ participation of planned care was identified as being used both formatively and summatively where the feedback was considered in the students’ final assessment of practice or used in other assessed work such as assignments.

Some AEIs provided very brief accounts or only confirmed that a strategy was in place. This is something we will continue to monitor closely next year.

Equality and diversity considerations in AEIs

We are committed to ensuring that approved programmes comply with all equality and diversity legislation and require institutions to demonstrate robust compliance with current legislative requirements.

Evidence to demonstrate that criteria have been met should include:

\[\begin{aligned}
&\text{• An equality and diversity policy;} \\
&\text{• A recruitment, selection and admissions policy (sector benchmark includes compliance with the Quality Assurance Agency for Higher Education (QAA) in this area), and} \\
&\text{• A provision of a range of student support services that promote equality and diversity, for example disability services, learning support services.}
\end{aligned}\]

AEIs have consistently provided evidence of robust policies, which specifically address the requirements and their legislative responsibilities and we encourage AEIs to report the outcomes of these policies next year.
Part Three – QA of LSAs

- LSA monitoring results 2013–2014
- Overview of monitoring outcomes in relation to risk controls
- LSA annual self-reports: themes and outcomes
- Quality of LSA annual and quarterly self reports
LSA Monitoring results 2013–2014

The QA framework introduced a number of changes to the way in which LSAs are selected and monitored. The risk-based approach combined a systematic review of the risk control mechanisms with focused visits during which risk controls were evaluated in midwifery practice environments. Six LSAs were selected for review this year. The geographical locations are shown in the context of the regional LSA map below (figure 3). In terms of the six selected, only one, London, was chosen purely in response to risk factors; the other five were chosen on a rolling basis as they had not been reviewed for some time.

Figure 3: LSAs selected for annual monitoring 2013–2014

Each LSA was assessed in relation to the performance of its systems and processes in addressing key risk themes. These reflect the applicable rules set out in the NMC’s Midwives rules and standards (2012). The key risk themes for review were:

- Notifications by the LSA (Rule 4).
- Records (Rule 6).
- The LSA Midwifery Officer (Rule 7).
- Supervisors of midwives (Rule 8).
- LSA responsibilities for supervision of midwives (Rule 9).
- Publication of LSA procedures (Rule 10).
- Suspensions from practice by LSAs (Rule 14).

For each risk theme, we identified accompanying risk indicators and key risks. Chart three below summarises the grades awarded against the key risk themes. Those LSAs that received either a ‘requires improvement’ or ‘standard not met’ grade are identified in Table 4, which summarises all the grades awarded.
Chart 3: LSA monitoring 2013–2014 – grades awarded against key risk themes

Table 4: LSA monitoring 2013–2014 – summary of grades awarded across risk areas

Legend

<table>
<thead>
<tr>
<th>Standard met</th>
<th>Requires improvement</th>
<th>Standard not met</th>
</tr>
</thead>
</table>

