

Meeting of the NMC Council

to be held at 9.30am on Thursday 21 February 2013 in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison CB
Chair of the NMC

Maggie Wood,
Interim Assistant Director,
Corporate Governance
(Secretary to the Council)

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|---|---|-----------|
| 1 | Welcome from the Chair | NMC/13/22 |
| 2 | Apologies for absence | NMC/13/23 |
| 3 | Declarations of interest | NMC/13/24 |
| 4 | Minutes of the previous meeting | NMC/13/25 |
| | Minutes of the public session of the Council held on 31 January 2013 | |
| 5 | Summary of actions | NMC/13/26 |
| | An action list detailing matters arising from the minutes of the public session of the Council held on 31 January 2013 and outstanding actions from previous meetings | |
| 6 | Report of decisions taken by the Chair since the last Council meeting | NMC/13/27 |
| | None. | |

Corporate reporting

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| 7 | Risk Register | NMC/13/28
TO FOLLOW IN
48-HOUR
PAPERS |
| | Director of Corporate Governance | |
| 8 | Chief Executive report | NMC/13/29
ANNEXE 1 TO
FOLLOW IN 48-
HOUR PAPERS |
| | Chief Executive and Registrar | |

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| 9 | FtP Performance report
Director of Fitness to Practise | NMC/13/30
TO FOLLOW IN
48-HOUR
PAPERS |
| 10 | Monthly financial monitoring
Director of Corporate Services | NMC/13/31
TO FOLLOW IN
48-HOUR
PAPERS |
| 11 | Corporate Complaints
Chief Executive and Registrar | NMC/13/32
TO FOLLOW IN
48-HOUR
PAPERS |

Matters for decision

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|----|---|---|
| 12 | Update on proposals for interim order hearings
Director of Fitness to Practise | NMC/13/33 |
| 13 | Engagement strategy
Director of Corporate Governance | NMC/13/34
TO FOLLOW IN
48-HOUR
PAPERS |
| 14 | Supervision, support and safety: Report of the quality assurance of the local supervisory authorities (LSAs) 2011 - 12
Director of Registration and Standards | NMC/13/35 |
| 15 | HR and Organisational Development strategy
Director of Corporate Services | NMC/13/36 |
| 16 | Publication of expenses information
Director of Corporate Services | NMC/13/37 |
| 17 | Education Committee – Terms of Reference and appointments
Director of Corporate Governance | NMC/13/38
TO FOLLOW IN
48-HOUR
PAPERS |
| 18 | Transition planning for reconstituted Council
Director of Corporate Governance | NMC/13/39
TO FOLLOW IN
48-HOUR
PAPERS |

- 19 **Questions from observers** NMC/13/40
LUNCH: (12.45 – 13.30)

Matters for discussion

- 20 **Francis Report** NMC/13/41
 Chief Executive and Registrar **TO FOLLOW IN
 48-HOUR
 PAPERS**
- 21 **Feedback from committee chairs of meetings held
 since last Council:** NMC/13/42
 Fitness to Practise Committee VERBAL
 Chair of Fitness to Practise Committee
 Appointments Board
 Chair of Appointments Board
- 22 **Draft agenda for the Council meeting on 21 March
 2013** NMC/13/43
 Director of Corporate Governance

The next public session of the Nursing and Midwifery Council will be held on Thursday 21 March 2013 at 9.30am at the Nursing and Midwifery Council, 23 Portland Place, London W1B 1PZ.

Meeting of the Council
Held at 09:30 on 31 January 2013
at 23 Portland Place, London W1B 1PZ



Minutes

Present

Members:

Mark Addison CB	Chair
Alison Aitken	Council Member
Dr Kuldip Bharj OBE	Council Member
Professor Judith Ellis MBE	Council Member
Lorna Jacobs	Council Member
Grahame Owen	Council Member
Nicki Patterson	Council Member
David Pyle	Council Member
Carole Rees-Williams	Council Member
Ruth Sawtell (until 11.45)	Council Member
Bea Teuten	Council Member
Professor Jane Tunstill	Council Member

Lay advisors:

Louise Scull	Lay Advisor to Council
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NMC officers:

Jackie Smith	Chief Executive and Registrar
Katerina Kolyva	Director of Registration and Standards
Andy Langler	Interim Chief Information Officer (Item 18 only)
Lindsey Mallors	Director of Corporate Governance
Sarah Page	Director of Fitness to Practise
Mark Smith	Director of Corporate Services
Maggie Wood	Interim Assistant Director, Governance and Planning (Secretary to the Council)
Paul Johnston	Council Services Manager (minutes)

The meeting of the Council commenced at 9.30am.

The report from the Chair of Audit Committee was taken following the corporate complaints policy as the Committee Chair had to leave the meeting. For reporting purposes, it is recorded in these minutes in order of the agenda.

Minutes

13/01 Welcome from the Chair

1. The Chair welcomed Council members and officer colleagues to the meeting, and extended the Council's congratulations to Katerina Kolyva and Sarah Page on their appointments to the posts of Director of Registration and Standards and Director of Fitness to Practise respectively.
2. The Chair welcomed attendees from the press, partner organisations and the public to the meeting.

13/02 Apologies for absence

1. Apologies for absence were received from Sue Hooton OBE and Professor Nigel Ratcliffe.

13/03 Declarations of Interest

1. Grahame Owen declared an interest under item 16 by virtue of being a member of the GDC Council.

13/04 Minutes of previous meetings

1. The minutes of the meetings held on 25 October 2012 and 22 November 2012 were agreed and signed as a correct record.

13/05 Summary of actions

1. Members noted that, with reference to minute 12/185, Fitness to Practise strategy had not been considered at Council seminar on 30 January.
2. Officers advised members that the Plain English Campaign had suggested some changes to the Fitness to Practise documentation which had been incorporated. Members noted that the NMC had included working toward all NMC policies being Plain English accredited in the draft business plan 2013 – 16.
3. Members noted that learning points from corporate complaints were not treated within the corporate complaints paper to Council. Officers said that the organisation's processes for addressing and learning from corporate complaints were being revised.
4. Members noted the minute numbering on the summary of actions documents did not correspond with those on the minutes and that some actions, while stated in the minutes, were not reflected in the summary of actions document.

Action:	Amend summary of actions document to reflect correct minute numbering
For:	Secretary to the Council
By:	21 February 2013
Action:	Ensure learning points from customer complaints are presented to the March Council meeting
For:	Chief Executive and Registrar
By:	21 March 2013

13/06 Report of decisions taken by the Chair since the last meeting

1. Members noted the report and asked about the intention behind appointing two additional assistant registrars. Officers said that the appointments allowed for more organisational capacity on voluntary removal cases and stressed that the two additional registrars would only have powers relating to voluntary removal.
2. Members expressed concern about the capacity of registrant panel members and said that this was an issue that required member attention. Members agreed that this issue be considered at Fitness to Practise Committee and subsequently at Council.

Action:	Fitness to Practise Committee to examine capacity issues for registrant panel members
For:	Director of Fitness to Practise
By:	Fitness to Practise Committee - 19 February 2013 / Council – 21 March 2013

13/07 Risk Register

1. Members received the Risk Register.
2. Members noted the risk around reconstituted Council and said that the principal risk centred on ensuring that newly appointed members were familiar with the corporate agenda and that there was no loss of corporate memory at Council level. Members said that the induction process was important in ensuring continuity with the reconstituted Council and asked that Council receive a paper on the transition planning process and timelines at the February meeting.
3. In particular, Members noted that the new Council would have responsibility for signing of the annual accounts and report when they had only been in post a short time. Members asked that the risk relating to Council needed to include this point as well as the mitigation against this risk.
4. Officers advised that the external auditors were aware of the situation and the presentation of accounts and annual report would

be scheduled to ensure that both the current Audit Committee and Finance and IT Committee had oversight of the statutory accounts.

5. Officers advised that an update on Professional Indemnity Insurance was provided later in the agenda, but that the risk level in this area had not yet been amended on the register as further work was required to understand the implications of current Department of Health proposals.

Action: Add transition planning process to February Council agenda
For: Director of Corporate Governance / Secretary to the Council
By: 21 February 2013

Action: Amend risk register to cover lack of familiarity with corporate agenda and amend mitigating actions
For: Director of Corporate Governance
By: 21 February 2013

13/08 Chief Executive report

1. The Chair prefaced the report by updating Council on the recent meeting between Dr Dan Poulter MP (Parliamentary Under Secretary of State, Department of Health), the Professional Standards Authority and the NMC. The Chair said that it had been a positive meeting and that both the Department and PSA recognised the positive progress that the NMC was making in a number of areas. Dr Poulter had encouraged the NMC to “keep its feet on the pedal” and not lose focus on the progress being made.
2. Members said that the actions taken in respect of historically high staff turnover did not appear to address the full range of causes. Officers said that staff turnover was consistently monitored by management and that the currently available data would be fed into the HR and Organisational Development strategy, which would be considered by Council at its February meeting. Staff turnover would also be a key consideration in the work being undertaken on the pay and grading review.
3. Members referred to other HR issues highlighted on the balanced scorecard, including completion of induction programme and the proportion of staff leavers who completed exit interviews.
4. Members said that the balanced scorecard showed that performance had fallen in a number of areas in December and queried whether this was historically the case. Members asked that improved planning be in place in future to prevent a drop in performance levels around the Christmas period. Officers said that they would provide information to Council around historic performance levels around Christmas.

5. Members asked for an update on registrations policy. Officers said that policies and process for registrations were currently being reviewed and that areas that required strengthening would be reinforced.
6. Members asked that the risk register reflect qualitative as well as quantitative data.
7. Members noted that the Personal Development Review (PDR) process for 2012 / 13 had now closed and asked what was currently being undertaken on the process. Officers said that performance monitoring measures were being reviewed and improved where appropriate.
8. Members said that there were some very positive figures within the report, including the fact that there were no historic cases currently in the investigation stage. Members congratulated officers on their work in driving improvement.
9. Members noted that there was inconsistency between the balanced score card and the risk register with reference to overseas registration and asked that this be reviewed.
10. Members asked about the publication of the Francis Report, due for 6 February 2013, and the NMC's anticipated response. The Chief Executive said that the organisation would need to reflect upon the report's recommendations and that Council would feed in views on proposed responses to the recommendations in February.
11. Members were pleased to note the improvements in hearing cases and although they recognised there was still work to be done, members acknowledged the achievement of hearing 22 cases per day.

Action:	Provide information around historic performance levels in Fitness to Practise directorate in December
For:	Director of Fitness to Practise
By:	19 February 2013 (FtP Committee)
Action:	Ensure balanced scorecard reflects quality issues as well as quantitative performance
For:	Director of Corporate Governance
By:	21 February 2013
Action:	Ensure consistency between balance scorecard report and risk register
By:	Director of Corporate Governance
For	21 February 2013

13/09 FtP performance report

1. Bea Teuten, as Chair of the Fitness to Practise (FtP) Committee, updated Council on the Committee meeting in January. The Committee had not been able to consider a number of items, but had considered Fitness to Practise Quality Assurance. The Committee was not able to offer assurance to Council currently on the QA process but was satisfied that steps were in place to improve QA robustness. She repeated members' earlier comments that some pronounced improvements had been made but said that improvements remained fragile. Members said that it was important that the NMC increase external communications about improvements in many areas of the NMC's work.
2. Officers said that adjudication remained a particular challenge and that the FtP Committee would consider how to address this challenge.
3. Members asked that learning from litigation and high court interim orders be provided to Fitness to Practise Committee and Council at their next meetings.
4. Members asked about the process for incorporating learning points provided by the PSA. The Chair of FtP Committee said that the Professional Standards Authority report was a standing action for the Committee. Officers noted the need to tie in learning from PSA with corporate learning from the Serious Events Review (SER) policy. Learning from PSA was correlated with issues identified internally to ensure that recommendations were taken forward appropriately.

Action:	Provide Council and the Fitness to Practise Committee with learning from litigation and high court interim orders
For:	Director of Fitness to Practise / Secretary to the Committee
By:	19 February 2013 (FtP Committee) / 21 February 2013 (Council)
Action:	Include adjudication numbers on the Fitness to Practise Committee agenda for 19 February 2013
For:	Director of Fitness to Practise
By:	19 February 2013

13/10 Monthly financial monitoring

1. The Director of Corporate Services introduced the report and highlighted salient points, including the organisation's current reserves position, which was already below the Council's agreed reserves policy level. Officers added that the DH grant was now reflected within forecasts and the grant would be amortised over 35 months.
2. Grahame Owen, as Chair of the Finance and IT Committee, summarised the discussions held at Committee on 24 January 2013.

He confirmed that the Committee had considered the reports on ICT strategy and on monthly financial monitoring, where discussions had focussed in particular on budgetary spend over the last two months against forecasts, and on the free reserves position.

3. Members asked that Annexe 3 be amended to reflect the date expected to achieve the NMC's reserves target as this was an important area for Council to monitor.

Action: Amend Annexe 3 of the Monthly financial monitoring report to reflect the expected achievement date of reaching the NMC's reserves target
For: Director of Corporate Services
By: 21 February 2013

13/11 Update on thresholds for investigation

1. Members noted that the organisation had collected substantial amounts of data that needed interpretation and analysis. Such interpretation and analysis would contribute positively to the ongoing development of the organisation. Members asked that data analysis on fitness to practise caseloads provide information on nurses and midwives separately and on a regional basis.
2. The Chair of Fitness to Practise Committee said that the Committee would monitor this analysis work and would examine any gaps in current data provision.
3. The Council agreed to carry out a further review and audit of referrals involving alcohol and drug related offences before March 2014 to inform any future review of the current Council policy.
4. The Council agreed to approve further research and data-analysis in relation to the development of further guidance around the meaning of impaired fitness to practise and requested feedback in April 2013 to the Fitness to Practise Committee and to Council in July 2013.

Action: Report results of research and data analysis to Fitness to Practise Committee and Council in relation to the development of further guidance around the meaning of impaired fitness to practise
For: Director Fitness to Practise
By: Fitness to Practise Committee - 23 April 2013 / Council – 18 July 2013

13/12 Financial Strategy

1. The Director of Corporate Services introduced the report, noting that Finance Review Group (now the Finance and IT Committee) had

reviewed the strategy at its meeting in November 2012, and set out the key points, including the fee level assumptions around which the strategy was based.

2. The Chair said that the strategy would form an important part of the wider NMC framework to address historic financial difficulties.
3. The Council approved the financial strategy.

13/13 Corporate complaints

1. The Council agreed to defer this item until the 21 February 2013 meeting.

Action:	Include Corporate complaints on Council 21 February agenda
For:	Secretary to the Council
By:	1 February 2013

13/14 Terms of Reference – Remuneration Committee and Midwifery Committee

1. Members considered the report and made a number of detailed comments on possible areas for inclusions within the Remuneration Committee's and Midwifery Committee's Terms of Reference. The Chair noted that the roles of committees would be examined as part of the wider governance review and asked that these points be re-explored then.
2. Members also considered means of ensuring that the Midwifery Committee was both visible and responsive to partner organisations within the sector and said that it was important that closer links be forged.
3. The Council agreed to amend paragraph 1.2 of the Remuneration Committee's existing Terms of Reference to read: "advising the Chief Executive and Registrar on the appointment, remuneration and termination of directors and be consulted on redundancy payments, including special severance payments for senior staff, and any other extraordinary non-contractual payments."
4. The Council agreed to the amendments to the Midwifery Committee Terms of Reference and agreed that legal advice be sought as to whether, under the current regulations, a non-midwife registrant is able to sit on the committee.

Action:	Seek legal advice as to whether a non-midwife registrant is permitted to sit on the Committee
For:	Director of Corporate Governance
By:	21 February 2013

Action: Examine how the Midwifery Committee can work more closely with partner organisations and with Council
For: Midwifery Committee
By: 17 April 2013

13/15 Questions from observers

1. Gail Johnson, Royal College of Midwives (RCM), said that the RCM would welcome the opportunity for closer working with the Midwifery Committee. She said that she was pleased to see the NMC's work on the overseas registration review. The RCM's main concern was around the proposals for Professional Indemnity Insurance (PII) and would welcome NMC comments. The Chair noted that PII was to be considered as an item later on the agenda.
2. Ian Peate, British Journal of Nursing, asked why there appeared to currently be no provision within the Risk Register regarding reputational risk. The Chair said that he felt that the NMC was moving in the right direction and that reputational improvements would inevitably follow improved performance and delivery. Members added that there remained issues around engagement with stakeholders and communicating the improvements that the NMC was continuing to make.
3. Jane Beach, UNITE, noted that registrants may be referred to Fitness to Practise processes if they did not hold PII and asked that Council address this with caution, as a lack of PII would normally be attributable to employers rather than registrants. Ms Beach also asked about how clinical advice would be accessed, as referred to within the PSA Audit report. Officers said that they would address these points during discussions on related reports later in the agenda.
4. Rose Ann O'Shea, Scottish Government, said that further NMC engagement at a senior level would be welcomed in Scotland. Members said that engagement activities used to be supported through the Professional Practice and Registration Committee (PPRC) and noted that the Education Committee would engage with the four countries.

13/16 Professional indemnity insurance as a requirement for registrations with the NMC

1. The Director of Registration and Standards introduced the report, noting that the Department of Health had recently announced that they would be pursuing an approach where registrants would self-declare that they held PII. She said that Council would be updated on this area at its March meeting, including further information on the core policy principles and legal analysis, and said that a steer from Council at this stage would be helpful.

2. Members said that there needed to be further communications work undertaken to ensure that all relevant employers were aware of the need for nurses and midwives to hold PII once the EU directive came into force. Members believed that further clarification was needed around who would be required to have such insurance.
3. Members expressed concern about how robust proposals for self-declaration would be. Members asked whether other healthcare regulators were affected to the same extent as the NMC by PII proposals. Officers replied that the majority of regulators already had holding indemnity insurance as a condition of registration.
4. Members noted the report.

Action: Include Professional Indemnity Insurance on the March 2013 Council agenda
For: Director of Corporate Governance / Director of Registration and Standards
By: 21 March 2013

13/17 PSA initial stages audit

Members noted the report and suggested that this was a key area for the Fitness to Practise Committee to monitor going forward.

Action: Include PSA audit on the FtP Committee agenda at each meeting
For: Director of Fitness to Practise
By: 19 February 2013

13/18 ICT strategy and implementation update

1. The Director of Corporate Services introduced the report, noting that the paper had been before the Finance and IT Committee, where members had made a number of detailed comments.
2. The Chair of the Finance and IT Committee outlined the discussions held at Committee, which included members querying the current predicted spend and where that spend would be directed in the medium-term.
3. The Interim Chief Information officer, in replying to members' queries, said that the organisation was taking every reasonable protection on data security. The current operating system for WISER was stable but, given that WISER was at the end of its useful life, no further changes were proposed to the system. Officers were looking at organisational needs and priorities in going forward and that would determine what systems would be used to replace WISER. The Director of Corporate Services added that replacing WISER was just one aspect of the ICT strategy and said that, as it was important to ensure member oversight of the strategy's development, the next

update paper would be presented in May rather than July. Finance and IT Committee would continue to monitor the strategy and offer assurance to Council.

4. Members asked what the end point of the strategy might look like and how advanced the technology proposed might be. Officers replied that the NMC aspired to be a modern, efficient regulator and that would guide how technology was both chosen and used.
5. Members noted the report.

Action:	Report ICT strategy to Finance and IT Committee in March and Council in May
For:	Secretary to the Committee / Secretary to the Council
By:	19 March 2013 / 23 May 2013

13/19 Proposed framework for the quality assurance of education and local supervising authorities for midwifery

1. The Director of Registration and Standards introduced the report and noted that the Midwifery Committee had considered this item at its 16 January meeting.
2. Members expressed concern about outsourcing proposals for the LSA review function, given that the in-house resourcing had worked well historically. Members sought reassurance that there would be member engagement throughout the tendering process.
3. Professor Judith Ellis, as Chair of the QA Reference Group, said that the Group had considered this issue carefully and that the diagram annexed to the report showed the correct approach. Education Committee would also monitor and take forward the vision for the proposed framework.
4. Officers stated that the project would only be outsourced if it were found to be appropriate. Council would continue to be engaged in the work and the project would require Council sign-off to move to the fourth phase.
5. Members noted the report.

13/20 Minutes and feedback from committee chairs of meetings held since last Council

1. Ruth Sawtell, Chair of the Audit Committee, outlined the reports from Committee to Council and noted the particular points that Committee wished to raise with Council. These included responsibility for monitoring progress against the NMC's equality and diversity objectives and action plan agreed by Council in July 2012, issues around the scheme of delegation, the development of a robust assurance framework, Remuneration Committee terms of reference,

internal audit appointment and further work around transition planning.

2. Members agreed that Council should warmly support the points made by Committee. In respect of equality and diversity, officers said that they would bring a report to Council in April focussing on how equality and diversity considerations were incorporated in the NMC's internal and external activity.
3. Council approved the recommendations in relation to the Remuneration Committee terms of reference and noted that the points relating to governance would be picked up as part of the governance review and reported back to Council in April.
4. Dr Kuldip Bharj OBE, as Chair of the Midwifery Committee, gave a verbal report on the last Committee meeting to Council. She said that the Committee was keen that stakeholder engagement should include engagement with midwifery groups. To ensure this, further work would be undertaken on ensuring that the Committee's workplan was coordinated with the Council's business.
5. Dr Bharj added that the Committee had examined work undertaken on revalidation and on equality and diversity.
6. Professor Judith Ellis, as Chair of the Education Committee, outlined issues around the Committee's membership and asked that the Council consider a report at its next meeting on the Committee's terms of reference and the process for appointing members to Committee.
7. Members noted that Professor Ratcliffe, Chair of the Appointments Board, had tendered his apologies for the meeting and agreed that the Board report be re-presented at the next Council meeting.
8. Members noted that a transition planning report had been requested for February Council and asked that this report include the processes in place to ensure that current Committee work was taken forward appropriately following the reconstitution of Council.
9. Members agreed that in future update reports from Committee would be presented to Council with Minutes circulated to Council Members appropriately.

Action:	Report progress on the NMC's equality and diversity objective and action plan
For:	Director of Corporate Governance
By:	25 April 2013
Action:	Incorporate the agreed terms of reference for the Remuneration

For:	Committee into the standing orders
By:	Secretary to the Council
	21 February 2013
Action:	Ensure that transition planning report includes measures in place to ensure that Committee business is coordinated with Council business
For:	Director of Corporate Governance
By:	21 February 2013
Action:	Ensure that the Appointments Board paper to January Council is re-presented to February Council
For:	Secretary to the Council
By:	21 February 2013
Action:	Ensure that Council considers a report on Education Committee terms of reference and appointment processes to Committee
For:	Director of Corporate Governance
By:	21 February 2013

NMC/13/21 Draft agenda for the Council meeting on 21 February 2013

Officers noted that there had been a number of changes to the agenda since Council papers had been published. Members agreed that Council consider the annual LSA report, transition planning report, and Education Committee Terms of Reference and appointments report in addition to those presented.

