

# Quality assurance of education and local supervising authorities

## Annual report 2014–2015



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

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

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# Introduction

## Who we are and what we do: quality assurance of education and local supervising authorities

We are the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. We exist to protect the public.

We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers. We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our standards and we maintain a register of nurses and midwives allowed to practise in the UK. We have clear and transparent processes to investigate nurses and midwives who fall short of our professional standards.

The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the quality assurance (QA) of education and local supervising authorities (LSAs). The Order is supplemented by our education standards and the Midwives rules and standards (2012) which form the basis of our QA of education and LSAs respectively.<sup>1</sup>

This annual report examines the key risks and themes that have emerged from our QA activity of approved education institutions (AEIs) and LSAs in the 2014–2015 reporting year. The reporting year for AEIs covers the period 1 September 2014 to 31 August 2015 (the academic year). The reporting year for LSAs covers the period 1 April 2014 to 31 March 2015.

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1 [www.nmc.org.uk/standards/additional-standards](http://www.nmc.org.uk/standards/additional-standards)

## Strategic context for 2014–2015

### NMC strategy

The NMC strategy for 2015–2020 places dynamic regulation at the heart of what we do. Our education function also needs to be dynamic as well as fit for the future. Our strategic intent is to have education standards, regulatory policies and processes that look forward and address the needs of the future population.

Our strategy places significant focus on collaboration and intelligence. Last year we signed a memorandum of understanding with NHS Education for Scotland (NES), which has helped us to improve our collaborative work in the quality of education in Scotland. It also supports intelligence sharing.

In 2014–2015 we co-sponsored the Shape of Caring review of nursing education with Health Education England (HEE)<sup>2</sup>. Recommendations from the Raising the Bar report<sup>3</sup> published in March 2015 touch upon our role as the regulator and, in particular, our QA education function.

### The NMC Code and the launch of revalidation

Our revised Code<sup>4</sup> and our model for revalidation of nurses and midwives agreed by NMC's Council (Council) in October 2015 puts professionalism, reflection and continuous improvement at the heart of the future of regulation. This approach needs to be considered as part of our review of education standards in the future.

### Midwifery regulation

In January 2015, following the publication of the King's Fund report, Council took the decision to ask for a change in our legislation in order to remove the additional layer of regulation applying to midwives. We requested the review of midwifery regulation following a number of critical incidents and independent reports in maternity services. The review confirmed that the current arrangements are not appropriate for public protection. The changes to our legislation will make sure that, as the regulator, we are responsible for all regulatory decisions regarding midwives.

On 16 July 2015, the Secretary of State for Health announced that the UK government would be changing our legislation governing the regulation of midwives and removing statutory supervision. This has particular implications for LSA QA. The timings of change will depend on Parliament timelines. We continue to work closely with LSAs during this time to ensure that compliance with our Midwives rules and standards (2012) is maintained during this transitional period.

### Oversight of our work

The Professional Standards Authority (PSA) for Health and Social Care has oversight of our work and each year they examine a number of areas of our work.<sup>5</sup> In its 2014–2015 performance report the PSA commented on our QA activity and in particular the extraordinary review conducted in Guernsey. The PSA stated that our recent QA work amounted to 'good practice' and that 'taking an active leadership role on such a high profile matter [was] also likely to have a positive impact on public confidence in the NMC and the system of regulation'.<sup>6</sup>

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2 <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

3 Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants (2015)

4 The Code: Professional standards of practice and behaviour for nurses and midwives  
[www.nmc.org.uk/code](http://www.nmc.org.uk/code)

5 Full details of the Professional Standards Authority's work and their reports on our work can be found at [www.professionalstandards.org.uk/regulators/overseeing-regulators](http://www.professionalstandards.org.uk/regulators/overseeing-regulators)

6 [www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015---print-ready.pdf?sfvrsn=0](http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015---print-ready.pdf?sfvrsn=0)

## Improvements to our QA activity

Improvements in 2014–2015 made to enhance our QA function included:

**Exceptional reporting:** Following a strategic reference LSA Midwifery Officer (LSAMO) forum, several LSAMOs communicated that they were unclear on when to exceptionally report directly to us, preferring rather to escalate through their chain of local management.

As a result of these discussions we revised our QA framework and emphasised the requirement for exceptional reporting. This has resulted in an increased level of proactive reporting across the four countries. We also reviewed our internal processes for managing and escalating these reports and ensure that they are shared with the new Employer link service.

