Nursing and Midwifery Council report on the Public Health Agency Northern Ireland

Date of review: 22 March 2011 to 24 March 2011

Date of report: June 2011
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1 Executive summary

1.1 Introduction

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We set standards for education and maintain the register of nurses and midwives. We have fair processes to investigate and deal with those whose fitness to practise is called into question.

1.2 Reason for review

The purpose of this review has been to examine the function of the Public Health Agency Northern Ireland Local supervising authority (LSA). The Public Health Agency Northern Ireland LSA was identified for review after their annual report was risk assessed and concerns identified. The risk-based approach to reviewing LSAs has been approved by the NMC Midwifery Committee, and is in line with the NMC risk framework and the Regulators’ Compliance Code.¹

1.3 Review findings

The review team has identified that there are no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. The review has been very positive and the team were able to confirm that the self assessment completed by the Local supervising authority (LSA) was an accurate reflection of the current position. It has been identified that the Public Health Agency (PHA) Northern Ireland LSA meets 53 of the 54 standards with one being partially met for the LSA as set out in the NMC Midwives rules and standards (2004).

It was also identified that the Local supervising authority midwifery officer (LSAMO) and the function of statutory supervision of midwives were valued throughout the province. Some themes were identified in the review for further development in the LSA and these are identified in this report.

This review follows on from the two separate reviews of the preceding LSAs carried out in 2009. The recommendations from these two reviews covered many areas where the standards were not being fully met; these included: improvements in supervisory processes and guidelines, improving the links between supervision and clinical governance activities, improving user focus with more involvement of service users and changes to publications and publicity, improvements to the annual report and most importantly, changes to improve the focus on women centred care and evidence based practice.

The profile of statutory supervision of midwives has improved significantly over the last two years with actions implemented to address the recommendations from the previous reviews. These include the following:

¹ http://ororwww.berr.gov.uk/orfiles/orfile45019.pdf
• Processes and guidelines are much improved. Staff in the five provider Trusts are working well together and sharing best practice

• Training, development and information giving are much improved. However the detailed training on undertaking a supervisory investigation and the improved policies and toolkit have not yet been completely adopted. A cultural shift is required to ensure that the LSAMO UK Forum’s National Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA” is implemented and monitored

• There are good working relationships with higher education institutions (HEIs) which leads to a wide range of training and development opportunities for SoMs

• A supervisory review toolkit has been developed and implemented. The LSA have adopted the LSA database and their website is much improved

• Supervisors of midwives are now better integrated in clinical governance and risk management activities

• An improved service user focus and involvement is evident

• Publications and information for users are much improved

• The emphasis on women centred care and evidence based practice has changed significantly with supervisors of midwives driving this forward by leading working groups and project teams

However there are some areas of concern:

• supervisory investigations are carried out for maternal deaths and other incidents. SoMs should ensure they carry out separate independent supervisory investigations, working in conjunction with clinical governance and risk management led investigations. This issue should take priority over the next year.

• provision of administrative support for SoMs varies, with some receiving no regular support.

• protected time to carry out the role of SoM is not always available with some SoMs undertaking duties in their own time.

1.4 Recommendations

We will publish this report on the NMC website at www.nmc-uk.org. The following recommendations have been made to the Public Health Agency Northern Ireland LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report. We will publish it alongside this report.

The LSA is recommended to:
Supervisory investigations

- Ensure that there are opportunities for SoMs to carry out supervisory investigations on behalf of the LSA using the statutory supervisory framework
- Work with clinical governance or risk management teams in the Trusts to ensure clarity of purpose and mutual benefit
- Ensure that SoMs are supported to ensure compliance with Rule 3.4 NMC Midwives rules and standards (2004) as the profile and frequency of supervisory investigations increase

SoM role, workload and administrative support

- continue to support an effective model for statutory supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance will not normally exceed 1:15
- ensure that SoMs continue to get identified and protected time for supervision and when they are unable to do this ensure there are clear reporting mechanisms for SoMs to alert the LSAMO
- raise the profile of the statutory supervision at Trust board level through an annual presentation by SoMs
- continue to promote and enhance the leadership skills of SoMs through leadership development programmes
- further develop the mechanisms for informing service users and the public about statutory supervision

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- Ensure that the more detailed trend and analysis of activity information which is available for the province is included in future annual reports.

Promotion and sharing of best practice

- Explore opportunities to promote and share the evidence of its improved and innovative practices at professional networking events and conferences in the province and across the UK

The provider trusts are recommended to:

- support the LSA and LSAMO in developing and implementing a robust process of identifying the need for supervisory investigations
- support the LSA and LSAMO to ensure that SoMs protected time is utilised as planned in order to help ensure that standards of quality and safety are being maintained.
The NMC is recommended to:

- monitor the progress of the LSA actions in response to this report and use the quarterly monitoring systems and annual report to ensure that all guidelines and standards are being met.
2 Introduction

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We set standards for education and maintain the register of nurses and midwives. We have fair processes to investigate and deal with those whose fitness to practise is called into question.

The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001 (the order).^2

The NMC has responsibility under the order for setting the rules and standards related to how LSAs carry out their function^3. An overview of these LSA functions, along with a description and overview of the Public Health Agency Northern Ireland LSA can be found in annexe1.

The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would be where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students. The purpose of this review (annexe2) has been to examine the function of the Public Health Agency Northern Ireland LSA.

2.1 Acknowledgements

The NMC would like to thank everyone who participated in the review.

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2 The Nursing and Midwifery Order 2001, SI 2002 N0 253
3 The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43
3 The NMC review of Public Health Agency Northern Ireland LSA

3.1 Reason for review

The Public Health Agency Northern Ireland LSA was considered medium risk after the annual report to the NMC for 2008-2009 was risk scored. The risk analysis showed:

**Red scores**

- some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and the NMC was not assured that an effective supervisory framework is in place
- limited information or description provided in the annual report on maternal death trends within the LSA and the interface with the supervisory framework.