Summary of key findings

<table>
<thead>
<tr>
<th>Relevant LSA / Midwives Standard</th>
<th>Risk Indicator</th>
<th>Key Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rule 4: Notifications by local supervising authority</strong></td>
<td>1.1 Public protection is at risk if midwives do not submit their Intention to Practice (ItP) by the required annual submission date</td>
<td>1.1.1 All midwives have a named Supervisor of midwife (SoM) to submit their ItP</td>
</tr>
<tr>
<td></td>
<td>1.2 Midwives risk lapsing or losing their midwifery registration if ItPs are not submitted in time</td>
<td>1.2.1 Accurate information and completion of ItPs submitted by the date set by Council</td>
</tr>
<tr>
<td><strong>Rule 6: LSA standard</strong></td>
<td>2.1 LSAs have inadequate data protection policies for the retention of midwifery records</td>
<td>2.1.1 LSAs ensure that there are clear and comprehensive local guidelines for the secure retention of midwifery records that addresses all requirements</td>
</tr>
<tr>
<td><strong>Rule 6: Records</strong></td>
<td>3.1 Midwives do not store records securely, this poses a risk to public protection</td>
<td>3.1.1 Midwives comply with systems designed to accurately and securely store records for 25 years</td>
</tr>
<tr>
<td></td>
<td><strong>SE Coast LSA</strong></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Rule 7: The local supervising authority midwifery officer</th>
<th>4.1 LSAs do not use the core criteria to appoint an appropriately experienced midwife to undertake the role of LSA midwifery officer (LSA MO)</th>
<th>4.1.1 LSAs and the LSA MO complying with the rules, standards and guidance set North East LSA South Central LSA PHA Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 8: Supervisors of midwives</td>
<td>5.1 LSAs do not have a clear policy and procedure for the recruitment of SoMs</td>
<td>5.1.1 LSAs ensure that student SoMs are adequately recruited and are only appointed following successful completion of an approved programme of education for the preparation of supervisors of midwives programme</td>
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<tr>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rule 9: Local supervising authority’s responsibilities for supervision of midwives</td>
<td>6.1 The LSA consistently exceeds the recommended ratio of 1 SoM to 15 midwives (1.1, 1.2, 1.3, 1.4, 1.6)</td>
<td>6.1.1 LSAs have processes in place to ensure that recruitment supports the necessary number of SoMs to maintain the required ratio and that SoMs have adequate resources to undertake their role</td>
</tr>
<tr>
<td>Rule 9: Local supervising authority’s responsibilities for supervision of midwives</td>
<td>6.2 The annual review identifies that a midwife has failed to meet the requirement to maintain their midwifery registration (1.5)</td>
<td>6.2.1 LSA Guidelines are clear in giving direction to SoMs as to the content of the annual review so that the SoM undertakes this in a consistent manner and she can be assured that a midwife has complied with the requirement to maintain their midwifery registration</td>
</tr>
<tr>
<td>Rule 10: Publication of local supervising authority procedures</td>
<td>7.1 LSAs do not complete supervisory investigations in an open, fair and timely manner</td>
<td>7.1.1 LSAs have developed mechanisms to ensure investigations are carried out fairly, effectively, efficiently and to time. PHA Northern Ireland</td>
</tr>
<tr>
<td>Rule 14: Suspension from practice by a local supervising authority</td>
<td>8.1 Public being placed at risk if a midwife continues to practise when their fitness to practise is alleged to be impaired</td>
<td>8.1.1 LSAs have developed adequate guidelines for the suspension of a midwife from practice</td>
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</table>
One LSA received a ‘standard not met’ grade. NHS England LSA South East Coast did not meet Rule 6 for retrieval and storage of records from independent midwives. The LSA review concluded that there were concerns about statutory data protection requirements for maternity records. The LSA was required to ensure the safe transfer and storage of the independent midwife’s records to the LSA to demonstrate compliance. Although an action plan was put in place this matter is complex and we are continuing to work with the LSA to resolve the situation.

Three LSAs – NHS England LSA North East and South Central and PHA Northern Ireland – received a ‘requires improvement’ grade. All three needed to strengthen risk controls in relation to the completion of annual LSA audits and to increase the involvement of women in LSA audits to support the effectiveness of the supervision of midwives.

North East LSA ‘requires improvement’ to strengthen its process for recording completed LSA audits and tracking the dissemination and follow up. We also found that there was limited interface between women and the statutory supervision of midwives. The LSAMO agreed that more could be done and, for example, provided plans to move consultation with recent users to children centres, more appropriate settings for gathering women’s views. We noted that lay auditors could broaden their knowledge of the supervision of midwives and of the principles of user involvement and should have access to a wider selection of evidence to inform their reflections and judgements. This could include patient experience data and evidence submitted by the SoM team for the purpose of the audit.

For South Central LSA the areas that required improvement were the involvement of service users in the audit process and the involvement of recent service users of maternity services in assuring the effectiveness of supervision.

For PHA Northern Ireland the LSA process for the annual audit needed to be more formalised, resulting in a more comprehensive report to enable relevant action points to be fully understood. The LSA also needed to better demonstrate how service user involvement could be enhanced in all areas of the supervision of midwives process. In particular, including how the supervision process could support a woman’s choice.

PHA Northern Ireland also received a ‘requires improvement’ grade because it needed to strengthen its procedures for investigating adverse incidents, complaints or concerns. Trust risk management midwives were unable to assure us that there was a strong link between supervisory investigations and risk management processes at an early stage following all clinical incidents.

Overview of the monitoring outcomes in relation to risk controls for the *Midwives rules and standards* (2012)

**Notifications:** Midwives must submit their intention to practise (ItP) by the stipulated submission date; they risk lapsing or losing their registration if they do not. This risk was well controlled. LSAs had clear systems in place for dealing with late submissions, for newly appointed midwives and for those who had changed location. LSAs reported on the added resource required for supervising registered midwives working as SCPHN health visitors. Although numbers are small, this was perceived as an issue that could magnify over time. LSAs will be expected to report quarterly on this issue.