The date of the next meeting is to be 21 February 2013.

The meeting ended at 2.45pm.

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 31 January 2013 and progress on actions outstanding from previous Council meetings.

Core regulatory function: Supporting functions.

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

Decision required: To note the progress on completing the actions agreed by the Council held on 31 January 2013 and progress on actions outstanding from previous Council meetings.

Annexes: None

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

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Summary of actions outstanding

Brought forward actions (Council meetings prior to 31 January 2013)

Minute	Action	For	Report back to: Date:	Progress
12/135	Plain English review to be undertaken as part of the engagement strategy	Director of Corporate Governance	Council 21 February 2013	Plain English review workstream built into the 2013 – 16 Business Plan. Engagement strategy is on the February 2013 Council agenda. Note also actions 12/182 and 12/206 below
12/163	Review reserves policy annually	Director of Corporate Services	Council 23 May 2013	To be included as part of the annual review of the fee and added to Council meeting forward planner.
	Develop strategy for IT future requirements	Director of Corporate Services	Council 23 May, 18 July and 24 October 2013	Interim report taken to Council in January. Agreed to bring forward 'next steps' report to May Council
12/166	Review the effect of the revised guidance and criteria for making decisions on voluntary removal during fitness to practise investigations	Director of Fitness to Practise	Council 12 September 2013	Qualitative and quantitative data will be gathered to assess the effect of this

Minute	Action	For	Report back to: Date:	Progress
12/167	Review priority and other options for investment in relation to improving speed of answering calls into registrations	Director of Registrations and Standards/Director of Corporate Services	Council 21 March 2013	To be included in budget 12/13 discussions which will be agreed by Council on 21 March 2013
12/182	Improve communication with registrants of the role and purpose of the NMC	AD Policy and Communications	Council 21 February 2013	Included in Engagement Strategy to be brought to February Council
	Carry out annually a robust review of fee levels, which include consideration of different levels based upon registrants' income level	Director of Corporate Services	Council 21 March 2013	Review programme progressing according to plan
12/185	Bring FtP strategy after it has been agreed by the FtP group	Director of Fitness to Practise	Council 31 January 2013	Directorate plans are to be discussed at Council seminar in February 2013
	Consider within the FtP strategy how learning is captured from FtP cases and LSA reports to subsequently inform education and standards	Directors of Fitness to Practise and Registration and Standards	Council 31 January 2013	This point has been encapsulated within directorate planning. Directorate plans are to be discussed at Council seminar in February 2013
22 November 2012				
12/200	Provide Council with more substantial points post-consultation on the changes to the guidance issued to panels on making an interim order	Director of Fitness to Practise	Council 21 February 2013	On agenda

Minute	Action	For	Report back to: Date:	Progress
12/206	Consider learning from patient and public engagement work undertaken by mental health services and learning disabilities services providers	Assistant Director, Policy and Communications	Council 21 February 2013	Learning will be incorporated in Engagement Strategy roll out following February Council
	Produce a number of target outcomes for engagement work to enable monitoring by Council	Director of Corporate Governance	Council 21 March 2013	Being developed as part of business planning process and to be reported in March
12/210	Amend the Education Committee Terms of Reference to include initial approvals of education programmes and risk management	Director of Corporate Governance	Council 21 February 2013	Following further discussion at Council on 31 January, Education Committee Terms of Reference will be considered by Council at its February meeting
	Amend the Fitness to Practise Action Committee Terms of Reference to include wider strategic issues beyond plans and policies from CHRE and to include reference to an assurance role	Director of Corporate Governance	Fitness to Practise Committee 19 February 2013 Council 21 February 2013	Fitness to Practise Committee will consider its Terms of Reference at its meeting on 19 February Report back to Council on 21 February
	Review effectiveness of Council and Committees (excluding Practise Committee members)	Director of Corporate Governance	Council 25 April 2013	Not yet due

Minute	Action	For	Report back to: Date:	Progress
12/212	Prepare a series of options on revalidation for Council consideration	Director of Registration and Standards	Council 21 March 2013	Not yet due

Actions arising from open session Council meeting on 31 January 2013

Minute	Action	For	Report back to: Date:	Progress
13/05	Amend summary of actions document to reflect correct minute numbering	Secretary to the Council	Council 21 February 2013	Complete
	Ensure learning points from customer complaints are presented to the March Council meeting	Chief Executive and Registrar	Council 21 March 2013	Not yet due
13/06	Fitness to Practise Committee to examine capacity issues for registrant panel members	Director of Fitness to Practise	Fitness to Practise Committee 19 February 2013 Council 21 March 2013	Not yet due for Council. On Committee agenda
13/07	Add transition planning process to February Council agenda	Director of Corporate Governance / Secretary to the Council	Council 21 February 2013	On agenda

Minute	Action	For	Report back to: Date:	Progress
13/07	Amend risk register to cover lack of familiarity with corporate agenda and amend mitigating actions	Director of Corporate Governance	Council 21 February 2013	Complete
13/08	Ensure balanced scorecard reflects quality issues as well as quantitative performance	Director of Corporate Governance	Council 21 February 2013	The current balanced scorecard will be revised, and members' concerns around ensuring that qualitative issues are reflected in the scorecard will be taken into account during this revision work
	Ensure consistency between balanced scorecard report and risk register	Director of Corporate Governance	Council 21 February 2013	Complete
13/09	Provide Council and the Fitness to Practise Committee with learning from litigation and high court interim orders	Director of Fitness to Practise / Secretary to the Committee	Fitness to Practise Committee 19 February 2013 Council 21 February 2013	On Fitness to Practise Committee agenda under "areas of risk" item

Minute	Action	For	Report back to: Date:	Progress
13/10	Amend Annexe 3 of the monthly financial monitoring report to reflect the expected achievement date of reaching the NMC's reserves target	Director of Corporate Services	Council 21 February 2013	Annexe amended
13/11	Report results of research and data analysis to Fitness to Practise Committee and Council in relation to the development of further guidance around the meaning of impaired fitness to practise	Director of Fitness to Practise	Fitness to Practise Committee 23 April 2013 Council 18 July 2013	Not yet due
13/13	Include Corporate complaints on Council 21 February agenda	Secretary to the Council	Council 21 February 2013	On agenda
13/14	Seek legal advice as to whether a non-midwife registrant is permitted to sit on the Midwifery Committee	Director of Corporate Governance	Council 21 February 2013	In hand

Minute	Action	For	Report back to: Date:	Progress
13/16	Include Professional Indemnity Insurance on the March 2013 Council agenda	Director of Registration and Standards / Director of Corporate Governance	Council 21 March 2013	Not yet due
13/18	Report ICT strategy to Finance and IT Committee in March and Council in May	Director of Corporate Services / Secretary to the Council	Finance and IT Committee 19 March 2013 Council 23 May 2013	See comment against 12/163 above
13/20	Report progress on the NMC's equality and diversity objective and action plan	Director of Corporate Governance	Council 25 April 2013	Not yet due
	Incorporate the agreed terms of reference for the Remuneration Committee into the Standing Orders	Secretary to the Council	Council 21 February 2013	Complete
	Ensure that transition planning report includes measures in place to ensure that Committee business is coordinated with Council business	Director of Corporate Governance	Council 21 February 2013	This will be taken forward under action point 13/07/1
	Ensure that the Appointments Board paper to January Council is re-presented to February Council	Secretary to the Council	Council 21 February 2013	On agenda

Minute	Action	For	Report back to: Date:	Progress
	Ensure that Council considers a report on Education Committee Terms of Reference and appointment processes to Committee	Director of Corporate Governance	Council 21 February 2013	On agenda

Actions for Committees

Appointments Board

Minute	Action	For	Report back to: Date:	Progress
13/20	Ensure that the Appointments Board paper to January Council is re-presented to February Council	Secretary to the Council	Council 21 February 2013	Complete

Audit Committee

Minute	Action	For	Report back to: Date:	Progress
12/169	Report on learning (from SERs, data breaches, complaints, FOIs and litigation) with single policy and template developed	Director of Corporate Governance	Audit Committee 19 April 2013	Reported to Audit Committee in December and Council in January and further work needed. Report to Audit Committee in April 2013

Education Committee

Minute	Action	For	Report back to: Date:	Progress
13/20	Ensure that Council considers a report on Education Committee Terms of Reference and appointment processes to the Committee	Director Corporate Governance	Council 21 February 2013 Education Committee 19 April 2013	Education Committee will need to consider at its next meeting the outcomes of the discussions held on this item at Council

Finance and IT Committee

Minute	Action	For	Report back to: Date:	Progress
12/163	Review reserves policy annually	Director of Corporate Services	Finance and IT Committee 19 March 2013 Council 21 March 2013	Added to the Finance and IT Committee agenda for 19 March. Review progressing to plan
12/163	Develop strategy for IT future requirements	Director of Corporate Services	Finance and IT Committee 30 May 2013 Council 18 July / 24 October 2013	Interim report taken to Council in January. Agreed to bring forward 'next steps' report to May Council meeting

Minute	Action	For	Report back to: Date:	Progress
12/182	Carry out annually a thorough robust review of fee levels which will include consideration of different levels based upon registrants income level	Director of Corporate Services	Finance and IT Committee 19 March 2013 Council 21 March 2013	Added to the Finance and IT Committee agenda for 19 March
13/18	Report ICT strategy to Finance and IT Committee in March and Council in May	Director of Corporate Services / Secretary to the Committee	Finance and IT Committee 19 March 2013	This is being taken forward in collaboration with action point 12/163 above.

Fitness to Practise Committee

Minute	Action	For	Report back to: Date:	Progress
12/166	Review the effect of the revised guidance and criteria for making decisions on voluntary removal during fitness to practise investigations	Director of Fitness to Practise	Fitness to Practise Committee TBC Council 12 September 2013	Qualitative and quantitative data will be gathered to assess the effect of this
12/185	Bring FtP strategy after it has been agreed by FtP Committee.	Director of Fitness to Practise	Fitness to Practise Committee 17 January 2013 Council 31 January 2013	Directorate plans are to be discussed at Council seminar in February 2013

Minute	Action	For	Report back to: Date:	Progress
12/199	Monitor FtP11, estimate of adjudication level to be completed each month	Director of Fitness to Practise	Fitness to Practise Committee Standing item	Included in FtP Committee monitoring
12/210	Amend the Fitness to Practise Action Committee Terms of Reference to include wider strategic issues beyond plans and policies from CHRE and to include reference to an assurance role	Director of Corporate Governance	Fitness to Practise Committee 19 February 2013 Council 21 February 2013	Fitness to Practise Committee will consider its Terms of Reference at its meeting on 19 February. Report back to Council on 21 February.
13/06	Fitness to Practise Committee to examine capacity issues for registrant panel members	Director of Fitness to Practise	Fitness to Practise Committee 19 February 2013	On agenda
13/08	Provide information around historic performance levels in Fitness to Practise Directorate in December	Director of Fitness to Practise	Fitness to Practise Committee 19 February 2013	To be discussed at Fitness to Practise Committee on 19 February
13/09	Provide Council and the Fitness to Practise Committee with learning from litigation and high court interim orders	Director of Fitness to Practise / Secretary to the Committee	Fitness to Practise Committee 19 February 2013	On Fitness to Practise Committee agenda under "areas of risk" item
	Include adjudication numbers on the Fitness to Practise Committee agenda for 19 February 2013	Director of Fitness to Practise / Secretary to the Committee	Fitness to Practise Committee 19 February 2013	On agenda

Minute	Action	For	Report back to: Date:	Progress
13/11	Report results of research and data analysis to Fitness to Practise Committee and Council in relation to the development of further guidance around the meaning of impaired fitness to practise	Director of Fitness to Practise	Fitness to Practise Committee 23 April 2013	Not yet due
13/17	Include PSA audit on the Fitness to Practise Committee agenda at each meeting	Director of Fitness to Practise	Fitness to Practise Committee Standing item	On February agenda. Committee forward work plan has been amended to reflect this standing item

Midwifery Committee

Minute	Action	For	Report back to: Date:	Progress
13/14	Examine how the Midwifery Committee can work more closely with partner organisations and with Council	Chair of Midwifery Committee / Director of Registration and Standards	Midwifery Committee 17 April 2013	Minutes of the Midwifery Committee held on 16 January 2013 were circulated to all Council Members prior to February Council. With those minutes, the Director of Registration and Standards circulated information to Council members on the work undertaken thus far by officers to ensure closer joint working. This issue will be taken forward as part of

Minute	Action	For	Report back to: Date:	Progress
				the wider governance review, and will be reconsidered by Committee members at their April meeting

Remuneration Committee

No current actions arising.

Council

Chief Executive Report

Action: For discussion.

Issue: This paper reports on key strategic developments and performance against the NMC's Corporate plan 2012-2015.

Core regulatory function: This paper covers all of our core regulatory functions.

Corporate objectives: This paper reports against all of the NMC corporate objectives.

Decision required: No decision is required but the Council is invited to note and discuss progress, including the balanced scorecard and Key Performance Indicators (Annexe 1) and the Change Management Portfolio High Level Delivery Plan update (Annexe 2).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Balanced scorecard January 2013 report (to follow).
- Annexe 2: Change Management Portfolio High Level Delivery Plan update.

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

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Context: 1 This paper is a standing item on the Council's agenda and reports on key developments against the Corporate plan 2012-2015.

Balanced scorecard (Annexe 1)

2 As agreed by Council, this will be provided 48 hours before the meeting to ensure that the most up to date information is available.

Discussion and options appraisal:

Strategic context

Professional Standards Authority

3 The Professional Standards Authority's annual meeting with the NMC to discuss the evidence submitted for the performance review 2012-2013 will take place on 18 February. An update on the outcomes will be provided at the Council meeting.

Health Select Committee

4 Following the Chair and Chief Executive's evidence session to the House of Commons Health Committee as part of our annual accountability hearing on Tuesday 16 October 2012, the committee's report will be published imminently.

Francis report

5 The final report of the Francis Inquiry was published on 6 February 2013. A paper on the meeting agenda and the report, which is of huge importance to the NMC, will be discussed in further detail later in the meeting.

Engagement with professional bodies, unions, educators and other regulators

6 On 14 January, the Chief Executive had a meeting with Harry Cayton, Chief Executive of the Professional Standards Authority, to discuss the forthcoming meeting with the Minister for Health.

7 On 14 and 28 January, the Chief Executive met with Department of Health representatives regarding the publication of the final report of the Francis Inquiry.

8 On 15 January, the Chair and Chief Executive attended the regular meeting of the four UK Chief Nursing Officers at which we gave an update on progress in FtP and more widely and agreed to work closely with their departments on key strategic policy issues.

9 Also on 15 January, the Chair and Chief Executive met with Stephen Dorrell, Chair of the Health Select Committee to share the latest FtP data and to discuss timing for the publication of the Health Select

Committee's report on the NMC.

- 10 On 29 January, the Chair and Chief Executive met with Dr Dan Poulter MP, Parliamentary Under Secretary of State for Health regarding progress against the strategic review carried out by the Professional Standards Authority and in particular FtP activity. The details of this meeting were reported to Council in the open session of the January meeting.
- 11 The Chair has continued with his programme of induction meetings. On 16 January he and the Chief Executive met with Professor Leuan Ellis, Chair of the Council of Deans. On 23 January the Chair met with Niall Dickson, the Chief Executive of the General Medical Council.

Engagement with public and patient groups

- 12 Our third Patient and Public Engagement Forum will take place on 13 February 2013. A summary of the discussion and an action plan will be shared with all participants and placed on the website.

Consultations

- 13 The Department of Health has published a call for evidence on the EU balance of competence review health report. We are preparing a response to meet the submission deadline of 28 February 2013.

Internal challenges

Change Management Programme

- 14 The purpose of the Change Management Programme is to transform the NMC into an excellent regulator and in doing so enhance public protection and confidence. The Change Management Portfolio Board (CMPB) provides the leadership and is accountable for the success of the programme, ensuring it achieves its vision of creating an NMC which delivers core regulatory functions efficiently and effectively and learns through continuous improvement.
- 15 Following approval of the Strategic ICT Delivery Programme, work has started on some of the key projects within the stabilisation phase. Further detail is provided under the ICT section of this report.
- 16 We have completed the first phase of the Voluntary Removal project, which allows a nurse or midwife who admits that their fitness to practise is impaired, and who does not intend to continue practising, to apply to be permanently removed from the register without a full public hearing. As part of this project we have also upgraded our online "search the register" facility so that members of the public are able to search the name of a nurse or midwife and see if they are subject to any current sanctions or interim orders or have been struck off the register since 1 July 2008. These changes support our

core purpose of public protection and will provide additional information for the public.

- 17 We have commenced work on delivering key aspects of the HR Strategy. Work has started on reviewing our overall reward system, with the first phase of this project focusing on the delivery of a new pay and grading structure and a review of the pension scheme. This phase of work is due to be completed in May 2013. The final phase of the New Ways of Working project is to embed the NMC behaviours in the organisation. This work is linked to the pay and grading review, particularly around job evaluation and the development of new performance review processes. A plan has been developed which outlines the interdependencies and key activities required to complete this work.
- 18 Work has started as part of the Registration Improvement Plan. The current focus is on the overseas application process. Following this we will be reviewing EU and UK registration processes. We are in the process of securing additional resource to manage the delivery of projects within Registration.
- 19 A refreshed risk management framework has been agreed and the new risk register template is currently being piloted. We will be working on refining the process and rolling out the approach across the NMC over the next few months.
- 20 It is now nearing six months since the Change Management Programme was established. We will be starting a review of the programme in February and in due course will provide an update on its successes and lessons learnt.

Governance issues

- 21 As recommended by the Audit Committee to Council, procurement of an enhanced internal audit capacity from April 2013 is underway. A member of the Audit Committee will be involved in the tender exercise. A bidder briefing was held on 8 February.
- 22 The wider NMC governance review has begun. This is being undertaken with independent expertise working in partnership with our internal project team. The first stages include discussions with the Chair, Chairs of the Committees, the Chief Executive and Directors. The second stage of the review will include a session at March Council seminar.

EU issues

Update on EU Directive 2005/36/EC

- 23 On 23 January 2013, Members of the European Parliament Internal Market Committee (IMCO) voted on various proposals to amend EU

Directive 2005/36/EC on the recognition of professional qualifications. The NMC, along with others, has pressed for the protection of the public in the form of greater safeguards for checking the competence of EU professionals who qualified within the EU. The MEPs voted in favour of:

- 23.1 Language testing – The committee voted that regulators should be allowed to assess the language skills of all healthcare professionals after recognition but before access to the profession.
 - 23.2 Alert mechanism – MEPs endorsed a proposal to oblige regulators across Member States to proactively exchange information about health professionals whose fitness to practise is called into question. The alert mechanism should cover all sanctions including suspensions and exclusion from the register, as well as exchanging information about individuals who try to register using fake qualifications or identities.
 - 23.3 European Professional Card – This is an electronic certificate that home Member States would issue to professionals once they have been registered. It would contain details of a professional's qualifications and fitness to practise information. The purpose of the card would be to make it easier for professionals to transfer from one country to another by providing an alternative to paper-based applications. On 23 January MEPs voted that regulators will have three weeks to verify an application and create and validate a European Professional Card, from the date it receives an individual's complete application. The NMC and other regulators have expressed concerns around tight and unrealistic timelines for issuing the card.
- 24 The review of the Directive is an ongoing process and these measures will now be voted upon by the full European Parliament later this year, and approved by Member States in the European Council before they can become law. It is possible that they may significantly change as part of this process. It is anticipated that the amended directive will be launched in late 2013 or early 2014, with each member state having two years to transpose the changes into their respective legislation.

Regulatory priorities

Fitness to Practise

- 25 The Fitness to Practise (FtP) performance report, providing full information about activity in FtP, is included on the meeting agenda.

Registration

- 26 In January 2013 the independent review of the overseas application process reported its findings. As a result of this a stabilisation programme has started with the focus on initial ID checks. It is envisaged that this will be complete by 22 February 2013 and a more robust regulatory process will be in place for overseas applications. Work will continue on a rewrite of the overseas policy and processes. The increase in EU applications continues.
- 27 To date we have not experienced the anticipated upturn in call volumes in relation to the fee increase. However, calls are up approximately 15% on last year and we are undertaking work to determine the cause of this. A business case has been submitted requesting extra headcount for our busier period in March. Average talk time has gone up by 30 seconds since taking over FtP switchboard calls in November, which has affected our recent service levels.
- 28 We held three hearings of registration appeals in January, five were scheduled but two were adjourned by the appellant's representative. Five hearings are scheduled for February and March and six in April.

Standards compliance

- 29 The QA procurement project is progressing well, and the invitation to tender documentation has been issued to three prospective bidders for the provision of UK-wide quality assurance services. A bidders' conference has been scheduled for 6 February and tenders are due by 27 February. Dr Kuldip Bharj OBE is representing Council on the tender panel.
- 30 The health reforms in England have led to new local and regional configurations and the team has started to meet with Quality Surveillance Groups established by the NHS Commissioning Board and with Local Education and Training Boards, authorised by Health Education England. In each case we are exploring the potential to use wider intelligence to understand and act on risks to public protection.

Corporate Services

ICT

- 31 A number of changes have been made to the WISER system. These include changes to accommodate the increase in fees paid by registrants and changes to the Voluntary Removal processes.
- 32 The planned new version of the Case Management System (CMS) was delivered by the suppliers on schedule and is now being tested within the ICT department before being released for user testing.

The final release of this new version is scheduled for March 2013. Further changes to CMS are planned for later in the year and the initial business requirements are currently being identified.

- 33 A complete audit of the current use of Microsoft software has been carried out as part of a process to define the organisation's future requirements for software and to ensure compliance with current licence usage. This information will be used to facilitate the procurement of a new three year agreement.

Human Resources

- 34 During January 2013 we were successful in appointing three directors: Fitness to Practise, Continued Practice and Registration. We also recruited the Assistant Director, Quality Assurance and Risk Audit. We had 31 new starters including the Assistant Director, HR and OD and the Assistant Director, ICT.
- 35 A new e-learning platform went live at the end of January 2013. The e-learning packages will enable faster completion of learning, whilst also allowing greater user flexibility.
- 36 The successful deployment of distance and video learning has worked well as a training tool for panellists and in due course the range of activities will be expanded.

Finance

- 37 The new fee amendment rules came into force as planned by the required date of 1 February 2013.
- 38 We held an initial meeting with the Department of Health to discuss terms of reference and information requirements in respect of their monitoring of our compliance with the terms of the £20m grant. The first formal accountability meeting has been scheduled for March 2013.

Public protection implications:

- 39 Public protection implications arising from the activities in this paper are addressed as part of individual workstreams and projects.

Resource implications:

- 40 The resource implications of the various workstreams and projects are described in the monthly financial monitoring report on the meeting agenda.

Equality and diversity implications:

- 41 Equality and diversity is addressed as part of individual workstreams and projects, with equality impact assessments carried out as appropriate.

