Ayrshire and Arran NHS Board

Monday 21 August 2017

Removal of Statutory Supervision of Midwifery

Author: Professor Hazel Borland, Nurse Director

Sponsoring Director: Professor Hazel Borland, Nurse Director

Date: 28 July 2017

Recommendation

The Board is asked to acknowledge the:

- removal of Nursing and Midwifery Council Statutory Supervision of Midwifery.
- work that Supervisors of Midwives and the Local Supervising Authority Midwifery Officer have undertaken on behalf of the Board.

The Board is also asked to note the new employer led model being implemented in NHSScotland.

Summary

- The NMC and UK Government response to the Morecambe Bay Inquiry has been to separate midwifery supervision from regulation.
- Regulation is a matter reserved to the UK Parliament and the Department of Health in England has taken forward the legislation required to make this change, which came into force on 31 March 2017.
- The roles and functions associated with statutory supervision ceased to exist on 1 April 2017 and the governance of midwifery practice now rests exclusively with employers.
- Nurse Directors and Heads of Midwifery are required to take forward the necessary work in readiness for implementing clinical supervision for midwives by January 2018.

Key Messages

Governance for the standard of midwifery practice now rests exclusively with employers from 1 April 2017. This includes investigation of alleged misconduct or impaired fitness to practise and referral to the NMC where required, and is consistent with current requirements and processes for nurse registrants.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CNO</td>
<td>Chief Nursing Officer</td>
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<tr>
<td>DH</td>
<td>Department of Health (England)</td>
</tr>
<tr>
<td>LSA</td>
<td>Local Supervising Authority</td>
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<tr>
<td>LSAMO</td>
<td>Local Supervising Authority Midwifery Officer</td>
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<tr>
<td>NHS A&amp;A</td>
<td>NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
</tr>
<tr>
<td>SEND</td>
<td>Scottish Executive Nurse Directors</td>
</tr>
</tbody>
</table>
1. Introduction

The NMC and UK Government response to the Morecambe Bay Inquiry has been to separate midwifery supervision from regulation. Regulation is a matter reserved to the UK Parliament and the DH in England has taken forward the legislation required to make this change, which came into force on 31 March 2017.

Legislative change means that the Local Supervising Authority, the health board in Scotland, alongside the statutory roles and functions associated with its responsibility for governing the standard of midwifery practice on behalf of the NMC are no longer required.

Removal of this additional layer of regulation brings midwives in line with other professions and means that governance for the standard of midwifery practice rests exclusively with employers from 1 April 2017. This includes investigation of alleged misconduct or impaired fitness to practise and referral to the NMC where required, and is consistent with current requirements and processes for nurse registrants.

The Chief Nursing Officer wrote to LSAs and non NHS employers on 22 December 2016 advising the actions required of them with regard to disaggregating the statutory supervision infrastructure and ensuring the governance of midwifery practice in preparation for the legislative change.

This was followed by a further letter in April 2017 (Appendix 2) to NHS Boards, together with letters to individual midwives and guidance for employers (Appendix 3 and 4).

2. Four country work

Further to the NMC decision, the DH led four country work which concluded that separating supervision from regulation should not mean an end to supervision, only to its statutory components. UK wide principles were agreed to underpin a new employer led supervision model which would preserve the supportive aspects of supervision in practice.

Ministers in all four countries confirmed their agreement to this proposal, and the Cabinet Secretary for Health and Sport approved the establishment of a Taskforce to take forward the necessary work to transition from a regulatory to an employer led model of clinical supervision for midwives in Scotland.

3. Transitioning supervision of midwives taskforce

The Taskforce was established in October 2015 and membership represented a range of stakeholder interests, including: NHS Boards (an Executive Nurse Director, Director of Finance, Associate Director of Human Resources, Head of Midwifery); LSAs; the Scottish Partnership Forum; the Royal College of Midwives; Scottish Higher Education Institutions; midwives; and public partners.
Working within the principles agreed at UK level, the Taskforce assumptions were that any new supervision model would: align with Scottish Government policy; be co-produced with midwives and other key stakeholders; be proportionate; cost neutral; and offer transferable learning.

4. Developing the employer led supervision model

A triangulated approach was taken to developing the new model, taking account of Scottish Government policy, evidence from a literature review, and information from stakeholder engagement.