**Endorsements:** Following the extraordinary review in Guernsey in October 2014, we put the approval of any new endorsed programmes on hold whilst we undertook a legislative review into our jurisdiction and legal relationship with overseas territories. We met with all AEIs approved to run endorsed programmes and sought assurance from them that they were continuing to meet our standards.

**Internal QA scrutiny meeting group:** Following recommendations made by the internal audit of our QA of education and LSA contract, we created a QA scrutiny meeting group which examines programme requests made by AEIs and strengthens internal decision-making.

**QA reviewer training:** We evaluated and undertook a training needs analysis where QA reviewers were given the opportunity to identify their areas of strengths and weaknesses. This has allowed us to focus on those specific areas in greater detail and ensure that both registrant and lay reviewers are competent in undertaking their reviewer role during an event.

**Monitoring reviews:** In line with our revised QA published process we notified each AEI and LSA six weeks in advance of our monitoring reviews which was substantially shorter than in 2013–2014 when they received up to nine months' notice. This change appears to have had an impact upon our ability to uncover issues, due to less time for rehearsal, as demonstrated by a significantly higher number of 'standard not met' results across both AEIs and LSAs compared to 2013–2014.

We have increased the time spent conducting some monitoring reviews (three days at some locations in 2014–2015, instead of two days throughout the previous year). This has allowed for a more in-depth approach to triangulating the evidence over a wider geographical area.

As part of our monitoring reviews, we asked AEIs and LSAs to complete an evaluation of how the event went and the process that was followed. This year we received a high number of positive responses. Through the feedback, we have identified possible areas for improvement which include: focusing on making communication more rapid; increasing the user-friendliness of the online QA portal; and providing more reviewer feedback on the outcomes at the close of the monitoring visit. We have considered these areas of improvement and made appropriate changes where possible.

**QA portal:** We have continued to develop the QA online portal which was created in 2013 and acts as a document repository and information sharing platform for AEIs and LSAs. We have been working with our contractors to ensure that the QA portal captures the correct information and captures risk through its reporting function.

**Lay reviewers:** We have continued to use lay reviewers as part of our monitoring reviewing teams. This has been positively received and we have found that our lay reviewers add valuable insight and perspective to our monitoring events.

# Part one: Quality assurance of education

There are currently 77 AEs across the UK. Since 1 September 2014, we have approved 92 programmes bringing our total number of programmes in approval to 951.

We conducted monitoring visits between January and March 2015 on a selection of AEs to ensure continued compliance with our standards. This year we selected 17 AEs (22 percent) to be monitored as part of our quality assurance of education. This year we focused on the following key themes: resources, admissions and progression, practice learning, fitness for practice and quality assurance.

Despite AEs self-reporting in December 2014 that they were meeting our standards, eight out of 17 AEs went on to receive a 'standard not met' outcome with respect to at least one key theme. Five AEs received at least one 'requires improvement'. Only four out of 17 AEs met all five of our key themes. This contrasts with 2013–2014 when none of the selected AEs received a 'standard not met' for any key theme and five AEs received a 'requires improvement'. For the purposes of this report we have separated the key risks that impact on the safety and quality of student learning from those that impact on internal processes and governance.

## Key risks to public protection and the student learning environment

### Mentorship

As part of annual self-reporting, 17 out of 77 AEs identified incidents on practice placements due to factors such as service reconfigurations, restructuring of schools and departments and increased commissions creating challenges for access to mentors, sign off mentors and practice teachers. However, we received assurance from each of the AEs that they had actions in place to mitigate any risks to their ability to meet our Standards for Learning and Assessment in Practice (SLAiP). As a significant number of AEs raised mentorship as an issue, we focused a

portion of our reviews on checking mentor databases and ensuring that mentors were both up-to-date with training and providing adequate support to students.

During our monitoring events we discovered that a number of AEIs had out-of-date mentor databases and, in some cases, mentors who had not completed their annual updates and triennial reviews. AEIs attributed the prevalence of this risk outcome to a lack of clarity on collaboration and who holds responsibility for maintaining and updating these databases. In total two AEIs received a 'not met' and four AEIs received a 'requires improvement' for standards regarding mentorship.

Two AEIs were found to have inadequate systems to ensure that their placement partner local mentor databases were up to date and that non-compliant mentors were suspended from the register. One of these AEIs was also found to have insufficient records for mentors in private, voluntary and independent sector placements. Four AEIs required their mentor databases to be updated or the processes surrounding them to be strengthened.