**Amber scores**

- inadequate supervisory framework in place to meet the *Midwives Rules and Standards* across the LSA
- no description of the complaints process or number of complaints
- high or low percentage of supervisory practice programmes described and or lack of definition of reasons for high or low numbers
- public user involvement in supervision audits not described
- evidence to suggest increasing births across the LSA or increase in midwife to birth ratio

The report for 2009-2010 was quality assessed rather than risk scored and showed continuing progress but the NMC wished to follow up their review of the legacy LSAs (WHSSB and NHSSB) carried out in January and February 2009.
4 Review findings

The review has been very positive and that the team were able to confirm that the self assessment completed by the LSA was an accurate reflection of the current position. We have found, however that one of the 54 standards is only partially met.

This review follows on from the two separate reviews of the preceding LSAs carried out in 2009. The recommendations from the two reviews covered many areas where the standards were not yet being fully met; these included: improvements in supervisory processes and guidelines, improving the links between supervision and clinical governance activities, improving user focus with more involvement of service users and changes to publications and publicity, improvements to the annual report and most importantly, changes to improve the focus on women centred care and evidence based practice.

We have found a significant improvement in the profile of midwifery supervision over the last two years and significant actions taken to address these recommendations from the previous reviews. These include:

- A consistency of approach is evident where previously this was not the case and processes and guidelines are much improved. Staff in the five provider trusts are working well together and sharing best practice. This is a result of a province wide approach enabled by the single LSA and the leadership of the LSAMO.

- Training, development and information giving fora are much improved with an impressive approach to SoM briefings instigated and led by the LSAMO, based on a method that had been successfully used in another LSA in the UK. However, the detailed training for supervisors which has taken place around investigations and the improved policies and toolkit have not yet led to the wholesale change in culture or approach that enables the LSAMO UK Forum’s National Guideline L " Guideline for an investigation of a midwife’s fitness to practise by a SOM on behalf of the LSA" to be fully implemented.

- There is evidence of good working relationships with approved education institutions (AEIs), which leads to a wide range of training and development opportunities for SoMs.

- An annual review toolkit is in place to help ensure a consistent standard approach to the annual review process.

- The LSA database has been implemented and the LSA website much improved – enabling instant access to quality information and up to date guidance and policies.

- Supervisors of midwives are now integrated into the trusts’ and the PHA’s approaches to clinical governance and risk management with specific clinical governance midwives in post at the trusts.
• There is improved user focus – lay reviewers work with the LSAMO on local LSA audits and a new maternity services liaison committee (MSLC) which has been established in the Northern Health and Social Care Trust.

• Publications and information for users are much improved.

• The emphasis on women centred care and evidence based practice has changed significantly. It was observed that SoMs are in the fore in the working groups and project teams that have driven this practice forward:
  - The award winning hand held record system is now in use across the province.
  - Policies and guidelines are now up to date, evidence based and subject to a rolling programme of review; again SoM input here has been significant.
  - Models for service delivery have changed with more emphasis on midwife led units (MLUs). There are now stand alone units in the province; this has been achieved with significant SoM input.

However there are some areas of concern:

• The number of supervisory investigations carried out is low and they appear to be completed only for very serious incidents. The LSA recognises that the investment in training for SoMs and the development of policies to support the SoMs is not reflected in increased numbers of supervisory investigations. Opportunities to investigate clinical incidents using the supervisory framework are not being fully utilised. LSAMO UK Forum’s National Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA” is not being fully and effectively implemented. Some SoMs are not carrying out separate independent supervisory investigations, but tend to be involved in supporting staff and working within a framework of a clinical governance or risk management led investigation. It is essential that a thorough and independent investigation is carried out by a SoM in the event that issues, concerns or maternity incidents are identified which require a review. This is to ensure that midwifery practice has been safe and woman centred, and that any fitness to practise issues are identified and appropriately managed. All supervisory investigations should meet the NMC Standards for the supervised practice of midwives (2007). This issue should be addressed as a matter of urgency.

• Provision of administrative support for SoMs is variable, with some receiving no regular support.

• Protected time which is scheduled is not always able to be used and, in some cases, SoM work is being carried out in supervisors own time.

Overall the scale and pace of these improvements is testament to the commitment and professionalism of SoMs, the strong leadership and direction from the LSA and LSAMO, the support of the service managers and general managers within the provider trusts, the good working arrangements with educational institutions and the higher profile of service users and lay members to support statutory supervision. The review team recognise that many of the examples of good practice demonstrated would be of
interest to midwives across the UK and suggest they should be shared and celebrated across professional and multi-disciplinary networks and fora.

5 The LSA is recommended to:

Supervisory investigations

- Ensure that there are opportunities for SoMs to carry out supervisory investigations on behalf of the LSA using the statutory supervisory framework
- Work with clinical governance or risk management teams in the Trusts to ensure clarity of purpose and mutual benefit
- Ensure that SoMs are supported to ensure compliance with rule 3.4 NMC Midwives rules and standards (2004) as the profile and frequency of supervisory investigations increase

SoM role, workload and administrative support

- continue to support an effective model for statutory supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance will not normally exceed 1:15
- ensure that SoMs continue to get identified and protected time for supervision and when they are unable to do this ensure there are clear reporting mechanisms for SoMs to alert the LSAMO
- raise the profile of the statutory supervision at board level through an annual presentation by SoMs continue to promote and enhance the leadership skills of SoMs through leadership development programmes
- further develop the mechanisms for informing service users and the public about statutory supervision

Annual report

- Ensure that the more detailed trend and analysis of activity information which is available for the province is included in future annual reports

Promotion and sharing of best practice

- Explore opportunities to promote and share the evidence of its improved and innovative practices at professional networking events and conferences in the province and across the UK

The Provider Trusts are recommended to:

- Support the LSA and LSAMO in developing and implementing a robust process of identifying the need for supervisory investigations
• Support the LSA and LSAMO to ensure that SoMs protected time is utilised as planned in order to help ensure that standards of quality and safety are being maintained.

