



Protecting the public through quality  
assurance of education and supervision  
of midwives



# **Extraordinary LSA review**

**Princess Elizabeth Hospital,  
Health and Social Services  
Department, Guernsey  
01–03 October 2014**

## 2014-15

### Extraordinary review of performance in mitigating key risks identified in the NMC Quality Assurance framework for local supervising authorities for midwifery supervision.

LSA	NHS England South West Guernsey Extraordinary Review
Date of review	01-03 October 2014
Managing Reviewer	Judith Porch
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Maureen Brown, Dawn Meredith, Verena Wallace,
	<b>Areas visited during extraordinary LSA review:</b> Princess Elizabeth Hospital, Health and Social Care Services (HSSD), Guernsey Jersey General Hospital, St Helier, Jersey
Date of Report Publication	30 October 2014

## Introduction

### **The Nursing and Midwifery Council (NMC)**

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

### **The Local Supervising Authority (LSA)**

The LSA must ensure that each practising midwife within its area has a named supervisor of midwives (SoM) appointed by the LSA. The LSA must monitor and ensure adequate resources are provided to enable supervisors of midwives to fulfil their role. The LSA is expected to have a system with employers of midwives to ensure that the LSAMO (LSA midwifery officer) is notified of all adverse incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife. The LSA may, following appropriate investigation, suspend a practising midwife from practice in circumstances where the LSA intends to refer an allegation to the NMC that the fitness to practise of that midwife is impaired.

### **Jurisdiction in Guernsey**

Under the Nurses, Midwives and Health Visitors Ordinance 1987, all nurses and midwives practising in Guernsey must be registered with the NMC. The Ordinance also provides for a Designated Officer to exercise 'general supervision' of midwives in Guernsey. The NMC understands that the Designated Officer function is being performed by NHS England LSA, South West operating in accordance with our Midwives Rules and Standards 2012. The NMC has agreed to assess the exercise of this function against the Midwives Rules and Standards.

### **The Midwives rules and standards**

The Midwives rules and standards (2012) sets out the rules governing the practice of midwifery and the supervision of midwives. It sets out, under the relevant rule, any standards for the exercise by the LSA and any standards relating to the conduct, performance and ethics which apply to midwives. They are narrowly focused standards in that they look at particular areas which affect supervision of midwives and as a result provide an overview of supervisory arrangements which are managed by the LSA.

### **Quality Assurance (QA) and how standards are met**

The quality assurance (QA) of midwives rules and standards differs significantly from any system regulator inspection.

As set in the NMC QA Framework (2013) LSAs are expected to report risks to the NMC. Review is the process by which the NMC ensures that LSAs continue to meet midwives rules and standards. The NMC may conduct an extraordinary review in response to

concerns identified regarding midwifery practice or the supervision of midwives within a LSA.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the LSA in meeting the standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the LSA. The LSA enables supervisors of midwives and midwives to achieve stated rules and standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement to strengthen the risk control: The LSA enables supervisors of midwives and midwives to comply with the midwives rules and standards. However improvements are required to address specific weaknesses in LSA risk control processes to enhance assurance for public protection.

Not met: The LSA does not meet the requirements necessary for ensuring that the LSA is compliant with the midwives rules and standards. Risk control systems and processes are weak and significant and urgent improvements are required in order that public protection can be assured.

**It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.**

When a standard is not met an action plan must be formally agreed with the LSA directly and is delivered against an agreed timeline.

### **The extraordinary review in Guernsey**

The NMC were initially informed about escalating concerns about the supervision of midwifery and the provision of midwifery care within maternity services in the Princess Elizabeth Hospital (PEH), Guernsey when the LSA notified us on 11 August 2014.

The NMC convened an extraordinary meeting on 11 September at the Health and Social Services Department (HSSD) in Guernsey in order to fully discuss the issues with all relevant organisations. Following this meeting the NMC took the decision to conduct an unscheduled extraordinary review, which took place between 1-3 October 2014. The NMC provided the LSA and HSSD with the terms of reference for the extraordinary review.

The extraordinary review's methodology included the following:

- formal presentations to the review team
- meetings with senior representatives of the LSA and HSSD in Guernsey
- individual interviews with senior representatives of the LSA
- individual interviews with senior representatives of HSSD

- observations of the maternity care environment
- separate focus groups with:
  - 21 midwives currently working in Guernsey,
  - six service users,
  - two education staff
  - five student nurses
  - seven midwives currently working in the States of Jersey, six of whom are supervisors of midwives.

Although the primary focus of the review was conducted in Guernsey it was important to review how supervisors of midwives in Jersey were supporting supervision in Guernsey and what impact this was having on supervision in Jersey.

Each reviewer wrote their own reports that were later triangulated against a review of all the documentary evidence provided by HSSD, the LSA and the States of Jersey SoMs.

The documentary evidence included:

- HSSD governance documentation
- HSSD policies and guidelines
- HSSD workforce information
- HSSD education and training information
- LSA Draft LSA audit report
- LSA annual report,
- quarterly monitoring reports for 2013/14
- LSAMO forum guidelines
- LSA database
- completed Intention to Practise (ItP) forms
- LSA report on review of supervision at PEH
- The States of Jersey SoMs, Risk Assessment for Guernsey Maternity Services, States of Jersey Department for Health and Social Services: Supervision of Midwives Strategy: June 2014.

The review team triangulated what they had been told over the three day period of the extraordinary review (1-3 October 2014) with both documentary evidence that went back to 2013 and documentation that was in draft at the time that indicated a proposed direction of intent.

Following the extraordinary review, the NMC received updates from both the LSA and HSSD. These are presented as a separate annexe to these reports.