To underpin development of a non-regulatory model, the Chief Scientist Office Nursing, Midwifery and Allied Health Profession Research Unit was commissioned to deliver an efficient review of the international literature related to clinical supervision. This was the evidence base for the Taskforce work.

Ensuring a co-production approach, four regional events were held, providing an opportunity to directly engage with the midwifery profession and managers to test out thinking around a new model of employer led supervision. Over 90 staff attended, including practising midwives, existing supervisors, heads of midwifery and managers. Appreciative Inquiry methodology was used and participants were encouraged to envision midwifery supervision differently and positively, as well as to challenge the status quo to co-create a future model.

In partnership with the Scottish Government’s Ingage Team, a session was held with women and families’ representatives to explore ‘What matters to me’, their experience of midwifery advocacy and how midwives might better support them with decision making throughout pregnancy. Whilst supervision is aimed at professionals rather than service users, advocacy is a key feature of supporting person and family centred care and services. Eight third sector organisations participated in a creative session which explored the citizen experience of advocacy, where this worked well, areas for improvement and what “good” would look like.

5. Clinical supervision for midwives – the new approach

Working within the principles agreed at UK level, the new model reflects a proportionate and risk based approach, which seeks to maximise best value through prudent use of public funds.

Clinical supervision for midwives aims to contribute to improved services, safer care and better outcomes for women and families, by supporting midwives to advocate for women’s needs and to reflect on clinical midwifery practice in line with professional accountability and regulation. A restorative model of group supervision has been agreed, primarily aimed at midwives who work in clinical practice roles providing direct clinical care for women and families.

6. Implementing the new approach

To mitigate any potential impact on public protection, the Taskforce agreed that the statutory and the new models should not operate simultaneously. It was recognised that this would be both confusing for the midwifery profession and add an unwelcome layer of complexity for NHS Boards in particular.
NHS Board systems and processes commenced from 1 April 2017 in preparation for full implementation of clinical supervision for midwives from 8 January 2018.

The CNO has convened an Implementation Group in partnership with the Scottish Executive Nurse Directors (SEND) and key stakeholders, to support NHS Boards with the transition to, and implementation of, clinical supervision for midwives.

As per the CNO letter issues in April 2017 each NHS Board is required to submit a monthly progress report. Appendix 1 provides the most recent submission for NHS A&A.

7. Evaluation

Evaluation will be critical in assessing the impact of Scotland’s new model in practice. A three year evaluation will measure the impact in practice of clinical supervision for midwives, outline learning from and changes required further to initial implementation, and describe opportunities for transferring learning to other professions under the CNO’s leadership.
## Monitoring Form

<table>
<thead>
<tr>
<th><strong>Policy/Strategy Implications</strong></th>
<th>Professional regulation to ensure quality and safety of care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce Implications</strong></td>
<td>NHS A&amp;A previously has 15 Supervisor of Midwives, this will be reduced to 5/6.</td>
</tr>
<tr>
<td><strong>Financial Implications</strong></td>
<td>Not required at this time.</td>
</tr>
<tr>
<td><strong>Consultation (including Professional Committees)</strong></td>
<td>The process for this undertaken nationally is described in the body of the paper.</td>
</tr>
<tr>
<td><strong>Risk Assessment</strong></td>
<td>Not required locally. Undertaken as part of the new model development</td>
</tr>
</tbody>
</table>
| **Best Value**                   | Vision and leadership  
- Vision and leadership  
- Effective partnerships  
- Governance and accountability  
- Use of resources  
- Performance management |
| **Compliance with Corporate Objectives** | Attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensure our workforce is affordable and sustainable.  
Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect. |
| **Single Outcome Agreement (SOA)** | Not required |
| **Impact Assessment**            | Not required as all Registered Midwives are eligible to apply. |
Implementing clinical supervision for midwives – Board implementation plan progress report
NHS Board: NHS Ayrshire & Arran
Nurse Director (name & contact details): Professor Hazel Borland- hazelborland@nhs.net
Head of Midwifery or Board Lead (name & contact details): Angela Cunningham- angela.cunningham@aapct.scot.nhs.uk
Update for month ending: 31st July 2017

Key
| Grey - Not applicable | Green - On track | Amber - Delay with mitigation | Red - Delay anticipated | Blue - Completed |