- Stakeholder engagement:** 42 Stakeholder engagement is detailed, as appropriate, in the body of this report.
- Risk implications:** 43 Any high level corporate risks that arise from the activities described in this paper, which are currently rated as red, are detailed in the risk register which is included on the meeting agenda.
- Legal implications:** 44 Legal implications that arise from the activities in this paper are addressed as part of individual workstreams and projects.

Change management portfolio delivery

Council - Set strategic direction and hold the executive to account in delivery of public protection

Directors Group - Lead delivery of public protection effectively, efficiently and economically

	Governance Putting robust systems, procedures and decision-making at the heart of everything we do Corporate Goals 2&3 Owner: Director Corporate Governance	Leadership Changing the culture Corporate goals 1,2&3 Owners: Directors Group	Delivery Delivering world class regulatory functions Corporate goal 1 Owners: Directors of Fitness to Practise, Registrations & Standards	Enabling Strengthening our capability and capacity Corporate goal 3 Owner: Director Corporate Services
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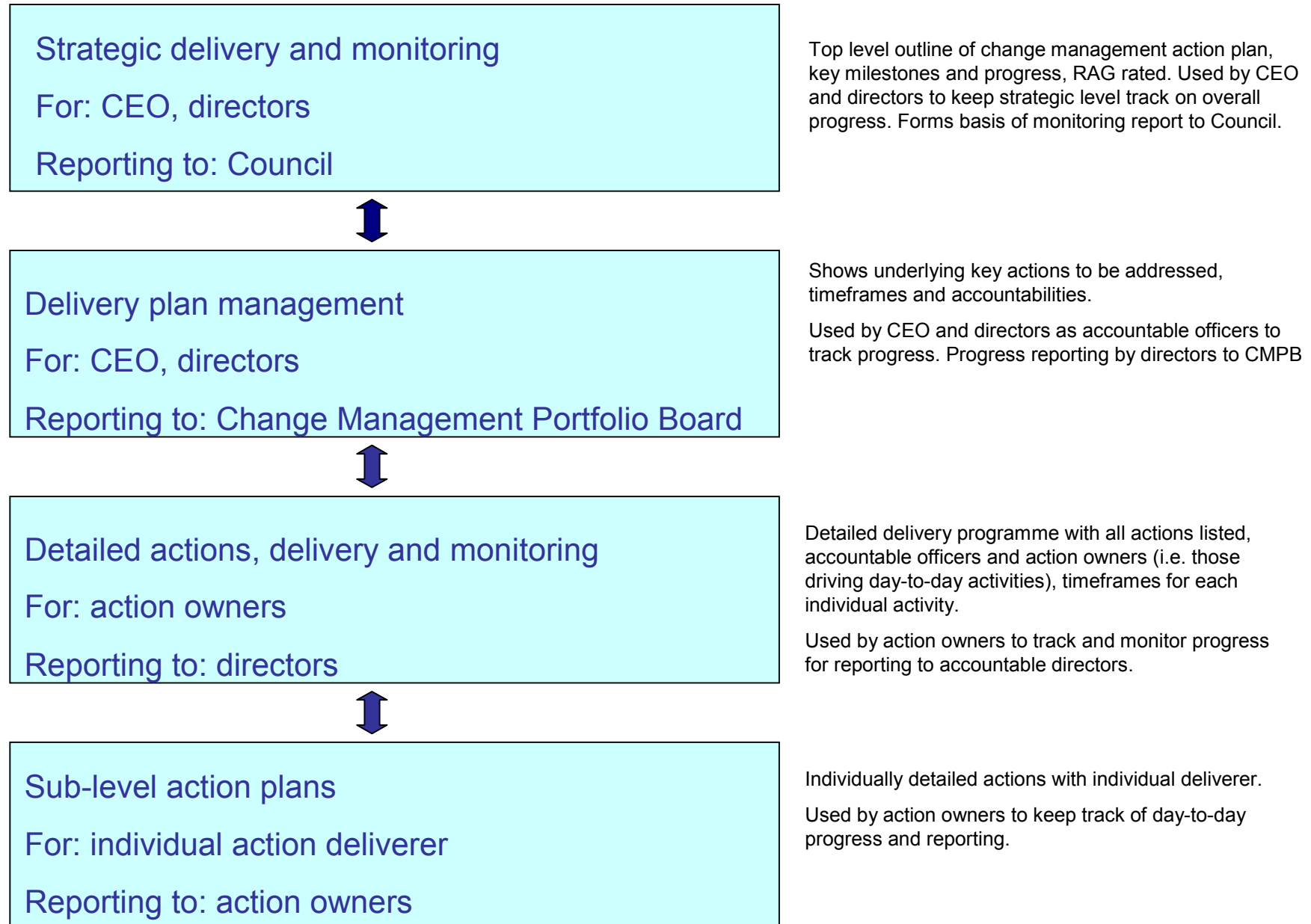
Delivery 6 months (January 2013)	Management of risk	Vision and strategic aims	FtP improvement plan Phase I	Fee rise
	Engagement strategy		Voluntary removal and public register changes	New Ways of Working

Delivery within 12 months (July 2013)	Quality Assurance framework	Learning and performance improvement	FtP improvement plan Phase II	Data quality & integrity
	Preparing for new Council		Review of Standards	

Delivery 24 months plus (July 2014/2015)			Quality assurance of Education and LSA	ICT strategy delivery
			Engagement strategy delivery	Financial strategy
			FtP improvement plan Phase III	HR strategy
			Revalidation	
			Registration Improvement plan	

Key
Priority and risk
 High risk, high priority
 Medium risk, work scoped or to be scoped
 Achieved and maintaining
Progress
 No progress or significant issues
 On track, some issues
 On track, milestones met
 No action yet

Change Management Portfolio Delivery framework



Council

Update on proposals for interim order hearings

Action: For decision.

Issue: This paper provides Council with an update on the proposals made in July 2012 in relation to fitness to practise interim order hearings. Council is asked to adopt the recommendation in relation to the composition of the panel for those hearings.

Core regulatory function: Fitness to Practise.

Corporate objectives: The recommendation supports NMC Corporate Objective 3: “We will take swift and fair 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 provided by nurses and midwives.”

Decision required: The Council is recommended to revise the current Council policy so that the registrant panel member on a panel considering an interim order application is not required to be from the same part of the register as the registrant under investigation (paragraph 17).

Annexes: None

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

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Context:

- 1 At the July 2012 Council meeting, the Council accepted a recommendation to approve further exploratory work and a consultation with key stakeholders in relation to a proposal to revise the current Council policy that the registrant panel member on an interim order hearing must be from the same part of the register as the registrant under investigation.
- 2 The full background to that proposal, including the full chronology of the relevant legislative changes, was outlined in the previous paper and is summarised below.
- 3 Since January 2009, there has been no legislative requirement relating to the composition of panels beyond the requirement to have at least one lay panel member and one registrant panel member on each panel.¹
- 4 However, notwithstanding the change in legislation, the Council had previously decided as a matter of policy that the panel should have a least one registrant panel member from the same part of the register as the registrant under investigation.
- 5 In July 2012, the Council was asked to consider whether it wished to revisit its current policy in this area in relation to the composition of panels on interim order hearings. The Council agreed that a consultation should take place in relation to this issue.

Discussion and options appraisal:**Composition of panel – discussion**

- 6 Since that time we have consulted with key stakeholders likely to be affected by this issue including patient and public representatives, professional bodies and unions, panel members and other regulators. We held a listening event on 13 December 2012 which was very well attended at which this proposal and a number of other related issues were discussed.
- 7 There was a broad consensus in support of this proposal amongst those who attended and responded to the consultation.
- 8 There was general agreement that whilst fitness to practise panels are assisted in substantive hearings and investigation committee meetings by the presence of a registrant member from the same part of the register as the registrant under investigation, different considerations apply in relation to many interim order hearings.
- 9 It was recognised that the panel considering an interim order application is not required to make any finding of fact, and it is not necessary for the nurse or midwife to produce a full defence to the

¹ The current statutory requirements for the composition of a Practice Committee panel are set out in the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules Order of Council 2008 (the Committee Constitution rules), as amended.

allegations, or to obtain any evidence to support such a defence. It follows that the role of the registrant panel member is more limited than at a substantive hearing. The role of the panel is only to deal with the narrow issue of whether an interim order is necessary for the protection of the public, otherwise in the public interest, or in the registrant's interests. It was agreed that such a decision does not necessarily require the registrant member to be from the same part of the register as the registrant under investigation.

- 10 It was further noted that interim order applications frequently involve no clinical issues whatsoever. For instance, cases involving serious criminal offences of dishonesty or violence are likely to be referred for consideration of an interim order. In these circumstances, the presence of a registrant member from the same part of the register will not assist the panel in its decision-making.
- 11 Weight was also given to the nature of interim orders, the fact that it is always necessary to list them at short notice and that it is not always possible to secure the attendance of a registrant from the same part of the register and that if this was to lead to an interim order hearing being adjourned, the public could be left unprotected.
- 12 It was noted that a removal of the current policy requirement would not prevent the NMC from continuing to list interim order applications before panels with a registrant panel member from the same part of the register as the registrant under investigation. It was noted that there are some instances where having a particular registrant member, such as a midwife, may be beneficial, such as in a case concerning poor clinical practice when the panel is considering imposing conditions.
- 13 We accept that there are some interim order applications where having a registrant panel member from the same part of the register is likely to improve the quality of the panel's decision. In these cases, we would propose to continue to use a registrant member from the same part of the register. Such cases will be identified as part of our current risk assessment process.

Composition of panel – potential impact of policy change

- 14 We consider that this proposed change in policy would have the following benefits:

Greater public protection

- 14.1 Interim order applications can be scheduled more quickly if there is greater flexibility around the composition of the panel, meaning that, where an order is necessary, the public can be protected sooner than it otherwise would have been.

Greater efficiency

- 14.2 We will reduce the number of interim order panels sitting with more than three panel members, reducing costs and freeing up registrant panel members for other hearings where they are needed.

Fewer postponements / adjournments

- 14.3 The proposed measure will eliminate the need to postpone or adjourn interim order hearings when a registrant member from a particular part of the register becomes unavailable at short notice.
- 15 We do not consider that there will be any disadvantages, as we will retain the flexibility to schedule interim order applications with registrant panel members from the same part of the register where this is likely to improve the quality of the decision. This flexible approach was supported by those who responded to the consultation and no other significant potential disadvantages were raised.
- 16 Taking into account all the matters set out above, Council is now asked to revise the current Council policy so that the registrant panel member on an interim order application is not required to be from the same part of the register as the registrant under investigation. An interim order panel will then simply be required to be made up in accordance with the Committee Constitution rules.
- 17 Recommendation: To revise the current Council policy so that the registrant panel member on a panel considering an interim order application is not required to be from the same part of the register as the registrant under investigation.**

Interim order notice period and other guidance

- 18 In addition to the proposals in relation to panel composition detailed above, the Council was interested in whether it would be of benefit for any specific guidance to be laid down for panel members in relation to the appropriate minimum notice period in interim order cases.
- 19 The full background to the current procedure was detailed in the paper that came to the Council in July 2012.
- 20 The Council was given two options in relation to this issue:
- 20.1 To provide specific guidance to the NMC's practice committee panel members about what period should normally be regarded by them as amounting to "reasonable notice", or
- 20.2 Not to set down any normal or minimum notice period for

interim order hearings, on the understanding that, in line with the existing guidance given to case presenters, there is no statutory minimum period.

- 21 The Council indicated that it would prefer to adopt the first option and that it would like a consultation to be undertaken in relation to a proposed appropriate normal period of notice of 7 days for interim order applications subject to provisions relating to exceptional circumstances justifying shorter notice periods.
- 22 These proposals were included in the consultation paper, together with some further suggested changes to the current guidance to panels in relation to interim order reviews so that all the related issues could be discussed at once. These issues were discussed at length with key stakeholders at the listening event in December 2012.
- 23 There were very strong differences of opinion on these issues and no consensus as to an appropriate period of notice could be reached. A number of other concerns about the balance between the need to ensure public protection and the right of the registrant to a fair process were also raised.
- 24 Given the range of views expressed and the importance of addressing some of the key concerns raised, we are now reviewing our initial proposals and developing a possible new approach to our interim order hearing arrangements.
- 25 Once we have further developed these proposals and undertaken some further stakeholder engagement we will bring a further paper back to the Council in March or April 2013.
- Public protection implications:** 26 Interim order applications can be scheduled more quickly if there is greater flexibility around the composition of the panel, meaning that, where an order is necessary, the public can be protected sooner than it otherwise would have been.
- Resource implications:** 27 The cost of carrying out the consultation was covered within existing budgets. There are no further resource implications. If this proposal is accepted it is likely to improve the efficiency of our interim order procedures.
- Equality and diversity implications:** 28 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims.
- 29 We considered equality and diversity implications as part of our preparatory work in relation to the consultation and we did not

identify any potential negative impact on particular equality strands. However, we were keen to seek views about the potential impact (positive and negative) on nurses and midwives with protected characteristics and we asked specific questions about these issues in our consultation paper and at the listening event.

30 No potential negative impact on particular equality strands was identified.

Stakeholder engagement: 31 As set out above, we undertook a targeted consultation with key stakeholders in relation to this issue. Details of the consultation are set out above.

Risk implications: 32 Risk of some registrant panel members not supporting the proposals. This risk can be mitigated by good and clear communication.

Legal implications: 33 None identified.

Council

Supervision, support and safety: Report of the quality assurance of the local supervising authorities (LSAs) 2011-2012

Action: For decision.

Issue: The paper provides the report of the NMC quality assurance of the LSAs for the reporting year 2011-2012.

Core regulatory function: Education, standards and statutory supervision of midwives quality assurance.

Corporate objectives: Corporate objective 2: "We will set appropriate standards for the education and practice and assure the quality of education programmes and the supervision of midwives, so that we can be sure that all those on our register are fit to practise as nurses and midwives."

Decision required: Council is recommended to approve the report of the quality assurance of the local supervising authorities (LSAs) 2011-2012 and agree to the publication of the report (paragraph 6).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Supervision, support and safety: Report of the NMC quality assurance of the local supervising authorities 2011-2012.

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

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- Context:**
- 1 The Nursing and Midwifery Order 2001 (“the order”) requires the NMC to set rules to regulate the practice of midwifery and the local supervision of midwives. The NMC also establishes standards for the exercise by LSAs of their functions and may give guidance to the LSAs on these matters.
 - 2 These rules and standards were set out in the publication entitled *Midwives rules and standards* (NMC, 2004). These have recently been reviewed and new Midwives rules and standards were approved by Council in 2012 and came into force on January 1 2013. The publication, *Midwives rules and standards* (NMC, 2012) is available to view and download from our website at www.nmc-uk.org.
 - 3 Under rule 16 of the Midwives rules and standards (NMC, 2004) LSAs are required to produce and submit an annual report to the NMC by a set date each year. This report contains information on the standards that we set and other information specified by us in an annual circular to the LSAs (Circular 01/2012: Annexe 1).
 - 4 As the regulator, part of our remit is to monitor and quality assure the role and function of each LSA. A published quality assurance framework is used and includes a combination of the following:
 - 4.1 the submission of an annual report by the LSA
 - 4.2 an analysis by the NMC of the LSA annual reports
 - 4.3 a LSA review cycle so that each LSA is reviewed every three years
 - 4.4 targeted extraordinary LSA reviews undertaken as a result of emerging risks to public protection
 - 4.5 quarterly quality monitoring reporting from each LSA during each year.
- Discussion and options appraisal:**
- 5 The information contained in this report is for the practice year 1 April 2011 to 31 March 2012 and includes the following:
 - 5.1 **Section one** – an overview of how, as the UK regulator for nurses and midwives, we continue to monitor and quality assure the LSAs. This report outlines how we provide assurance that the LSAs are meeting the current LSA standards for the statutory supervision of midwives.
 - 5.2 **Section two** – provides the detailed information in relation to the analysis of the LSA annual reports. It includes the quantitative and qualitative evidence provided by all the LSAs and aims to demonstrate that the standards for statutory

supervision of midwives have been met for this reporting year.

5.3 This report was received and discussed by Midwifery Committee on 16 January 2012. Minor refinements were made to the report as a result of these discussions. Midwifery Committee now recommends that this report is received and discussed by Council.

6 **Recommendation: Council is recommended to approve the report of the quality assurance of the local supervising authorities (LSAs) 2011 - 2012 and agree to the publication of the report.**

Public protection implications:

7 The report provides assurance to Council, the public and our key stakeholders that the LSAs are meeting the standards set by us in relation to the regulation of midwifery practice and the supervision of midwives and by so doing contributing to the protection of the public.

8 The report also provides examples of good practice and key recommendations for LSAs to continue to demonstrate in the future.

Resource implications:

9 The production of this report is part of business as usual and the cost of this is included in the annual business plan and budget.

Equality and diversity implications:

10 The report in itself does not hold equality and diversity implications.

Stakeholder engagement:

11 The NMC will issue embargoed copies of the report to the four departments of health and to each LSA so that they are aware of the contents prior to the report being published on the website following approval by Council.

Risk implications:

12 There are no anticipated risk implications to the publication of this report.

Legal implications:

13 There are no implications in relation to the publication of this report.

Annexe 1.

Supervision, support and safety: Report of the quality assurance of the local supervising authorities (LSAs) 2011-2012.

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Executive Summary

This report provides detail on the NMC quality assurance of the local supervising authorities (LSAs) and is divided into two sections as follows:

- **Section one** provides an overview how we, as the regulator, monitor and quality assure that LSAs meet the standards for the statutory supervision of midwives.
- **Section two** provides the detailed analysis of the LSA annual reports. This section contains both quantitative and qualitative information and evidence.

All LSA reports have provided information detailing their compliance with rule 16 of the *Midwives rules and standards* (NMC,2004) during the practice year 2011-2012. LSA reports have provided assurance that supervisory frameworks and mechanisms are in place for the statutory supervision of midwives across the United Kingdom (UK). Whilst there remains some variation in the level of detail and analysis of these reports, it has been noted for this reporting period a more consistent approach exists across the UK. This may be indicative of the LSA Midwifery Officers (LSAMOs) working in closer collaboration through the LSAMO Forum UK, which promotes a UK wide consistent approach to the statutory supervision of midwives.

The LSAs responsibility for safeguarding and protecting the public is a primary aspect of their function. This is demonstrated when poor practice is identified, and actions are taken with individuals and services to support improvement.

Progress on recommendations

The previous report, *Supervision, support and safety: NMC quality assurance of the LSAs 2010-2011*, outlined various recommendations for the LSAs and the NMC, below is a summary of the progress on these recommendations.

For LSAs

1	LSAs should continue to work closely with chief executive officers (CEOs), directors of nursing (DoN) and heads of midwifery (HoMs) to influence executive board within trusts and boards to seriously consider how statutory supervision of midwives can contribute and add value to the governance agenda and how SoMs can enhance protection of women and their babies.	Evidence presented within the LSA reports demonstrated whilst progress was achieved in some areas, variation exists across the UK and in individual maternity trusts and boards so there is not a consistent improvement profile across the UK.
2	Within the wider political agenda LSAs should continue to be instrumental in raising the profile of statutory supervision and highlighting what supervision has to offer in relation to promoting safe, evidence based care and protecting the	Evidence provided within the LSA annual reports suggest that LSAMOs are seen as strategic leaders and continue to provide

<p>health and wellbeing of women and their babies.</p>	<p>representation at national and local levels to promote and raise the profile of statutory supervision; however this work needs to continue particularly in light of the changing national strategic agendas particularly in England.</p>
<p>3 LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.</p>	<p>This was achieved by all LSAs providing completed reporting templates in a timely manner and undertaking quarterly telephone discussions with NMC officers.</p>
<p>4 LSAs should, under the LSAMO Forum UK, work to demonstrate the effectiveness of statutory supervision of midwives across the UK.</p>	<p>This recommendation is ongoing. The LSAMO Forum UK has published their Strategic Direction for 2012-2015. This is available on their website.</p>
<p>5 Those LSAs who have not yet reviewed and updated their websites in the last reporting year are required to do so during this reporting year and details of this should be clearly reported in next year's report</p>	<p>Remains an ongoing action for the LSAs.</p>

For the NMC

<p>1. The NMC will advise LSAs on the content of their annual report for the practice year 2011-2012 by 31 January 2012.</p>	<p>This was completed within the expected time frame.</p>
<p>2. The NMC will monitor complaints made against LSAs, their staff and the supervisory function. We will use the learning from the investigation of such complaints to inform future policy and standards development.</p>	<p>Information has been submitted and a summary is provided in this report.</p>
<p>3. The NMC will implement and evaluate the actions arising from the recommendations of the internal audit of the NMC LSA review process, including the introduction of the quarterly quality monitoring in 2011.</p>	<p>This was introduced in January 2011 and reports were provided to Midwifery Committee and Council during this reporting year.</p>
<p>4. The NMC will continue to review the record keeping advice and develop a robust standard for record keeping which will outline and include analytical decision making, care planning and documentation which will be addressed through this work.</p>	<p>A date for the review of the guidance on record keeping will be considered as part of the standards development review and prioritisation exercise which will be undertaken in January 2013.</p>
<p>5. The NMC will complete the review of the Midwives rules and standards and be ready to publish in 2012.</p>	<p>The new Midwives rules and standards were made and approved by Council in 2012 and came into force on January 1 2013. The publication is available to view and download from the NMC website.</p>

Our key findings: Supervisory function

The statutory supervision of midwives is a framework for supporting midwives and safeguarding mothers and their babies and in some organisations appears to be making a difference. Our annual reviews of the LSAs for this reporting year produced some evidence of how statutory supervision interfaces well with clinical governance arrangements at a local level.

Birth rates – staffing challenges and complexity of births

- All reports continue to highlight the continuing complexity of births. Although a reduction in home births has been attributed to women having better access to midwifery led units, it is often women with complex pregnancies - and against medical advice who are increasingly wishing to birth at home. SoMs are increasingly called upon to offer support to both women and midwives in these difficult situations.
- In response to this, and through the supervisory framework, LSAs are working collaboratively with SoMs, approved education institutions (AEIs) and employers to ensure all midwives continue to have the necessary skills to deliver safe and effective care. This is evident through local post registration education and training for midwives, for example, regular skills and drills practice, high dependency midwifery care and within training curricula for pre-registration midwives, particularly in caring for women with complicated and high risk pregnancies.

Governance and risk management processes

- There were examples of statutory supervision of midwives interfacing with trust or board governance and risk management processes. In some trusts and boards it was demonstrated that the profile of statutory supervision of midwives has been escalated to executive board level and is well understood. However in other trusts and boards some of the soft evidence would suggest that executive boards have limited understanding of the value of midwifery supervision.

Investigations and outcomes

- The role of the LSA and SoMs continue to have a key focus in safeguarding women and their babies by investigating midwives' practice. The reports clearly demonstrate that supervision can make a valuable contribution to monitoring safe practice. Themes highlighted through supervisory investigations remain similar to previous annual reports. There is some evidence provided to demonstrate that effective statutory supervision of midwives can successfully rehabilitate those midwives who have been supported through a period of supervised practice put in place by the LSAs.