**Records:** LSAs issue a policy for storage of records by independent midwives to all known independent midwives working in the UK. The policy identified a requirement to store records electronically. Adhering to this policy could have significant implications for long serving independent midwives who had previously stored records in paper format for many years. We will continue to monitor the impact of this policy.
The LSA Midwifery Officer: All LSAs have an appropriately qualified LSAMO. However, the resources supplied to enable LSAMOs to carry out their duties varies across boundaries. For example, there are differing levels of administrative support and finance to support ongoing education and training of SoMs. NHS England LSA is currently reviewing arrangements for delivering statutory supervision of midwives with a view to embedding the published single operating framework.

There is no standardised tool for the LSA audit process. Whilst the LSAMO forum has developed best practice guidance, there is no obligation to follow it and many LSAs do not. Next year’s monitoring programme will take a closer look at the audit tool with a view to determining any differences and, more specifically, weaknesses in audit tools that do not follow the LSAMO forum best practice guidance.

Supervisors of midwives: All monitored LSAs had an appropriate process for recruitment to the preparation of supervisors of midwives (PoSoM) programmes and plans for ensuring that succession planning occurred and that the requirement for a 1:15 ratio was achieved and sustainable. LSAMOs, Heads of Midwifery (HoMs), midwives and students confirmed that programme outcomes effectively prepared SoMs for their role. It should be noted that the applicable standards for PoSoM programmes were updated during the review year and we shall evaluate against them next year. Data collected in the LSA database is used to inform us about new SoM appointments and to record the required six hours of continuing professional development (CPD) that SoMs are required to undertake annually.

LSA responsibilities for supervision of midwives: We saw variation in the process used to undertake supervisory annual reviews. A toolkit has been developed and piloted and will be adopted by the LSAMO forum once a formal evaluation has taken place. Until then, some variation will remain. Practices between LSAs varied in terms of expectations for the completion of annual reviews. Some LSAs linked it with the submission date for ItPs and expected 100 percent to be completed by the stipulated date. Others believed that the review could take place at any time during the practice year and accepted that there might be legitimate reasons (such as maternity leave) for missing deadlines. Those LSAs would look for an 80–90 percent completion rate. While this inconsistent approach remains, the way in which we evaluate the various approaches is compromised. Future agreement amongst the LSAs on a unified and consistent approach would allow us to more easily benchmark and determine performance.

Publication of LSA procedures: The LSAMO forum UK policy on supervisory investigations had been implemented by all the LSAs reviewed. While investigations were always carried out by a SoM who was not involved in the incident under review, there was an increased likelihood of potential conflicts of interest when, for example, investigating SoMs were part of the same maternity unit. Some LSAs reported that appointing a SoM from another location was not always possible for resource reasons or because, as for Scotland, the incident occurred in a geographically remote region. Potential conflicts of interest were also reported when supervisory and management investigations were taking place concurrently. Information was not always shared appropriately between different parties to an investigation.

Some concerns about triggers for investigations were also expressed. On occasion midwives with risk management responsibilities were not always clear about the triggers for investigations in their maternity units. This raised the possibility of investigations not occurring when they should. It is interesting to note that of all the investigations reported, there were no ‘no further action’ outcomes. This suggests that all the investigations undertaken were warranted. Normally, however, investigatory processes undertaken by public bodies can result in a ‘no action taken’ outcome. The zero figure could suggest that not enough investigations are being triggered, which in turn could present a risk to public protection.
Suspensions from practice by LSAs: All the LSAs that we reviewed took investigations that resulted in suspensions from practice very seriously. All had a robust process to immediately inform us so that suspensions could be upheld via interim orders in FtP proceedings. The LSA database allowed the easy identification of those midwives who were suspended.

Notable practice

This year, reviewers identified several examples of notable practice during the monitoring of the selected LSAs, which included:

- Evidence of good support and training for SoMs on conducting investigations. This included workshops facilitated by a firm of solicitors and investigation reports, which were quality assured by the LSA MO and returned to the midwife under investigation for factual accuracy checks (East Midlands LSA).

- The introduction an annual review toolkit which is currently being factored into the LSA MO forum UK update of the annual review guidance, process and record and will be made available to all midwives in the UK (Northern Ireland LSA).