Summary of Key Findings		
Key Risks	Risk Indicators	Relevant Rule
1.1.1 All midwives have a named Supervisor of midwife (SoM) to submit their ItP	1.1 Public protection is placed at risk if midwives do not submit their Intention to Practise (ItP) to the NMC by the required annual submission date	<b>Rule 4: Notifications by local supervising authority</b>
1.2.1 Accurate information and completion of ItPs submitted to the NMC by the date set by Council	1.2 Midwives risk lapsing or losing their midwifery registration if ItPs are not submitted in time to the NMC	
2.1.1 LSAs ensure that there are clear and comprehensive local guidelines for the secure retention of midwifery records that addresses all requirements	2.1 LSAs have inadequate data protection policies for the retention of midwifery records	<b>Rule 6: Records</b>
3.1.1 Midwives comply with systems designed to accurately and securely store records for 25 years	3.1 Midwives do not store records securely, this poses a risk to public protection	
4.1.1 LSAs and the LSA MO complying with the rules, standards and guidance set by the NMC	4.1 LSAs do not use the core criteria to appoint an appropriately experienced midwife to undertake the role of LSA midwifery officer (LSA MO)	<b>Rule 7: The local supervising authority midwifery officer</b>
5.1.1 LSAs ensure that student SoMs are adequately recruited and are only appointed following successful completion of an approved programme of education for the preparation of supervisors of midwives	5.1 LSAs do not have a clear policy and procedure for the recruitment of SoMs	<b>Rule 8: Supervisors of midwives</b>
6.1.1 LSAs have processes in place to ensure that recruitment supports the necessary number of SoMs to maintain the required ratio and that SoMs have adequate resources to undertake their role	6.1 The LSA consistently exceeds the recommended ratio of 1 SoM to 15 midwives (1.1, 1.2, 1.3, 1.4, 1.6)	<b>Rule 9: Local supervising authority's responsibilities for supervision of midwives</b>
6.2.1 LSA Guidelines are clear in giving direction to SoMs as to the content of the annual review so that the SoM undertakes this in a consistent manner and she can be assured that a midwife has complied with the requirement to maintain their midwifery registration	6.2 The annual review identifies that a midwife has failed to meet the requirement to maintain their midwifery registration (1.5)	
7.1.1 LSAs have developed mechanisms to ensure investigations are carried out fairly, effectively, efficiently and to time.	7.1 LSAs do not complete supervisory investigations in an open, fair and timely manner	<b>Rule 10: Publication of local supervising authority procedures</b>
8.1.1 LSAs have developed adequate guidelines for the suspension of a midwife from practice	8.1 Public being placed at risk if a midwife continues to practise when their fitness to practise is alleged to be impaired	<b>Rule 14: Suspension from practice by a local supervising authority</b>

<b>Rule met or standards within Rule met</b>	<b>Requires improvement</b>	<b>Rule not met or standards within Rule not met</b>
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This table reflects that the rule overall or the standards within the rule are met or not met. There are no rules or standards requiring improvement.

## Introduction to NHS England LSA South West

NHS England local supervising authority South West (NHSE SW LSA) covers the regions from the south-western tip of Cornwall to the northern border of Gloucester and the eastern borders of Dorset and Wiltshire. The NHSE SW LSA also has contractual arrangements to provide the LSA function and supervision of midwives for the Channel Islands, namely the States of Guernsey and Jersey Boards of Health.

The maternity services provision across the LSA includes 17 maternity provider units in addition to stand alone midwifery units.

In 2013/14, there were 55,163 births and 2,887 midwives notified their intention to practise in the LSA in the UK. There were 200 appointed supervisors of midwives (SoMs) giving an overall ratio of 1:15 across the LSA.

Supervision of midwives in Guernsey is delegated to the NHS England LSA South West (The LSA). NHSE has a contract to provide the LSA statutory supervision of midwifery for HSSD Guernsey and the Bailiwick of Jersey.

### Guernsey

The Bailiwick of Guernsey is a Crown Dependency and includes the separate jurisdictions of Guernsey, Alderney and Sark and the islands of Herm, Jethou and Lihou (the latter two are not open to the public and have no material population for the purpose of this report). The population figures are approximately: Guernsey 63,000; Alderney 2,300; Sark 600 and Herm; under 100. Guernsey has a directly elected legislature and operates a system of government through multi-member Departments and the Policy Council, the latter constituted by the Minister for each Department and chaired by the Chief Minister.

There are 10 main departments of which Health and Social Services (HSSD) is one. HSSD includes the Princess Elizabeth Hospital (PEH) which has 150 beds. The maternity services are situated in Loveridge ward, PEH and include a 12 bed antenatal / postnatal ward; four delivery rooms; a two bed transitional care unit and a three bed neonatal unit.

In 2013/14 there were 646 births and 39 midwives submitted their intention to practise (ItP).<sup>1</sup> There were four SoMs practising in PEH who supervised 36 midwives in PEH and three midwives in the Mignot Memorial Hospital, Alderney. The supervisor to midwife ratio was 1:9.

In Guernsey, primary health care provided by general practitioners (GP) is private and hospital care is free at the point of entry. Challenges which impact on health and wellbeing for the Guernsey population include smoking, alcohol and obesity. It has been reported that 20 percent of the population has anxiety or depression.

Guernsey women traditionally received 100 percent obstetric led care which involved

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<sup>1</sup> NB: the number of midwives in HSSD differs depending on the data source.



shared care between the obstetrician, midwife and GP. Admission rights for midwives were formally approved by the States of Guernsey in January 2012. This led to the provision of midwifery led care. There are now two pathways of care provided at PEH on Loveridge ward:

- The midwifery led pathway for low risk women introduced in 2013.
- The maternity team pathway for women with complex pregnancies or for those with existing medical conditions.

There are no junior grade doctors in PEH, only consultant doctors. Medical services are provided on a contracted basis by the Medical specialist group (MSG). There are four consultant obstetricians.