The NMC is recommended to:

• Monitor the progress of the LSA actions in response to this report and use the quarterly monitoring systems and annual report to ensure that all guidelines and standards are being met.
6 Conclusion

The review team would like to commend the LSA team for all the hard work they have undertaken to ensure this review ran smoothly.

This review team’s conclusions and recommendations are based on the documentary evidence presented at the event and meetings with key stakeholders.

The review team identified that there were no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. It has been identified that the Public Health Agency Northern Ireland (PHA NI) LSA meets 53 of the 54 standards (as set out in the NMC Midwives rules and standards - 2004) with one being partially met. Some themes were identified in the review for further development in the LSA and these are identified throughout the report. The LSA is required to draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSA will implement the actions and have processes in place to monitor and review the outcomes of the report. Actions concerning the recommendations related to supporting continued development should be detailed in the LSA annual report to the NMC.

This report will be published on the NMC website.
### 7 Evidence of standards being met

#### Rule 4 – Notifications by local supervising authority

**Local supervising authority standards**: In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 publish annually the name and address of the person to whom the notice must be sent</td>
<td>Standard met</td>
<td>LSAMO National Forum website <a href="http://www.midwife.org">www.midwife.org</a> Guideline K “Guidelines for completion of the Intention to Practise form by a registered midwife Viewed email sent to all SoMs Annually an email is sent to all supervisors of midwives with PowerPoint presentation for midwives and noticeboards with worked example and dates for ItP return or entry</td>
</tr>
<tr>
<td>1.2 publish annually the date by which it must receive intention to practise forms from midwives in its area</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline K “Guidelines for completion of the intention to practise form by a registered midwife Viewed email sent to all SoMs Annually an email is sent to all supervisors of midwives with PowerPoint presentation for midwives and noticeboards with worked example and dates for ItP return or entry</td>
</tr>
<tr>
<td>1.3 ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline K “Guidelines for completion of the Intention to practise form by a registered midwife Electronic transfer confirmed by NMC</td>
</tr>
</tbody>
</table>
## Rule 4 – Notifications by local supervising authority

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| 1.4 ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the twentieth of each month. | Standard met | LSAMO National Forum website  
Guideline K “Guidelines for completion of the intention to practise form by a registered midwife  
Viewed upload email, viewed NMC export compliance  
Monthly electronic transfer by LSA office and verification by NMC extra electronic transfer weekly if necessary |

**Review team commentary**

We have received verbal and electronic evidence to say that this standard has been met. The systems and procedures in place are working effectively and ensure compliance with these standards. The use of the LSA database has made these tasks more effective and led to improved efficiency and quality.

**Recommendations for rule 4**

No recommendations
### Rule 5 – Suspension from practice by a local supervising authority

**Local supervising authority standards:** To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife’s impaired fitness to practise, a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
</tr>
</thead>
</table>
| 2.1 publish how it will investigate any alleged impairment of a midwife’s fitness to practise | Standard met | LSAMO National Forum website  
Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA”  
LSA PHA NI website |
| 2.2 publish how it will determine whether or not to suspend a midwife from practice | Standard met | LSAMO National Forum website  
Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA”  
LSA PHA NI website |
| 2.3 publish the process for appeal against any decision | Standard met | LSAMO National Forum website  
Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA”  
Guideline I “Guidance for supervisors of midwives on suspension from practice”  
LSA PHA NI website |
## Rule 5 – Suspension from practice by a local supervising authority

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</table>
| 2.4 ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority. | Standard met  | LSAMO National Forum website Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA” Guideline I “Guidance for Supervisors of midwives on Suspension from practice”  
LSA PHA NI website  
Electronic evidence seen - individual correspondence to each midwife. |

**Review team commentary**

We have received verbal and electronic evidence to say that this standard has been met.

**Recommendations for rule 5**

No recommendations
Rule 9 – Records

**Local supervising authority standards:** To ensure the safe preservation of records transferred to it in accordance with the midwives rules, a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
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</table>
| 3.1 *publish local procedures for the transfer of midwifery records from self-employed midwives* | Standard met | LSAMO National Forum website
Guideline H “Procedure for the transfer of midwifery records from self-employed midwives”
LSA PHA NI website
Note: At present Northern Ireland has no ‘independent midwives’.

| 3.2 *agree local systems to ensure supervisors of midwives maintain records of their supervisory activity* | Standard met | LSAMO National Forum website
Guideline B “Guidance for retention and transfer of records relating to statutory supervision”
LSA PHA NI website
Use of national database enhances secured environment

| 3.3 *ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years* | Standard met | LSAMO National Forum website
Guideline B “Guidance for retention and transfer of records relating to statutory supervision”
LSA PHA NI website
Verbal evidence that paper records are kept in a secure cabinet
Part of LSA audit 2010-2011
SoMs self assessment tool being piloted

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## Rule 9 – Records

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</table>
| 3.4  
arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years | Standard met | LSAMO National Forum website  
Guideline B “Guidance for retention and transfer of records relating to statutory supervision”  
LSA PHA NI website  
Confirmation that all correspondence to and from SoMs and LSAMO is via password protected email addresses  
Verbal evidence that paper records are kept in a secure cabinet |
| 3.5  
publish local procedures for retention and transfer of records relating to statutory supervision. | Standard met | LSAMO National Forum website  
Guideline B “Guidance for retention and transfer of records relating to statutory supervision”  
LSA PHA NI website |

**Review team commentary**

The review team noted that the evidence for standard 3.4 is limited due to the small number of investigations carried out by SoMs. As the profile and frequency of such investigation increases the LSA should ensure that SoMs are provided with the means and support to ensure compliance.