- Examples of good practice relating to the allocation of supervisory reviews and investigations following an adverse outcome (North East LSA).

It is our intention to promote and share examples of notable practice as part of our engagement activity with LSAs.

LSA quarterly and annual self-reports: themes and outcomes

The framework for the LSA annual report changed this year to a new template format. This requires evaluative commentary of the outcomes of supervision rather than providing considerable narrative on processes. We developed the abridged version for quarterly reporting in conjunction with the LSAMOs in 2011 and refined it this year. Our intention was to ensure, as far as possible, a standardised style that would allow for easier analysis and comparisons. In their quarterly and annual reports, LSAs were asked to show evidence of how they were meeting the standards, together with an indication of how risks were being managed. The mechanism for annual reporting also provided LSAs with the opportunity to describe notable practice that could be shared with others.

The annual reporting was divided into five reporting sections. Below we provide commentary on LSA reporting for each of those sections. The analysis presented here is an amalgam of outcomes from both the quarterly and annual reports. It is important to recognise the added value of the quarterly reporting process: it is efficient and agile and includes follow up calls placed by the SCT with LSA midwifery officers. Those calls not only allow LSAs to verbally report their results for the quarter, but also to engage, provide useful local context and, ultimately, build a better working relationship between the two parties.

Section 1: Numerical data for midwives and supervisors of midwives

Charts 4, 5 and 6 show the numbers of midwives, SoMs and the SoM to midwife ratio for each of the LSAs on 31 March 2014 (the end of the reporting cycle). For most LSAs there was a reasonable balance between new SOM appointments and SOM resignations. In Wales there were 27 resignations and only seven new SoMs appointed because Wales LSA was preparing for the introduction of their future proofing model in which SoMs will assume the role on a full time basis for an initial period of 18 months. The remaining SoMs will be placed on a leave of absence. In the North of Scotland there were 12 resignations and only five new appointments.
Chart 4: Number of midwives by LSA on 31 March 2014

Chart 5: Number of SoMs by LSA on 31 March 2014

Chart 6: SoM to midwife ratio per LSA on 31 March 2014
In terms of SoM ratios, all but two LSAs met the recommended 1:15 ratio. East Midlands and South East and West of Scotland achieved a 1:16 ratio. However, the majority of LSAs reported ratios higher than 1:15 in one or more maternity units. East of England LSA reported the highest ratio of 1:26 for quarter one in the Southend NHS Trust.

Ten LSAs achieved compliance with the 1:15 target ratio across all four quarters. A breakdown of quarterly results is presented in chart 7. Those that failed to achieve the 1:15 requirement in one or more quarters were East Midlands, East of England, London and South Central.

While many LSAs reported ongoing challenges such as impending retirements and the effects those could have on maintaining ratios, the LSAs also reported their plans for succession planning and promoting the SoM role as one with appropriate levels of support and guidance for midwives considering the role. Some LSAs reported circumstances (such as low overall experience of SoMs), in which ratios were 1:15 or lower but with pressures remaining on supervision as a result. Conversely, others reported ratios above 1:15 but with full confidence that supervision was being carried out effectively. Nevertheless the 1:15 ratio requirement acts as an indicator of resourcing risk in supervision. It allows us to quickly identify potential risks and explore them further with the LSAs in terms of their plans to ensure future compliance. Additionally, LSAs can point to higher ratios when, for example, negotiating with Trusts for additional and sustainable supervisory resourcing.

In response to high ratios or to trends that suggested increasing ratios, LSAs have implemented actions such as increasing commissioned numbers for PoSoM programmes, encouraging SoMs to proactively identify suitable future candidates for the role and cross-site supervision arrangements. Such mitigation, whilst encouraging, does not provide immediate solutions and requires close scrutiny by LSAs in future.

Some LSAs continued to report concerns raised by SoMs about protected time. LSAMOs have encouraged SoMs to record incidences of interruptions to their protected time on their database. Information on that database can then be presented as objective evidence to Trust managers about the need to enforce protected time and the likely negative impact on supervision when time is not protected.

In response to many of the concerns raised about the SoM role, some LSAs (such as Wales and London) have brokered models for supervision that involve recruiting full-time SoMs. These LSAs have taken the view that a full-time SoM, who can dedicate their time to the role, will be able to
carry out their responsibilities more efficiently and to a more consistent standard than those who juggle SoM activity with their employment role.