"The UK legislative framework for health professional regulation does not extend in the same way to the Channel Islands because Guernsey is a separate jurisdiction. In this regard systems such as the Clinical Negligence Scheme for Trusts and Care Quality Commission are not applicable. However, in Guernsey, the legal framework requires most healthcare professionals (including doctors, nurses and midwives) to be registered both with a UK regulator and with HSSD in order to be able to practice professionally. Therefore, while many of the provisions of the NMC Order 2001 do not apply in Guernsey, the NMC retains responsibility in relation to all nurses and midwives who are registered with the NMC. The NMC Order 2001 provides that the NMC's main objective in exercising its functions is to safeguard the health and well-being of persons using or needing the services of registrants. This is not limited to the UK, provided the nurse or midwife in question is registered with the NMC. Moreover, the NMC's disciplinary jurisdiction in relation to registrants is not restricted on the basis of where a particular act took place. In this way, while the NMC is not the formal regulator of nursing in Guernsey, given the fact that all nurses and midwives registered in Guernsey must be registered with the NMC, the NMC currently has regulatory responsibilities in relation to nurses and midwives in Guernsey.

There is an established complaints system for persons to refer any complaints in relation to care and treatment at the PEH; this is noted in the PEH Admissions document available to all patients. Additionally, complaints against relevant healthcare professionals may be made to the relevant UK regulatory body as regards an individual's professional ability to practice. Whilst HSSD is responsible for taking any appropriate disciplinary action in respect of its own employees, and can prevent them from practising locally, it cannot disqualify such professionals from practising, as this is the role of the relevant regulatory body. The MoU between HSSD and the NMC provides that each will cross-refer concerns to the other and, in this regard, HSSD has previously referred (and has committed to referring) relevant complaints to the NMC.

## Jersey

The Bailiwick of Jersey has its own parliament and government and sets its own laws. The Jersey Health Scheme is administered by the Social Security Department. Health care is free at the point of contact with the hospital and GP care is private.

The population in Jersey is 95,000. The main public health challenges include alcohol, obesity and the provision of health care associated with an ageing population.

There is a large Portuguese population who are now second and third generation. More

women over the age of 40 years are having babies each year than those under 20 years of age. In 2013/14 there were 1043 births and 54 midwives submitted their intention to practise (ItP). There were seven SoMs and the SoM to midwife ratio was 1:8.

At the time of the review there were no SoMs in HSSD, Guernsey. There had been four SoMs in HSSD however all SoMs were on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. Supervision of midwives is currently being provided by SoMs from Jersey in order to fulfil the NMC requirements for 24 hour access to a SoM. In addition to the review of the delivery of supervision of midwifery in PEH, Guernsey two members of the review team visited the maternity services at Jersey General hospital.

The extraordinary review visit was conducted over three days to determine whether SW LSA ensures the safe and effective delivery of statutory supervision for protection of the public in Guernsey and Jersey.

### Summary of public protection context and findings

We concluded that there are significant public protection issues relating to statutory supervision of midwifery in the NHSE LSA SW within HSSD Guernsey requiring urgent attention.

From the evidence obtained during the review, we concluded that NHSE LSA SW in HSSD Guernsey has not met the following rules and standards as set out in the Midwives rules and standards (NMC, 2012) and LSA standards (established under article 43(3) of the Nursing and Midwifery Order 2001 (the Order) SI 2002/253) and any standards relating to the conduct, performance and ethics which apply to midwives ('Midwife standards', established under article 21(1) of the Order) necessary for public protection.

- **Rule 4: Notifications by local supervising authority: Not met**

From our findings we conclude that all Guernsey midwives had submitted their ItPs for the practice year 1 April 2014 - 31 March 2015. However, Guernsey SoMs to whom the midwives submitted their ItPs are on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM.

Therefore the validity of the evidence by which they made their judgements is called into question. In addition, we are not assured that the ItP sign off process was conducted in a rigorous and robust manner. This is supported by our findings from Guernsey midwives who reported limited opportunity to attend continuing professional development (CPD) training due to staff shortages. Managers also reported that a training needs analysis had been done for maternity services to reflect the education and training needs that midwives identified. It was unclear how this training needs analysis was used for midwives to be kept up to date. Information was also provided indicating that there was a significant underspend in the maternity services significant underspend in the education and training needs budget in 2012 and 2013.

We cannot be assured that midwives are working within their scope of midwifery practice. Risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

- **Rule 6: Records: Not met**

We found evidence of poor practice in relation to the security and safe storage of maternity records which contravenes the Midwives rules and standards (NMC, 2012). There is a lack of evidence of any audit or checking procedures that are put in place to ensure compliance with safe storage of records.

We conclude from our findings that there is no robust audit or procedures in place to ensure compliance of safe storage of records. Midwives do not store records securely which contravenes the Midwives rules and LSA standards (NMC, 2012) and poses a risk to public protection.

- **Rule 7: The local supervising authority midwifery officer – Not Met**

We found there was a LSA audit tool used however the process used to realise the aims of the audit and the draft report of the LSA annual audit lack evidence of rigour and scrutiny of the evidence. We were not able to confirm that the LSA annual audit was an accurate reflection of the current position at the time of the audit as some recommendations included reflect the escalating concerns and the report remained in draft format. The lay auditor process as part of the annual audit was based on an insignificantly unreliable sample size and lacked rigour and the findings were inconclusive. The audit process does not comply with the rules, standards and guidance set by the NMC.

The appointment of an appropriate lay auditor as a member of the audit team needs to be addressed who will have access to the appropriate training and development.

In addition, the relationship with service users for the purpose of the audit process and in assuring the effectiveness of midwifery supervision requires development.

We found there are no clear governance processes in HSSD Guernsey. A review of the obstetrics and gynaecology clinical governance committee meeting notes demonstrates a lack of scrutiny and challenge to sudden untoward incidents and standards of midwifery clinical practice from SoMs.<sup>82 83 84 85</sup>

The interface between statutory supervision and multi-disciplinary clinical governance needs to be strengthened, transparent and shared in HSSD Guernsey. This is identified as a recommendation in the draft audit report. The LSA MO would benefit from strengthening her relationship and those of SoMs with HSSD senior executive representatives to ensure that the profile of statutory supervision is raised and represented at the HSSD board meetings.

