

Summary of Patient and Public Advisory Group meeting, 4 February 2015

The Patient and Public Advisory Group met at 23 Portland Place, London on 4 February 2015.

Welcome



Jackie Smith, Chief Executive and Registrar, gave an update on some of our recent work.

Dame Janet Finch joined as Chair of the Nursing and Midwifery Council (NMC) in January 2015. Dame Janet does anticipate playing the same role in the group as the previous Chair, now that it is well established. She is however equally supportive of its role and has conveyed her expectation that we draw on your expertise in developing our work.

The revised Code was published on 29 January 2015 and will come into effect on 31 March 2015. We have listened to feedback received during the consultation and produced a Code that works for nurses and midwives and also the public. The Code has been positively received and we are very proud of what we have produced.

We are pleased to say that we have exceeded our key target of getting cases to a hearing within six months of being referred from the Investigating Committee. Meeting the 90 percent target by the end of 2014 was a condition of the £20 million grant from the Department of Health, which the NMC accepted in 2012.

Since July 2012 more than 4,000 cases have been dealt with at hearings by our fitness to practise panels, considerably more than all the other healthcare regulators combined. A relentless focus, hard work and commitment from all staff across the organisation have enabled us to achieve this.

Our Council met on 28 January 2015. Following an independent review of the regulation of midwives in the UK, the Council accepted the recommendation that statutory supervision should no longer be part of our legal framework.

Midwifery supervision was established in 1902 and has not changed since then, while the work of midwives has changed considerably in that time. The wider role that supervision plays is highly valued by many midwives who will look to sector leaders to take stock of what is good in current practice and consider options for the future. We are pleased to have secured the Chief Nursing Officers' agreement to play a leadership role in this transition.

We gave evidence to the House of Commons Health Committee's inquiry, *Complaints and Raising Concerns*, the report of which was published on 21 January 2015.

Update



Jon Billings, Director of Strategy, gave updates on some of our recent projects.

In January 2015 we started testing the revalidation model with a series of pilots. The pilots consist of NHS and non-NHS organisations, and a variety of settings, across England, Northern Ireland, Scotland and Wales.

The outcome of the pilots will help us refine the proposed model, process, and guidance, before Council approval in autumn 2015.

We will receive continuous feedback from the pilots and share the learning with the sector. System readiness is also important and we are pleased that the Chief Nursing Officers are chairing implementation boards for revalidation in each country of the UK.

Dame Janet Finch, Chair, and Jackie Smith, Chief Executive and Registrar, appeared before the House of Commons Health Committee on 13 January 2015 for our annual accountability hearing.

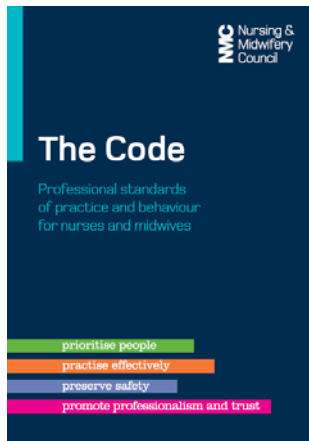
The questions from the Committee members were wide-ranging and detailed, opening with the progress made in addressing the 2012 strategic review recommendations and what we are doing to meet the Professional Standards Authority standards of good regulation. We are pleased the Committee recognises our progress in improving as a regulator.

We are consulting on removing time limits for the completion of education programmes. Currently, student nurses and midwives are required to finish full-time programmes within five years and part-time programmes within seven years in order to be eligible for registration.

We are proposing the removal of these maximum time limits from NMC standards. The removal of time limits enables greater flexibility for students ensuring that no individual is disadvantaged if unforeseen events interrupt their studies. We will expect providers of education to assure the currency of students' knowledge and skills as part of the qualification process.

The consultation is open until 12 March 2015. Take part at <http://www.nmc-uk.org/Get-involved/Consultations/completion-time-limits/>

The Code



The updated NMC Code sets out the professional standards that all nurses and midwives registered in the UK must uphold in their daily working lives. The Code has been revised to ensure it reflects modern nursing and midwifery practice in the UK and helps patients, their families and the public understand what they can expect from nursing and midwifery care.

The Code is divided into four themes: prioritise people, practise effectively, preserve safety, and promote professionalism and trust.

New areas of the Code include:

Duty of Candour: Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.

Social media: The Code recognises the changing nature of communications and sets standards for acting responsibly including the use of social media.

Fundamentals of care: The Code provides a stronger focus on fundamental care and provides examples of what this includes, e.g. nutrition, hydration and environmental cleanliness.

Medicines management and prescribing: The new Code says more about prescribing, supply, dispensing and administering medications.

Conscientious objection: Nurses and midwives must act in the best interests of people at all times and can only make conscientious objections to a particular procedure in limited circumstances.

End of life care: Specific reference is made to the needs of those in the last days and hours of life.

Group discussion

The Patient and Public Advisory Group discussed four questions about the Code.

Question one – What did the draft text flag as important or missing for you?

The group discussed two draft versions of text for a patient and public leaflet about the Code. Many of the group preferred version 1 saying that it was short, sharp and concise. However, others preferred the detail in version 2. Generally there was agreement that the next draft should combine elements of both versions and be tested with a range of audiences.

There was discussion about how complex topics like conscientious objection are dealt with. It was generally felt that the patient leaflet should signpost to the Code, where these topics are covered in more detail.

Question two – How do we want patients and families to learn about, and interact with, the Code?