Section 2: Involving service users and lay auditors

Evaluation of the success or challenges of LSA activity to improve performance in this area was difficult due to inconsistent reporting against the evaluative overviews we requested. For next year’s annual report we will look at adapting our requests for information to ensure better consistency of reporting. This will allow us to evaluate performance more easily. The recruitment of lay and service users to take part in the LSA audits of the supervision of midwives was reported as challenging for five LSAs although each reported progress to a greater or lesser degree. Those LSAs were Yorkshire and Humber, Northern Ireland, North of Scotland, Southeast and West of Scotland and East Midlands.

A number of LSAs provided examples of approaches that they intended to take to ensure the effective involvement of lay auditors. Methods to attract women and fathers to become lay auditors included leaflets, recruitment packs and pathways to becoming involved for women who had experienced complex births. However, there was little evidence of robust action plans and only limited examples of progress reports against the commitments made. In the next cycle of LSA monitoring we will review the success of these reported approaches.

Lay auditors have been involved in a number of ways including the recruitment process for SoMs, interview panels for applicants to PoSoM programmes, devising leaflets to explain changes to local service provisions and full integration into the LSA annual audit process. This should improve practice by strengthening the provision of service user feedback data.

Section 3: issues and trends that may affect the future practice of midwives

The LSA annual reports provided a detailed breakdown of issues, trends and their likely impact. All LSAs except London, North East, West Midlands and HIW provided RAG ratings. Some LSAs described the same risks or themes but RAG rated them differently. For example, North of Scotland LSA reported that complex care in the Orkney Islands had resulted in SoMs providing additional support to midwives on a regular basis, which was a heavy demand on a team of two SoMs. This risk was RAG rated red whereas other LSAs RAG rated the same issue as amber or green.

Another example of inconsistent RAG rating among LSAs related to the proposed revalidation process. Some LSAs RAG rated this red whilst others did not identify this as a risk at all. This might have been because LSAMOs perceived the impacts differently or because impacts might be being discussed differently at the local level. At present it is difficult for us to accurately compare and evaluate these self-reported issues and trends without a more consistent approach to the process across LSAs. Next year we will review whether greater clarity and consistency can be brought to this part of the self-reporting process.

Several key themes emerged from the feedback. While all but one LSA (North East) reported a decrease in birth numbers, all reported a significant increase in complex births and complex social needs of women. Issues included higher maternal ages, higher body mass index (BMI) and pre-existing medical conditions. These complexities have inevitably increased demands on SoMs.

Some LSAs (North West, Wales, South East Coast, South Central and South East & West Scotland) reported difficulties with reducing caesarean section rates and with the implementation of midwifery-led care in various trusts. Trusts reporting a caesarean section rate above 25 percent are required to report actions taken to bring the figure down.

Workforce issues included the age profile of midwives, geographical remoteness, resignations, retirements and difficulties with recruitment. In some rural areas recruitment of SoMs or
midwives can be difficult and services such as homebirth provisions are under threat, which reduces women’s choices. Two LSAs, (East of England and Yorkshire and Humber), reported recruiting new (Band 5) midwives. A higher proportion of new midwives could have the effect of increasing the pressure on SoMs while they dedicate proportionately more time to support newly qualified midwives and mentors. Organisational changes, service review and reconfigurations could also have an impact on supervision. The impact of the financial climate and the need for trusts or health boards to make savings can impact on the working lives of midwives and, in turn, on the nature of supervision. Some LSAs (South Central, South East and West of Scotland, South East Coast, South West) also reported on the potential impact of external factors such as forthcoming revalidation. The risk of poorly designed systems and inadequately prepared midwives might compromise the ability for midwives to practise. Concerns raised by LSAs and other stakeholders have been identified within the revalidation consultation process and will be addressed. Piloting for revalidation started in January 2015.

Section 4: complaints about supervision and supervisory investigations

A total of 18 complaints about the discharge of the supervisory function were reported by seven LSAs during 2013–2014. Of these, 16 were from midwives objecting to issues about the supervisory process. The other two were from women; one objected to the actions of SoMs while the other objected to a decision not to carry out a supervisory investigation. In one, the complaint was upheld and general recommendations were fed back to relevant SoMs and the Head of Midwifery (HoM). In the other no information about the outcome was provided in the annual report. We will follow up on these reporting omissions next year.