- **Rule 8: Supervisors of midwives: Not Met**

In light of escalating concerns resulting in their enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM we cannot be assured that the Guernsey SoMs are maintained their knowledge, skills and competence for their SoM role. (NMC, 2014). Therefore we conclude risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

- **Rule 9: Local supervising authority's responsibilities for supervision of midwives: Not Met**

We conclude that there is evidence that annual reviews were undertaken in both Guernsey and Jersey to assess midwives compliance with the requirements for registration and an annual review tool is utilised.

However, SoMs in Guernsey who conducted annual reviews with Guernsey midwives are on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. Guernsey midwives have limited opportunity to attend continuing professional development (CPD) training which was confirmed in the maternity services significant underspend in the education and training needs budget in 2012 and 2013. In addition, there is limited evidence of the provision of a robust CPD training programme to ensure midwives are kept up to date to provide contemporary and evidence based practice. Therefore we cannot be assured that the annual reviews were undertaken in a robust and accurate manner.

We cannot be assured that midwives are working within their scope of midwifery practice and risks are controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

- **Rule 10: LSAs do not complete supervisory investigations in an open, fair and timely manner: Not met**

Our findings conclude a prolonged timeframe for the completion of investigations; the enforced leave of absence of Guernsey SoMs from their SoM role pending a review into their competence and capability as a SoM and the lack of evidence of a robust, effective, shared and transparent interface between statutory midwifery supervision and multi- disciplinary clinical governance in HSSD Guernsey. Therefore we are not assured that SoMs conducted investigations in an open, fair and timely manner and risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

- **Rule 14: Suspension from practice by a local supervising authority: Met**

We are assured that the LSA has adequate guidelines for the suspension of a midwife from practice. Our findings conclude that the correct process was followed to control risks and meet the Midwives rules and standards (NMC, 2012) and LSA standards and effective measures were taken to protect the public.

Our findings relate solely to the supervisory suspension of a midwife by the LSA in April 2013. There have been no further suspensions to draw on to make further judgements.

Our review of the delivery of supervision of midwifery by SoMs in Jersey concludes the following findings

### **Summary of areas that require improvement**

- The interface between statutory supervision and multi-disciplinary clinical governance needs to be strengthened, transparent and shared in HSSD

Guernsey.

- For the LSA MO to strengthen her relationship with HSSD senior executive representatives to ensure that the profile of statutory supervision is raised and represented at the HSSD board meetings.
- Introduction of an audit or checking procedure to ensure compliance with safe storage of records.
- The appointment of and training and development of an appropriate lay auditor(s) as a member of the LSA audit team needs to be addressed.
- The relationship with service users for the purpose of the LSA audit process and in assuring the effectiveness of midwifery supervision needs to be developed
- The LSA needs to work closely with HSSD Guernsey to promote the role of supervision and to ensure NMC processes and requirements are followed for the recruitment of SoMs.
- Strategic planning is required by HSSD in partnership with the LSA to achieve the numbers of SoMs required to maintain SoM to midwife ratios and meet NMC requirements for supervision of midwifery in Guernsey.

#### **Summary of areas for future review**

- Adherence to a rigorous and robust process that provides assurance that midwives are working within their scope of midwifery practice for completion of annual ItPs submitted to the NMC.
- Adherence to Rule 6 of the Midwives rules and standards (NMC, 2012) and LSA standard for the secure retention of midwifery records.
- Review of LSA annual audit tool and process including the preparation, role and contribution of the lay auditor(s).
- Involvement of women, who use midwifery services, in influencing the effectiveness of supervision of midwifery.
- The strength, transparency and interface between statutory supervision and clinical governance in HSSB Guernsey.
- The recruitment and capacity of SoMs in HSSD Guernsey.
- The rigour of the process in confirming individual SoMs compliance with Rule 8.
- The effectiveness of the supervision of midwifery in Guernsey.
- All midwives working in HSSD, Guernsey are compliant with the NMC requirements to maintain their midwifery registration.
- Ensure mechanisms are in place to ensure investigations are carried out fairly, effectively, efficiently and to time.

## Summary of notable practice

None identified.

## Summary of feedback from groups involved in the review

### Supervisors of midwives

We did not speak to any of the Guernsey SoMs as they are all on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. Therefore we have only been able to speak to the Jersey SoMs who are providing interim supervisory support to Guernsey midwives.

We found the SoMs within the LSA in Jersey are committed to their role ensuring statutory supervision and protection of the public is achieved by actively promoting a safe standard of midwifery practice.

SoMs in Jersey told us they are well supported by the LSA MO who they described as very approachable; responsive; provides sound advice and is proactive and challenging.

SoMs in Jersey confirm that they are providing adequate, effective and timely support to midwives and women in Guernsey. This has increased their case load and they expressed concerns over the sustainability of providing midwifery supervision in Guernsey in the long term and the potential negative impact this may have on service users' care and midwifery supervision in Jersey.

### NHSE LSA

We heard there is a good communication network with the three LSA MOs in the NHSE south. The intention was for NHSE to work as a single operating model for supervision. However this has not yet happened as it has not been possible to organise a national meeting with NHSE. Supervision is currently managed on a regional basis.

NHSE LSA senior staff recognise the challenges in managing supervision in the Channel Islands. They reported that NHSE has no legal jurisdiction or mandate for health care in Guernsey except for the contract for the supervision of midwives. They recognise the current challenges within the LSA and the importance of the LSA in assuring protection of the public. NHSE LSA senior team and the LSA MO understand that, because Guernsey is a small, separate jurisdiction to the UK, with close links to UK healthcare services, it does not have its own systems regulators for health care.