**Implementation milestones:**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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<tr>
<td>Legislation comes into force</td>
<td>31 March 2017</td>
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<td>From 1 April 2017</td>
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<td>New model implementation date</td>
<td>8 January 2018</td>
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</tr>
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**Board requirements:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinical supervisors required:</td>
<td>5/6</td>
</tr>
<tr>
<td>Number released for training this period:</td>
<td>0</td>
</tr>
<tr>
<td>Number trained to date:</td>
<td>0</td>
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<table>
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<tr>
<th>No</th>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Update on Progress</th>
<th>Mitigating action required</th>
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<tr>
<td>1</td>
<td>Confirmation that from 1 April 2017, midwifery practice is included in existing Board governance processes</td>
<td>Boards</td>
<td>01/04/17</td>
<td>Midwifery progress is now included on agenda for management and Governance meetings.</td>
<td>Green</td>
</tr>
<tr>
<td>2</td>
<td>Appointment of clinical supervisors begins</td>
<td>Boards</td>
<td>01/05/17</td>
<td>Roles advertised, staff sign posted to NES training package. Interview date set.</td>
<td>Amber</td>
</tr>
<tr>
<td>3</td>
<td>Begin to release clinical supervisors to undertake training and education modules</td>
<td>Boards</td>
<td>01/06/17</td>
<td>Staff sign posted to training modules. Face to face sessions with NES planned for September. Have requested six places for A&amp;A. Awaiting dates for West of Scotland training to be confirmed.</td>
<td>Amber</td>
</tr>
<tr>
<td>4</td>
<td>Systems and processes in place to commence delivery of clinical supervision</td>
<td>Boards</td>
<td>08/01/18</td>
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July 2017
Dear Colleague

Implementing clinical supervision for midwives in Scotland

This letter provides advice for NHS Boards on the actions required of them to implement clinical supervision for midwives.

Background

DL (2016) 24 outlined the actions required of Local Supervising Authorities (LSAs, the health board) in preparation for legislative change to the statutory supervision of midwives. This change came into force on 31 March 2017, which means that the roles and functions associated with statutory supervision ceased to exist on 1 April 2017 and that the governance of midwifery practice now rests exclusively with employers.

Clinical supervision for midwives

As you know, national work is ongoing to support and oversee the implementation of clinical supervision for midwives, led by an Executive Nurse Director and reporting to me. Annex A provides brief information on this and an information pack to support local implementation is attached to the email accompanying this letter.

Action required of NHS Boards:

• Nurse Directors and Heads of Midwifery should take forward the necessary work in readiness for implementing clinical supervision for midwives by 8 January 2018;
• A lead contact for the Board should be notified to margaret.syme@gov.scot by 5 May 2017 to enable two-way communication and progress reporting;
• A monthly progress reporting template (Annex B) should be returned to margaret.syme@gov.scot with the first report due by 31 May 2017.

Yours sincerely

[Signature]

Professor Fiona McQueen
Chief Nursing Officer
Background

Clinical supervision for midwives
Clinical supervision is primarily aimed at midwives who work in clinical practice roles providing direct clinical care for women and families, the majority of whom are employed by territorial NHS Boards. It is therefore for non NHS organisations and NHS Special Boards to decide whether to implement this approach for their staff.

Where non-NHS organisations and Special Board employees have contractual arrangements to deliver clinical sessions within territorial NHS boards, they will be able to access clinical supervision as part of the relevant NHS Board provision. Non NHS organisations and Special Boards may also wish to consider partnerships with territorial NHS Boards, should they wish to implement clinical supervision for their staff and where there are small numbers of midwives within the organisation.

Information pack
The enclosed information pack has been produced in partnership with key stakeholders, which will enable national consistency in approach and aims to support Boards with the implementation of local systems and processes.