The group felt that the Code should be about educating the public about good practice on the part of nurses and midwives.

Some felt that nurses and midwives should be telling patients about the Code, in the same way that financial services professionals now do. This would make patients feel reassured that they are being cared for by a regulated professional. On the other hand, some felt that telling people about the Code seemed defensive, and that patients should start with the expectation that they would receive good care.

Group members suggested a number of ways to share the Code, including through their own networks, by using storylines in TV soaps and through networks like Healthwatch and the University of the Third Age.

Question three – What does that mean in practice?

The group felt the first concerns of patients would be about the nature of their treatment and the professionals who would be caring for them. It is only later that they might be interested in further information. Patients would already expect nurses and midwives to be working to a certain standard.

It was suggested that films which show good practice would help patients and the public to understand what to expect.

Question four – What role would you like to play and how could that work?

Members of the group could spread the word through their channels and networks. Sample copy would be useful which members could include in their own newsletters, websites and literature.

Focusing on controversial topics could get more people talking about the Code. One example would be the lack of parity between nursing and midwifery and the medical professions.

The group felt that it was important that employers share the Code, but also make it possible for nurses and midwives to follow it by supporting staff and creating the right environment.

A number of other topics also came up including the difficulty patients have in knowing if they are being treated by a nurse or midwife or a health support or midwifery support worker. Employers need to do more to help patients understand who is treating them and many are by producing guides to different uniforms, or taking part in the 'Hello my name is...' campaign. The Code does cover the delegation of tasks by nurses and midwives to other staff.

Developing our education plans



Katerina Kolyva, Director of Continued Practice, presented an update on our education plans.

We set standards for education but the curriculum is decided by universities. There are 78 universities across the UK, delivering over 1,000 programmes.

We are developing an education implementation plan. It is important that nurses and midwives are well prepared when they start work and have outcome focused courses. Our education plans will be aligned to our corporate strategy which focuses on effective regulation, use of intelligence and collaboration and communication.

In December 2014 we carried out a survey with 2,000 individuals. Early feedback has shown:

- 40 per cent of those asked were aware of the NMC and our role. Of those that were aware, 53 percent worked in healthcare.
- 73 per cent were aware of the Royal College of Nursing and 63 per cent were aware of the Royal College of Midwives.
- 6 per cent said that care and compassion were the most important things they expected from nurses and midwives, while only 9 per cent felt IT skills were important.
- Students spend 50 per cent of their time in education and 50 per cent in practice. 49 per cent of those who responded to the survey had had an interaction with a student nurse.

The feedback also showed that language skills, honesty, the ability to think on their feet, the ability to respond in an emergency and good observation skills were all seen as important skills for nurses and midwives.

We found that many of those who responded were not clear on what “safeguarding the public” meant. When we are writing the standards we need to balance the need to follow legislation and regulatory requirements with the need to speak plainly.

Discussion – Does the group see newly qualified nurses and midwives as fit to practise?

There was some concern that new midwives may not have had the opportunity to attend a birth without any intervention or a birth outside a hospital setting before they qualify. This may suggest that education has not kept pace with the changes in midwifery practice.

While 50 per cent of students' time is spent in practice, some members of the group felt that they may be spending this time observing, rather than gaining hands-on experience.

The older people's groups said that the label of 'older people' for anyone over 50 made people feel as if they were a burden and showed a lack of respect. It is important that students are trained to respect and engage with the individuality of each patient or service user, irrespective of age.

We will bring the final evaluation to the group at our May 2015 meeting, and ask you to help us shape the standards.



Developing quality standards for the NMC: What good looks like

Mike Andrews, Assistant Director Quality Assurance and Risk Audit, briefly shared the work we are doing to develop quality standards for the NMC.

We are looking at four standards around public protection, complying with the law, communication and

engagement and using information properly.

Public protection

We will protect the public through regulatory decisions and outcomes that:

- are efficient, effective and timely;
- address risk;
- are fair and accountable;
- are proportionate and evidence-based; and
- support equality and diversity.

We will ensure that these decisions and outcomes are accurately and clearly communicated to affected customers and stakeholders.

Complying with the law

Our work will comply with relevant legislation, financial regulations, policy and guidance and this will be reflected in our processes and targets.

Communication and engagement

Communication is essential and our communications and published information will be accurately and clearly expressed. We will engage with customers and stakeholders appropriately, including:

- keeping them informed;
- supporting them;
- listening to them; and

- treating them with respect and courtesy.

Using information properly

Information is a vital asset and will be securely retained. It will be published and disclosed where appropriate.

We would like the group to consider the following questions and to feedback via email to laura.oakley@nmc-uk.org

Is anything missing from the standards?
Should we include information from the Code?
Is there anything that should be omitted?

Next steps

We are continuing to think about how we can better involve the group's wider networks, and how we can make sure that we give you more advanced notice of upcoming topics and more time to read materials. We also want to make sure that we have representation from the four countries.

Over time we want to develop better ways to engage outside of meetings, to have more regular interactions and to keep the conversation going. We want to better involve the group in our work and develop a rolling plan which is aligned to our business plan. This means that we can get you involved at an early stage, when your expertise can best make a difference to our work.

We were not able to cover the Law Commission, legislative change and the impact on patients and the public at this meeting. If you have any questions or comments about this work then please contact us through laura.oakley@nmc-uk.org.

Future meetings of the Patient and Public Advisory Group are on:

- Thursday 7 May 2015
- Wednesday 16 September 2015