We were informed that there is a process for escalation of concerns from the regional senior nurse to the Director of nursing NHSE and regional quality surveillance groups.

The Director of Nursing, Quality Improvement and Care, NHSE confirmed that because of the challenges; concerns and recommendations NHSE are to undertake an internal review of LSA function in HSSD Guernsey.

## **HSSD employers**

Senior staff in HSSD recognised the need for stronger multi-disciplinary clinical leadership in the hospital and maternity services and the need for midwifery supervision to be more visible.

## **Students**

We were told midwives undertake the preparation of supervisors of midwives (PoSoM) programme from one of the three approved education institutions (AEIs) in the LSA region. There are currently no midwives in Guernsey completing this programme. There are two Jersey SoMs who have recently completed the programme and one midwife from Jersey who will commence the programme at the University of the West of England in January 2015.

SoMs in Jersey confirmed their plans to support three student midwives when on placement in the maternity services in Jersey from November 2014. They confirmed that they will provide students with a clear understanding of the role of SoMs and their responsibility in protecting women and babies by actively promoting a safe standard of midwifery practice.

The LSA draft audit report 2013/14, page 12 reports student nurses provide care for women within the maternity ward and midwives appropriately mentor these students. We spoke to nursing students who told us that they had a poor experience when undertaking a placement in the maternity unit in HSSD Guernsey in comparison with their other placements. Students told us that midwives were unprepared for their arrival and placements; made them feel unwelcome and were ill-informed about the competencies they needed to have signed off. Furthermore no midwife in Guernsey holds a mentor qualification. Midwives in Guernsey confirmed they had lacked guidance about what the students should be doing on the ward. Students stated that they had escalated their concerns to their academic tutors. We heard that community midwives were more accommodating and supportive but they too did not hold a mentor qualification.

## **Service users and carers**

A lay auditor and two service users were involved in the LSA annual audit process in Guernsey and Jersey during 2013/14. The lay auditor perceived that she was unprepared to take on this role as she had not received training for the role.

We found service user perceptions of the quality of maternity services they had received over the last three years in Guernsey varied. There was disparity between the care received by community midwives and that received in the hospital, with the former being a more positive experience.

We found service users are not fully aware of the role of SoMs and that they can gain advice from them regarding their maternity care, their birth options or that they can contact them if they have any concerns regarding available support and care.

A Maternity service liaison committee (MSLC) is active in Guernsey and attended by a SoM. MSLC service users provide feedback to SoMs about the maternity services and midwifery supervision however there was no formal feedback about how their views and

recommendations are taken forward.

There does not appear to be a comprehensive approach to service user engagement in Guernsey.

### Outcomes of LSA annual audit

#### **PEH, Guernsey LSA annual audit 2014. (Draft report)**

The LSA audit for PEH, Guernsey was undertaken 25 March 2014.<sup>1</sup> A draft report was reviewed, the report was never finalised nor published.

The draft report did not identify that there were any major concerns arising from the audit process. The draft audit report conveys the involvement of relevant stakeholders including a lay auditor and feedback from a small sample of service users. Satisfactory systems and processes of supervision of midwives are confirmed, good practice in the LSA is identified and recommendations made to strengthen any weaknesses in the supervision of midwives. The SoM team were to develop an action plan within four weeks of receipt of the final report which will be monitored by the LSA.

We found that no action plan had been completed as the report was not finalised and released as serious escalating concerns superseded the report.

Issues from the audit report are identified in the section relating to Rule 7, with the exception of:

#### **Practice learning environment for student nurses**

The LSA draft audit report (page 12) states student nurses do provide care for women within the maternity ward and midwives appropriately mentor these students.

We were informed that student nurses had previously worked shifts in the maternity ward. A meeting with five third year student nurses who had undertaken two short 'spoke placements' in maternity in order to meet EU requirements described a range of negative experiences during the maternity ward placement.

Evidence was provided to us (2 October 2014) which suggests that:

- The maternity ward had not had an educational audit done but the notes indicated that the link lecturer felt this should be done.
- That as the maternity ward and community midwife placement was a spoke placement the student's hub mentor was not required to communicate with the placement areas or the staff supporting the students.
- The escalating concerns we heard from the students were not noted in any documentary evidence provided by the Institute of Education, Guernsey.

These issues have been discussed and followed up by the NMC Assistant Director of Education and QA in relation to QA of education as part of the NMC QA framework, with the Director of the Institute and the Dean of the AEI, University of East Anglia.



### **Benchmark against recommendations from Morecambe Bay report.**

The LSA completed a baseline audit against the eleven recommendations in the ombudsman report. This determined the gap analysis and any required actions which needed to be implemented and followed up via local LSA audits.

#### **We found:**

A comparison of the PHSO and NMC recommendations has been completed<sup>2</sup> and forms part of an ongoing action plan following the review and recommendations of the maternity services in HSSD, Guernsey in August 2014.

Appendix 3 Benchmark comparison of PHSO and NMC recommendations with Guernsey in the LSA review of supervision published 18 August 2014.

### **Evidence / Reference Source**

1. Princess Elizabeth Hospital, Guernsey LSA annual audit 25 March 2014 (Draft report)
2. LSA review of supervision, PEH Guernsey, Appendix 3: Benchmark comparison of PHSO and NMC recommendations with Guernsey in the LSA review of Supervision, 18 August 2014

### **Outcomes of LSA annual and quarterly quality monitoring reports**

Quarterly quality monitoring (QQM) reports 2013/14 were reviewed to identify relevant issues pertaining to Guernsey :

QQM April – June 2013 (quarter one)<sup>3</sup> – no issues identified

QQM July – September 2013 (quarter two)<sup>4</sup> – no issues identified

QQM October – December 2013 (quarter three)<sup>5</sup> – no issues identified

QQM January – March 2014 (quarter four)<sup>6</sup> - succession planning for SoMs, looking at piloting full time SoM role (using the London model) was highlighted. However, there was no detail provided about where in the LSA this was to happen.