LSA annual audits

- All annual reports contained detailed information on how LSAs continue to undertake annual audits of the statutory supervision of midwives within their maternity services. The annual audit is an essential part of assessing quality measures and providing assurance that the LSA standards for the statutory supervision of midwives are being met in individual trusts and boards. Whilst the majority of LSAs described the increased involvement of maternity service users in monitoring the statutory requirements for supervision, including annual audits, recruitment of service users remains a challenge for some LSAs.

Recruitment of SoMs

- One of the main challenges for LSAs across the UK is the recruitment of SoMs to meet the recommended SoM to midwife ratio of 1:15. Although this continues to

prove difficult against a back drop of midwife retirements, resignations and requests for leave of absence from the role, LSAs described their commitment, innovative approaches and robust strategies for recruiting midwives onto the approved preparation of supervisor of midwives (PoSoM) programmes.

Our key findings: Good practice across the UK

The analysis of the LSA annual reports identified the following good practice in the supervision of midwives across the UK.

Raising the profile of statutory supervision

- LSAs continue to work closely with trusts and boards to raise the profile of the statutory supervision of midwives. There is evidence of robust and effective recruitment strategies and the majority of LSAs saw an increase in the number of midwives coming forward to become SoMs. In individual trusts and boards where SoMs caseloads exceed the recommended ratio of 1:15, SoMs are using a variety of strategies to encourage midwives to become SoMs which include:
 - LSAs and SoMs continue to talent spot midwives interested in undertaking the preparation of supervisors of midwives programme (PoSoM).
 - In trusts and boards that are struggling to recruit and provide statutory supervision of midwives, the appointment of a full time SoM supported by the LSA has been introduced. This is for a fixed term and will be monitored and evaluated during that time.
 - The introduction of SoM road shows has provided an opportunity to raise the profile of the SoM role and give midwives a better insight into their role. This has proved successful in attracting midwives to become SoMs.
- The provision of bespoke leadership courses by the LSAs is proving beneficial in developing SoMs as clinical leaders and continues to be well evaluated.

Promoting normality in childbirth

- There continues to be a commitment across the UK to promote normality in childbirth and reduce rates of intervention thus promoting the health and wellbeing of women. SoMs often take the lead or support midwives with these initiatives.

Improving the quality of midwifery care

- SoMs are continually involved in undertaking regular audit programmes; for example, record keeping and the development of action plans, which improve the delivery and quality of midwifery care.

Contributing to multidisciplinary education and training

- SoMs contribute to the education and training updates for midwives and other members of the multidisciplinary team thus raising the profile of the statutory supervision of midwives.
- SoMs work collaboratively with clinical governance and risk managers to strengthen the interface between clinical governance and statutory supervision to improve the safety and quality of care provided to women and their babies.

Introduction

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We are required by the Nursing and Midwifery Order 2001 (the order) to establish and maintain a register of all qualified nurses and midwives eligible to practise within the UK (article 5(1)), and to set standards for their education, training and conduct, and performance. These standards are considered necessary for safe and effective practice (article 5(2)(a)).

The order also requires us to set rules and standards for midwives and the local supervising authorities (LSAs) responsible for the statutory supervision of midwives, and these are contained in *Midwives rules and standards* (NMC, 2004). Following the completion of the review and consultation the new Midwives rules and standards were made and approved by Council in 2012 and came into force on January 1 2013. The publication is available to view and download from the NMC website.

Under rule 16 of the *Midwives rules and standards* (NMC, 2004) every LSA is required to submit a written annual report containing specific information that we request by the date specified each year (NMC circular 01/2011). The annual report provides the opportunity for each LSA in the UK to inform both the NMC and the public of the activities relating to statutory supervision of midwives, whilst highlighting key issues or challenges.

The information contained in this report is for the practice year 1 April 2011 to 31 March 2012 and includes the following:

- **Section one** – an overview of how, as the UK regulator for nurses and midwives, we continue to monitor and quality assure the LSAs. This report outlines how we provide assurance that the LSAs are meeting the current LSA standards for the statutory supervision of midwives.
- **Section two** – provides the detailed information in relation to the analysis of the LSA annual reports submitted to the NMC. It includes the quantitative and qualitative evidence provided by all the LSAs and aims to demonstrate that the standards for statutory supervision of midwives have been met for this reporting year.

Section 1: NMC quality assurance of the LSAs 2011-2012

Role of the LSA in protecting the public

The supervision of midwives is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the UK, both for those midwives who are employed, mainly within the NHS and for those midwives who are self-employed.

The purpose of supervision is to protect women and babies by actively promoting a safe standard of midwifery practice. Supervision is also a means of promoting excellence in midwifery care, by supporting midwives to practise with confidence, therefore preventing poor practice.

Supervision is also a role in advising and supporting women who use midwifery services; advocating for the right of all women to make informed choices and providing additional advice to women who are experiencing difficulty in achieving care choices and supporting women in influencing the development of maternity services.

With the establishment and increased profile and responsibilities of risk management and governance systems within health boards and trusts the contribution of the statutory supervision of midwives to these processes ensures the delivery of safe evidence based care to women and their babies. Where the profile of statutory supervision of midwives has been effectively raised to executive level within trusts and boards, it is recognised by many as a valuable resource to employers and midwives and contributes to the protection of the public.

Under the order we make the LSA rules and set standards for the statutory supervision of midwives. For this reporting year these are set out in the *Midwives rules and standards* (NMC, 2004).

LSAs sit within strategic health organisations and the type of organisation varies in each country of the UK. The chief executive of the strategic organisation is responsible for the LSA. In England, the LSAs sit within the Strategic Health Authority (SHA) although reconfiguration of the SHAs in this reporting year has resulted in the LSAs being merged into regional clusters (as detailed in table 1); in Wales the LSA sits within Healthcare Inspectorate Wales; and in Northern Ireland, it is the Public Health Agency. In Scotland, the functions of the LSAs are provided by the health boards which are arranged into two regions: North of Scotland Region and South East and West of Scotland Region.

As of 1 April 2011 there were 26 LSAs across the UK, (however because Scotland is arranged into two regions this equates to 14 LSAs) with 15 appointed local supervising authority midwifery officers (LSAMOs) (see table 1).

Table 1: UK local supervising authorities 2011

England	<p>NHS Midlands and East of England Cluster East of England SHA East Midlands SHA West Midlands SHA</p> <p>NHS London Cluster NHS London SHA</p> <p>NHS North of England Cluster North East SHA North West SHA (also oversees supervision in the Isle of Man) Yorkshire and the Humber SHA</p> <p>NHS South of England Cluster South Central SHA South East Coast SHA South West SHA (also oversees supervision in Guernsey and Jersey)</p>
Northern Ireland	Public Health Agency
Scotland	<p>North of Scotland region NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Western Isles</p> <p>South East and West of Scotland region includes: South East of Scotland NHS Borders NHS Fife NHS Forth Valley NHS Lothian West of Scotland NHS Ayrshire and Arran NHS Dumfries and Galloway NHS Greater Glasgow and Clyde NHS Lanarkshire</p>
Wales	Healthcare Inspectorate Wales

For the purpose of this report, 'strategic health organisations' refers to the host of the LSA in each of the four countries.

As set out in the order, each LSA has a duty to appoint a practising midwife to the role of a LSAMO. We set the statutory requirements for the role of the LSAMO, and these requirements cannot and must not be delegated to any other person or role. The LSA devolves the responsibility to the LSAMO for exercising its statutory function in relation to the supervision of all midwives.

The role of the LSAMO is pivotal in ensuring there is an effective interface between clinical governance frameworks and the statutory supervision of midwives and midwifery practice which in turn meets the requirements as set out in the order as part of public protection.

The LSAMO has a professional leadership role and discharges the LSAs responsibility for the protection of women and their babies by influencing both the quality of the local maternity service including the independent sector, and also influences the wider NHS agenda. Safety for mothers and babies can only be achieved if local trusts, health boards and health authorities are engaged with the supervision framework, and act on maternity matters brought to their attention by the LSAMO.

Supervisors of midwives (SoMs) are experienced practising midwives who have completed additional education and training through an NMC approved preparation of supervisors of midwives programme (PoSoM). SoMs are appointed by the LSAMO for a specific LSA and are then accountable to the LSA for their supervisory activities, not their employer. The ultimate aim of statutory supervision of midwives is to increase public protection through the support that supervisors provide to ensure that the care that is provided by midwives is safe and appropriate for the mothers and babies in their care. This is facilitated by access to SoM providing support, advice and guidance to women and midwives, 24 hours a day.

Every practising midwife must have a named SoM who should offer guidance and support in developing their skills and expertise throughout their career. The SoM has a duty to bring to the attention of the LSA any practice or maternity service issue that may affect a midwives' ability to care for women and their babies, and which could directly impact on the safety and protection of the public.

Quality assurance of the LSAs

As the regulator, part of our remit is to monitor and quality assure the role and function of each LSA. They must demonstrate and provide evidence of assurance that an effective local effective exists to deliver statutory supervision of midwives.

A published quality assurance framework is used and includes a combination of the following:

- the submission of an annual report by the LSA
- an analysis by the NMC of the LSA annual reports
- a LSA review cycle so that each LSA is reviewed every three years
- extraordinary reviews

- quarterly quality monitoring reporting from each LSA during each year

The annual report

Under rule 16 of the *Midwives rules and standards* (NMC, 2004), LSAs are required to produce and submit a written annual report to Council by a set date each year, containing information specified by us (see NMC circular 01/2011). The annual report is an opportunity for the LSA to inform both us and the public of its activities and highlight any key areas for concern.

The information contained in section two of this report is for the practice year 1 April 2011-31 March 2012, and contains a detailed analysis of all the LSA reports submitted by the set date under rule 16.

One of the key objectives of the LSA annual report is to critically analyse the data and trends highlighted and to monitor and provide assurance that each LSA is delivering effective statutory supervision of midwives, whilst meeting the standards set by us. All LSA annual reports for the year being reported will be made available on our website at www.nmc-uk.org

Annual review of the LSAs

To support our duty to verify that the standards set for LSAs are being met, an LSA review framework was approved by the Midwifery Committee in 2007. This currently includes reviewing each LSA on a three yearly cycle. A standardised review process exists to ensure equity and transparency when reviewing LSAs across the four UK countries. This is available in our website at www.nmc-uk.org

LSA reviewers are appointed to carry out the LSA reviews and the team includes a LSAMO, a midwife and a lay reviewer. A final written report is produced detailing compliance against the 53 NMC standards.

The review process uses a qualitative approach and includes reviewing documentary evidence submitted by the LSA prior to the review. During the review interviews and focus groups with key stakeholders assists with triangulation of evidence and assurance that standards are being met.

The LSA review is an opportunity for trusts and boards to provide evidence to demonstrate how statutory supervision of midwives is contributing to the development of midwifery practice and protecting women and their babies. It also provides an opportunity to share good practise and raise the profile of statutory supervision with executive stakeholders such as chief executive officers (CEOs), directors of nursing (DoNs) and heads of midwifery (HoMs).

Approximately six planned reviews are undertaken each year using the standard process; additional reviews may also be undertaken in response to concerns raised by a LSA, another regulator or the media.

During this reporting year the following LSAs were reviewed using this process and the reports are available on our website at www.nmc-uk.org

- North of Scotland Region LSAs
- South West LSA
- NHS London LSA
- North West LSA
- Health Inspectorate Wales LSA
- West Midlands LSA

The following issues were a consistent theme within the reviews undertaken during this reporting year:

- In some geographical areas the interface between clinical governance and statutory supervision of midwives is visible and effective; however this is an area that continues to present challenges in some trusts and boards.
- SoMs are working closely with the LSA to promote and raise the profile of statutory supervision with maternity service users and some innovative methods are being used, for example running supervision of midwives surgeries specifically for maternity service users for them to gain an understanding of how SoMs can ensure that they receive safe care.
- Some LSAs have managed to be influential in securing protected time for SoMs to undertake their supervisory duties, however this approach is not consistent across the UK and continues to require monitoring.
- Further work needs to be undertaken to raise the profile of the statutory supervision of midwives at executive board level within trusts and boards in order that the value of statutory supervision can be realised.
- LSAs must continue to monitor the SoM to midwife ratio in individual trusts and boards in order to provide assurances that effective statutory supervision is being delivered.
- Developing bespoke leadership programmes for SoMs needs to continue in order to ensure that SoMs can enhance their leadership role in order to become visible leaders within the organisation.
- There was some evidence of sharing of information and good practice between SoMs within the LSAs. Essentially SoMs have the opportunity to network across the LSA and continual support and development for the role of the SoM was demonstrated in most areas.

Extraordinary reviews

When concerns are raised through other intelligence we are permitted under rule 10 of the *Midwives rules and standards* (NMC, 2004) to undertake extraordinary reviews. The purpose of such a review is to inspect and provide assurance that within that LSA a

local framework exists to deliver effective statutory supervision, which meets with our standards. As these reviews are in addition to any planned reviews and in response to specific concerns raised, which may present a risk to the safety and wellbeing of mothers and their babies, the review may take place in the LSA or in a specified maternity unit within a trust or board.

The decision to undertake an extraordinary review may result from intelligence gained from a variety of sources, for example information shared between us and other regulators. We have memorandums of understanding with a number of regulators, for example General Medical Council (GMC), Care Quality Commission (CQC) and Health Inspectorate Wales (HIW), which enables effective communication and sharing of information.

Extraordinary reviews can form part of a joint review carried out in collaboration with another regulator, for example the CQC. Such reviews have proven beneficial to both parties and we see a value in further collaborative work using this approach.

During this reporting year one joint extraordinary review was undertaken between the NMC and CQC of University Hospitals of Morecombe Bay NHS Foundation Trust. The report of this review was published in 2011 and is available on our website at www.nmc-uk.org.

Quarterly quality monitoring reporting framework

The quarterly quality monitoring framework was developed in direct response to the recommendations made by our external auditors PKF in 2009 for the introduction of regular monitoring reporting to us from the LSAs. Following collaboration with the LSAMOs this framework was introduced in January 2011 with the key objective of improving communication between the LSAs and us, and to ensure we received contemporaneous information on the supervision of midwives from the LSAs in a timely manner.

The purpose of the quarterly quality monitoring is to:

- 1 Identify good practice and share this with other LSAs, and to identify practice which needs development.
- 2 Demonstrate the effectiveness of the statutory supervision of midwives reporting from the LSAs on a quarterly basis in order to better monitor risk and provide more contemporaneous and up to date information. We also encourage the LSAs to proactively report any concerns outside the quarterly monitoring.
- 3 Promote triggers for more rapid reporting of significant events relating to statutory supervision, including:
 - 3.1 maternity units put on special measures by other regulators
 - 3.2 significant changes in the SoM to midwife ratio
 - 3.3 specific identified threats to the maternity service

- 3.4 maternity incidents that may have generated media interest.
- 4 Realise other benefits, including:
 - 4.1 faster collation and publication of the annual report
 - 4.2 the ability for us to share good practice between LSAs in a more timely manner
 - 4.3 the development of more proactive relationships between us and the LSAs
 - 4.4 the collation of evidence to demonstrate the effectiveness of statutory supervision of midwives.

As the quarterly quality monitoring process has now been in place since January 2011, this report reflects its first reporting year. During this time the reporting template has been refined in collaboration with the LSAMOs to ensure continuing fitness for purpose and an electronic version has now been produced. Emerging trends and themes have been monitored and evaluated and presented in reports to both the Midwifery Committee and Council. These papers are available on our website at www.nmc-uk.org

The introduction of the quarterly, quality monitoring process has enabled us to receive up to date information in a timely and continuous basis which enables us to act on this information as appropriate to ensure that women and their babies are protected.

Issues and trends highlighted through the quarterly quality monitoring across the four UK countries include:

- Identification of the challenge in consistently achieving the recommended ratio of SoMs to midwives. This gave us the opportunity to discuss the impact of this on the safety of women and their babies and how this was being addressed both at LSA level and in local maternity units.
- Identification of maternity units facing scrutiny from other regulators. This enabled us to take appropriate action in a timely, proportionate and proactive manner in accordance with right touch regulation.
- Following a joint review by the NMC and the CQC of University Hospitals of Morecombe Bay NHS Foundation Trust and the subsequent release of the Care Quality Commission and Nursing and Midwifery Council reports in 2011, each LSA undertook a benchmarking exercise with a specific focus on statutory supervision of midwives. This resulted in LSAs developing local action plans which will continue to be monitored and evaluated throughout 2012-2013. These are available on the respective LSA websites.
- The quarterly discussions has enabled us to keep abreast of the numbers of supervisory investigations being undertaken at a local level, together with any specific concerns identified during the investigations together with the outcome including successful rehabilitation of the midwife or a referral to the NMC Fitness to Practise directorate.

Section 2: Analysis of the LSA annual reports to the NMC

As described in section one of this report we require assurance from each LSA across the UK that they have implemented the required framework and mechanisms to discharge their statutory function for the supervision of midwives. This section of the report will outline in detail our analysis of the 14 LSA annual reports and how statutory supervision operates across the UK.

Under rule 16, each LSA provides detail in their annual reports of how they meet the following standards:

LSA standard 2: Each LSA will ensure their report is made available to the public

Guidance

Please provide details of how and when your LSA makes the report available and accessible to the general public and key organisations.

What we found

Each LSA continue to make their annual report available in both electronic and hard copy versions. In general LSAs identified that their report is made available on the SHA or Health Board website in addition to a dedicated LSA website.

Some LSA sites publish comprehensive information for the public regarding the help they can provide, and clearly signpost how to contact the LSAMO or a SoM. Some also continue to place their report on the websites of the approved education institutions (AEIs) who deliver the Preparation of Supervisor of Midwives programme (PoSoM).

In addition the LSAs indicated that their annual reports will be published on the NMC website at www.nmc-uk.org

Examples of good practice

- Locally developed leaflets are published to provide information regarding the statutory supervision of midwives, and these include information relating to the LSA annual report.

Our judgment

Although, LSAs continue to make their reports available electronically and through a wider distribution, the available evidence suggests there is has been no increase in the public requesting copies of the report. Direct contact to the LSA or SoMs from the women and their families continues to be directly in response to or following an adverse clinical incident. The majority of LSA reports described, despite the introduction of new initiatives, raising the profile of supervision of midwifery with women and their families remains difficult to achieve.

LSAs continue to develop and update dedicated websites which is commended.

Whilst key stakeholder groups are used to promote statutory supervision of midwives with maternity service users and the general public, challenges remain in relation to engaging with the women and their families who are 'hard to reach'.

Key recommendation

- To continue to monitor how women who use the maternity services engage with the supervision of midwives and the LSAs.

LSA standard 3(a): Numbers of supervisors of midwives appointments, resignations and removals

Guidance

Please include data for the preceding three years, and provide a summary of any trends and actions plans if any risks have been identified (and mitigated against).

- Total number of supervisors working in your LSA
- Total number of midwives working in your LSA
- New appointments
- Resignations
- Removals
- Ratio of midwives to SoMs across your LSA
- Ratio of midwives to supervisors for each maternity service as of 31 March 2010
- Information about your recruitment strategy to ensure you have sufficient and sustainable numbers for the future
- SoMs who are suspended from their role for any period
- SoMs removed from their role
- Reasons for suspensions or removals

What we found

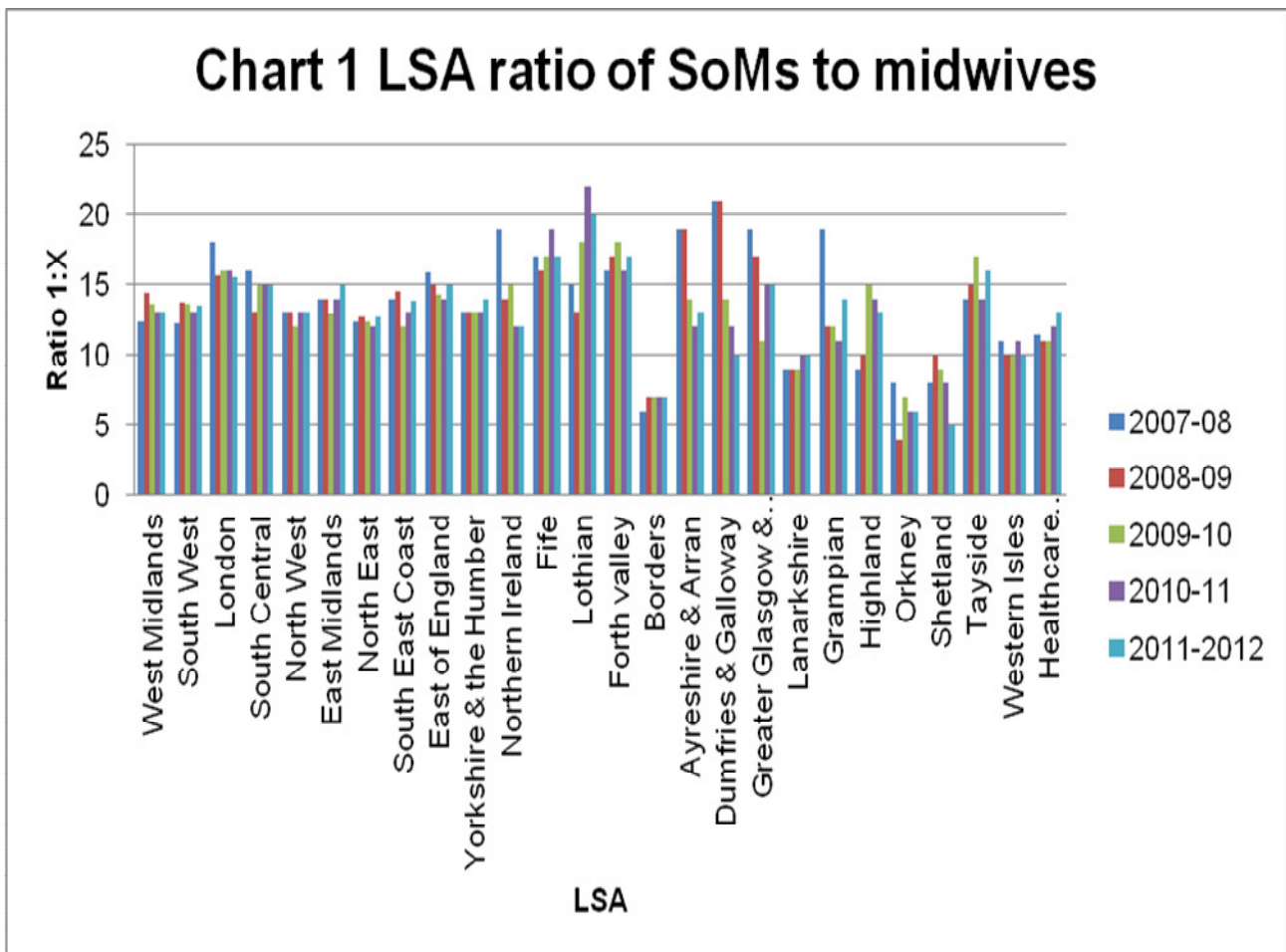
In recent years LSAs have highlighted the challenges that exist with continuing to recruit optimum numbers of SoMs to ensure the recommended ratio of 1:15 midwives is achieved. Detailed information provided by LSAs describe the existence of robust recruitment strategies, and these are supported by the LSAMO Forum UK recruitment and selection of SoMs guidelines. However the constant resignations and retirements of SoMs from the role pose a threat to achieving and sustaining optimum numbers of SoMs. The wider context of contemporary maternity care delivery can also impact on recruitment to the SoM role as a result of increasing flexible working and changes to workforce planning and skill mix.

