NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**
   Transitioning Clinical Supervision for Midwives

2. **Author(s) of Paper**
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3. **Purpose of Paper**
   To provide NES board with a brief overview of the background, legislative changes and way forward in Scotland for clinical supervision of midwives.

4. **Key Issues**
   From the 31st March 2017 the requirement for midwifery supervision has been removed from regulation
   Legislative change means that the Local Supervising Authority (LSA, 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 1st April 2017.

5. **Educational Implications**
   Education resources are required to meet the needs of new and existing midwife supervisors in Scotland to deliver supervision to clinical midwives based on the model agreed by the Scottish Taskforce group.
   NHS Education for Scotland has been commissioned by the Scottish Government to develop and deliver the resources to ensure consistency in the preparation of clinical supervisors of midwives across Scotland.

6. **Financial Implications**
   Educational development and delivery utilising existing expertise and resources within NES and in collaboration with HEI’s.
   Effective and efficient use of resources- A ‘once for Scotland’ approach to the educational preparation of clinical supervisors for midwives
The new model proposes a group approach to supervision which will reduce the number of supervisors required. The education required for this new role in comparison to the statutory role will be significantly less expensive.

The educational resources developed would be easily transferrable to other professions.

7. **Which of the 9 Strategic Outcome(s) does this align to?**
   Improved Quality

8. **Impact on the Quality Ambitions**
   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.

9. **Key Risks and Proposals to Mitigate the Risks**
   **Education resources do not meet the needs of NHS employers or supervisors - NES**
   lead educational subgroup to develop this work that included Heads of Midwifery, Lead Midwives for Education, clinical midwives, supervisors of midwives, Practice Educators and an AHP. The e Learning resources have been out to a small test group before going live to all NHS Boards. All learners will be encouraged to provide feedback and the resources will be amended as appropriate.

10. **Equality and Diversity**
    Briefly describe:
    a. Any equality and diversity impacts or risks which have been considered and actions identified for mitigating any negative impact or managing risk.

    Access for participants- to ensure equality the educational resource has been developed as an interactive PDF which is easily accessible to all NHS Health Boards in Scotland. Workshops that will enhance the skills required of supervisors will be delivered at regional and local levels as required.

    b. Opportunities identified for the work to reduce inequalities, advance equality of opportunity or foster good relations.
    One of the overarching principles of midwifery supervision is supporting midwives to advocate for the needs of women and children.

    c. Arrangements for completing an equality impact assessment (where the paper describes a new policy or workstream or a substantial revision to a policy or workstream).

    *See guidance note on how to complete this section (available on Intranet, Meetings section). Your paper should include relevant details, including assessment of alternatives if required.*
11. **Communications Plan**

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes [ ]  No [x]  

A Communications Plan format template is available in the ‘Meetings’ and ‘Communications’ sections of the NES Intranet.

12. **Recommendation(s) for Decision**

For Information

NES  
*June 2017*  
*SK*
1. Background

1.1 Morecambe Bay Enquiry
In 2015 an investigation was commissioned to examine reported serious failures of clinical care in a maternity unit in the North of England. The enquiry uncovered avoidable harm to mothers and babies, including unnecessary deaths and a series of missed opportunities to intervene at almost every level of the NHS. A culture of deeply entrenched patterns of ‘defensiveness, denial and blame shifting, was reported (Kirkup report).

Following the investigation two key principles were formed:
a) that midwifery supervision and regulation should be separated to avoid ‘muddling’ of investigation and support, and
b) the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity

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 (DH) in England has taken forward the legislation required to make this change, which came into force on 31 March 2017.

1.2 What legislative change means in practice
Legislative change means that the Local Supervising Authority (LSA, 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 1st 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 (CNO) 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.

2. Transitioning Midwifery Supervision

2.1 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; rather 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 (Scotland) 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.
2.2 The Scottish 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 (NES), Associate Director of HR, Head of Midwifery, Programme Director (NES)); the LSA; the Scottish Partnership Forum; the Royal College of Midwives; Scottish Higher Education Institutions; midwives; and public partners.

The Finance Director from NES led the sub group to identify the resource implications for the refocused model of midwifery supervision and the Programme Director for Women, Children, Young People and Families in NES led the education sub group to develop the education resources required to meet the changes.

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.

3. The employer led supervision model

3.1 Development of the 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 provide 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.
3.2 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. At present, there are approximately 2,250 WTE (excluding Neonatal care) Midwives in Scotland. The adoption of a group approach (in contrast to the previous 1:1 approach) to supervision will reduce the costs of educating supervisors and the time spent on supervisory activities.

3.3 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. NHS Board systems and processes will commence from 1 April 2017, in preparation for 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.

NES have developed and are planning the delivery of education to prepare new and existing supervisors. An eLearning resource has been developed that will provide supervisors and supervisees with knowledge and skills to maximise the supervisory experience.

Workshops that complement the eLearning resource and allow supervisors to develop skills in facilitating groups, using coaching approaches and facilitating reflective conversations are planned between September and December 2017. These will be delivered regionally across Scotland. It is expected that all Health Boards will identify supervisors and release them for the time necessary to undertake the learning.

The eLearning resources are hosted on the NES website:
4. 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.