QQM April – June 2014 (quarter one)<sup>7</sup> - issues of concern in HSSD Guernsey were identified relating to poor midwifery practice when a midwife (whistle blower) telephoned the LSA on 7 May 2014 raising concerns that there had been an insufficient review of a neonatal death that occurred early in 2014.

Two out of four SoMs were reported to be on 'leave of absence'. It was reported that there was an ongoing investigation concerning two midwives and two more investigations were about to commence. The LSA reported it had sufficient concerns to organise a return visit to Guernsey on the 5, 6 and 7 August 2014 to re-audit LSA standards relating to governance and risk management and the standard of midwifery practice.

A summary of a telephone conversation with an officer from the NMC stated there was

be a SoM meeting on 15 July 2014 to determine a way forward. There was to be a visit to Guernsey in August 2014 where a plan of action will be agreed. The LSA MO was to send the working/draft copy of the scope of the audit to the NMC.

There were no specific follow up issues identified in the LSA annual report 2013/14 submitted 9 July 2014.<sup>8</sup>

### Evidence / Reference Source

3. QQM April – June 2013 (quarter one) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
4. QQM July – September 2013 (quarter two) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
5. QQM October – December 2013 (quarter three) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
6. QQM January – March 2014 (quarter four) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
7. QQM April – June 2014 (quarter one) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
8. LSA Annual report to the NMC 2013/14 submitted 9 July 2014, accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

### Relevant issues from other external quality assurance reports

Apart from the LSA review, we are not aware of any specific external quality assurance reports covering the range of systems and processes for which HSSD is responsible.

#### **LSA review of supervision at PEH Guernsey published 18 August 2014<sup>9</sup>**

On 7 May 2014 a midwife telephoned the LSA raising concerns that there had not been a sufficient investigation of a neonatal death that occurred early in 2014. The midwife had tried to escalate issues internally at HSSD about poor midwifery practice but had not been successful. On 12 May 2014, following a review of the case notes by the LSA midwife, it was concluded that a supervisory investigation was required into the practice of two midwives.

As a result of the supervisory investigations concerns were raised that this was not an isolated case. A review of supervision and maternity services was agreed and jointly conducted by the LSA and HSSD Guernsey at the PEH 05 – 07 August 2014.

15 recommendations were detailed in the report for HSSD to consider including:

#### **Issues relating to midwives**

- For midwives to be supported with training to appropriately manage and diagnose delay in first and second stages of labour, in line with published best

practice

- For midwives to complete a Situation/Background/Action/Recommendation (SBAR) sticker for all contacts with obstetricians to be placed in the woman's record of care
- To immediately review the role of the midwife co-ordinator and confirm that there is a system that ensures midwives are not delayed in appropriately referring to medical staff
- Verbal orders should not be permitted for oxytocin induction or augmentation in labour

### **Actions for the LSA**

- A supervisor of midwives (independent of the risk manager role) must attend clinical governance meetings, serious incident reviews and a process agreed for supervision to independently review clinical incidents
- 15 sets of patient records to be reviewed to determine whether supervisory investigations are required
- Monitor effectiveness of supervision provided by Jersey supervisors
- Further explore opportunities to establish a Channel Islands supervisory team
- Local supervising authority midwifery officer or midwife to visit Guernsey once a month for three months and then review
- To formalise the contractual arrangements for Jersey to provide supervision for midwives in Guernsey
- To explore the possibility of a full time supervisor shared between Jersey and Guernsey teams

### **Issues relating to systems and processes**

- To review induction processes for new staff, ensuring that there is an element of competency assessment to reflect the absence of a middle tier of medical staff
- To review and embed systems to support escalation of concerns relating to practice and patient safety
- To review the guideline monitoring processes
- Review access to guidelines and in the short term a system is immediately implemented so that all staff can access all guidelines
- To review all guidelines to ensure that there is an effective process for

updating

- The format, chairing and reporting arrangements should be urgently reviewed for the clinical governance meetings
- To update the risk register and communicate its purpose to staff, ensuring that the register accurately reflects service risks and mitigation

**Other issues identified relate to the obstetric services and the anaesthetic service.**

### **Risk Assessment Guernsey Maternity Services (12 August 2014)<sup>10</sup>**

At the request of the Director of Health, Social Care and Nursing, supported by the SW LSA MO, the Head of Midwifery / Divisional Lead for Women and Children, supervisor of midwives and the Lead Midwife for Governance and also a SoM from The States of Jersey Department for Health and Social Services completed a risk assessment of the Guernsey maternity services. The emphasis of this risk assessment was safety and priority of actions.

As part of the risk assessment the SoMs from Jersey assessed how much support the Jersey SoM team could provide to Guernsey during this temporary situation.

The risk assessment identified five prioritised current risks for the maternity service in Guernsey. Risks related to maternity care include:

- Epidural service out of hours
- Maternity theatre/Timing of the emergency LSCS
- Lack of clinical leadership and midwifery staffing levels
- Absent Head of Midwifery (HoM)

### **Issues: Statutory Supervision of Midwives**

- One SoM in post where there should be a team of four.
- The statutory function of midwifery supervision is not currently being undertaken  
Examples:-
  - ItP forms are not being uploaded on the LSA database therefore leaving midwives at risk of their registration not being up to date with the NMC and therefore not able to practice
  - Recommended case loads of 1 to 15 cannot be met
  - 24/7 access to a SoM will not be met
  - Midwives will not have an annual review
  - The LSA SoM local action plan will not be progressed

### **Mitigation**

- Jersey group of SoMs continue to provide 24/7 telephone access to all Guernsey midwives.
- Jersey group of SoMs provide at least one day per week presence in Guernsey.

This should be in conjunction with the local SoM to provide support and mentorship.

