



NHS GREATER GLASGOW & CLYDE

NHS BOARD MEETING

Nurse Director

21 February 2017

Board Paper No: 17/11

Midwifery Supervision

The Nursing and Midwifery Council (NMC) has undertaken a consultation on their Statutory and legal function for the supervision of midwives. Following discussion with the UK Government it has been proposed to cease NMC statutory midwifery supervision in favour of a professional employer led model. (see attached paper).

Board Members are therefore asked to note the potential risks, mitigating actions and recommendations in the Midwifery Supervision paper and:

- Note the changes in Government legislation to allow for the transition from the NMC midwifery regulation model to an employer led model.
- Agree the development of a transition action plan by Maternity Services to facilitate a seamless transfer to an employer led restorative supervision model for midwives.
- Agree updates on the progress of Midwifery Supervision Transition will be provided to the Board.

Author Dr Margaret McGuire
Tel 0141 201 4407
Date: 14 February 2017

NHS Board Meeting

Nurse Director

21 February 2017

Board Paper No: 17/11

Recommendations

The Board is asked to:

- Note the changes in Government legislation to allow for the transition from NMC midwifery regulation model to an employer led model.
- Agree the development of a transition action plan by Maternity Services to facilitate a seamless transfer to an employer led restorative supervision model for midwives.
- Note the potential risks, mitigating actions and recommendations in this paper.
- Agree updates on the progress of Midwifery Supervision Transition will be provided to the board.

1. Introduction

The Nursing and Midwifery Council (NMC) has undertaken a consultation on their Statutory and legal function for the supervision of midwives. Following discussion with the UK Government a proposal to cease NMC statutory midwifery supervision in favour of a professional employer led model, this brings midwifery supervision in line with current arrangements for registered nurses and health visitors.

This paper describes the details of the new model approach, identifies potential risks and actions required by NHS Greater Glasgow and Clyde (NHSGGC)

2. Background

The NMC and UK Governments response to the Morecambe Bay Inquiry ¹ has been to separate midwifery supervision from regulation. Regulation is reserved to the UK Parliament who will take forward the legislation required to underpin this change, which is anticipated by 31st March 2017. Ministers in all four countries agreed with the NMC decision to development a professional, employer led model of supervision for midwifery to preserve the supportive, rather than regulatory aspects of supervision in practice.

In March 2017 the statutory roles and functions of the Local Supervisory Authority (LSA) Midwifery Officer and Supervisor of Midwives (SOM) will cease to exist. The new model (similar to what is currently in place for nursing), places governance for the standard of midwifery practice, including investigation of alleged misconduct or impaired fitness to practise and referral to the NMC, where required, exclusively with employers.

On behalf of the Chief Nursing Officer (CNO) a transitioning Supervision of Midwives Taskforce was formed to oversee the development, implementation and evaluation of a new model of supervision for Scotland.

3. Clinical Supervision Midwifery Model

The employer led proposed model agreed by the Scottish Government is **clinical supervision**. The new model is based on group supervision for cohorts of a maximum of 10

1: [Morecambe Bay Investigation Report 2015](#)

midwives. Applying a restorative process to supervision sessions which are designed to support the emotional needs of staff and build resilience into the profession. Midwives will attend a minimum of 1 group session per annum also with one to one supervision access as required.

The role of the clinical supervisor will be separate from and additional to an individual's substantive role.

Performance management of supervisors will be through normal organisational staff governance processes.

4. Costs: NMC Verses Employer Led Model

In the new model, there will be no provision of 24 hour on call access to supervision, and (subject to National Agreement) an end to the current monthly and on call payments to Supervisor of midwives. Additionally, the current costs for the national Local Supervisory Authority (LSA) roles shared between the 14 territorial Boards will be discontinued.

Any saving for NHSGGC is likely to be offset by the costs for the new employer led system i.e. current SOM activities relating to clinical incident reviews and investigations need reinvested into existing line management and clinical governance. No identifiable savings can be made until the new model is fully implemented and reviewed for effectiveness.

In addition there is a cost associated with moving to the new model for training of existing supervisors (1 day) and for ongoing training of new supervisors (3 days).

5. Organisational Risks

Currently in NHSGGC maternity service a tried and tested robust management and clinical risk management model is in place. The current process for clinical incident investigation is hosted by clinical risk midwives and clinical medical leads, where investigations are carried out, reported, and sharing of clinical improvement through lessons' learned actioned. Any professional conduct issues following investigation and reporting are actioned using normal HR processes.

The same robust processes for management and mitigation of risk will continue therefore no additional risks are so far identified other than the potential clinical supervisor recruitment challenge.

6. Transitioning Process and NHSGGC Actions

The Supervision of Midwives Taskforce published a report on 26th January 2017 with the following actions and recommendations for NHS Boards.

NHS GGC have formed a Supervision Transition Steering group to take forward the recommendations in the taskforce report by developing an NHSGGC transition action plan that will identify key areas/ individuals to support the decommissioning of Midwifery supervision and implementation of NHSGGC Led Clinical supervision model for the midwifery profession.

A project Initiation Document will be developed to maintain timelines and commission additional support required for the transition process.

The Chief Midwife is responsible for implementing the systems and processes for selection and appointment of clinical supervisors in line with organisational HR processes. Subject to approval by the Cabinet Secretary, NHS Boards should be commencing the selection and appointment of clinical supervisors from April 2017.

7. NHSGGC Board Responsibilities

- Will have accountability for the provision of employer led supervision for midwives, including their provision of direct clinical care for women and families, within their Board area.
- Will be responsible for appointing the correct number of supervisors to meet local midwifery workforce needs (This could be a potential risk for NHSGGC with regards recruitment of sufficient numbers of clinical supervisors potential mitigating actions will be factored into the board's transition plan) and for ensuring they have the appropriate education and development to provide professional and clinical support.
- The Board Nurse Director will have overall responsibility for clinical supervision of midwives.
- The Scottish Government will expect NHS Boards to have an implementation plan in place by 31st December 2017, for delivery of an employer led model from 1st January 2018.
- Establish local and National networks to support consistency of clinical supervision including an annual national networking event to share best practice.

8. Summary

The maternity service preparing for the transition of NMC Supervision of midwives to the implementation of the employer led clinical supervision model for midwives. The CNO will convene a group by end February 2017 in partnership with Scottish Executive Nurse Director Group and key stakeholders, to support NHS Boards.

Progress reports on the transition will be provided to NHSGGC Board.

Author Dr Margaret McGuire
 Tel 0141 201 4407
 Date 14 February 2017