A national education resource has been developed and colleagues from NES will be in touch with your nominated Board lead to arrange local approaches for delivery of this education. http://www.knowledge.scot.nhs.uk/maternalhealth.aspx

Progress reporting
A progress reporting template is also enclosed (Annex B), which highlights key actions and milestones and we will seek updates at regular intervals in the lead up to the planned implementation date of 8 January 2018.
# Implementing clinical supervision for midwives – Board implementation plan progress report

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Nurse Director (name & contact details):
Head of Midwifery or Board Lead (name & contact details):

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To Midwives
NHS Scotland
By Email

28 April 2017

Dear Colleague

Implementing clinical supervision for midwives in Scotland

Background
The Nursing and Midwifery Council has advised midwives about the changes to statutory supervision and you will know that legislative change came into force on 31 March 2017 to remove supervision from regulation. In anticipation of this change, the four UK countries have worked together to ensure that the supportive aspects of supervision could continue. In Scotland, a Taskforce has taken forward the work to develop a new model of clinical supervision for midwives.

Reflecting on statutory supervision
Through working in partnership, the Local Supervising Authority Midwifery Officer, Supervisors of Midwives and midwives have made a significant contribution to the quality of care for the mothers, babies and families who use our maternity services. We would like to thank every one of you for your leadership, professionalism and engagement in the activities of statutory supervision. Ann attended the final national event for Supervisors of Midwives on 21 March, and it was clear from the NHS Board showcases that you have much to be proud of.

Moving forward to clinical supervision
We realise that the legislative change is significant for the profession. However, midwives have contributed to shaping Scotland’s new approach. By considering what the literature tells us, alongside what midwives said would be helpful for them, we can move forward, introducing a new model of clinical supervision that aims to support you and your professional practice. National work is ongoing to support implementation of this new approach by 8 January 2018. That gives time for new systems, processes and education to be put in place after the legislation changes, and for midwives and Boards to be prepared.
Your role
This is an exciting opportunity for the midwifery profession and we ask that you embrace clinical supervision and all that it can offer you. We want you to take part and to engage as you have always done - clinical supervision can help your wellbeing and support you to deal with the everyday challenges of your practice. We will be undertaking research in the next few years to understand what impact this is having and your experiences will be crucial to this.

Yours sincerely

Professor Fiona McQueen
Chief Nursing Officer

Professor Ann Holmes
Chief Midwifery Advisor
& Associate Chief Nursing Officer
Clinical supervision for midwives
Guidance for employing organisations

Qualities of a clinical supervisor
1. Clinical supervisors will be key in supporting midwives to build confidence and resilience to practise safely whilst delivering person centred care. They must be: supportive and approachable; facilitative yet challenging; inspiring and motivational leaders; as well as having coaching skills to support midwives to advocate better for women. Confidentiality and mutual respect are fundamental.

Selection of clinical supervisors
2. Each NHS Board (or employing organisation) will be responsible for the selection and appointment of clinical supervisors through a process of self/peer nomination. The activities of a supervisor are additional to and separate from a substantive role. The Head of Midwifery (HoM) (or equivalent) will be responsible for the appointment and performance management of supervisors in line with NHS Board (or other organisational) HR processes. Once appointed, each supervisor will require to successfully complete the approved NHS Education for Scotland national education programme. This will require them to complete an e-learning package and four modules (over two days), which may be delivered at NHS Board level.

Professional requirements for clinical supervisors
3. All midwives are encouraged to consider becoming a clinical supervisor. However, having two years post registration experience would ensure consolidation of training and completion of Flying Start. Evidence of continuous professional learning and development will be expected. HoMs should work together to consider how to provide local or regional clinical supervision sessions for supervisors to support their learning and resilience.

Expectations of clinical supervisors
4. Clinical supervisors will be expected to arrange and facilitate group supervision sessions. Sessions should be pre-arranged for planning purposes, but have flexibility for ‘drop in’ to provide support at short notice if required. Sessions will include a maximum of 10 midwives to ensure that restorative supervision can be delivered, which enhances midwifery care and ultimately benefits women, their partners and families. Ground rules, as well as confidentiality and contracting must be agreed for all sessions. Supervisors should also facilitate one to one supervision for individual midwives as required.

Expectations of midwives
5. Midwives will be expected to attend at least one group supervision session per year and to seek additional one to one supervision as required. The reflective practice undertaken during supervision will help support midwives to meet their requirements for revalidation and there will be no requirement for additional paperwork related to supervision. Reflection is a key component of clinical supervision and affords an opportunity to initiate caring and courageous conversations, whilst learning from events. Scenario based or specific case discussions could be used to review what went well and what could have been done differently. Midwives could use supervision to share good practice or challenge poor practice to improve women’s experiences and outcomes.