**Recommendations for rule 9**

The LSA should ensure that SoMs are supported in order to comply with the standard as supervisory investigations increase.
Rule 11 – Eligibility for appointment as a supervisor of midwives

**Local supervising authority standard:** In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 <em>publish their policy for the appointment of any new supervisor of midwives in their area</em></td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline C “Guideline for the nomination and, selection and appointment of SoMs”</td>
</tr>
<tr>
<td>4.2 <em>maintain a current list of supervisors of midwives</em></td>
<td>Standard met</td>
<td>LSA database and paper files viewed</td>
</tr>
<tr>
<td>4.3 <em>demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.</em></td>
<td>Standard met</td>
<td>LSA annual report Verbal evidence that all SoMs receive 15 hours in each registration period Confirmed by SoMs at review.</td>
</tr>
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Rule 11 – Eligibility for appointment as a supervisor of midwives

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<tbody>
<tr>
<td>Review team commentary</td>
<td></td>
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</table>

We have received verbal and electronic evidence to say that this standard has been met. The review team note the consistent use of the LSA database across the LSA and are impressed by the scale and range of professional updating opportunities afforded to SoMs. The review team also noted that at present Northern Ireland have no self employed or independent midwives.

Recommendations for rule 11

No recommendations
Rule 12 – The supervision of midwives

**Local supervising authority standard:** To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
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</table>
| **5.1** publish the local mechanism for confirming any midwife’s eligibility to practise | Standard met | LSAMO National Forum website  
Guideline J Confirming Midwives Eligibility to Practise  
ItP email Jan 2011 |
| **5.2** implement the NMC’s rules and standards for supervision of midwives | Standard met | LSA audit  
LSA annual reports  
Annual report copy seen in LSA info pack also local audits and reports – action plans in place for improvements |
| **5.3** ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15) | Standard met | LSA meets the ratio  
LSA annual report  
Spoke to SoMs, newly appointed and student SoMs  
(Some individual trusts have had difficulty maintaining this recommended ratio) |
| **5.4** set up systems to facilitate communication links between and across local supervising authority boundaries | Standard met | LSAMO attendance at National Forum UK meetings  
Electronic evidence of various local methods including regular meetings during the year, email, telephone and letter contact. |
### Rule 12 – The supervision of midwives

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<tr>
<td><strong>5.5</strong> enable timely distribution of information to all supervisors of midwives</td>
<td>Standard met</td>
<td>Contact SoM distribution list viewed Direct communication distributions from LSAMO to all SoMs LSA PHA NI website</td>
</tr>
<tr>
<td><strong>5.6</strong> provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>Electronic communication via emails Verbal confirmation that all SoMs have NHS email addresses Confirmed by SoMs present</td>
</tr>
<tr>
<td><strong>5.7</strong> provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice</td>
<td>Standard met</td>
<td>Minutes of meetings of local SoMs reflecting LSAMO attendance – viewed minutes CSO M meetings, LSA Briefings LSA PHA NI website LSAMO diary</td>
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<td>5.8 monitor the provision of protected time and administrative support for supervisors of midwives</td>
<td>Partially met</td>
<td>LSA audits and meetings, meetings with SoMs. These show that the position varies across the trusts and even within trusts depending on the clinical or managerial role of the individual SoM</td>
</tr>
<tr>
<td>5.9 promote woman-centred, evidenced-based midwifery practice</td>
<td>Standard met</td>
<td>LSA annual report LSA audit Confirmed by SoMs present and those in attendance giving presentations Confirmed by service users, Reports and audits show strong evidence of this taking place with presentations to the review team and evidence of improved practice and policies much to the fore.</td>
</tr>
<tr>
<td>5.10 ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise</td>
<td>Standard met</td>
<td>LSA Audit - viewed Use of national database Confirmed by SoMs Audits and annual report show systems in place for secure record keeping. Staff report they all have secure storage usually in a locked filing cabinet. (Most supervisors do not have a dedicated supervisors room or dedicated IT equipment for their supervisory activities)</td>
</tr>
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<td><strong>5.11 supervisors of midwives are available to offer guidance and support to women accessing maternity services</strong></td>
<td>Standard met</td>
<td>Information given to all women booking for maternity care within the LSA, confirmed by service users NMC leaflet use - confirmed by service users and SoMs Posters developed and used in some maternity units – confirmed by service users Information accessed via PHA NI website – confirmed by service users Statutory supervision notice boards located in some maternity clinical units – confirmed by midwives and service users</td>
</tr>
<tr>
<td><strong>5.12 supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice</strong></td>
<td>Standard met</td>
<td>LSA Audit SoMs contribution to guideline development Confirmed by SoMs, midwives and student midwives The presentations and meetings with staff demonstrated that SoMs are having a real impact as the service promotes women centred and evidence based practice</td>
</tr>
<tr>
<td><strong>5.13 supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives</strong></td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline C “Guideline for the nomination and, selection and appointment of SoMs LSA PHA NI website</td>
</tr>
</tbody>
</table>
Rule 12 – The supervision of midwives

Local supervising authority standard: To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:

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</tr>
</thead>
</table>
| **5.14** supervisors of midwives provide professional leadership | Standard met | LSA Audit  
Confirmed by SoMs at review  
Confirmed by midwives and student midwives |
| **5.15** supervisors of midwives are approachable and accessible to midwives to support them in their practice. | Standard met | LSA Audits, copies of on call rotas available at audit visits. Process verified by review team during  
Confirmed by midwives and student midwives |
Rule 12 – The supervision of midwives

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<tbody>
<tr>
<td>Review team commentary</td>
<td></td>
<td></td>
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</tbody>
</table>