LSAs were required to provide annual statistical data on supervisory investigations including: the total number, the number completed within the 45 day best practice target and the number of midwives placed on local action, suspended or referred to the NMC as an outcome of investigations.

Charts 8, 9 and 10 provide data about supervisory investigations for each LSA. In total, 669 incidents were investigated. Between LSAs the figure ranged from five in PHA Northern Ireland, to 143 in London. For all investigations, action was taken. There were 875 local action plans, 144 LSA practice programmes, 57 suspensions and 73 referrals to the NMC. Caution is required when interpreting the data, however, because some midwives involved in investigations were peripheral to the incident involved.
Chart 8: Supervisory investigations and outcomes 2013–2014

Chart 9: LSA referrals to NMC 2013–2014

Chart 10: Supervisory investigations outside 45 day target
Only 33.5 per cent of the investigations were completed in the 45 day completion target. Reported reasons for missing the target included: sickness of either the midwife under review or the investigating SoM, annual leave, lack of protected time for SoMs, delays in returning evidence, increased number of investigations and the length of time taken to produce reports. While some of these reasons were outside the control of LSAs, others, such as time taken to produce reports, were not. A failure to take control of factors leading to delays is likely to increase the time taken to investigate cases. Where unsafe practices are not identified and addressed at the earliest opportunity this represents an increased risk to the public. Some LSAs described training programmes for SoMs on how to conduct investigations. The skills involved in conducting rigorous, independent and objective investigations (including the need for precisely written reports) were found to be in need of improvement for some SoMs. Where investigations are compromised due to a lack of expertise the public could be put at risk because of increased likelihood that important evidence might not be properly and objectively identified, addressed, interrogated and reported.

In Scotland there was a particular focus on the timeline for investigations. LSAMOs in Scotland reported a low number of SoMs available to investigate throughout the country, potential conflicts of interest (making the appointment of a suitable investigator more difficult) and geographical complexities. The outcome was a tendency to appoint an investigating SoM even when it was known that the 45 day target could not be met due to annual leave arrangements or similar. In such situations there is an increased risk to public protection for the same reasons stated above. LSAs recognised the widespread missing of the target and we await the outcomes of discussions of their review of investigating protocols. We will focus more on supervisory investigations in next year’s QA monitoring activity.

Section 5: system issues and reviews

Key issues reported by LSAs included:

- midwifery care issues in maternity units relating to the environment and infrastructure;
- financial issues (for example funding of lay auditors, no allocation of non-pay funding for the LSA function, funding appropriate training and development for SoMs);
- lack of NHS resources to support SoMs in their attempts to adapt to the change agenda in Wales, and
- the transfer of the LSA function to NHS England; follow up from recommendations in published reports such as the Morecambe Bay and Francis report; work with clinical commissioning groups and detailed plans for the future proofing of supervision.

All of these issues were reported as having the potential to adversely affect the LSAs’ ability to ensure effective supervision in their areas and therefore likely to increase the risk of inadequate care for women and their babies.

Quality of LSA annual and quarterly reports

Although we provided reporting templates, there were differences in reporting styles, content and level of detail. In some respects the differences were significant. Those differences tended to impact negatively on the ability to perform meaningful comparisons and benchmarking for reports that will follow. Additionally, the differences point to a need to continue to improve templates to ensure that responses will be more uniform in future. The differences also pointed to a need for further training and guidance for LSAs before the next reports are due for submission. We will study feedback and responses and seek to make improvements to templates for the next reporting cycle. We will also consider the feasibility of benchmarking the quality of reports and feeding our findings into our risk intelligence processes, which help us determine future monitoring selections.
Part Four – Exceptional reporting

- Exceptional reporting requirements for AEIs and LSAs
- Risk in Education, standards and quality assurance (RESQ)
- Most significant risk areas identified
Exceptional reporting requirements for AEIs and LSAs

When emerging and resurgent risks occur outside of routine reporting times, AEIs and LSAs should self-report them to us. As outlined in the QA framework, (Responding to concerns within nursing and midwifery education and supervision of midwives), we have agreed with AEIs and LSAs that where risks appear to have a negative impact on the student experience or on the supervision of midwives, the AEIs or LSAs will voluntarily provide an exceptional report. This must address the risks and reports the actions put in place to mitigate or overcome those risks. We expect to receive the following information from exceptional reporting: a description of the risk, immediate actions taken, individual and shared responsibilities, planned actions and details of any additional support mechanisms planned or in place.