Although some LSA reports described no problems with the recruitment of midwives to undertake the role, others continue to find that the lack of dedicated time and a perceived lack of value of the role at executive board level can be a barrier which deters midwives from putting themselves forward for selection.

Each LSA annual report provided detailed information regarding the number of SoMs working in their LSA for the period 1 April 2011 to 31 March 2012. This included information in relation to new appointments, resignations, leave of absence and removals, and the SoM to midwife ratios as detailed below.

SoM to midwife ratios

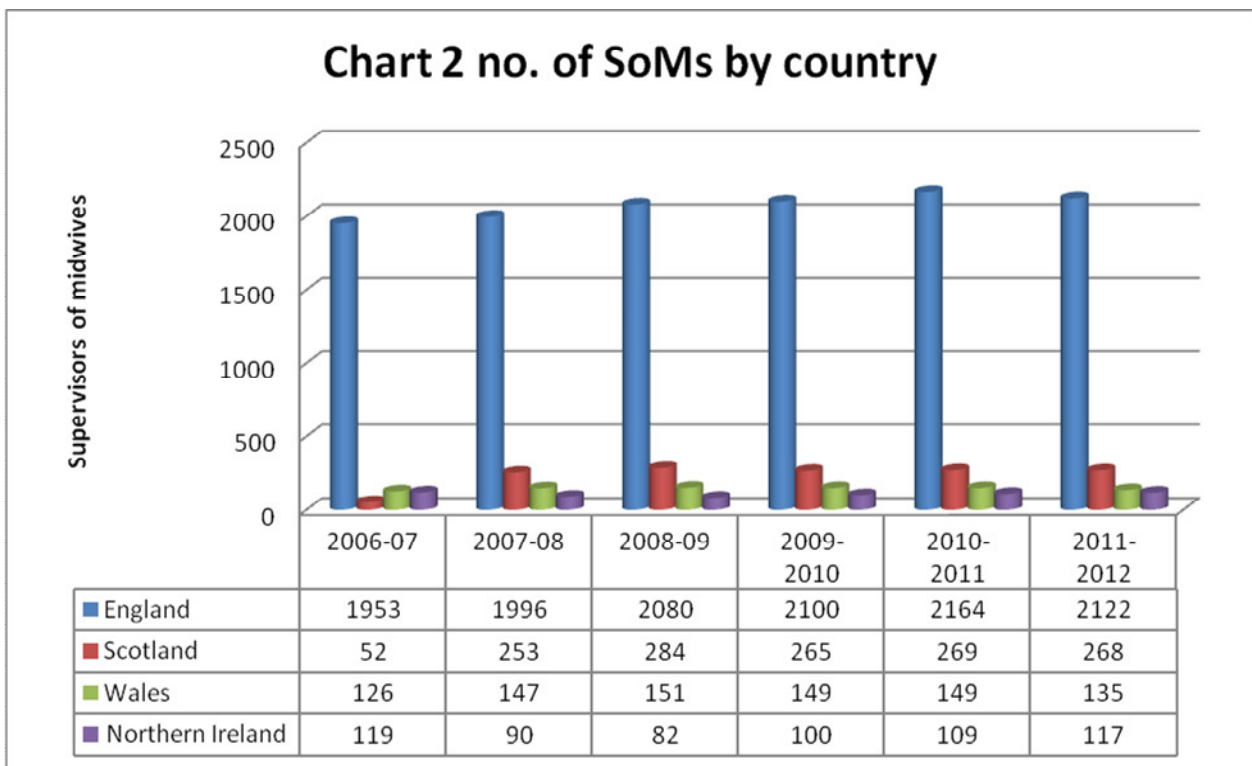
SoM to midwife ratios were provided in all LSA reports (the NMC recommended ratio is 1 SoM to 15 midwives). At the end of March 2012, 23 of 26 LSAs met or exceeded the minimum recommended ratio. Of the three LSAs that did not meet the minimum recommended ratio, the highest was 1:20 which is an improvement from the last reporting year.

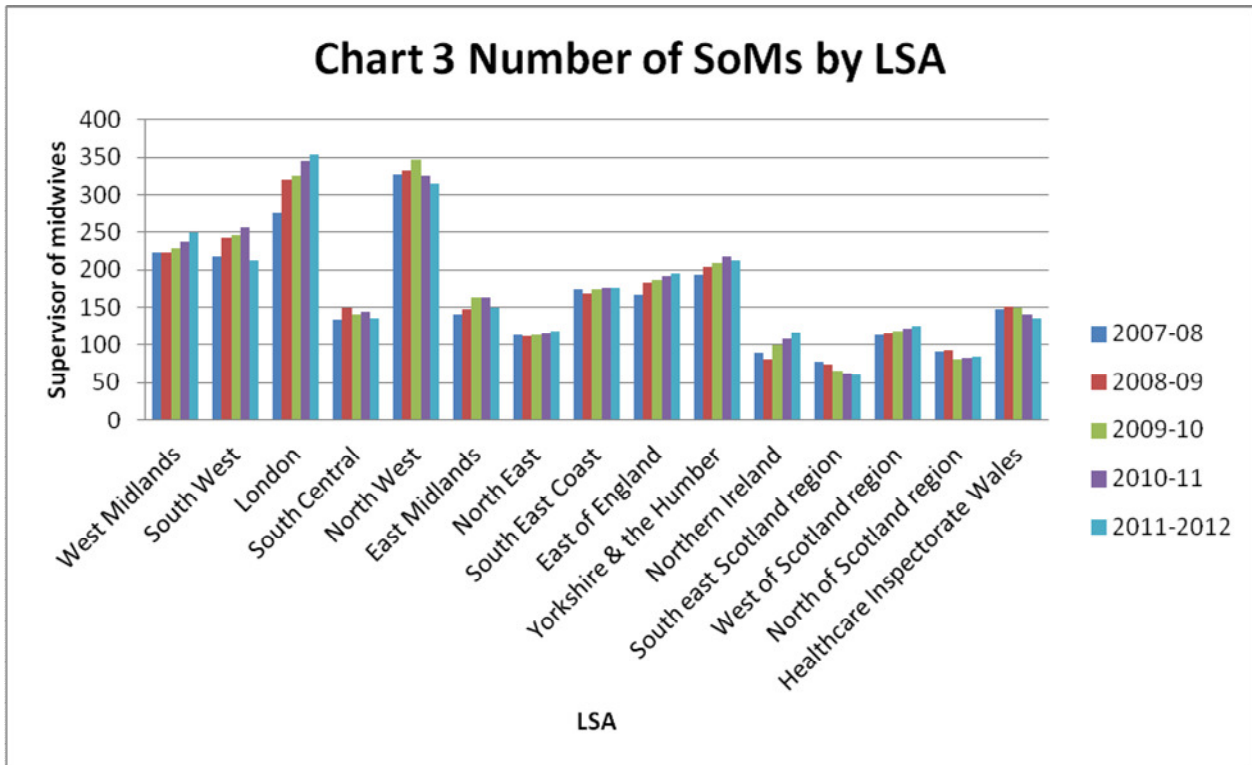


Although 23 of the 26 LSAs have a ratio of 1:15 or less, it is clearly reflected in the reports that many individual trusts or boards continue to experience challenges in recruiting sufficient new SoMs to replace those retiring or resigning. It was noted that across the UK there continues to be a marked increase in the numbers of midwives working flexibly or on a part-time basis which continues to impact on the work load of the SoMs. Whilst this varying pattern continues in individual trusts and boards across the UK, many trusts and boards have seen an improvement in their ratios for this reporting year. This is reflected in one trust reducing their ratio from 1:34 to 1:24 which shows improvement although we encourage this positive trend to continue downwards to 1:15 in the next year.

Some LSAs took creative and innovative measures to address the problems related to high ratios of SoMs to midwives, such as employing a full time SoM which will be monitored and evaluated over the agreed period of one year. Others have employed retired SoMs who have continued to maintain their NMC registration, to support the SoM team and LSAs have been supporting individual trusts with undertaking supervisory investigations. It is encouraging from this year's reports that LSAs are working proactively and collaboratively with both Directors of Nursing and Heads of Midwifery to continue to address this issue.

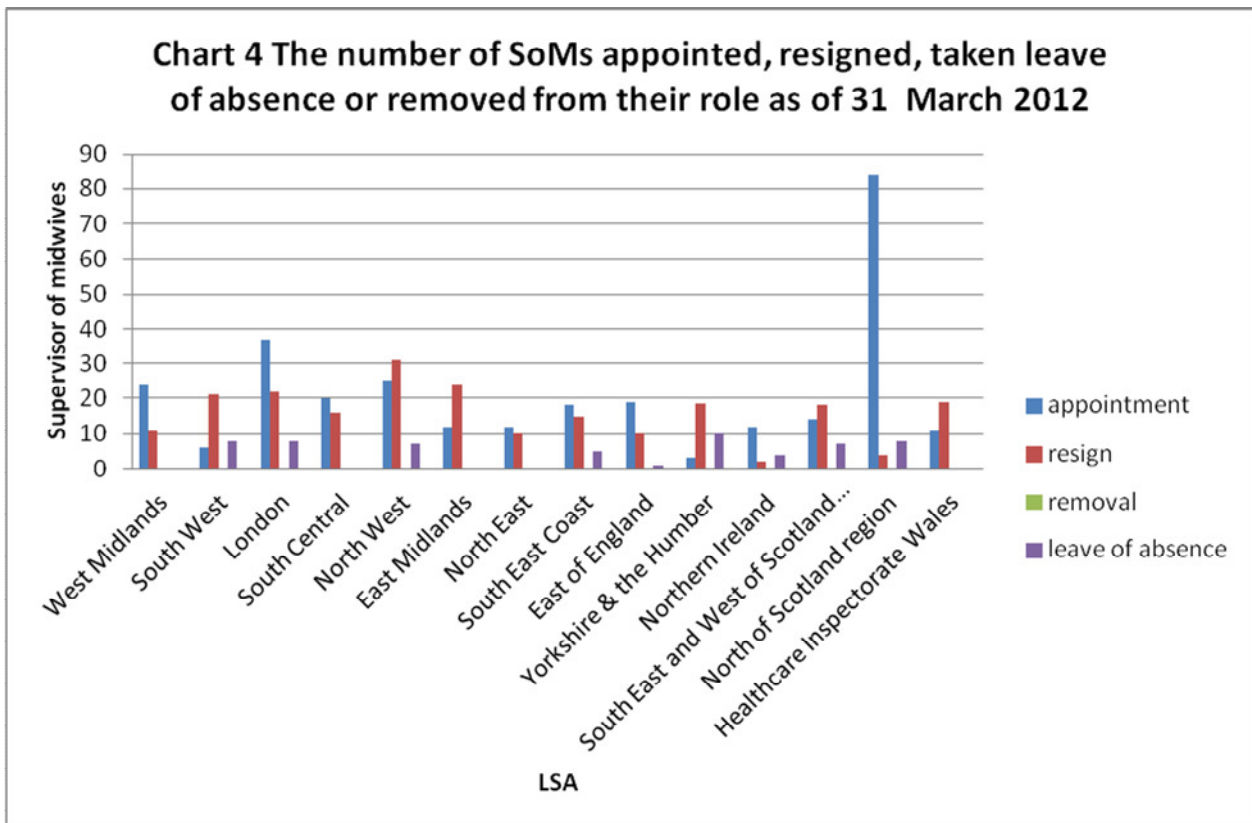
Supervision of midwives is an important governance function within trusts and boards. With each midwife having a named SoM, the LSA ensures that support, advice and guidance is available for midwives and women 24 hours a day to ensure the safety of women and their babies.





Please note that in chart 3 LSAs in Scotland are presented in three regions: North of Scotland, West of Scotland and South East of Scotland, however the Southeast and West of Scotland are now one region and this will be reflected in future reports.

Appointments, resignations, leaves of absence and removals per LSA for 2010-2011



There is evidence from the data provided that LSAs have shown an increase in the numbers of SoMs recruited for this reporting year. There were 297 SoMs appointed during 2011-2012, an increase from the previous reporting year which saw 258 appointments. However the numbers of resignations and leaves of absence continues to impact on achieving sustained benefits in SoM numbers across the UK. During this year, 279 SoMs resigned or had a period of time out which is a marked increase from the previous reporting year. The majority of these were mainly due to SoMs reaching retirement age and the demographics provided in the reports suggest this is going to be an ever increasing challenge in coming years.

Although newly qualified SoMs account for the majority of appointments, some LSAs reported a number of SoMs being reappointed either after relocation or returning to supervision after a period of time out. SoM preceptorship packages exist, which aim to offer support to newly qualified SoMs in their role. The expectation of the SoM role continues to increase with improved interface with the governance systems in trusts and boards. However there still remains inconsistency with individual employers and the recognition of the value of statutory supervision remains variable across the UK.

Although there is guidance and recognition that the SoM role requires some dedicated and protected time to undertake the duties, this continues to present challenges for some SoMs across the four UK countries. In reality, SoMs are continuing to undertake their supervisory duties in their own time and in some cases without remuneration. This is identified by some LSAs as a key contributing factor in the rising resignations and requests for leaves of absence from the supervisory role. However in an attempt to address this ongoing problem most LSAs have introduced very good reporting systems relating to this and are quick to take action with individual trusts and board executive managers when problems arise.

Examples of good practice

- LSAs and SoMs continue to talent spot midwives interested in undertaking the Preparation of Supervisors of Midwives Programme (PoSoM).
- In trusts that are struggling to recruit and provide statutory supervision of midwives with the support of the LSA the appointment of a full time SoM has been introduced. This is for a fixed term and will be monitored and evaluated during that time.
- Bespoke leadership courses continue to be well evaluated and is proving beneficial in developing SoMs as clinical leaders.
- The introduction of SoM road shows has provided an opportunity to raise the profile of the SoM role and give midwives a better insight into their role. This has proved successful in attracting midwives to become SoMs.

Our judgment

The evidence provided in all LSA reports is positive and demonstrates the commitment of the LSAs in addressing the ongoing challenge for recruiting new SoMs. Assurances are provided that LSAs are giving recruitment of new SoMs attention, including using innovative approaches to ensure statutory supervision is delivered and optimum levels of SoMs are in post. However, against the backdrop of the aging workforce, challenges remain in ensuring that sufficient numbers of SoMs are trained, to provide the statutory function of supervision of midwives and achieve the recommended ratio of 1:15 midwives.

Key recommendation

LSAs are recommended to monitor what direct impact a ratio of SoM to midwives greater than 1:15 has on either the delivery of effective statutory supervision of midwives, or the protection of women and their babies. This should be reported on in the next reporting year and through the quarterly quality monitoring reporting.

LSA standard 3(b): Details of how midwives are provided with continuous access to supervisor of midwives

Guidance

- How do midwives contact their named SoM?
- How do midwives contact a SoM in an emergency?
- What are your contingencies if a SoM is not contactable?

Please provide evidence of how access to a SoM is audited in your LSA including:

- continuous access to an SoM
- response times from SoMs to requests for advice from midwives in challenging situations
- response times from SoMs to requests for advice from women in challenging situations
- outcomes and action plans resulting from these audits.

What we found

All midwives must have a named SoM regardless of their employment status and provision made for accessing a SoM at all times. The LSA reports described in detail their processes for achieving this, which indicated that when possible midwives are offered a choice of named SoM, with the exception of new starters or newly appointed midwives. In the first instance they are allocated a named SoM, but are later given the opportunity to change or choose a different named SoM.

Various methods are used to ensure midwives know how to contact their named SoM, including:

- Giving midwives specific contact numbers, or email addresses for their named SoM.
- Providing notice boards with the names, photos and profiles of the SoM team.
- Providing new starters or newly qualified midwives with written information in relation to their named SoM and how to contact them.

Processes for continuous access to a SoM are in place for every LSA across the UK and all reports confirmed contingency plans are in place should the named SoM be unavailable. The process is also referred to in LSA guidelines, which enhances the consistency of approach.

The majority of LSAs operate a 24-hour on-call rota system, and the rotas are easily accessible, displayed and available (at a minimum) in the labour ward and with the switchboard of each trust or board. In addition some trusts and boards described having a list of which SoMs are available and their contact information.

Some LSAs are now using on-call diary logs and one LSA described the introduction of a supervisory call pad being used. Most LSAs confirmed that access to a SoM is an agenda item on the local SoM meeting, relevant LSA meetings and LSA audits, which gives the opportunity to discuss in detail the nature and frequency of the calls and actions taken. Calls can be themed into complex safeguarding concerns, capacity of the service to meet demand and unusual clinical incidents. Some LSAs are developing ways to log calls electronically, which will support clinical and information governance. Continuous access and the availability of SoMs are monitored in a number of ways including rota evidence, verifying with midwives and students at audit visits, and the LSA checking the effectiveness of the SoM on-call system.

No LSA described having to implement action plans as no concerns had been raised by LSAs regarding availability of a SoM and response times were generally within 5 to 30 minutes. The majority of LSAs continue to audit this as part of their local annual audits either through electronic surveys or discussions during site visits.

LSAs described the availability of information for women about supervision:

- on websites
- in leaflets – both locally developed and using the leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009)
- in their maternal records
- on customised bookmarks.

Although LSA reports describe using a variety of methods to provide information to women about statutory supervision of midwives and details of how to contact a SoM or the LSAMO, the evidence does not indicate any significant increase in women directly accessing a SoM in this reporting year.

As in previous reports, access to SoMs by self employed (independent) midwives was described by some LSAs. We commend the continued good practice to support communication, share practice challenges and identify named 'liaison' SoMs for self employed midwives.

Our judgment

Assurances have been provided that robust processes are in place to meet this standard. It was encouraging to note that every LSA continue to audit this in a variety of ways throughout the year and results from surveys and audits suggest that no midwife had difficulty in contacting a SoM. However, the available evidence suggests that women do not

frequently contact SoMs directly. Despite the implementation of many good initiatives by LSAs and SoMs, for example the distribution of information leaflets or bookmarks with contact details, evidence from LSA user audits suggests raising the profile of statutory supervision with women and their families remains an ongoing challenge.

Key recommendation

All LSAs who are unable to meet this standard should review closely the methods used to ensure that service users/lay auditors are present at every annual local LSA audit. Action plans should be developed to address this, monitoring of this will be included in the quarterly quality monitoring reporting.

LSA standard 3(c): Details of how the practice of midwives is supervised

Guidance

How does the supervisory function work and what processes are in place for the effective supervision of midwives? This includes:

- methods of communication with SoMs
- mechanisms to disseminate information
- mechanisms to ensure consistency when carrying out supervisory functions
- evidence about how your LSA has improved care to women, or enhanced and supported the practice of midwives
- information on any challenges that impede effective supervision
- how these challenges are being addressed
- progress towards an electronic method of storing supervision related data.

What we found

The evidence provided in the reports referred largely to the Nursing and Midwifery Order 2001 (the order), which makes provision for the practice of midwives to be supervised. The *Midwives rules and standards* (NMC, 2004) and LSA national and local guidelines provide the framework for statutory supervision. Whilst there is a drive to achieve consistency across the UK, it is also essential for the rules, standards and guidelines to be applied at a local level to ensure effective statutory supervision of midwives meets local needs.

LSA annual audits of maternity services are one of the main ways in which data is gathered about the effectiveness of the supervisory function. Each LSA has a full time midwifery officer who is the designated lead for this work. Whilst all LSAs provided assurance that they had audited every maternity service, different approaches were used, for example a combination of formal and informal audits, with some LSAs using themed audits which change each year depending on specific identified issues or concerns. When there have been adverse events reported by system regulators the specific actions taken and subsequent outcomes are monitored by the LSA

As part of the LSA audit review of supervisory processes audits will often include a review of the:

- annual notification of intention to practise (ItP) process
- annual supervisory review

- standard of record keeping
- investigation of a midwife's practice.

Given the nature of the SoM role all reports referred to the importance of effective communication between LSAs and SoMs, and a variety of methods are used including telephone, pagers, written, email and face to face contact. The role of the contact SoM continues to evolve and is effective in the distribution of information within local SoM teams. The majority of LSAs hold contact SoM meetings and the role of the contact SoM is outlined in the LSAMO Forum UK guidelines. The LSAs described how attendance at different groups including those at a strategic, national and local level have proved an effective way of communicating and providing up to date and relevant information to SoMs. Local audits, study days and LSA conferences are used to enable and facilitate effective communication.

The LSA database, which is a secure web-based tool and must comply with data protection standards, is now being used by all LSAs. All LSAs described progress made in effectively using the database, SoMs are using this to record their own personal development plans and the majority of SoMs are now utilising this effectively to store statutory supervisory records and other supervisory data, which is to be commended. The database is an asset in producing a variety of valuable information including the number of annual reviews undertaken, incident reporting, ItP notification, age profiles of midwives and SoMs, and the SoM to midwife ratio. Useful information regarding midwifery trends has been identified, and forms part of the supervisory audit process and data governance.

The LSAMO Forum UK has been instrumental in achieving a consistent approach to all statutory supervisory functions across the UK including the development of national guidelines. These are easily accessible via the website at <http://www.lsamoforumuk.scot.nhs.uk/>

In addition LSAs also develop local standards and guidelines which ensure consistency at local level in response to specific trends and requirements.

LSAs continue to present valuable evidence demonstrating the SoMs involvement in promoting normality in childbirth and reducing obstetric interventions, both of which impact on the quality and safety of maternity care. There is commitment to promoting women's choice and supporting normal birth projects. SoMs are showing commitment to actively supporting and advising both women and midwives in relation to this. SoMs continue to take the lead or work as part of a team to set up vaginal birth after caesarean (VBAC) delivery, which promotes normal birth following a previous caesarean delivery.

Throughout the reports, reference was made as to how SoMs are supporting women by proactively managing risk. It is evident that SoMs are invited as members on risk management and governance groups within trusts and boards, and regularly contribute to the quality and safety agendas, however further work needs to be undertaken to ensure SoMs are not in attendance at meeting in a dual role (for example the Head of Midwifery who is a SoM should not be in attendance representing both roles). Through the supervisory framework, SoMs are able to identify concerns regarding a midwife's practice, and using the supervisory processes such as supervisory investigation, can effectively highlight and address any issues. This may include the use of structured

reflection, further training and developmental support and, in certain situations, supervised practice. All LSAMOs should be informed of any supervisory investigation being undertaken.