- Jersey to provide the contact SoM role.
- Jersey group of SoMs to work with Guernsey's one SoM and divide the case load across the Jersey and Guernsey SoMs.
- The new partnership between Jersey and Guernsey SoMs would progress the Guernsey's recommendations and work plan that come from the LSA audit report.
- SoMs would review all maternity clinical incidents in Guernsey.

Guernsey SoM to have protected time on duty rotas and she should travel to Jersey for the monthly SoM meeting.

#### **Evidence / Reference Source**

9. LSA review of supervision at PEH Guernsey, published 18 August 2014
10. Risk Assessment for Guernsey Maternity Services: published 19 August 2014

### **Findings against key risks**

#### **Rule 4: Notifications by local supervising authority**

- 1.1 Public protection is placed at risk if midwives do not submit their Intention to Practise (ItP) to the NMC by the required annual submission date**
- 1.2 Midwives risk lapsing or losing their midwifery registration if ItPs are not submitted in time to the NMC**

Risk indicator 1.1.1 - all midwives have a named Supervisor of midwife (SoM) to submit their ItP

#### **What we found before the event**

Mechanisms are in place to allow midwives continuous access to a SoM. Access to SoMs is audited at the annual LSA audit visit.<sup>11</sup> A 'secret shopper' method tested access to the on-call SoM. All on-call SoMs in the SW LSA and Jersey and Guernsey were reported as accessible within a reasonable timeframe (minimum 2 minutes to maximum 14 minutes).

There were 45 midwives notifying their ItP within HSSD Guernsey for the year 2013-14, this compares to 39 (2012-13) and 40 (2011-12). (NB: the number of midwives in HSSD

differs depending on the data source).

The SoM to midwife ratios in Guernsey varies from 1:8 to 1:11; this meets NMC requirements. This situation changed in August 2014 following escalating concerns.<sup>12</sup>

A midwife telephoned the LSA on 7 May 2014 raising concerns that there had not been a thorough investigation and no supervisory investigation of an incident which had resulted in a neonatal death that occurred in early 2014. The midwife was concerned that poor midwifery practice had not been challenged and that she had tried to escalate issues internally but had not been successful.

A supervisory investigation of two midwives, one of whom was a SoM, commenced on 19 May 2014. The SoM was placed on leave of absence from the SoM role pending a review of competence and capability as a SoM. The investigation also led to enforced leave of absence for a second SoM pending a review of competence as a SoM.

Following a joint review by the LSA and HSSD in August a third SoM was placed on leave of absence pending a review of competence as a SoM. This resulted in only one SoM in Guernsey. The LSA MO informed the NMC (11 August 2014) that HSSD, Guernsey had only one SoM in post (appointed 30 April 2014). The LSA arranged for SoM cover from Jersey to maintain the SoM to midwife ratios.

#### Evidence / Reference Source

11. LSA Audit undertaken 25 March 2014 (Draft)
12. E-mail communication from LSA MO to NMC

#### What we found at the event

##### HSSD Guernsey

Three SoMs were on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM.

This left HSSD, Guernsey with only one SoM left in post, unable to fulfil the statutory function of midwifery supervision. Since 9 August the LSA and HSSD have arranged for SoMs from Jersey to provide supervision of midwifery in HSSD, Guernsey<sup>13</sup>.

We were informed that the remaining SoM, following a supervisory investigation which was completed 24 September 2014, was placed on leave of absence from her SoM role and is undertaking a LSA local action plan.<sup>14</sup> There are currently no SoMs in HSSD Guernsey. All midwives have an assigned SoM from Jersey and continuous access to an on call Jersey SoM.

All midwives in PEH confirmed that they have a Jersey SoM, including agency midwives who work at HSSD, Guernsey. They are aware that they can request a change in SoM. They told us that information about SoM support from Jersey was appropriately recorded and communicated to them.<sup>15</sup>

We were informed by midwives in HSSD, Guernsey that they are able to contact and receive advice from SoMs in Jersey, when required, on a 24-hour basis, seven days per

week, via telephone. Midwives report advice has been promptly received and helpful, when required.<sup>16</sup>

We observed a Jersey SoM visiting the maternity ward to offer support to midwives.<sup>17</sup> A scheduled timetable for SoM visits is displayed on the notice board in the maternity ward.<sup>18</sup>

#### Jersey

Reviewers who visited the Bailiwick of Jersey General hospital met with SoMs and confirmed a cohesive team with a clear vision of supervision.<sup>19</sup> This vision is demonstrated in the Jersey SoM team's mission statement which is visible to service users.<sup>20</sup>

#### Evidence / Reference Source

13. LSA Audit undertaken 25 March 2014 (Draft)
14. E-mail communication from LSA MO to NMC
15. SoM on call rota – Jersey SoM cover from 9 August 2014
16. Meeting with midwives 1 and 2 October 2014
17. Visit to Guernsey maternity ward 2 October 2014
18. On call schedule and contact numbers of Jersey SoMs,
19. Visit and meetings with SoMs State of Jersey General hospital 2 October 2014
20. States of Jersey Department for Health and Social Services: Supervision of Midwives Strategy: June 2014. Purpose, vision including The Jersey SoM team mission statement

Risk indicator 1.2.1 - accurate information and completion of ItPs submitted to the NMC by the date set by Council

#### What we found before the event

SoMs upload the ItP forms in a timely manner, midwives meet re-registration requirements and new starters are allocated a SoM.<sup>21</sup>

SoMs are advised to ensure that all midwives present ItPs on the first day of their employment to the SoM and these must be immediately uploaded onto the LSA database.<sup>22</sup>

A SoM must only sign the ItP if she can confirm that to the best of her knowledge the information contained on the ItP is correct. The midwife provides the SoM with the evidence that s/he has met the PREP (NMC, 2011)<sup>23</sup> requirements to maintain registration as a midwife.