In addition, we have an internal process that allows us to consider any other risk intelligence we might receive from a variety of internal and external sources. Those sources include system regulator reports, media, internal sources, quality surveillance groups, risk summits and directly from registrants or students who escalate concerns. Any risks identified are assessed and our actions are determined in accordance with their severity. Often the outcome will be to engage with relevant AEIs or LSAs and make a formal request for further information in line with the principles of extraordinary self-reporting set out in the QA framework. In these circumstances, we will inform the AEI or LSA concerned within five working days so that the risk can be locally managed, where possible. Data from this process can be used to help determine selections for annual monitoring.

The emerging situation in Guernsey, which resulted in an extraordinary review in October 2014, falls into the next reporting year. However, the reports have received considerable attention so are reported briefly in this report. The extraordinary review found that a number of standards relating to supervision had not been met. Widespread issues were reported, which could undermine public confidence in the safety of maternity services in Guernsey. We continue to work with the LSA and Guernsey's Health and Social Services Department to make improvements to protect patients and the public. We will provide additional reporting in next year's annual report.

Risk in Education, Standards and Quality Assurance

The process of investigating the content of exceptional reports and other risk intelligence that we gather ourselves is called Risk in Education, Standards and Quality Assurance (RESQ). Representatives from different directorates across the NMC meet on a six weekly basis to discuss the intelligence, apply a risk rating and determine proportionate follow up action if appropriate.

The most common items for discussion tend to involve the assessment of system regulator reports that could point to concerns about students in placement in affected care settings (normally in acute hospital care settings). The RESQ governance process ensures that accurate records are kept and that key individuals within the organisation are kept informed. It also ensures that key contacts in AEIs, LSAs or in other stakeholder organisations know about the progress and outcomes of our activity. The RESQ process represents a proportionate approach that balances our regulatory purpose in public protection with the local management of risk by LSAs and AEIs. The most significant risks discussed at RESQ are collated and presented in a report to our Executive Board to ensure that any cross-directorate implications are discussed fully. Although this part of the process is relatively new, it is worth noting those risks that have been reported as they represent some of the most high profile and serious matters to emerge in our QA over the reporting period.
Part Five – Conclusions and future developments

• Continuous improvement
• Conclusion
Continuous improvement

We have adopted a risk-based approach that responds to concerns, raised or anticipated, using a number of important channels. Those channels include intelligence from our regulatory partners, the media, current risks raised with the NMC through our internal directorates, the self-assessment and QA reporting mechanisms and through students directly.

Although a great deal of progress has been made, we remain mindful of an important principle enshrined in the QA framework: the need to continuously refine and improve the way in which we conduct our QA activity. To that end we have recently reviewed and refined the QA framework with a view to improving the way we plan and deliver our QA work next year. The outcomes of our work have helped us determine areas that needed strengthening and will feed into the training programme for reviewers prior to the next QA cycle. Indeed, one of the improvements is an enhanced programme of reviewer training, which we hope will bring about a more consistent, robust and accurately referenced reporting format.

Having considered and responded to the most significant risks under our risk-based selection criteria, we must further consider the outcomes of our monitoring reviews and the fact that 11 of the 16 AEIs we visited met all the standards and that none of the other five were awarded a ‘standard not met’ grade. Similarly, LSAs met most of the standards with only one standard not met grade and a further four standards requiring improvement from a total of 42 grades awarded. A well-targeted, risk-based approach suggests that AEIs and LSAs may not have met so many of the standards.

Given the long lead-in times (AEIs and LSAs were notified months in advance of our intention to monitor) there could have been an inbuilt incentive for the AEIs and LSAs involved to adopt temporary but unsustainable practices in relation to risk controls and demonstrate these during the monitoring process. There is no evidence or suggestion that that is what has happened. Alternatively, the way in which we evaluated risk might not have been targeted well enough or as comprehensively as it needed to be. Are there better indicators we can establish to more effectively target our efforts? There is a question mark over the events themselves. Last year our monitoring events were no longer than two days and led us to question whether this was long enough to conduct a full and thorough review, particularly for geographically remote areas in which a great deal of the time allocated was spent on travel.