The review team identified that SoMs are clear in their roles and ensure that the business of midwifery supervision is clearly identified on the agenda. The presentations by SoMs to the review team detailed the excellent standard of statutory supervision across the LSA. There was evidence of excellent leadership skills by the LSAMO in promoting, supporting, coaching and guiding SoMs across the LSA. The LSAMO is considered, by everyone, to be very approachable and enthusiastic taking midwifery supervision forward in a collaborative and structured way. SoMs are able to seek advice and support directly from the LSAMO. Midwives were clear that leadership was an important role of SoM and that this was evident in the PHA NI LSA SoMs. They also identified that support was available from SoMs whenever required. Service users also clearly identified SoMs as leaders. The review team noted that heads of midwifery (HoMs) regarded statutory supervision as adding an extra dimension to their role and that of the maternity service which they managed. The LSA meets the ratio of 1:15 midwives to SoMs. However the team noted that the individual ratios for SoMs varied widely. It also recognises that the LSA and the employing trusts need to continue to use workforce profile and planning methods to ensure that the 1:15 ratio continues to be met across all sites. The review team also noted that whilst protected time was monitored in some trusts, the SoMs present highlighted that some of their supervisory work was in fact carried out in their own time. The need for protected time may become more prevalent as the demands on SoMs increases. Some trusts do have arrangements for staff to take time off in lieu if they have to do SoM duties in their own time and this was positively welcomed by the review team. The review team recognised there was good evidence of promoting supervision to service users and public, however further mechanisms are required to ensure public awareness. It was recognised by the team that the administrative support for SoMs has been reduced in some trusts as highlighted in the LSA annual report and audits.
Rule 12 – The supervision of midwives

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations for rule 12</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continue to support an effective model for statutory supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance (will not normally exceed 1:15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure that SoMs continue to get identified and protected time for supervision and when they are unable to do this ensure there are clear reporting mechanisms for SoMs to alert the LSAMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Raise the profile and value of the supervisory function at trust board level through an annual presentation by SoMs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continue to promote and enhance the leadership skills of SoMs through leadership development programmes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Further develop the mechanisms for informing service users and the public about statutory supervision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Rule 13 – The local supervising authority midwifery officer

**Local supervising authority standards:** In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
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<th>Evidence source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1</strong> use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>Current LSAMO appointed as per NMC Standards Confirmed by NMC Job Description updated in 2010.</td>
</tr>
<tr>
<td><strong>6.2</strong> involve a NMC nominated and appropriately experienced midwife in the selection and appointment process</td>
<td>Standard met</td>
<td>Current LSAMO appointed as per NMC Standards Confirmed by NMC</td>
</tr>
<tr>
<td><strong>6.3</strong> manage the performance of the appointed local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>Directly accountable to CEO Performance managed by Director of Nursing &amp; AHPs. Confirmed by LSAMO through hard copy and electronic evidence</td>
</tr>
<tr>
<td><strong>6.4</strong> provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function</td>
<td>Standard met</td>
<td>Confirmed by LSAMO Confirmed by administrative officer Shared secretarial or administrative support</td>
</tr>
</tbody>
</table>
Rule 13 – The local supervising authority midwifery officer

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</thead>
<tbody>
<tr>
<td>6.5 arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.</td>
<td>Standard met</td>
<td>Annual audits undertaken in all trusts Viewed records of audits of all units carried out during 2010 or 2011, with action plans included. These feed into the risk assessment process and all involved users as lay reviewers</td>
</tr>
</tbody>
</table>

Review team commentary

The review team noted the improvements in the LSA audits that have occurred since the last reviews. The review team also noted that there were service users on the audit team and they felt that this was to be seen as best practice for carrying out local audits.

Recommendations Rule 13

No recommendations
Rule 15 – Publication of local supervising authority procedures

Local supervising authority standard: To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:

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<tbody>
<tr>
<td>7.1 develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA” Confirmed by SoMs at review</td>
</tr>
<tr>
<td>7.2 publish the investigative procedure</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA Guideline</td>
</tr>
<tr>
<td>7.3 liaise with key stakeholders to enhance clinical governance systems</td>
<td>Standard met</td>
<td>Attendance of LSAMO at clinical governance meetings, viewed minutes Confirmed by risk managers and clinical governance leads LSA Briefing</td>
</tr>
<tr>
<td>7.4 publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - supervisor of midwives</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” PHA NI polices hard copy seen LSA PHA NI website</td>
</tr>
</tbody>
</table>
Rule 15 – Publication of local supervising authority procedures

Local supervising authority standard: To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:

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<tr>
<td>7.5 publish the process for removing from appointment a: - supervisor of midwives - local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline D “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” PHA NI polices hard copy seen LSA PHA NI website</td>
</tr>
<tr>
<td>7.6 publish the process for appeal against the decision to remove: - a supervisor of midwives - a local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” PHA NI polices hard copy seen LSA PHA NI website</td>
</tr>
<tr>
<td>7.7 ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion: - local supervising authority midwifery officer - supervisor of midwives.</td>
<td>Standard met</td>
<td>PHA NI disciplinary process – policy viewed LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals”</td>
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</table>
**Rule 15 – Publication of local supervising authority procedures**

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<tbody>
<tr>
<td>7.8 Consult the NMC for advice and guidance in such matters.</td>
<td>Standard met</td>
<td>Confirmed by NMC adviser</td>
</tr>
</tbody>
</table>

**Review team commentary**

We have received verbal and electronic evidence to say that this standard has been met.

**Recommendations for rule 15**

No recommendations
Rule 16 – Annual report

Local supervising authority standard: Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council by 1 June each year. (Note: This rule has been amended and the deadline is now the end of September each year.)

Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:

<table>
<thead>
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</thead>
</table>
| **8.1 numbers of supervisor of midwives appointments, resignations and removals** | Standard met | LSA annual report  
LSA annual audits |
| **8.2 details of how midwives are provided with continuous access to a supervisor of midwives** | Standard met | LSA annual report  
LSA annual audits |
| **8.3 details of how the practice of midwifery is supervised** | Standard met | LSA annual report  
LSA annual audits |
| **8.4 evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits** | Standard met | LSA annual report  
LSA annual audits  
Confirmed by service users |
**Rule 16 – Annual report**

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<tr>
<td>8.5 evidence of engagement with higher education institutions in relation to supervisory input into midwifery education</td>
<td>Standard met</td>
<td>LSA annual report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirmed by lead midwives</td>
</tr>
<tr>
<td>8.6 details of any new policies related to the supervision of midwives</td>
<td>Standard met</td>
<td>LSA annual report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSA PHA NI website</td>
</tr>
<tr>
<td>8.7 evidence of developing trends affecting midwifery practice in the local supervising authority</td>
<td>Standard met</td>
<td>LSA annual report</td>
</tr>
<tr>
<td>8.8 details of the number of complaints regarding the discharge of the supervisory function</td>
<td>Standard met</td>
<td>LSA annual report</td>
</tr>
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**Rule 16 – Annual report**

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</table>
| 8.9 reports on all local supervising authority investigations undertaken during the year | Standard met | LSA annual report  
Latest annual report shows four investigations for 2009-2010  
Although this standard is met the number of supervisory investigations carried out is low and appear to be completed only for a serious incident. See narratives in the main section of this report for further details |
**Rule 16 – Annual report**

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The review team urge the LSA and the trusts to work together to ensure compliance with Guideline L and Rule 5 relating to investigation of fitness to practice issues.

The review team recognise the progress made over the last two years with the format, style and content of the annual report. It has seen evidence of the further improvements that will be incorporated as the 2010-2011 report is compiled.

**Recommendations for rule 16**

- The LSA should ensure that the opportunity to carry out more independent supervisory investigations and ensure Guideline L “Guideline for an investigation of a midwife’s fitness to practise by a SoM on behalf of the LSA” is implemented and monitored.
- The LSA should work with clinical governance or risk management teams in the trusts to ensure clarity of purpose and mutual benefit.
- The LSA should ensure that SoMs are supported to ensure compliance with Rule 3.4 NMC Midwives rules and standards (2004) as the profile and frequency of supervisory investigations increase.
The local supervising authority

Local supervising authorities (LSAs) are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of an LSA is to safeguard the health and wellbeing of women and their families.

LSAs sit within an organisation such as an NHS authority. This varies in each country of the United Kingdom, and in:

- England the LSA is the Strategic Health Authority
- Northern Ireland the LSA is the Public Health Agency
- Scotland the LSA is the Health Boards
- Wales the LSA is Healthcare Inspectorate Wales.

The chief executive of the organisation is responsible for the function of the LSA.

Each LSA must appoint a practising midwife to the role of LSAMO. The statutory requirements for this person and role are also set by the NMC which are available at www.nmc-uk.org. The LSAMO is employed by the LSA to put its responsibilities into practice and this function cannot be delegated to another person or role. The LSAMO has a pivotal role in clinical governance by ensuring that the standards for supervision of midwives and midwifery practice meet the requirements set by the NMC. Apart from the NMC the LSA is the only organisation that can suspend a midwife from practice and can only do so pending referral to the NMC with allegations of misconduct or persistent lack of competence.

Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives’ practice and the environment of care provided by the maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women 24-hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safety and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives’ ability to care for women and their babies safely.

Every midwife practising in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most each year. This LSA is described as the midwife’s main area of practice and every midwife is required to notify their intention to practise (ItP) to this LSA each practice year. A practice year runs from the 1 April to 31 March.
The Public Health Agency Northern Ireland LSA

The PHA NI was established in 2009 under a major reform of health structures in Northern Ireland. It is a multi-disciplinary, multi-professional body with a strong regional and local presence. It has four key functions:

- health and social wellbeing improvement;
- health protection;
- public health support to commissioning and policy development;
- HSC research and development.

It was set up to provide a renewed and enhanced focus on public health and wellbeing by bringing together a wide range of public health functions under one organisation. It is also required to create better inter-sectoral working, including enhanced partnership arrangements with local government, to tackle the underlying causes of poor health and reduce health inequalities.

Maternity services in Northern Ireland

Within Northern Ireland there are five trusts providing maternity care in 11 units. Maternity services are commissioned by the Regional Health and Social Care Board.
Figure 1: Location of Maternity Units by HSC Trust.

Note: Downpatrick MLU not identified on Fig 1
Of the eleven maternity units in Northern Ireland, nine are consultant obstetric units, and two (the Downe and Lagan Valley) are stand alone midwife led unit (MLUs) that opened in March 2010 and February 2011 respectively. The consultant obstetric unit at the Lagan Valley Hospital was replaced in February 2011 by a stand alone midwife unit following Ministerial decision in March 2009.

The maternity units range in size and number per Trust. The smallest unit is the stand alone MLU in Downpatrick, part of the South Eastern Trust followed by Lagan Valley, also part of the SE Trust. The Belfast Trust is the largest with the two units supported by maternity teams being the Royal Jubilee Maternity Hospital and the Mater Infirmary Maternity Unit. The Royal-Jubilee unit provides a regional service for the most complicated maternity and neonatal cases, as well as providing a local service to its catchment population. Regional fertility services are provided by the Belfast Trust, with defined eligibility criteria in place. A proposal for the Royal-Jubilee service to move into a new building on the Royal Victoria site in 2012 is currently under consideration.

In the last five years Altnagelvin, the Ulster and Downpatrick have had ‘new build’ maternity units and Craigavon, Daisy Hill, Lagan Valley, RJMH, the Mater and Antrim have had some refurbishment of their maternity units. The new Erne hospital is expected to open in 2012.

The average length of hospital stay after birth has decreased in recent years, but remains higher than in England with 4% of mothers being discharged on the same day of delivery compared to 16% in England and 31% after 1 day compared to 43% in England. There is some variation between units in lengths of postnatal stay and debate about the comparability of ‘length of stay’ across the UK.

Northern Ireland has the highest caesarean rate of the UK countries (30.3% compared to 24.6% in England). This is primarily due to a higher elective rate (14.5% compared to 9.8% in England). Within Northern Ireland there is variation in caesarean section rates between units, with again the variation more marked in elective compared to emergency caesarean rates.