This poses a risk to student learning as out-of-date mentors were potentially making judgements regarding the competency of students. Due to the level of risk, each AEI was required to take immediate action to reassign their students and/or update their mentors and mentor databases. This was captured in an action plan which we monitored and to ensure timeframes were met. We now have assurance that all AEIs have met this key risk and all mentors and mentor databases are up to date.

Mentorship has been added to the programmes under review for our 2015–2016 monitoring season and we have further strengthened our AEI review plan for the next academic year by including a requirement for documentary evidence and specific numbers around mentor databases.

## **Resources**

Over two thirds (47 out of 77) AEIs self-reported issues relating to changes in staff resources necessary to deliver NMC programmes. This included the need to recruit due to staff leaving or retiring, or to support increased commissions of student numbers for existing programmes or a new pathway.

Two AEIs did not meet this key theme when monitored. At one AEI we found that the midwifery programme leader did not have a recorded teaching qualification, while their lead midwife for education (LME) required support to develop at a strategic level. The other AEI did not effectively monitor staff NMC registration statuses. Their records of staff teaching qualifications also required updating.

This raised public protection concerns as staff could have been teaching and making judgements about students when they were not qualified to do so. This, in turn, had the potential to compromise our register as students could have been erroneously signed off as competent. Given the risks identified, both AEIs were required to immediately formulate an action plan and demonstrate evidence of putting resources in place to ensure that staff were updated and monitored. These actions have now been completed and we have assurance that both AEIs have appropriate resources are in place to meet our standards.



## Placement capacity

15 out of 77 AEs self-reported concerns relating to placement capacity either due to increased student numbers, reduced placement provision, or reconfiguration of services and the resulting variability of quality within practice learning. Five AEs in England reported placement areas that were subject to Care Quality Commission (CQC) visits. Two AEs noted difficulties in releasing practice staff to undertake continuing professional development as a consequence of poor staffing levels within clinical areas. This had an impact on mentors being released to receive their annual updates and triennial reviews which, as discussed above, was a significant area of concern during monitoring.

## Key risks relating to AEI's processes and internal governance

### Preparation of AEs for programme approvals

We approved 92 programmes in this reporting year. Nine programmes required conditions to be met before we approved them, 10 programmes had recommendations and 73 programmes were subject to both conditions and recommendations. Ten of our programme approval events led to withheld approval this year; at 7 percent of the total, this is a sufficiently significant to conclude that some AEs were not adequately prepared to meet our standards, despite receiving their preferred date for an approval event.

In total 187 individual conditions were applied to programmes in this reporting year. No AEs were approved to run a programme without any conditions or recommendations and the number of conditions and recommendations has increased year on year. This demonstrates that there is variability of preparedness between AEs for approval events which has time, cost and resource implications for the NMC.

When an approval event is requested, AEs must provide evidence of meeting our standards. When this does not happen, we are required to either participate in a second approval event or set a number of conditions which need to be reviewed before we can safely grant the programme approval. This causes unnecessary delays and a disproportionate focus on programme intention and approval activity.

### Admissions and progression

Five out of 17 AEs monitored this year failed to meet the key risk theme 'Admissions and progression'. The main areas of concern around this key theme related to the absence of equality and diversity training, the absence of a practitioner and/or service user in the recruitment process and concerns over the way AEs were managing their Fitness to Practise (FtP) procedures.

One AE's processes for ensuring health clearance and DBS/Protection of Vulnerable Groups (PVG) checks were not robust and another did not routinely include practitioners in the student selection process. The processes at two AEs for addressing issues of poor performance of students were also not sufficiently robust and required improvement. Finally, one AE was found to have no strategy or action plan in place to capture the involvement of service users and carers in the admissions and selection process and this also required improvement.

AEIs were required to formulate an action plan which demonstrated how and when they would remedy their failings in this area to ensure compliance with our standards. At the time of report, four out of five AEIs have completed their action plans. The remaining AEI continues to be monitored until its action plan has been completed. This will occur in the spring aligned to its intake of students.

## **Fitness for practice**

The majority of AEIs self-reported robust FtP policies and procedures, which are annually reviewed. Three AEIs raised concerns about the change in protocols from Criminal Records Bureau (CRB) to Disclosure Barring Service (DBS) vetting. They reported delays in students commencing practice placements due to delays in DBS clearances and outstanding immunisation requirements. Other incident reports included a rise in fraud concerns, the increase in the number of FtP cases relating to inappropriate use of social networking and students' ill health all raising professional concerns. Several AEIs welcomed our new social media guidance published in early 2015.