We would argue that for certain events more time is needed to conduct a thorough review as QA review teams have to cover vast geographical areas. We have already announced plans to extend some of next year’s reviews to three days. Clearly, gathering risk intelligence, accurately evaluating that intelligence and then responding in a proportionate, targeted and effective way is fundamental to the success of our QA work. With that in mind, we commissioned Mott MacDonald, to identifying potential QA process enhancements that will allow us to more accurately and comprehensively assess and model risk factors that can negatively impact the quality of education and the supervision of midwifery. We hope that their work will provide us with a more sophisticated and rigorous approach to the selection of LSAs, AEIs and their programmes for monitoring, and to the content of the self-reporting.

Summary of recommendations

During the 2014–2015 reporting year we will continue to review our processes to ensure that risks are effectively managed and that full visibility of both AEIs and LSAs is maintained. Mott MacDonald has provided a number of recommendations to strengthen the way in which we quality assure AEIs and LSAs. We will work closely with Mott MacDonald in considering and implementing these recommendations.
With regard to AEIs, the recommendations include:

• Lengthening monitoring visits. (This has already been implemented with regard to the 2014–2015 monitoring visits).

• Reviewing the theme ‘practice learning’ and including ‘raising and escalating concerns’.

• Providing further clarity in relation to extraordinary reporting.

• Enforcing service user and carer involvement as a formal requirement in all NMC standards for approved programmes.

• Providing guidance on appropriate ratios of practice teachers to mentors and SCPHN HV students in ‘long arm’ practice supervision arrangements.

With regard to LSAs, the recommendations include:

• Lengthening monitoring visits (please see above)

• Introducing a benchmark standard for LSA annual self-reports.

• Introducing a mechanism by which LSAs will receive feedback about the quality of data and content of the annual reports.

• Including a section in the self-report which specifically requires LSAs to report on actions and progress made following ‘not met’ and ‘requires improvement’ outcomes from monitoring reviews.

• Benchmarking to identify what is expected of service users (beyond their involvement in the audit process) and reconsidering whether the 45 day period is the best practice time line for completion of supervisory investigations.
Conclusion

This year represented a first in terms of the application of the new risk-based QA framework for both AEIs and LSAs, together with other important developments such as the introduction of lay reviewers, the AEI requirements and, on a practical level, the new QA portal.

These important developments have been met with widespread approval yet we know from our structured feedback mechanisms that we need to make refinements in a number of areas. In that sense, ‘refinement’ is a key outcome from the reporting process this year and we have established a firm basis on which to build next year. With that aim in mind we have already begun to work on improving the portal and increasing its functionality. We are providing additional reviewer training to support them in their role within the QA teams. We are also improving consistency and accuracy of QA reporting and effectively harnessing risk information that should allow us to make more objective and rigorous selections of AEIs and LSAs for future monitoring or in selecting questions to ask LSAs and AEIs at reviews and when completing their self reports.

In terms of trends, we have experienced a fall in requests for approvals and re-approvals this year with an increase in programme modification and extensions. It remains to be seen whether there is an underlying trend or whether the 2013–2014 reporting cycle is an anomaly. While the numbers of approvals have fallen, we plan to embark on a new stream of work to improve our reporting in this area. The reduction in approvals activity has helped us to give greater scrutiny to our monitoring and self-reporting processes. During the year we worked with Mott MacDonald to improve the design, layout and accuracy of our monitoring reports. As an outcome of that process we have also put in place additional training for our QA reviewers, which should lead to improved consistency in reporting style and content for next year. The outcomes of the monitoring process were surprising in the sense that so many were ‘standard met’ within the context of risk-based selections. This caused us to question our approach to selections and the format of the QA events themselves. We continue our work on making refinements and will introduce innovations such as extended reviews, where it is warranted, and shorter lead in times between announcing the reviews and undertaking them. We have also refined our review plans for AEIs and LSAs with an emphasis on collecting more objective data, such as that around AEI FtP investigations and those conducted by SoMs.

We will undertake similar analyses with the self-reporting templates. These reporting processes are vital in helping us to build a map of where risks occur and how AEIs and LSAs work to mitigate them. We have acknowledged that self-reporting of risks is indicative of a positive, proactive approach which implements the principles set out in the QA framework. Those AEIs or LSAs who fall short of self-reporting best practice might receive increased scrutiny next year because that, in itself, could be considered a risk. To help us better utilise the risk intelligence we collect, we have asked independent experts at Mott MacDonald to undertake an analysis and make recommendations. They are due to report soon and we hope that their findings will allow us to further refine and develop the sophistication of our processes.