A number of reports described SoMs supporting midwives returning to practice, which in some areas remains part of midwifery recruitment plans. However the provision and uptake of these programmes remains variable across the UK.

The challenges which continue to impede effective supervision, and have been mentioned in previous reports include:

- The role of the SoM continues to develop and expectations from the role increase year on year.
- The competing demands on SoMs which prevent them securing the allocated time to undertake supervisory activities.
- The high SoM to midwife ratio in some maternity units.
- Ability to raising the profile of supervision with women and increase their level of engagement.
- Variation in recognition of the value and benefits of supervision within individual trusts and boards at the executive board level.

LSAs have highlighted a number of strategies to address these challenges. These include the following:

- LSA discussions with SoMs and CEOs to highlight where there are concerns regarding the requirements for the supervision of midwives to ensure safety for women and their families, and support for individual SoM teams.
- Comprehensive recruitment and retention strategies for SoMs to ensure minimum recommended SoM to midwife ratios are maintained. This includes recruitment road shows, and LSAs identifying inequities in remuneration packages across the region which are believed to negatively impact on recruitment and retention.
- LSAs are using a variety of methods to increase maternity service user engagement with supervision.

Examples of good practice

- LSAs continue to use robust systems for monitoring protected time for supervisory activities and reporting non-compliance to the LSAMO.
- All LSAs have provided evidence to demonstrate their commitment to providing training and development for SoMs to meet both their Prep requirements and effectively undertake the role of the SoM. This includes encouraging SoMs to enter their personal development plans onto the LSA database.

- Bespoke leadership programmes continue to be commissioned by LSAs to ensure SoMs are developed appropriately and adequately equipped for the role.

Our judgment

The evidence provided in the LSA reports demonstrates the statutory supervisory framework is evident in supervising the practice of midwives. Some LSAs highlighted models where statutory supervision of midwives effectively interfaces with governance and how SoMs are involved in risk management and governance processes, which enable them to highlight and intervene when poor practice is identified. However other LSAs failed to clearly demonstrate how statutory supervision plays a role in informing and interfacing with risk management and governance.

LSA reports described the involvement of SoMs in auditing midwifery practice and making recommendations to ensure evidence based practice is implemented. Examples were given of SoMs being proactive in auditing record keeping and a number of LSAs have implemented innovative strategies to address poor record keeping, for example, use of record keeping workbooks or peer auditing of records.

Through the annual supervisory review SoMs are able to guide and support midwives in their personal and professional development as well as developing additional skills and expertise specific to their role. Many SoMs are involved with the development and delivery of mandatory training for midwives within the trusts and boards, which can be beneficial in promoting statutory supervision of midwives, particularly in multidisciplinary settings.

Key recommendations

- LSAs should continue to support SoMs in strengthening the profile of midwifery supervision particularly in those trusts and boards where it has been found to be weaker and impacts on the ability of SoMs to deliver effective supervision.
- LSAs should develop guidelines for the annual review of a midwife's practice to ensure that the review undertaken by SoMs is consistent and equitable.

LSA standard 3(d): Evidence that service users have been involved in monitoring supervision of midwives and assisting the LSAMO with the annual audits

Guidance

- Service user involvement in the supervision of midwives.
- Progress against action plans to improve service user involvement.
- Evidence of service users assisting with the annual audits of practice.
- Training provided to service users involved in the supervision process.

What we found

The majority of LSAs have made excellent progress with ensuring service user/lay auditor involvement with local annual audits of maternity services. However for some this remains a challenge with the poor uptake of service users to assist the LSA with supervisory audits. There is a wide variation in the numbers of service users/lay auditors recruited with one LSA recruiting as many as nine service user auditors, whilst others only have one. One LSA described in detail despite having only one lay auditor, how her role has developed over the years and what an essential role she now plays in collecting and presenting the service user views. It was reassuring to note that even those who have difficulty in recruiting permanent service users did manage to ensure a service user was present at all annual audits for this reporting year.

Despite some of the challenges that exist LSAs are using very innovative ways of ensuring service user presence at audits, for example by contacting individual maternity services and collecting names and contact details of any user who would be interested in attending an audit. The lay auditor focus for maternity service audits should be to collect and report on the user perspective. Where appropriate this includes interviewing women on the maternity wards or undertaking satisfaction surveys and service user/lay auditors are involved in designing such surveys.

The LSAs described the processes in place for training new and existing lay reviewers, which involved many attending formal training workshops or one to one training provided by the LSAMO. The reports described how valuable the contribution of services users/lay auditors continues to be and a variety of recruitment strategies, including posters, leaflets and adverts are used to attract them onto relevant groups.

SoMs continue to represent supervision on maternity service user forums, for example on maternity service liaison committees (MSLCs) or their equivalent. It is common practice for both service users and SoMs to provide representation on groups such as labour ward forums, birth centre working groups and service redesign groups. These offer an opportunity for service users to be exposed to, and understand, the SoM role and how they can be influential in these areas. The remit of the service user on such groups is to provide a user focus on, for example, service development or redesign,

monitoring of complaints, reviewing maternity statistical data or commenting on relevant guidelines and user information.

LSAs inform women about supervision in a number of ways, including local and national websites, public notice boards within trusts and boards, contact information in women's notes, information in bedside directories, a service user blog and specific information leaflets about supervision.

All LSAs detailed how service users form part of the selection panel for midwives wishing to undertake the PoSoM course, using particular observational skills to identify candidates' communication and team working skills. This year's reports have seen an increase in service users/lay auditors being invited to speak at LSA and National conferences with the key focus on presenting the user perspective and these have been very well evaluated.

Examples of good practice

- One LSA described recruiting a lay auditor from more vulnerable groups which brings a different focus to the maternity service user perspective
- One LSA used the lay auditor to focus on allowing women to share their birth experiences and these were reported on and were well evaluated (examples of these were included in the report).
- Inviting service users/lay auditors to contribute at national LSA and midwifery conferences is a valuable way of relating women's views to the relevant key stakeholders

Our judgment

Whilst this year's reports have demonstrated an increase in maternity service user/lay auditor involvement, some LSAs continue to struggle to meet this standard effectively. LSAs who have managed to recruit and continue to develop the role of the lay auditor should be commended. In addition promoting service users/lay auditor's role and profile at both local and national level has been well evaluated.

Key recommendation

- LSAs that are unable to meet this standard effectively should develop an action plan to outline how this will be addressed during the next reporting year.

LSA standard 3(e): Evidence of engagement with approved education institutions in relation to supervisory input into midwifery education

Guidance

- How does your LSA gain information about the clinical learning environment for pre-registration student midwives?
- Describe the processes used to feed this back into higher education providers and commissioners.
- List the approved education providers you use to supply preparation of SoM programmes.
- Provide information as to how your LSA is kept informed by the lead midwife for education (LME) in relation to the numbers of midwives who fail to complete the programme successfully.
- How does your LSA determine that new SoMs are competent to undertake the role at the end of the programme?

What we found

Robust evidenced continues to be provided by LSAs to demonstrate compliance with this standard. LSAs report that SoMs and LSAMOs are involved in the development, delivery and monitoring of pre-registration midwifery programmes as well as the preparation for SoM programmes.

Pre-registration midwifery education

All LSAs described having effective processes in place to ensure there is regular contact with the LSAMO and the Approved Education Institutes (AEIs). This provides opportunities for the LSA to feedback on the learning environment, curriculum planning and programme management. The majority of LSAs continue to have joint meetings between the LSAs, education commissioners; education providers, senior midwifery leaders and workforce planning which enhances good communication channels.

In addition the LSAMO and the LME continue to meet to discuss and review any education or training concerns. As part of the quality assurance programme SoMs have an opportunity to contribute by providing feedback on midwifery education. All LSAs report dedicated SoM involvement in the selection process of students for pre-registration midwifery education programmes and in curriculum development. Reports evidence a continued increase in the number of AEI based midwifery lecturers who are also SoMs, which is proving effective in raising the profile of supervision for pre-registration midwifery students. However inconsistencies remain in relation to this across the UK.

A variety of systems exist to ensure SoMs engage with student midwives, for example some students are given a named SoM at the beginning of their training, whilst others are only given the name of a SoM for the entire cohort of students. Midwifery students are given the opportunity to provide feedback on the clinical learning environment either during LSA annual audits or when the LSAMO visits the practice areas. In addition midwifery students can provide feedback via their link lecturer or personal tutor.

Preparation and practice of supervisors of midwives

Detailed information was provided by all LSAs on which AEIs have approved PoSoM programmes and the LSAMOs continue to be involved in curriculum planning, programme management, assessment and evaluation and for some delivery of key sessions on the programme. LSAs have engagement with the programme leaders and the Lead Midwives for Education (LMEs) and form part of the selection process for midwives wishing to undertake the programme. LSAMOs who continue to have honorary positions within the AEIs have good opportunities for keeping abreast of the progress of all students and engage with students regularly.

Newly qualified SoMs are deemed competent to undertake the role following an appointment meeting with the LSAMO. The LSAMO has overall responsibility for appointing a SoM following the successful completion of the PoSoM programme and following feedback from the student SoMs sign off mentor in relation to the student's competence. In addition some LSAMOs continue to meet with the newly appointed SoM at regular intervals to offer support and guidance.

There is a formal process for programme leaders to notify LSAMOs regarding midwives who are successful, unsuccessful or deferred from a programme. Some use the LSA database to record the programme outcome. In addition the increase in SoM lecturers provides further opportunities to discuss midwives experience and their progress when they attend the local SoM meetings.

The support offered to newly appointed SoMs uses a variety of methods including all being offered a period of preceptorship, which follows the LSAMO Forum UK guideline and using self-audit and bench marking tools to assess competence and facilitate personal development plans. Meetings exist specifically for newly appointed SoMs or quarterly action learning sets are provided, all of which are designed to support and guide the newly appointed SoMs.

A wide range of opportunities are commissioned by the LSA and offered to SoMs to support continued professional development (CPD) and the uptake by SoMs is very good. All LSAs have promoted the role of the SoM as a leader and have commissioned bespoke leadership courses which have been positively evaluated. To ensure every SoM has the necessary skills to undertake her supervisory duties LSAs have provided ongoing training and workshops for conducting a supervisory investigation, statement writing, report writing and when necessary witness skills.

LSAs continue to arrange annual LSA conferences specifically for SoMs, which provides an excellent opportunity for networking and updating on all current supervisory practises. These are very well attended and create an ideal platform for SoMs to present any new and innovative supervisory projects.

Return to practice

Where appropriate reference was made to return to practice programmes, and LSAMOs' and SoMs' involvement described, however these programmes are not running in all areas.

Examples of good practice

- The provision of robust preceptorship packages providing the necessary support for newly appointed SoMs.
- Effective networking and communication between LSAMOs, contact SoMs and LMEs and ongoing monitoring of clinical placement environment ensures students are well supported in practice.

Our judgment

There are clearly robust processes in place to foster good relationships with LSAs, SoMs and AEs and this collaborative working provides assurance that support for students and ongoing monitoring of clinical practice learning environments is evident. However further work could be done to raise the profile of statutory supervision of midwives consistently throughout the education programme and a review of how SoMs support student midwives in practice may be of benefit.

Key recommendation

- All LSAs should review and monitor how effective the current framework is for raising the profile and informing student midwives of how statutory supervision of midwives enhances public protection and could support them in practice.

LSA standard 3(f): Details of any new policies related to the supervision of midwives

Guidance

What methods are used by your LSA to review existing policies relating to the function of statutory supervision?

It is not required to enclose new policies with the report but please provide appropriate hyperlinks so that policies can be viewed.

What we found

National guidelines

In recent years the LSAMO UK Forum has developed and regularly reviewed national LSA guidelines for the supervision of midwives. The evidence presented in this year's LSA reports would suggest that the national LSAMO Forum UK guidelines for supervision are being implemented and used more consistently across the UK. The current process used for guideline development encourages an equitable, consistent and transparent approach to the supervision of midwives. New guidelines are developed in response to standards set by us and each guideline uses auditable standards that assist the LSAMO when undertaking local LSA audits.

Some LSAs stated that with the continued implementation of national guidelines the necessity for producing local guidelines will reduce and that this approach will promote consistency across the UK. The forum is aware with the new *Midwives rules and standards* (NMC, 2012) coming into force many of the national guidelines will need to be reviewed and updated.

Local guidelines

Some LSAs continue to have some processes and groups in place for reviewing and developing local guidelines. There are always terms of reference for local groups, and guidelines are usually reviewed on a three yearly cycle. In Scotland both the North and South East and West of Scotland regions continue to use the Supervisors Quality Improvement Group (SQIG) for reviewing and implementing guidelines relevant to Scotland.

Local consultation involves SoMs, HoMs and, in some instances, maternity service users. Some LSAs still give SoMs hard copies of guidelines, but increasingly they are referred to local and national websites for the most up to date version.

Most LSAs have other supervisory documents on their websites apart from national and local guidelines. These include the LSA strategic direction, standards for supervision, national guidelines on supervised practice programmes, LSA publications such as *Modern Supervision in Action* (2008) and, at the time of their reports, our information leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009).

The trend for collaborative working between LSAs has continued and all guidelines and information can be viewed on the LSAMO Forum UK website at www.midwife.org.uk

Good practice

- The LSAMO Forum UK leading on the development of national guidelines for the supervision of midwives, contributes to a UK wide approach to reviewing and implementing guidelines. This approach contributes to gaining consistency in the supervision of midwives and enhances the protection of women and their babies across the UK.
- Having robust systems in place for reviewing local guidelines will ensure statutory supervision of midwives remains up to date and relevant.

Our judgment

The LSAMO Forum UK has provided assurance that a UK wide approach to the development of national guidelines results in a collaborative approach which promotes equity, transparency and consistency. This is seen as a positive step in further enhancing the protection and wellbeing of the women and families using maternity services across the UK.

All LSAs provided evidence to demonstrate this standard is fully met. Some LSAs reported recently updating local guidelines which can be found on their web sites.

In light of our review of the *Midwives rules and standards* (NMC, 2004), and the new *Midwives rules and standards* (NMC, 2012) coming into force, a complete review of both local and national LSA guidelines will be required.

Key recommendation

- All LSAs are recommended to review all national and local guidelines in light of the new *Midwives rules and standards* (NMC, 2012).

LSA standard 3(g): Evidence of developing trends that may impact on the practice of midwives in the LSA

Guidance

Please outline the public health picture across your LSA and include:

- workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs
- data to support your analysis, including:
 - the midwife to birth ratio of maternity services in your LSA
 - trends that may or are impacting on the safety and protection of women or on the learning environment for students
- a report on action taken to improve such trends by maternity services and by your LSA
- an analysis of birth trends for respective maternity services to include information related to clinical outcomes and serious untoward incidents (if a hyperlink is more appropriate for the NMC to access this information, please place this in your report)
- the methodology used by your offices to gather this information
- the personnel involved in supporting this data collection
- details of the locally agreed serious incident escalation policy
- information on unit closures, and actions taken to ensure the safety of women and babies
- Information on collaborative working with other organisations that have a safety remit.

What we found

For this reporting year information and data provided by LSAs will be considered primarily within the context of the regulators role in safeguarding and protecting the public. Although, reference will be made regarding the submission of information by LSAs in relation to trends affecting midwifery practice this will be reported on in line with our core regulatory function and in relation to statutory supervision of midwives.

Public health profile

The public health trends continue to present challenges in LSAs and remain very similar to those described in previous reporting years as detailed below:

- safeguarding concerns
- care of women with substance and alcohol misuse
- care of pregnant teenage women
- care of women with perinatal mental health problems
- care of women who experience domestic violence
- care of women who are asylum seekers
- care of women who do not have English as their first language (reference is made to the poor health status of this group, which is greatly affected by reduced or no previous access to medical cover)
- problems associated with obesity

The majority of LSAs continue to report on the impact that the public health trends have on local maternity services and the midwifery workforce. While many describe the need to increase specialist services there is the reality of how financial constraints impacts on the effectiveness of the service provided.

Close working with other agencies for example, police, social services, primary health care teams, LSAs and system regulators continues, and this is essential to ensure quality care and safety for the public. It was noted that the increased focus on safety and quality of maternity services is bringing much needed tools and techniques to support the collection and intelligent use of maternity service data.

Workforce trends

As reported in previous years, significant numbers of experienced midwives and SoMs will be eligible for retirement in the next 4-10 years. The majority of LSAs cited the pressure of providing supervision of midwives for an ever increasing part time workforce and this continues to present challenges for SoMs.

Although LSAs do communicate and engage with trusts and boards to explore a number of strategies to address the problems related to workforce trends, this is clearly the responsibility for local trusts and boards. However, it is important for LSAs to continue to monitor the effect this demographic has on both the protection of women and their babies and on the statutory supervision of midwives.

Birth trends

During 2011-2012, the majority of LSAs reported a continued increase in the birth rate which often results in capacity issues on the labour ward, maternity unit closures and women not being able to access their chosen birth place. This impacts on the wellbeing

and safety of women and at a critical stage in childbirth and SoMs may be involved in the decision to close the unit and facilitate the diversion of women to other units although there continues to be a wide variation across the UK in the approaches this process.

The majority of LSAs described the midwife to birth ratio. This year's reports have provided data which shows an increase in the midwife to birth ratios for this reporting year. The evidence provided clearly demonstrates the challenges facing maternity services in meeting the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) recommended ratio.

The current financial climate continues to see trusts and boards having to make considerable savings. LSAs have described trust and board mergers and re-structures as a challenge for SoMs as they are in some instances having to join with other larger, established SoM teams and play a key role in supporting staff with the changing work environments.

There has also been an increase in women presenting with complex medical conditions and high risk pregnancies and inevitably this is having an impact on inexperienced, newly qualified midwives. Most reports make reference to a reduction in the home birth rate and attribute this to women having better access to midwife led birthing units. It is also evident from the reports that increasing numbers of women with complex needs are requesting to birth at home. SoMs are expected to play an important role in supporting both midwives and women in these difficult situations to ensure the delivery of safe midwifery care.

Some LSA reports indicate that despite the drive to support normal birth and the use of toolkits to actively reduce caesarean rates, both planned and unplanned caesarean section rates have either seen a slight increase or remain static. However, this is not the case for all LSAs and some described seeing a marked reduction in all obstetric interventions, including the caesarean rates. Many have reported SoMs involvement in monitoring the vaginal birth after caesarean section rates (VBAC), and in some instances, SoMs continue to lead this service.

LSA reports included data on maternal and perinatal deaths, and trends remain in line with findings in the CMACE reports. All reports described having robust supervisory mechanisms in place for investigating both maternal and perinatal deaths.

Example of good practice

- Evidence was provided by LSAs demonstrating a continued commitment to promoting normality and reducing obstetric interventions for example caesarean sections.
- SoMs continue to take the lead in service development and are key players in supporting midwives through service mergers.

Our judgment

The majority of LSAs reported an increase in the birth rate and highlighted a continued increase in the complexity of births. Challenges remain in developing services specifically for vulnerable groups and regarding safeguarding issues. The role of the SoM is clearly continuing to develop and is key offering support to women and midwives in difficult situations. SoMs are taking an increased role in mandatory training and examples of collaborative working with risk managers and governance leads has been raised the profile of the value of statutory supervision of midwives.

Key recommendation

- LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.

LSA standard 3(h): Details of the number of complaints regarding the discharge of the supervisory function

Guidance

- Number of complaints relating to your LSA and the supervisory function in the reporting year.
- Number and outcome of investigations into such complaints.
- How your LSA ensures impartiality when dealing with such complaints.
- Data on the source of each of these complaints.
- Details on the nature of the complaints.
- Information about the length of time taken to conclude such investigations.

What we found

All LSAs have a robust procedure in place for ensuring all complaints are reviewed and investigated using an impartial and transparent system. When necessary and in order to ensure transparency and equity the use of LSAMOs and SoMs from another LSA are used to undertake the investigation of a complaint against an LSA.

LSAs provided detailed information in relation to any complaints received.

Eleven LSAs received no complaints in relation to their supervisory function. However, five LSAs received complaints in this reporting year, as detailed below:

LSA	Nature of complaint	Action and outcome
East of England LSA One appeal was received by the LSA.	Complaint: A request was made to appeal against the recommendations of a supervisory investigation.	The appeal was reviewed by an experienced SoM from another maternity unit and the investigation process and subsequent recommendations were upheld, therefore the appeal was not successful.

LSA	Nature of complaint	Action and outcome
<p>London LSA</p> <p>Five complaints were received this year in relation to statutory supervision, which is an increase from the previous reporting year.</p>	<p>Complaint 1: Concerns were raised in relation to the content of a supervisory investigation.</p> <p>Complaint 2: Concerns were raised by a maternity service user (father) in relation to the homebirth service being withdrawn.</p> <p>Complaint 3: Concerns raised by a maternity service user relating to the outcome of a SoM investigation.</p> <p>Complaint 4: Concerns raised by a maternity service user regarding the outcome of a SoM investigation.</p> <p>Complaint 5: Concerns raised by a maternity service user (father) in relation to the management of a specific case.</p>	<p>Complaint 1: A LSAMO from another LSA was asked to review the investigation and address concerns raised. The complaint was not upheld.</p> <p>Complaint 2: The situation was addressed and resolved at local trust level.</p> <p>Complaint 3: A review was undertaken by another LSAMO. The complaint was not upheld however development for the SoM was recommended.</p> <p>Complaint 4: Concerns were allayed and no further action was required.</p> <p>Complaint 5: Concerns are being addressed through appropriate processes at a local level.</p>
<p>North of Scotland LSA</p> <p>One complaint was received by the LSA.</p>	<p>Complaint: A complaint was received from a maternity service user about the performance of a LSAMO.</p>	<p>Complaint: NHS Highland commissioned an investigation by an external panel comprising an external LSAMO, a SoM, a lay representative and two clinical governance personnel. This is an ongoing investigation and the outcome will be reported on in 2012-2013.</p>

LSA	Nature of complaint	Action and outcome
<p>Southwest LSA</p> <p>One complaint was received by LSA.</p>	<p>Complaint 1: A complaint was received involving the LSA and their contribution to the process and decision to implement a period of supervised practice.</p>	<p>Complaint 1: The complaint was investigated by another LSAMO and the decision was upheld.</p>
<p>South Central LSA</p> <p>One complaint was received by the LSA.</p>	<p>Complaint: The nature of the complaint was in relation to an error within the supervisory report.</p>	<p>Complaint: The LSAMO ensured the investigation was revisited and the error was corrected and resolution occurred.</p>
<p>North West LSA</p> <p>Two complaints were received by LSA.</p>	<p>Complaint 1: This was a very complex complaint relating to a supervisory investigation from a clinical incident dating back to 2008. The complaint has involved review of midwifery supervision by the NMC and the provision of maternity care by the Ombudsman, Coroner, CQC and police.</p> <p>Complaint 2: A midwife who, following a supervisory investigation and referral to NMC for failing to complete a period of supervised practice – complained against the process of the supervisory investigation.</p>	<p>Complaint 1: The outcome of the NMC review resulted in recommendations being made for both the LSA and the SoMs in the trust. An action plan was developed and the LSA and SHA continue to work with the trust concerned. A report of the review can be accessed on the NMC website.</p> <p>Complaint 2: Due to mitigating circumstances, the LSA has not yet had an opportunity to meet with the midwife to discuss the complaint. At the time of this report a date for the meeting has now been set.</p>

LSA	Nature of complaint	Action and outcome
<p>Yorkshire and the Humber LSA</p> <p>Two complaints have been received by the LSA.</p> <p>Two appeals received by midwives involved in the same investigation.</p>	<p>Complaint 1: A complaint was received in relation to the conduct of a SoM.</p> <p>Complaint 2: A complaint was received in relation to the conduct of a SoM.</p> <p>Appeals: Two midwives appealed against the process of the same investigation.</p>	<p>Complaint 1: An experienced SoM conducted an independent review – the allegation of the midwife was upheld and a period of reflection was recommended for the SoM. In addition the trust was recommended to strengthen the interface between management and supervision.</p> <p>Complaint 2: This was reviewed by an LSAMO and the allegations were not upheld.</p> <p>Appeals: The LSA midwife heard the appeal and their appeals were upheld. A second interview was conducted and concluded that with new evidence developmental support was more appropriate than undertaking a period of supervised practice.</p> <p>The LSA addressed the issue by publishing further information for midwives on supervisory investigations and was included in the ongoing quarterly training for SoMs in undertaking supervisory investigations.</p>

LSA	Nature of complaint	Action and outcome
<p>Health Inspectorate Wales LSA</p> <p>One complaint was received by the LSA</p>	<p>Complaint: A complaint was received from a midwife following a supervisory investigation and outcome of supervised practice.</p>	<p>Complaint: Following a further investigation by an external LSAMO who deemed the allegations could not be upheld in full. Recommendations included SoMs providing further support to midwives following completion of supervised practice. The LSA are working closely with SoMs to ensure the learning from this is implemented.</p>

Our judgment

There has been an increase in complaints received by LSAs in this reporting year. More complaints have been received by maternity service users who appear to be complaining directly to the LSAs. This would suggest that the general public have a better awareness of the statutory supervision of midwives and how this that can support them. All LSAs provided evidence of the framework and processes used to investigate complaints and assurance has been given that fair and transparent systems are in place. The continued use of impartial, external SoMs and LSAMOs in investigations and appeals demonstrates a commitment to achieve openness and transparency.