One AEI (out of 17) did not meet this key risk theme during monitoring due to not having clear documentation on the practice hours required to meet programme outcomes and not being able to demonstrate clear and consistent practices for monitoring student practice hours. This was not declared in their annual self-report however that AEI has subsequently completed its action plan and provided evidence of complying with this key theme.

## **Quality assurance**

AEIs self-reported on student evaluations and National Student Survey (NSS) scores. They highlighted that reduced scores tended to relate to concerns about management and organisation, communication, feedback and time-tabling.

Three out of 17 AEIs did not meet this key theme during monitoring and were unable to demonstrate robust external examiner processes. This included failing to show that external examiners had due regard, that the role of the external examiner was consistently applied, and that the examiner engaged sufficiently with assessment of practice learning.

These AEIs have now completed their action plans and have provided evidence of meeting our standards with robust external examiner processes. We will the role of the external examiner in our communications to ensure that AEIs are clear on our standards and expectations.

## **Notable practice**

As part of our QA activity, we invite reviewers and AEIs to report back to us on any demonstrations of notable practice by AEIs. The definition of notable practice is practice which is innovative and worthy of dissemination.

This year, QA reviewers identified a number of examples of notable practice which included:

- Inter-professional learning with the use of simulators (University of South Wales).
- Partnership working on the assessment process of the specialist community public health nursing (SCPHN) programme (Anglia Ruskin University).
- Online professional forum and learning activities (The Open University).
- Integration of the improving quality together (IQT) silver award national learning programme within the course (University of South Wales).

- The Pan-London assessment tool for pre-registration midwifery (eight AEs in and around London).
- Student nurses undertaking service user led education alongside mental health service users whilst in practice (Kingston University and St George's, University of London)).
- A 'staying in touch contact' model where regular contact is made with students who are on an interruption of studies (Cardiff University).
- Use of the Hyland and Donaldson psychological assessment tool in the district nursing students' professional practice to ensure that nurses and midwives are compassionate and caring (Birmingham City University).
- Collaborative Learning in Practice (CLiP) project, developed in partnership between the University and Health Education East of England and piloted at hospitals in Norfolk, being rolled out across the East of England (University of East Anglia).
- A peer assisted student support project where students promote the use of the skills centre to existing students and people who are interested in beginning an undergraduate degree in nursing (Edinburgh Napier University).

# Part two: Quality assurance of LSAs

This year we conducted monitoring visits between December 2014 and March 2015 on a selection of LSAs to ensure continued compliance with our Midwives rules and standards (2012). We selected four LSAs (29 percent) to be monitored as part of our QA of supervision of midwives.

We selected seven rules that we identified as key themes. These were: notification by the LSA (Rule 4), records (Rule 6), the LSA Midwifery Officer (Rule 7), Supervisors of Midwives (SoMs) (Rule 8), LSA responsibilities for SoMs (Rule 9) publication of LSA procedures (Rule 10) and suspension from practice by LSAs (Rule 14).

Despite LSAs declaring they were meeting our standards in their annual self-reporting, two out of four LSAs went on to receive a 'standard not met' with respect to at least one key risk theme. One LSA received a 'requires improvement' and only one LSA met all seven of our key risk themes. We have separated the key risks that impact on the safety of women and babies from those that impact on internal processes and governance.

## Key risks to public protection and the safety of women and babies

### Supervisory investigations

At the conclusion of the LSA reporting year, 11 out of 14 LSAs were not meeting best practice timelines for completing LSA supervisory investigations. The following mitigating factors for such delays were consistently provided by LSAMOs through their reporting:

- Sickness of midwives under investigation.
- Annual leave of either the midwife under investigation or the investigating SoM.
- Lack of protected time for statutory supervision activity.
- Clinical duties considered a priority over SoM role.
- The length of time to write reports due to delays in midwives returning statements and signed interview transcripts as well as delays in retrieving information.

Such delays mean the findings of the supervisory investigations are not shared or escalated in a reasonable time frame. This presents a risk to public protection because the findings relate to individual midwives' fitness to practise. Midwives could therefore be practising and providing care whilst under local investigation. This will need to be closely monitored during the transitional period.

Key themes in LSA investigations this year included record-keeping, cardiotocograph (CTG) interpretation, medicines management, decision making and escalation. We have also seen an increase in reporting on the inappropriate use of social media which could be due to the publication of our social media guidance earlier this year.