**Birth trends** - Total NI births 1999 – 2009

![Total Births: Northern Ireland](image)

(Source: NISRA, NI resident births)

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4 stand alone midwife unit = one that is not on the same hospital site as a consultant obstetric unit
The total number of births in Northern Ireland has fluctuated considerably over the past 10 years. A record low of 21,507 births was recorded in 2002 and this then rose year on year to 25,746 births in 2008 representing a 20% increase in just six years. The number of births has since decreased to 25,029 in 2009, a 3% decrease from the previous year. The increase in births since 2002 has been highest in the Southern Trusts’ area.

These figures are for births to mothers resident in Northern Ireland. In addition there are around 550 births in Northern Ireland each year to non-NI residents, mostly occurring in Altnagelvin and Daisy Hill Hospitals.

Northern Ireland resident births are predicted to remain around 25,000 in 2012 or 13 and to decrease over the following 10 years to around 23,500 by 2022 or 23. However birth predictions rely on assumptions about future fertility rates and population growth, and population growth is hard to predict accurately, particularly during economic changes that could affect migration trends.
The NMC and its framework for reviewing LSAs

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

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

The NMC sets the rules and standards for the function of the LSA which are detailed in the Midwives rules and standards. The NMC has a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the NMC framework for reviewing LSAs, available at www.nmc-uk.org. The purpose of the review is to verify that the LSAs are meeting the required standards. Any concerns raised from the review that may impact on safeguarding the health and wellbeing of women and their families will be highlighted. Recommendations for action will be given.

The review should target serious issues and concerns identified in the LSA profile but may also include exploration of key themes highlighted by the NMC. The review aims to be both formative (an aid to development) and summative (a check that a required standards are being met).

As part of the review, the review team will assess:

- the function of the local supervising authority
- the function of statutory supervision of midwives
- information from the LSA profile and self assessment form
- concerns which may affect protection of the women, babies and their families
- concerns in relation to the learning environment of student midwives.

The review team should:

- verify that the midwives rules and standards are being met
• explore key themes identified by the NMC
• visit one or more maternity services if deemed appropriate due to the reasons for the review
• meet with stakeholder groups including the LSAMO, midwives, supervisors of midwives, users of maternity services, lay organisations and representatives, directors and heads of midwifery, directors of nursing, chief executive of the Health Board and LSA
• observe evidence of examples of best practice within the function of the LSA
• explore any other areas of concern or interest during the course of their visit.
The review team

Name: Yvonne Bronsky
Role in review team: Chair and LSAMO reviewer
Other roles: LSAMO South East and West Regions Scotland

Name: Vanessa Shand
Role in review team: Registrant reviewer
Other roles: Midwife, Supervisor of Midwives

Name: David Fisher
Role in review team: Lay reviewer and report writer
Other roles: University and health mentor

Name: Colleen Begg
Role in review team: NMC representative
Other roles: NMC Midwifery Adviser
Key people met during the review

PHA NI - Chief Executive
PHA NI - Director of Nursing and AHPs

Selection of:
Directors of Nursing of Trusts
Assistant Directors of Women’s & Children’s Services

Heads of Midwifery
Clinical Directors of Obstetrics (by conference call)
MSLC Chairs

Midwifery managers
Risk management, clinical governance midwives

Specialist midwives
Student midwives

Midwives
Students on the preparation of supervisors of midwives course

LSAMO

Supervisors of midwives including contact SoMs

Mentor assessors

LMEs

Midwifery lecturers and teachers

Practice education facilitators

Users of services
Programme for the review

NMC Review Framework
Public Health Agency LSA
Tuesday 22 March to Thursday 24 March 2011

Day 1 – Tuesday 22 March

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.30</td>
<td>Pre-meet with LSAMO &amp; review team</td>
<td>NMC Review Team’s Hotel Ballymena</td>
</tr>
</tbody>
</table>

Day 2 – Wednesday 23 March

Location: Committee Room 1 & 2 (Lower Ground Floor)/Boardroom (1st Floor), County Hall, Ballymena BT42 1QB
Directions: [BT42 1QB - Google Maps](https://maps.google.com)

<table>
<thead>
<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Welcome, arrival and coffee</td>
<td>CR2 County Hall (Conference Room &amp; CR1 also available)</td>
</tr>
<tr>
<td>09.15</td>
<td>Introduction from the NMC review team to LSA</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>09.30</td>
<td>Introduction from the LSA to the NMC review team (LSAMO)</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>10.00</td>
<td>Followed by presentations: 5 Supervisors of Midwives (one per Trust)</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>11.00</td>
<td>Refreshment Break and in camera session</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>11.30</td>
<td>PHA Chief Executive Director of Nursing and AHPs</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>12.00</td>
<td>Chief Executives of Trusts (representative) Directors of Nursing of Trusts Assistant Directors of Women’s &amp; Children’s services in Trusts</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Venue</td>
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</tr>
<tr>
<td>12.30</td>
<td>Lunch and in camera session</td>
<td>Restaurant at County Hall</td>
</tr>
<tr>
<td>13.00</td>
<td>Heads of Midwifery</td>
<td>CR2 County Hall/Boardroom</td>
</tr>
<tr>
<td></td>
<td>Clinical Directors of Obstetrics</td>
<td></td>
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<tr>
<td></td>
<td>MSLC Chairs and Midwifery Managers</td>
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</tr>
<tr>
<td>13.30</td>
<td>Risk Management /clinical governance/specialist midwives</td>
<td>Boardroom</td>
</tr>
<tr>
<td>14.00</td>
<td>Refreshment Break and in camera session</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>14.30</td>
<td>Student midwives</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>15.00</td>
<td>Midwives (PoSoMs) and Midwife Educator</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>16.00</td>
<td>Meeting with LSA Midwifery Officer – any questions</td>
<td>CR2 County Hall</td>
</tr>
<tr>
<td>17.00</td>
<td>Finish</td>
<td>CR2 County Hall</td>
</tr>
</tbody>
</table>