Key recommendation

LSAs must continue to monitor supervisory investigations undertaken by SoMs to ensure that they act fairly and equitably and comply with the standards and guidance set by us and adheres to local guidelines set by the LSA.

LSA standard 3(i): Reports on all LSA investigations undertaken during the year

Guidance

How is the LSA informed of serious incidents (SIs)?

- The number of investigations undertaken during the year by SoMs, directly by the LSAMO, an external SoM or LSAMO commissioned by the LSA.
- Summary of LSA involvement in investigations by CQC or national equivalent.
- Key trends and learning outcomes of any supervised practice programmes.
- Action taken by your LSA to reduce repeated incidents.
- Supervised practice programmes that have not been implemented due to employer dismissal or refusal by midwife.
- Follow on actions taken by your LSA.
- Concerns relating to the competence of newly qualified midwives, including their original place of training.
- How does your LSA communicate with the NMC on any matters of concern regarding midwifery practice?
- Please provide an anonymised summary of any referrals to the NMC during this reporting year.

What we found

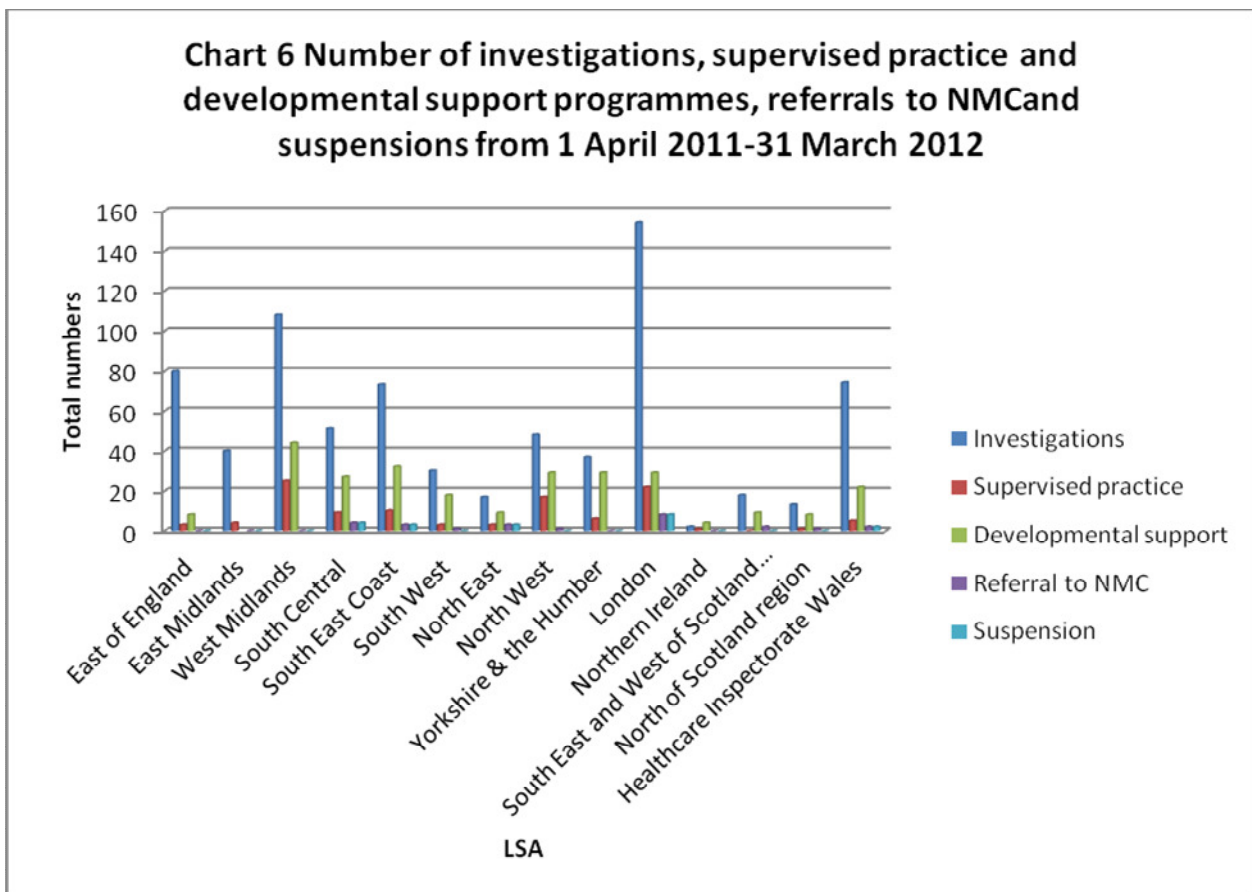
The evidence provided in the LSA reports demonstrated that every LSA across the UK have robust reporting systems in place for informing them of any serious incident (SI). It is clearly indicated in reports that strengthening interfaces between statutory supervision of midwives and trust and board governance systems will be of great benefit in enhancing the protection of women and their babies.

Progress has been made in the recognition by trust and board executive managers the value of SoM representation on key governance and SI groups. In addition the national guidelines developed by the LSAMO Forum UK for supervisory investigations, including a decision making toolkit continues to promote consistency across the UK.

Training and development for SoMs which specifically focuses on incident reporting, undertaking a route cause analysis of SIs, supervisory investigations and report writing continue to be pivotal in ensuring that all SoMs are equipped to undertake the necessary duties of the role. In addition this crucial development of SoMs promotes

their ability to be seen at executive level as valuable leaders in promoting the wellbeing and safety of the public.

The numbers of investigations and the improved quality of reporting could be directly attributed to the continual training and development of SoMs in this aspect of their role. The numbers of investigations, supervised practice programmes and referrals to fitness to practise need to be considered within the context of the number of individual trusts or boards and the number of midwives notifying their intention to practise. It should also be noted that an increase in the number of investigations undertaken may not necessarily indicate an increase in SIs, but may be indicative of the effectiveness of statutory supervision, the result of better monitoring and reporting systems and better interfaces of supervision with risk management and governance systems. It may also reflect positively on service delivery and the standards of care delivered to women and their families by ensuring intervention in the event of any poor practice.



The use of supervised practice remains variable across LSAs, and ranges from between one to 25 midwives undergoing supervised practice in some LSAs. Although supervised practice has continued to be used the evidence shows that the use of developmental support far outweighs the need for supervised practice. With the new *Midwives rules and standards* (NMC 2012) guidance has been provided to LSAs regarding supervisory investigations and the provision of local supervisory programmes which will replace the *Standards for the supervised practice of midwives* (NMC,2007).

The midwifery practice issues which feature predominantly in the use of supervised practice programmes include:

- poor decision making
- poor interpretation of fetal heart patterns in labour
- poor standards of record keeping
- poor communication skills
- drug administration errors
- failure to refer to the most appropriate experienced professional.

Across the UK, 109 midwives undertook a period of supervised practice for this reporting year and 25 midwives were referred to us for fitness to practise (FtP). This is a small increase from the previous reporting year of 98 and 21 midwives respectively. This needs to be considered in the context of the number of practising midwives on the register and the number of midwives notifying their intention to practice. As a proportion of the number of midwives on the register, the number of midwives undertaking supervised practice or being referred to FtP remains very low.

Structures to share learning from these incidents are in place in all LSAs, and continuing professional development initiatives which focus on these issues are in place to reduce occurrence. One LSA described a new initiative called 'Fresh Eyes' which is designed to reduce errors in reviewing cardiotocograph (CTG) monitoring in labour. The results of this initiative have been positively reported on.

This year has seen a slight increase in the number of referrals made to us from 21 in the last reporting year to 25 for this year. All 25 referrals were made by the LSA. Reasons for LSA referrals remain consistent and include failure to complete a period of supervised practice, misconduct, lack of competence and ill health.

Examples of good practice

- There are examples of LSAs using SoMs from other LSAs to undertake supervisory investigations, which enhances objectivity and transparency of the process.

Our judgment

Although key issues highlighted through supervisory investigations remain similar, in the context of the midwives on the register or submitting their intention to practice 0.27% (109) have undergone a period of supervised practice and 0.07% (25) has been referred to FtP. SoMs protect the public through the support they provide to midwives to ensure that the care offered is safe and appropriate for the mothers and babies in their care. SoMs have the authority to investigate concerns relating to health, competence, behaviour or misconduct of midwives. Within the statutory supervisory framework the majority of midwives are practising competently and delivering safe midwifery care.

Conclusions

This year's LSA reports have provided evidence to demonstrate that effective frameworks for delivering statutory supervision of midwives exist across the four countries of the UK. Although there are issues which are country specific there is a commitment by the LSAMOs through the LSAMO Forum UK for collaborative working, sharing of good practices and the delivery of a consistent approach to the supervision of midwives across the UK.

There continues to be challenges in ensuring the optimum numbers of SoMs are recruited against the backdrop of an aging workforce of both midwives and SoMs. However all LSAs without exception demonstrated commitment and described robust recruitment strategies to address this problem.

Many LSAs described the progress made with raising the profile of statutory supervision of midwives at executive level within boards and trusts and this should be commended. However, the LSAMO needs to continue to be influential in the change agenda by continuing to foster good working relationships with chief executive officers (CEOs), nurse directors, directors of nursing (DoN) and heads of midwifery (HoMs) to ensure statutory supervision remains a key focus and highlight how it can add value and enhance public protection through strengthening the interface with risk management and clinical governance.

As the regulator for nurses and midwives, our core regulatory function is to continue to engage with and monitor that LSAs have the necessary frameworks to deliver effective statutory supervision of midwives.

In light of the publication of the new *Midwives rules and standards* (2012) coming into force in January 2013, we will continue to monitor and quality assure compliance with the new LSA standards using a variety of means including the quarterly quality monitoring tool, LSA reviews and annual reports.

We would like to thank the LSAs for the open and transparent information provided within their annual reports which has enabled the production of this seventh report to Council for the 2011-2012 practice year.

Contact us

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Glossary

- AEI – approved education institution
- CMACE – Centre for Maternal and Child Enquiries
- CEO – chief executive officer
- CNO – chief nursing officer
- CQC – Care Quality Commission
- DH – Department of Health
- HoM – head of midwifery
- LME – lead midwife for education
- LSA – local supervising authority
- LSAMO – local supervising authority midwifery officer
- MSLC – Maternity Service Liaison Committee
- NCT – National Childbirth Trust
- NPSA – National Patient Safety Agency
- PoSoM – Preparation of Supervisors of Midwives
- RCM – Royal College of Midwives
- RCOG – Royal College of Obstetricians and Gynaecologists
- SoM – supervisor of midwives
- SI – serious incident

Summary of recommendations

Recommendations for the NMC for reporting year 2012-2013

- 1 The NMC will advise LSAs on the content of their annual report for the practice year 2012-2013 by 31 January 2013.
- 2 The NMC will monitor complaints made against LSAs, their staff and the supervisory function. We will use the learning from the investigation of such complaints to inform future policy and standards development.
- 3 The NMC will publish the new *Midwives rules and standards* (NMC 2012) in January 2013 and these will be available to view and download from our website.
- 4 The NMC will continue to monitor and quality assure LSAs using robust mechanisms, including the use of the quarterly quality monitoring framework.

Recommendations for LSAs for reporting year 2012-2013

- 1 To continue to monitor how women who use the maternity services engage with the supervision of midwives and the LSAs.
- 2 To monitor what direct impact a ratio of SoM to midwives greater than 1:15 has on either the delivery of effective statutory supervision of midwives, or the protection of women and their babies. This should be reported on in the next reporting year and through the quarterly quality monitoring reporting.
- 3 All LSAs who are unable to meet this standard should review closely the methods used to ensure that service users/lay auditors are present at every annual local LSA audit. Action plans should be developed to address this, monitoring of this will be included in the quarterly quality monitoring reporting.
- 4 LSAs should continue to support SoMs in strengthening the profile of midwifery supervision particularly in those trusts and boards where it has been found to be weaker and impacts on the ability of SoMs to deliver effective supervision.
- 5 LSAs should develop guidelines for the annual review of a midwife's practice to ensure that the review undertaken by SoMs is consistent and equitable.
- 6 LSAs that are unable to meet this standard effectively should develop an action plan to outline how this will be addressed during the next reporting year.
- 7 All LSAs should review and monitor how effective the current framework is for raising the profile and informing student midwives of how statutory supervision of midwives enhances public protection and could support them in practice.
- 8 All LSAs are recommended to review all national and local guidelines in light of the new *Midwives rules and standards* (NMC, 2012).
- 9 LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.

- 10 LSAs must continue to monitor supervisory investigations undertaken by SoMs to ensure that they act fairly and equitably and comply with the standards and guidance set by us and adheres to local guidelines set by the LSA.

Council

Human Resources & Organisational Development Strategy

Action: For decision.

Issue: The approval of the NMC's human resource and organisational development (HR&OD) strategy.

Core regulatory function: Supporting functions.

Corporate objectives: The HR&OD strategy underpins the delivery of the Corporate Objectives and the Corporate Plan overall. It is consistent with Objective 7 of the Corporate Plan for 2012-2015, namely 'We will develop effective policies, efficient services and governance processes that support our staff to fulfill all our functions' and with Objective 8, namely 'We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services'.

Decision required: The Council is recommended to:
Approve the HR&OD strategy

Annexes: The following annexes are attached to this paper;

- Annex 1: Timeline of HR & OD Actions to support implementation of draft HR & OD Strategy 2012-15

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

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Context

- 1 The purpose of a HR & OD strategy is to enable delivery of the NMC's corporate plan, by ensuring that its human resources are harnessed to maximum effect and that the organisation as a whole is regarded as a good place to work and one adopting best practice. In the NMC's case, our organisational strategy defines our purpose as being to focus on and deliver our core regulatory functions in pursuit of public protection.
- 2 A HR & OD strategy should:
 - 2.1 Provide a view of our long term human and organisational development needs aligned to the corporate plan.
 - 2.2 Set out a broad range of specific actions to achieve those needs.
 - 2.3 Be clear on the measures to be adopted in evaluating the success of the strategy's implementation.
- 3 There are five essential elements to the strategy:
 - 3.1 Having an organisation structure and workforce that can meet current and future needs of the NMC.
 - 3.2 Ensuring our policies and practises are efficient, effective and compliant.
 - 3.3 Building the reputation and perception of NMC as a good place to work.
 - 3.4 Developing staff, management and leadership capacity and capability at all levels.
 - 3.5 Embedding new ways of working and behaviors to facilitate change and continuous improvement.
- 4 A draft HR & OD strategy was presented to Council in July 2012 and has been refined by input from the Chair of the Remuneration Committee, the Senior Management Group, and a group of interested volunteers.
- 5 Although not approved formally the strategy covers the period 2012-15 and implementation has commenced through the second half of 2012.
- 6 The strategy included within this report has been drawn from the outcome of those earlier reviews noted in paragraph 4 above but simplified under 5 key actions, aiding communication to staff and management teams and aligning the format more closely with other directorate strategies. The key actions are, however, largely consistent with the former drafts.

- 7 The proposed NMC HR&OD strategy is to:
- 7.1 Develop comprehensive and flexible workforce modeling that plans effectively for future need;
 - 7.2 Review and update all HR policies, procedures and guidance to ensure legislative compliance and best practice;
 - 7.3 Improve our employer brand with the NMC being seen as a good place to work and an employer of choice;
 - 7.4 Develop and improve leadership and management across the NMC, increasing capability and competence and providing opportunities for career development;
 - 7.5 Embed new ways of working and behaviors that support the NMS's programme of change and continuous improvement.

8 Recommendation: To approve the HR&OD strategy.

- 9 The actions to be taken in achieving this strategy are set out below:

Action 1: Develop comprehensive and flexible workforce modeling that plans effectively for future need.

This is delivered by:

- 9.1 Evaluating the impact of the September 2012 organisational restructure on NMC's ability to refocus its priority on its core regulatory duty.
- 9.2 Testing our structures and operations to ensure they support:
 - clear reporting lines and team and individual accountability
 - effective and efficient leadership and supervision
 - decision-making as close to front line service as possible
 - joint working and breaking down of barriers
 - clear lines of 2-way communication
- 9.3 Developing standard capacity and workforce planning processes that enable timely and cost effective mapping of resource needs to business requirements.
- 9.4 Updating our workforce information systems including the

implementation of phases 3 and 4 of HRPro.

- 9.5 Continuing to review jobs in terms of purpose and accountabilities rather than explicit duties.

Action 2: Review and update all HR policies, procedures and guidance to ensure legislative compliance and best practice.

This is delivered by:

- 9.6 Compiling a library of all relevant policies, procedures and guidance notes and establishing a prioritised programme of review on a two year cyclical basis.
- 9.7 Developing a coherent approach to equality and diversity, embedding equality impact assessments in all HR policies.
- 9.8 Ensuring that changes to legislation and learning from the experiences of other organisations is converted systematically into practise where appropriate.

Action 3: Improve our employer brand with the NMC being seen as a good place to work and an employer of choice

This is delivered by:

- 9.9 Working collaboratively to identify the key messages that will be compelling in attracting high calibre candidates.
- 9.10 Developing our recruitment processes to ensure recruiting managers are skilled and fair in their judgments and use rounded evidence to support decisions.
- 9.11 Implementing a pay and grading review and a review of pension arrangements to address perceived inequalities in the current job evaluation scheme and the low level of staff satisfaction with the total benefits package.
- 9.12 Improving corporate and local induction to speed up the time taken for staff and managers to be fully effective and to reduce the number of staff leaving in their first year of service.
- 9.13 Implementing a Recognition Scheme and evaluate its impact.
- 9.14 Developing our approach to work placement schemes, including internship, as a means of identifying and recruiting future talent.
- 9.15 Testing levels of employee engagement through surveys, forums and through increasing face to face contact and then acting upon or providing feedback on the data gathered.

- 9.16 Developing the role and function of the Staff Consultation Group and facilitating their representation role.
- 9.17 Reinforcing channels of internal communication and using them to maximum effect.

Action 4: Develop and improve leadership and management across the NMC, increasing capability and competence and providing opportunities for career development

This is delivered by:

- 9.18 Fostering a consistent approach to people management and supporting improvements in the quality of performance reviews where appropriate.
- 9.19 Developing a Learning & Development Policy and implementing a comprehensive and targeted L&D programme across the organisation providing a framework of supported learning opportunities.
- 9.20 Designing and implementing a new leadership and management development programme aimed at empowering and up skilling managers and enhancing organisational capacity and capability for the longer term.
- 9.21 Introducing a range of learning approaches, including coaching, practical skills development, joint working on improvement projects, problem solving and programme and project management.
- 9.22 Developing a corporate approach to talent and career management, identifying high performers, designing career pathways and succession plans.
- 9.23 Developing a high quality and customer-focused HR service in casework advice and support that is based on both fairness and business need.
- 9.24 Developing and launching a new suite of human resource intelligence that supports the NMC in effective decision making and planning and in testing the 'health' of our organisation.

Action 5: Embed new ways of working and behaviors that support the NMC's programme of change and continuous improvement

This is delivered by:

- 9.25 Implementing and embedding New Ways of Working throughout the organisation to support the change management programme.

- 9.26 Launching and embedding a new Behaviours Framework' through open discussion with staff, definition and modelling of good examples, and inclusion in performance development reviews.