### **Escalating concerns**

There was a consistent theme from LSAs of midwives failing to escalate concerns in a timely manner and to the appropriate people. They also reported that there was a lack of understanding around accountability. This failing appeared to occur more frequently with midwives at the early stages of their career. This finding is alarming and has led to recommendations to managers to review preceptor programmes for midwives in the North West region. We hope that the learning from this will be shared among LSAs across the four countries and we will continue to engage with relevant internal and external key stakeholders in monitoring this issue.

### **Concerns or investigations by any other regulators or serious reviews**

The majority of LSAMOs reported their awareness of concerns or investigations by other regulators throughout the year. Nine regions of NHS England LSA reported information about issues and outcomes from external reviews of maternity services including reviews by CQC, Clinical Commissioning Groups (CCGs), and Monitor. All LSAMOs across the four countries reported working closely with Head of Midwives (HoMs) and SoM teams to support maternity services in developing action plans and taking forward recommendations from external reviews.

## **Key risks relating to the compliance of Midwives rules and standards (2012)**

### **Supervisor of Midwives (SoM)**

The Midwives rules and standards (2012) set the ratio of SoMs to midwives at 1:15 to ensure midwives have adequate access to and support from a SoM. Although a significant proportion of maternity units were compliant with this ratio, the majority of LSAMOs reported ratios greater than 1:15 in one or more maternity unit. Ten LSAs were compliant for the overall annual LSA average ratios; and of those, four were consistently compliant with the LSA ratios across all four quarters. Four LSA regions were not compliant with our ratio overall, reporting annual average ratios of 1:16 to 1:18.

LSAs self-reported that some SoMs were not receiving dedicated time for supervision due to pressures from their clinical workload. This impacted on the time available to fulfil their SoM roles and impacted on the length of time taken to complete supervisory investigations. This was consistent with the findings and judgements made when we monitored LSAs.

We gave a 'standard not met' outcome during one of our monitoring review visits to an LSA which did not have robust processes in place to ensure the ratio of SoMs to midwives in one area reflected local need and circumstances. SoMs also did not have adequate resources to undertake their role. An action plan was formulated to address this issue and the LSA has now provided evidence of having the necessary processes in place and has consequently met this standard. We continue to monitor this through our quarterly telephone calls with LSAMOs.

During our monitoring reviews we also found evidence of SoMs being called upon to work in clinical settings while on-call for midwifery supervision (when maternity services were at full capacity). The relevant LSAMO had previously met with the HoM to discuss this issue, however the situation was unresolved at the time of the review and a 'requires improvement' outcome was given.

Two LSAs were unable to verify they had an effective system in place to ensure that every practising midwife had completed an Annual Supervisory Review (ASR) with their named SoM for the practice year 2014–2015. A 'standard not met' grade was given because of the lack of assurance that midwives were complying with our standard to maintain their midwifery registration and to protect the public. These issues have been addressed and we have received assurance that our standards are now being complied with. We continue to follow up on this during our quarterly telephone calls.

### **Preparation for the Supervision of Midwives (PoSoM) programmes**

LSAs reported on succession planning through the enrolment of midwives onto PoSoM programmes. However, more recently, increasing numbers of LSAMOs have reported that some HoMs are reluctant to place midwives onto existing programmes. Specifically:

- London LSA reported that the King's Fund decision has resulted in three HoMs withdrawing support for midwives to undertake the PoSoM programme and notes that this will impact on SoM to midwife ratios;
- West Midlands LSA reported that the LSAMO had discussions with the regional Director of Nursing (DoN) and a decision was made to cancel the spring intake of the PoSoM programme at Birmingham City University; and
- East of England LSA reported that there would be no further recruitment of midwives to the PoSoM programme.

This potentially impacts upon future SoM to midwives ratios and could lead to us seeing increasingly higher ratios and non-compliance with the Midwives rules and standards (2012).

### **Resources**

All LSAs self-reported and confirmed that there were adequate resources in place for the 2014–2015 reporting year. However, since the reporting year concluded on 31 March 2015, several LSAMOs have raised concerns that those resources are no longer available. This follows reconfigurations in NHS England and Scotland and is consistent with our findings from monitoring. Regions are geographically larger with less LSAMOs and a reduced number of SoMs assigned. This potentially poses a risk to the public and patient safety. We will be closely monitoring this in the 2015–2016 reporting year through our routine QA and we continue to encourage LSAMOs to exceptionally report to us on any risks to the provision of midwifery care and the LSA's ability to comply with our Midwives rules and standards (2012).