**Day 3 – Thursday 24 March**

**Location:** Committee Rooms 1 & 2 (Lower Ground Floor) & Boardroom (1st Floor), County Hall, Ballymena, BT42 1QB

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Venue</th>
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</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Welcome and coffee</td>
<td>CR 2 County Hall (CR 1 also available)</td>
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<tr>
<td>09.15</td>
<td>1) Presentations:</td>
<td>CR 2 County Hall</td>
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<tr>
<td></td>
<td>Regional Maternity Hand Held Record &amp; NIMATS</td>
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<td></td>
<td>Perinatal Collaborative (SOM DHSSPS) Annual Review Toolkit (LSAMO)</td>
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<td></td>
<td>2) Supervisors of Midwives including Contact SoMs</td>
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</tr>
<tr>
<td>10.30</td>
<td>Mentor assessors, LMEs, Midwife Educators</td>
<td>CR 2 County Hall</td>
</tr>
<tr>
<td>11.30</td>
<td>Refreshment break and in camera session</td>
<td>CR 2 County Hall</td>
</tr>
<tr>
<td>12.00</td>
<td>Users of Service – Conference Calls</td>
<td>Boardroom County Hall</td>
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<tr>
<td>12.30</td>
<td>Lunch</td>
<td>Restaurant at County Hall</td>
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<tr>
<td>13.00</td>
<td>Midwives by Conference Call</td>
<td>Boardroom</td>
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<td></td>
<td>(South Eastern Trust)</td>
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<tr>
<td>14.00</td>
<td>In camera session</td>
<td>CR 2 County Hall</td>
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<tr>
<td>15.00</td>
<td>Refreshment break</td>
<td>CR 2 County Hall</td>
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<tr>
<td>15.30</td>
<td>Preliminary Feedback from NMC Review Team</td>
<td>CR 2 County Hall</td>
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<tr>
<td>16.00</td>
<td>Finish</td>
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</tbody>
</table>
Evidence used

Notes from interviews and discussions with groups and individuals as identified in annexes four and five

Electronic and paper evidence provided as identified in section seven above

Additional documentary evidence provided while on site including:

- Homebirth guidelines
- Statutory supervision strategy 2010-2011
- PHA business plan 2010 identifies role and function of statutory supervision
- LSA annual audit reports
- SoMs annual reports
- LSA audits demonstrating annual examples of evidence provided by units of good practice
- Terms of reference single regional documentation record for supervision of practice
- Guidance for the supervision of midwifery practice reviews signed off by LSAMO and Eddie Rooney CEO
- Regional documentation record for supervisors of midwives “Review of Practice”
- LSA briefings (monthly)
- Birth Afterthoughts Services – a pilot (Ulster Hospital)
- Birth Afterthoughts Service (Ulster Hospital)
- South Eastern Health & Social Care Trust Corporate Plan 2009 – 2012(Ulster Hospital)
- Cake or crumbs meetings (Ulster Hospital)
- Maternity & Gynae Follow-up day 21 February 2011 (Ulster Hospital) Maternity & Gynae Away Day 24 January 2011 (Ulster Hospital)
- Breastfeeding at the Ulster Hospital (Ulster Hospital)
- Welcome to our website
- Maternity News April 2010 (Royal Jubliee)
• Royal Jubilee Maternity Service
• Women’s Service Area Excellence & Governance Committee papers (Royal Jubilee)
• Royal Maternity Hospital Statistics Report 7 March 2011 (Royal Jubilee)
• Supervision of Midwifery – Women & Family centred care enabling choice and
decision making in individualised clinical care (1.3) (Royal Jubilee)
• Events 23/01/2009 – Delivered January 2009 (Royal Jubilee)
• Midwife background (Royal Jubilee)
• RCM Midwifery Awards 2010 – Pampers Award for Team of the
• Year Winners (Royal Jubilee)

**Belfast Health & Social Care Trust Patient Information leaflet:**

• Pregnancy and your weight (Royal Jubilee)
• Supervision of Midwifery Royal Jubilee Maternity Service LSA Audit March 2011
  (Royal Jubilee)
• Supervision of Midwifery Royal Jubilee Maternity Service LSA Audit February 2010
  (Royal Jubilee)
• Belfast Health & Social Care Trust Trust Policy for approval by Trust Policy Committee
  (Royal Jubilee)
• Belfast Health & Social Care Trust & Health & Social Care Safety
• Forum Induction of Labour Learning set 6 October 2010 (Royal Jubilee)
• Belfast Health & Social Care Trust Induction of Labour BHSCT (Royal Jubilee)
• Adverse Labour Events Review Team (ALERT) (Royal Jubilee)
• Incident Report 2010 (Royal Jubilee)
• RJMS Delivery Suite Layout (Royal Jubilee)
• Royal Jubilee Maternity Services Dashboard August 2010 to July 2011 (Part 1) (Royal
  Jubilee)
• Royal Jubilee Maternity Services Dashboard August 2010 to July 2011 (Part 2) (Royal
  Jubilee)
• Department of Health, Social Services & Public Safety Maternity Record (Royal
  Jubilee)
• Friday Communication 11 March 2011 (Mater)
• Joint Working with Beeches Management Centre (PHA/SoMs/Beeches)

**Investigation examples:**

- Maternal death
- Supervised practice programme
- Journal of daily events
- Maternal death timeline
- Guideline L example of compliance recognition of good midwifery practice recorded accordingly
- Supervisory investigation decision toolkit
- Supervisory investigation full report with recommendations
- Supervisory Investigation summary report

**Revised and updated policies and procedures including:**

- Supporting midwives dealing with potential or actual threatening behaviour
- Homebirths and SoMs
- Unexpected stillbirth or NND at home
- Maternal death
- Reporting and monitoring serious untoward incidents
- Clinical governance guideline
- Water birth
- Use of social networking sites
- Looking after friends or relatives