Measuring success

- 10 Successful implementation of the HR & OD strategy will result in an organisation in which staff feel proud to work and contribute to public protection to their maximum potential. This can be measured by:
- 10.1 An increase in the number of applicants per advertised job
 - 10.2 An increase in the number of jobs filled through first time advertising
 - 10.3 An improvement in the level of staff satisfied with their total remuneration package to above 50%
 - 10.4 Positive feedback from staff and consultation groups on the impact of the implementation of the strategy
 - 10.5 Annual evaluation of the learning and development programmes demonstrating positive impact and achievement of the programme objectives
 - 10.6 A clear structure with consistency in job descriptors and clarity of accountabilities
 - 10.7 A tangible improvement in leadership and performance management across the organisation.
 - 10.8 A reduction in voluntary staff turnover to industry average

Options appraisal:

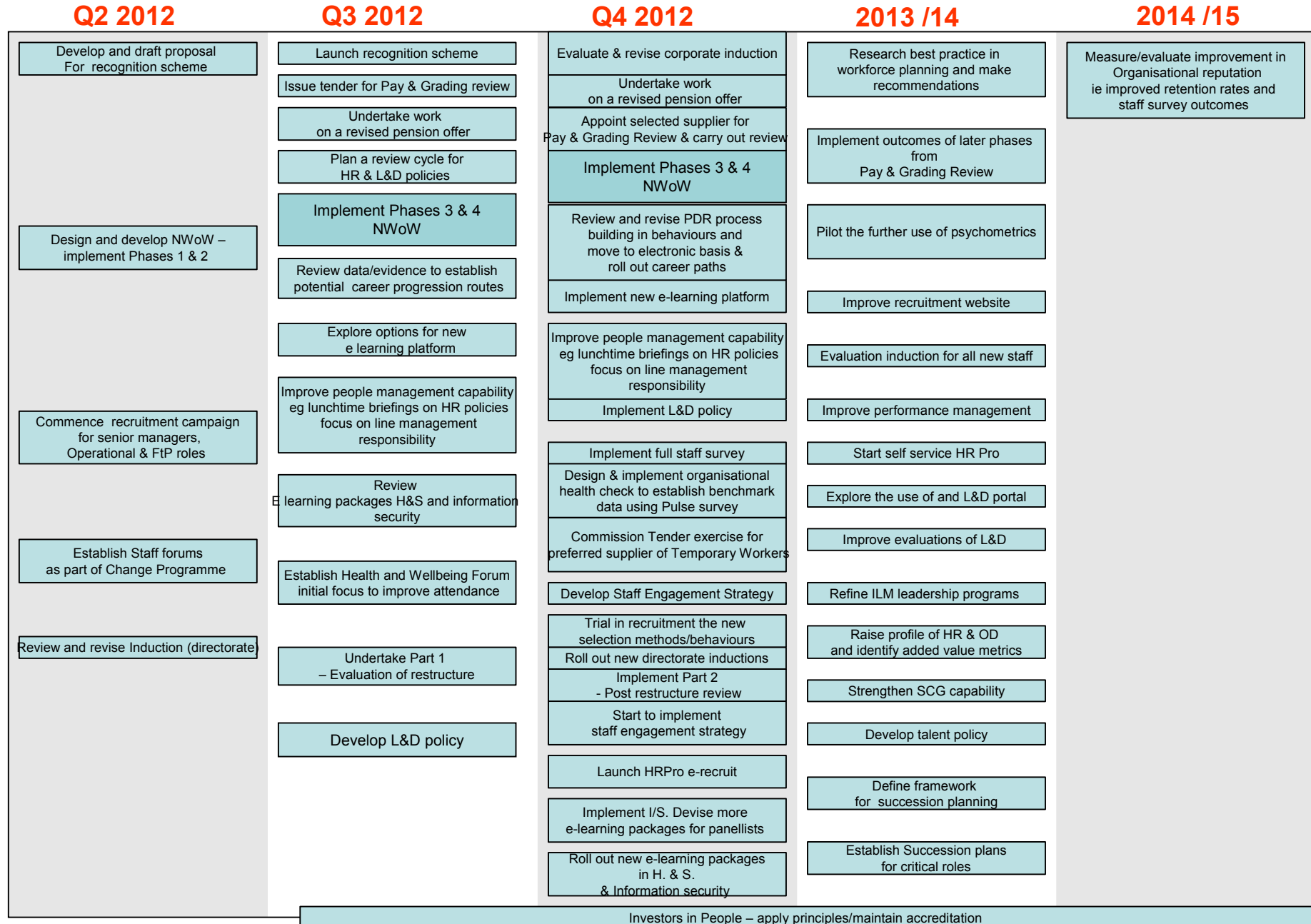
- 11 The strategy includes a range of actions and plans covering all aspects of HR and organisational development. The strategy is therefore overarching but option appraisal will be used in the development and implementation of those plans.

Resource implications:

- 12 The delivery of this strategy will require resources and these will be included in the business planning process. Budgets to carry out the actions within the strategy will be requested through our Business Case process for any actions that are over and above business as usual.

- Equality and Diversity implications:** 13 One of the purposes of the strategy is to ensure consistency and fairness in our recruitment and management of people and has issues of equality and diversity at its core. This includes ensuring our policies and processes are compliant with equalities legislation and best practice and that we have comprehensive management information on the make up of our workforce.
- Stakeholder engagement:** 14 The key stakeholder group is staff. The roll out of the strategy in terms of defined programmes and actions has employee engagement at its heart. The Staff Consultation Group and Staff Forum will also be used to engage widely with employees and to seek their views.
- Risk Implications:** 15 The strategy aims to reduce risk by having a planned and proactive approach to people management and organisational development and the success measures highlighted in the strategy will have a direct impact on the risks to which they relate, such as high staff turnover, business disruption, and breaches of legislation.
- Legal Implications:** 16 The strategy includes a review of HR policies and procedures against the legislative framework.
- Public protection implications:** 17 The HR & OD strategy supports the achievement of our corporate objectives which are intended to deliver our core regulatory purpose of public protection.

Timeline of HR & OD Actions to support implementation of Draft HR & OD Strategy 2012 - 2015



Council

Publication of Expenses Information

Action: For decision.

Issue: The publication of information on expenses incurred by Council members and the Senior Management Team.

Core regulatory function: All functions.

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

Decision required: The Council is recommended to agree that information on the expenses incurred by Council members and members of the Senior Management Team should be published.

Annexes: The following annexe is attached to this paper:

Annexe 1: Sample schedule of expenses

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

Director: Mark Smith
Phone: 020 7681 5484
mark.smith@nmc-uk.org

Director: Lindsey Mallors
Phone: 020 7681 5688
lindsey.mallors@nmc-uk.org

- Context:**
- 1 Strategic objective 7 of the *Corporate Plan 2012-2015* sets out our commitment to “develop effective policies, efficient services and governance processes that support our staff to fulfill all our functions”.
 - 2 All public bodies are required to demonstrate that they are conducting their operations as economically, efficiently and effectively as possible (*Public Bodies: A Guide for Departments* issued by the Cabinet Office). Charities are also required to ensure that their resources are only used to further the charity’s aims, and to be open and transparent about any decision to pay trustees.
 - 3 The challenging economic climate is likely to add to the continued focus on how organisations spend their funds. Public interest in these issues has also been increased following scrutiny of MPs’ expense claims and how public funds should be spent.
 - 4 The NMC already has a number of legal obligations to provide a wide range of financial information, both in relation to its charitable status under the Statement of Recommended Practice requirements, and also under Freedom of Information legislation.
 - 5 Under the Freedom of Information Act 2000 we have adopted and maintain a 'publication scheme'. The NMC adopted the Information Commissioner's 2009 model publication scheme for all public authorities. However, there is also specific advice for health regulators which gives examples of the type of information we may publish under the model publication scheme classes - this explicitly refers to providing access to information relating to staff allowances and expenses. At present we do not publish these details.
 - 6 This paper outlines proposals for publishing further information about expenses incurred by Council members, and those incurred by members of the Senior Management Team (Chief Executive and directors).
- Discussion and options appraisal:**
- 7 As more public bodies and an increasingly wide range of organisations move towards a more open and transparent approach to the publication of information on the expenses incurred by Council members and senior staff, it would seem appropriate for the NMC to review its position on this issue. We would clearly wish to follow best practice in this area, as exemplified by other organisations.
 - 8 We already publish within our annual report detailed information on the reimbursement of those expenses paid to Council members, which are considered to be a ‘benefit in kind’. Some of the other regulators, including the General Medical Council, have taken this a step further, providing more detailed information in relation to each expense incurred and also make this information available on their

websites.

- 9 In the current environment there is also an increasing trend towards even further disclosure, with the publication of the expenses paid to senior staff. Government departments, including the Department of Health (England), some Scottish Health Boards, the Welsh Government Civil Service and others such as PSA, the BBC, the GMC and the Audit Commission have all moved to publishing this information.
- 10 The Command Paper, *Enabling Excellence*, which sets out its intention to enhance the regulators' accountability to the UK Parliament, and to review their efficiency and effectiveness, should also be considered as a relevant factor in considering this issue.
- 11 The primary reasons for publishing information about expenses are:
 - 11.1 To demonstrate to nurses and midwives and the general public that we make effective and efficient use of our resources.
 - 11.2 To ensure parity with other public bodies regarding the transparency of information about expenses claims.
 - 11.3 To provide access to information about expenses in the public domain.

Suggested approach

- 12 In an effort to increase the transparency of expenses expenditure, it is proposed that the NMC should publish detailed information relating to the expenses incurred by Council members and the Senior Management Team. It is proposed that this information would be published within the trustees' annual report and accounts, and also on an on-going quarterly basis on the NMC website.
- 13 The information provided in the trustees annual report and accounts would be on the basis of the total monetary value paid to each individual member for expenses reimbursed on NMC business.
- 14 A suggested pro-forma for the publication of this information on the NMC website is at Annexe 1. The information would be presented under a number of headings, and would include journey details. The pro-forma follows the format adopted by the GMC.
- 15 To support the understanding of the information presented, it is proposed that the expenses policies for members and staff should also be published on the NMC website.
- 16 **Recommendation: To agree that information on the expenses incurred by Council members and members of the Senior Management Team should be published in the trustees' annual**

report and accounts and on the NMC website.

- 17 It is proposed that the implementation date for Council members should be 1 May 2013 to align with the appointment of the reconstituted Council. For the Senior Management Team (Chief Executive and directors) the implementation date will be 1 April 2013 to align with the new financial year.

Next steps

- 18 Subject to Council's agreement to the publication of expenses information, it is envisaged that the information will form part of the trustees annual report and accounts from 2013-2014 onwards, and approved by Council as part of its consideration of the report in line with existing practice.
- 19 It is envisaged that the publication of the ongoing quarterly updates would not require any prior approval by Council.

Public protection implications:

- 20 There are no issues associated with public protection arising from this report.

Resource implications:

- 21 It will be relatively straightforward to extract the necessary information from expense claims submitted and schedules of central travel costs and therefore there will be minimal additional costs associated with this activity. However it will not be without administrative impact and will require executive assistants and officers supported Council and committees to capture and record reasons for expenditure to support the information disclosed.

Equality and diversity implications:

- 22 In order to provide further context on the expenses incurred, a general statement indicating that the expenses paid reflect the number of meetings attended and the different travelling distances of the individuals involved and any necessary adjustments for those with disabilities/additional requirements would be made alongside the information published.

Stakeholder engagement:

- 23 There has been no stakeholder engagement in the development of this report. Staff who will be involved in the data gathering and reporting of expenses information will be advised of the outcome of Council consideration.

Risk implications:

- 24 Failure to adopt good practice in the wide publication of expenses information for Council members and senior staff could lead to a risk of criticism of the NMC's approach to openness and transparency.

25 Publication of specific expenses incurred by individual members could lead to an increase in public scrutiny and challenge when taken out of context. This is a risk faced by all public bodies.

Legal implications:

26 NMC is already compliant with any legislative requirements for publication. This proposal is about implementing best practice that goes further than current legal requirements.

Annexe 1

Date	To	From	Event	Rail £	Air £	Taxi £	Mileage £	Parking £	Accommodation £	Meals £	Other £	Total £

Council

Report of Appointments Board Chair

Action: For information.

Issue: Update Council on the work of the Appointments Board

Core regulatory function: Supporting Function

Corporate objectives: Objective 7: "Develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: The Council is asked to vote the report

Annexes: The following annexes are attached to this paper:

- Annexe 1: Appointments Board terms of Reference.
- Annexe 2: Background information for the Appointments Board.

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

Author: David Gordon
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Director: Lindsey Mallors
Phone: 020 7681 5688
Lindsey.Mallors@nmc-uk.org

- Context:**
- 1 The key activities of the Board have been to understand the NMC FtP business facilitated through information gathering and through talking to staff, attending an FtP hearing and support from the Panel Member Team.
 - 2 The terms of reference of the Appointments Board (see Annexe 1) were changed in September 2012 to focus the Board's role entirely on oversight and scrutiny of the appointments process for panel members. Given the experience of the members of the Board, its independence from Council and FtP and the imminent governance review, the Board is keen to assure Council that it would be willing to take on a additional responsibilities in relation to panel members, if Council wished them to do so, and feels it could add value to the wider panel member process.
 - 3 Since its inception, the Board have developed knowledge and understanding of NMC business and from our work have identified the following that we would like to report to Council.

Discussion and options appraisal:

Independent review of decisions not to re-appoint panel members

- 4 Although only a few panel members are not re-appointed for a second term, currently, this decision is made by members of the Panel Support Team bringing a recommendation to the Appointments Board. The Board would like to see independent officer scrutiny of these decisions being taken to ensure there is no risk of a perception of inappropriate influence in the decision making process.
- 5 The newly appointed Assistant Director of Adjudications role may address this and the Board will be keen to monitor how this progresses.

Building panel capacity

- 6 The Board recognises the extraordinary pressures facing FtP business as the number of hearings continues to increase. It urges Council to be flexible in its approach to increasing capacity for panel hearings. In particular the Board would encourage Council to consider:
 - 6.1 Exceeding the present 350 member limit allowed by statute on a temporary basis until the backlog of cover is cleared.
 - 6.2 Extending the second appointment period if there are members who perform well, on a temporary basis until the backlog is cleared.
 - 6.3 Ensuring the balance of lay & registrant members is workable

and flexible. As registrants in particular face difficulties with long periods away from their work place and therefore sometimes sit on fewer hearings days than anticipated, having more registrant members providing fewer days would be worth considering. The Board appreciates that this may mean registrants do not necessarily always deliver their 'quota' of days. However if their quality of input to the panel is sufficiently good, they may be worth retaining as panel members rather than releasing them due to their lack of capacity to sit on panels.

Offer of support for wider Council working

- 7 Board members appreciate the current complexities and state of change going on across the NMC and are keen to offer support where appropriate. The Board would welcome a dialogue with Council as to how they may be able to help.

Future activity

- 8 The Chair of the Appointments Board will meet through the arrangement of the NMC his equivalent at the General Dental Council and will review their activities. Any recommendations arising will be reported back to the Appointments Board and council.

Public protection implications:

- 9 Increased hearings rooms, efficient scheduling and effective case management by staff and panel members will all contribute to ensuring that the fitness to practise backlog can be cleared, protecting the public.

Resource implications:

- 10 There may be a resource implication in additional staff time, dealing with an increased number of panelists.

Equality and diversity implications:

- 11 None.

Stakeholder engagement:

- 12 None.

Risk implications:

- 13 None.

Legal implications:

- 14 None.

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Annexe 1

Appointments Board - terms of reference

The Appointments Board is a committee of the Council established under the powers in Article 3(12). Rule 3 of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules Order of Council 2008 (SI.2008 No. 3148 provides that *“the Council may obtain the assistance of the Appointments Board in connection with the exercise of any function relating to the appointment of members, including the appraisal of members.”*

The key purpose of the Appointments Board is to provide high level oversight on behalf of the Council of the processes for the appointment, reappointment and training of panel members and other NMC partners and to ensure that open and transparent selection and appointment processes have been followed and that appointments and reappointments are made on the basis of merit and suitability with due regard to equality issues.

1. Remit

- 1 The remit of the Appointments Board is to:
 - 1.1 scrutinise and oversee the processes for the recruitment and selection of panel members, provide assurances to the Council about these processes and provide a list of recommended appointees prior to the formal appointments being made by Council
 - 1.2 approve the overall strategic training plans for panel members and receive assurances from the Executive that the plans are being implemented effectively
 - 1.3 approve the processes for the reappointment of panel members, including the overall performance management structure for the purposes of reappointment, receive assurances from the Executive that the plans are being implemented effectively and provide a list of recommended candidates for reappointment prior to the formal reappointments being made by Council
 - 1.4 carry out all or any of the functions set out in 1.1 to 1.3 above in relation to other partners¹ or any other non-executive post, when requested to do so by the Council.

¹ Partner is defined in the NMC Standing Orders as any individual, not being an employee of the Council or a Council member, who is appointed under the Nursing and Midwifery Order 2001 to a committee of the Council or to carry out work for or on behalf of the Council.

2. Reporting to Council

- 2.1 The Appointments Board will provide the Council with an annual report covering the year and any significant issues up to the date of preparing the report. The report will summarise the Board's activity for the year.
- 2.2 The Appointments Board will provide a report to Council when requested providing assurances about any particular recruitment process or reappointment process.
- 2.3 The Appointments Board will periodically review its own effectiveness and report the results to the Council.

3. Membership of the Appointments Board

- 3.1 The Appointments Board shall consist of five persons including the Chair.
- 3.2 The term of office will generally be for three years; however this will be reviewed annually depending on the business need of the NMC.
- 3.3 No member may serve more than two terms of office.
- 3.4 The quorum of the Appointments Board will be three.

4. Meetings

- 4.1 The Appointments Board will meet at least three times a year but the Chair of the Appointments Board shall have the right to call additional meetings of the committee outside of any regular schedule of meetings that may be established subject to the approval of the Chair of the Council. The Chief Executive and Registrar may also convene further additional meetings if there is urgent or additional business to be transacted. Five working days' notice will normally be given of any such additional meeting.

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Annexe 2

Background information for the Appointments Board

The current appointments board was recruited in January 2012, the Board has met four times in 2012 on the 15 March 2012, 09 May 2012, 19 September 2012 and 03 December 2012.

Board membership

Member	Date appointed	Date resigned
Nigel Ratcliffe (Chair)	19/01/12	
Mary Dowling	19/01/12	
Bridget Anderson	19/01/12	
Stephen McCafferty	19/01/12	
Margaret Foster	19/01/12	27/04/12

Member Biographies:

Nigel Ratcliffe

Following 26 years in the Pharmaceutical industry, I now Chair the Staffordshire and Stoke-on-Trent Partnership NHS Trust board and am also Professor of Pharmacy and Head of School at Keele University. I am a graduate in Pharmacy from The School of Pharmacy, University College London and also attained my Ph.D in Microbial Genetics there in 1985. I obtained a post graduate 3 year Diploma in Management studies at the UK West Midlands Regional Management School (now Staffordshire University) in 1989.

I have been fortunate to live and to work in four countries spread over three continents the UK, USA, Sweden and Japan.

I retired from AstraZeneca in April of 2011, my final position being a Global Vice President of Strategic Partnering and Business Development. Prior to that, I held four other global Vice President positions within AstraZeneca. VP Global Project Development (Diabetes), VP Global Regulatory Affairs UK HUB, VP Global Regulatory Affairs Executive, VP Global Cardiovascular Regulatory Affairs.

I have over 27 years of global senior leadership experience within the Pharmaceutical Industry. I have significant Non-Executive Director and Chair experience within the NHS and health related organisations. I have lead Global IT projects and been a member of Global site/estate leadership teams. I have represented the Pharmaceutical Industry

within PhRMA and the ABPI. I was a member of the DIA European Advisory Board between 2004 and 2008 having been awarded the DIA outstanding service award in March 2003. I was made a fellow of the British Institute of Regulatory Affairs in May 2004.

I am a Visiting Professor within the Department of Pharmaceutical and Biological Chemistry at The School of Pharmacy, University College London and also a Visiting Professor within the Business School of Staffordshire University.

Mary Dowling

Mary Dowling's professional background is in human resources management. She has been a Director of Human Resources and Board member of NHS Trusts for over 10 years.

She is now a Non-Executive Director and Vice-Chair of NHS Cumbria as well as working as a human resources consultant to public sector and charitable organisations. She is also Chairman and Director of South Lakes Housing, a registered provider of social housing in South Cumbria, a non-legal member of Employment Tribunals (sitting in Manchester) and a Lay Adviser to the NHS North western Deanery.

She holds an MBA, a BSc in Public Administration and is a Chartered Fellow of the Chartered Institute of Personnel and Development (FCIPD).

Bridget Anderson

Bridget Anderson spent some 20 years in the city working in financial services: her experience spans various senior general management and human resources appointments, including executive recruitment and strategic development roles. Her most recent appointment was as global chief administration officer for the advisory business of an investment bank. Prior to working in the city, she was a nurse, having graduated in London and qualified at St Thomas's Hospital, before specialising in intensive care nursing and then taking a short service commission in Princess Mary's Royal Air Force Nursing Service.

Stephen McCafferty

Currently Group Head of Leadership and Talent at Bank of Ireland Group and Human Resources Committee Lay Member at University of Glasgow. With more than twenty five years business experience gained in Executive HR roles in the public sector, retailing and financial services, Stephen has extensive experience as an HRD and of guiding boards and executive teams through transformational change. He is a leading expert in the identification, deployment and performance management of leaders.

Meeting of the NMC Council

to be held at 9.30am on Thursday 21 March 2013 in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison CB
Chair of the NMC

Matthew McClelland,
Assistant Director,
Governance and Planning
(Secretary to the Council)

- | | | |
|----------------------------|--|------------------------------------|
| 1 | Welcome from the Chair | |
| 2 | Apologies for absence | |
| 3 | Declarations of interest | |
| 4 | Minutes of previous meetings | NMC/13/xx |
| | Minutes of the public sessions of the Council held on 21 February 2013 | |
| 5 | Summary of actions | NMC/13/xx |
| | An action list detailing matters arising from the minutes of the public session of the Council held on 21 February 2013 and outstanding actions from previous meetings | |
| 6 | Report of decisions taken by the Chair since the last Council meeting | NMC/13/xx |
| Corporate reporting | | |
| 7 | Risk Register | NMC/13/xx |
| | Director of Corporate Governance | TO FOLLOW IN 48-hour PAPERS |
| 8 | Chief Executive report | NMC/13/xx |
| | Chief Executive and Registrar | |

- | | | |
|----|---|---|
| 9 | FtP Performance report
Director of Fitness to Practise | NMC/13/xx
TO FOLLOW IN 48-hour PAPERS |
| 10 | Monthly financial monitoring
Director of Corporate Services | NMC/13/xx
TO FOLLOW IN 48-hour PAPERS |

Matters for decision

- | | | |
|----|--|-----------|
| 11 | NMC 2013 – 14 Budget
Director of Corporate Services | NMC/13/xx |
| 12 | Review investment options for registrations' customer service
Director of Registration and Standards | NMC/13/xx |
| 13 | Annual review of fee levels
Director of Corporate Services | NMC/13/xx |
| 14 | Revalidation options
Director of Registration and Standards | NMC/13/xx |
| 15 | Unreasonable behaviour policy
Chief Executive and Registrar | NMC/13/xx |
| 16 | Questions from observers
LUNCH: (12.45 – 13.30) | |

Matters for discussion

- | | | |
|----|---|-----------|
| 17 | Professional Indemnity Insurance
Director of Registration and Standards | NMC/13/xx |
| 18 | NMC reserves policy
Director of Corporate Services | NMC/13/xx |

- 19 **Standards update** NMC/13/xx
Director of Registration and Standards
- 20 **Feedback from committee chairs of meetings held since last Council:** NMC/13/xx
- Finance and IT Committee
Chair of Finance and IT Committee
- Fitness to Practise Committee
Chair of Fitness to Practise Committee
- Remuneration Committee
Chair of Remuneration Committee
- 21 **Draft agenda for the Council meeting on 25 April 2013** NMC/13/xx
Director of Corporate Governance

The next public session of the Nursing and Midwifery Council will be held on Thursday 25 April 2013 at 9.30am at the Nursing and Midwifery Council, 23 Portland Place, London W1B 1PZ.