## Key risks relating to process and internal governance

### Records

No issues were discovered around records (Rule 6) and particularly the secure storage of records. This was the only standard not met in the previous year's monitoring cycle. All LSAs monitored were found to be compliant with data protection policies and guidelines for the retention of midwifery records.

### Governance

All LSAs were found to have an appropriately qualified LSAMO in post and their duties, which cannot be delegated, were in all cases covered by another LSAMO in times of annual leave or sickness.

### Notable practice

This year, QA reviewers identified a number of examples of notable practice within LSAs across the four countries which included:

- Northern Ireland LSA has developed a new, interactive e-learning resource to help midwives understand their responsibilities when administering medicines.
- South East and West of Scotland LSA created a new birth plan document which clearly shows reasons for deviation and agreed forward plans.
- London LSA demonstrated good practice in providing psychological support for women; supportive working with colleagues; collaborative support with women and specific care for family post-natally.
- Many LSAs have reported innovative practice around the safe use of social media (Facebook and Twitter).
- Some maternity providers in two of the LSAs reviewed (HIW and South West LSA) have implemented full time SoMs as a solution to the problem of maintaining the ratio. HIW's 'Future Proofing Supervision' work has been recognised by other LSAs and HIW has shared and collaborated on this work across the four countries.
- The CPD programme provided for SoMs by West Midlands LSA was described as innovative by the QA reviewing team and the delivery of the programme was evaluated as being of high quality by SoMs.

# Part three: Responding to risks

## Extraordinary activity

Where serious adverse incidents and concerns are identified regarding an AEI, practice placement or LSA, we may decide to conduct an unscheduled event called an extraordinary review.

This year, we conducted two extraordinary reviews. In August 2014, we were notified about escalating concerns around the supervision of midwifery and the provision of midwifery care within maternity services in the Princess Elizabeth Hospital (PEH), Guernsey. We convened a meeting on 11 September 2014 at the Health and Social Services Department (HSSD) in Guernsey in order to fully discuss the issues with all relevant organisations. Following this meeting we took the decision to conduct an unscheduled extraordinary review, which took place in October 2014. While we have no legislative powers to force improvement in the wider environment of maternity care, in the absence of a system regulator, we took the unprecedented step to raise these issues publicly in order to drive improvements in the interest of public protection in Guernsey.

During this event, the reviewing team found that a number of our standards had not been met. In addition, concerns were raised about issues such as the care environment, governance, policies and procedures, and the organisational culture. We continue to support those organisations as they progress the comprehensive action plan and it is our intention to follow up on progress later in 2015.

South West LSA and the Health and Social Services Department (HSSD) Guernsey both provided action plans that responded to the concerns raised during the extraordinary review. Student nurses were also removed from placement by the AEI. A follow-up visit was conducted in February 2015 and we found that progress had been made, however assurance remains fragile. A full report from this extraordinary review is available on our website. It is our intention to return in the 2015–2016 year to assess the sustainability of this progress.

We have also very recently undertaken a joint extraordinary review into pre-registration adult and mental health nursing and midwifery education and statutory supervision in North Wales. This extraordinary review was conducted following an escalation of concerns by HIW LSA and Bangor University that impacted on our education standards and Midwives rules and standards (2012). The findings of this extraordinary review was published on our website in October 2015.



# Part four: Forward focus and conclusion

Following the outcomes of this year's QA activity our focus for next year will be in the following areas:

## **AEI preparedness for approval events**

This year's report clearly identified that AEIs were not necessarily prepared to meet our education standards at the point of approval, leading to increased activity and cost for the NMC and our registrants. We will need to consider a better use of our resources in approving AEI programmes as a key area of focus for next year.

## **Mentorship**

As with previous years we have highlighted the need for improvements to ensure compliance with the SLAiP standards. Although some of the improvements necessary involve strengthening local processes there is also recognition that our standards in the future need to focus on principles and outcomes.

## **Strengthening the student voice in the QA process**

Nursing and midwifery students on practice placements are in a valuable position to inform our QA activity and risk intelligence. Others (Francis, 2012, GMC) have recognised the value of student views on safe and effective practice learning. We will need to focus next year on finding ways to involve students more effectively in our QA activity.

## **Process improvements**

There are a number of continuous improvements we will move to implement next year to improve the requirements for the information we seek and the corresponding intelligence we receive from self reporting by AEIs and LSAs. This includes ongoing refinements to the self-reporting process, consideration of the impact of ineffective self reporting and providing additional clarity on our standards as part of our planned reviews.



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