LSA SW adheres to the LSA MO forum UK policy: Confirming a midwife's eligibility to

practise, 2013 for the completion of the ItP form by a registered midwife.<sup>24</sup>

What we found at the event

### Jersey

Our findings confirm that Jersey SoMs have a clear and robust system in place for the checking and uploading of ItPs onto the LSA database. New midwives submit their ItP on the day they commence employment and this is uploaded prior to working within the clinical environment.<sup>25</sup> SoMs also cross reference with the NMC register to ensure that midwives registration is up to date. This is compliant with the the LSA MO forum UK policy: Confirming a midwife's eligibility to practise, 2013 for the completion of the ItP form by a registered midwife.<sup>26</sup>

### Guernsey

We were informed by Guernsey midwives that Guernsey SoMs had checked that they were up to date with their mandatory training requirement. The process of registration was initially done using paper ItP forms and these were then uploaded electronically on to the LSA database.<sup>27</sup> We confirmed Guernsey midwives ItP on the LSA database.<sup>28</sup>

During a visit to the maternity ward we found completed ItP forms for the period 1 April 2014 to 31 March 2015<sup>29</sup> in an unlocked filing cabinet in the office of the previous HoM. During scrutiny of the ItPs we found that two SoMs had signed off each other's ItPs (i.e. a supervisor and supervisee and vice versa). We do not consider this is good practice.

In addition, there was one newly appointed midwife's ItP signed by the midwife on 30 September 2014 but not signed off by a SoM.

NB: Issues related to the confidentiality of personal information are discussed under Rule 6.

SoMs should only sign ItPs if there is certainty that midwives had met the NMC PREP requirements. It is questionable whether there was a robust checking procedure for this in HSSD, Guernsey. Feedback from midwives indicated that they completed standardised forms annually to provide their SoM with the evidence that they had met the PREP (NMC, 2011)<sup>30</sup> requirements to maintain registration as a midwife.<sup>31</sup>

However Guernsey midwives informed us that they have limited opportunity to attend continuing professional development (CPD) training due to staff shortages to cover the maternity services. This was confirmed in the maternity services significant underspend in the education and training needs budget in 2012 and 2013.

From our findings we conclude that all Guernsey midwives had submitted their ItPs for the practice year 1 April 2014 - 31 March 2015. However, Guernsey SoMs to whom the midwives submitted their ItPs are on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM.

Therefore the validity of the evidence by which they made their judgements is called into question.

In addition, we are not assured that the ItP sign off process was conducted in a rigorous



and robust manner. This is supported by our findings from Guernsey midwives who reported limited opportunity to attend continuing professional development (CPD) training due to staff shortages to cover the maternity services. Managers also reported that a training needs analysis had been done for maternity services to reflect the education and training needs that midwives identified. It was unclear how this training needs analysis was used to be kept up to date. Information was also provided indicating that there was a significant underspend in the maternity services significant underspend in the education and training needs budget in 2012 and 2013. We cannot be assured that midwives are working within their scope of midwifery practice. Risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

#### Evidence / Reference Source

21. LSA annual audit report 2013/14 page 11 (Draft)
22. LSA annual audit report 2013/14 page 12 (Draft)
23. NMC PREP standards, NMC (updated) 2011
24. LSA MO forum UK policy: Confirming a midwife's eligibility to practise, 2013  
<http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>
25. Meeting with SoMs in Jersey 2 October 2014
26. LSA database check, Jersey 2 October 2014
- 27 Sample of paper ItP forms viewed 2 and 3 October 2014
28. LSA database viewed 2 October 2014
29. Signed intention to practise forms dated for the period 1 April 2014 to 31 March 2015
- 30 NMC PREP standards, NMC (updated) 2011
31. Meeting with Guernsey midwives 1 and 2 October 2014

**Outcome: Standard not met**

#### Comments:

- Guernsey SoMs to whom the midwives submitted their ItPs are on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. Therefore the validity of the evidence by which they made their judgements is called into question.
- We are not assured that the ItP sign off process was conducted in a rigorous and robust manner and that midwives are working within their scope of midwifery practice.

Areas for future reviews:

- Adherence to a rigorous and robust process that provides assurance that midwives are working within their scope of midwifery practice for completion of ItPs submitted to the NMC.

## Findings against key risks

### Rule 6: (LSA Standard)

#### 2.1 LSAs have inadequate data protection policies for the retention of midwifery records

Risk indicator 2.1.1 - LSAs ensure that there are clear and comprehensive local guidelines for the secure retention of midwifery records that addresses all requirements

What we found before the event

The LSA MO forum UK has a policy for the Transfer of midwifery records from self-employed midwives, 2013 in line with Rule 6 of the Midwives rules and standards (NMC, 2012).<sup>32</sup>

What we found at the event

The LSA uses the LSA MO forum UK policy for the transfer of midwifery records from self-employed midwives, 2013 in line with Rule 6 of the Midwives rules and standards (NMC, 2012).

The policy requires midwives who cease to be registered to return their records to the LSA for safe storage. The LSA MO sent a letter to all self-employed midwives working in the LSA.<sup>33</sup>

At the time of the review there were no self-employed midwives working in Jersey or Guernsey.

Evidence / Reference Source

32. LSA MO forum UK Policy for the Transfer of midwifery records from self-employed midwives, March 2013 <http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

33. Meeting with LSA MO 2 October 2014

**Outcome: Standard met**

Comments: At the time of the review there were no self-employed midwives working in Jersey or Guernsey.

Areas for future reviews :

- Confirm if self-employed midwives adhere to the LSA MO forum UK policy for the transfer of midwifery records from self-employed midwives, 2013 in line with Rule 6 of the Midwives rules and standards (NMC, 2012).

**Findings against key risks**

**Rule 6: (Midwives standards)**

**3.1 Midwives do not store records securely, this poses a risk to public protection**

Risk indicator 3.1.1- midwives comply with systems designed to accurately and securely store records for 25 years

What we found before the event

LSA annual audit tool <sup>34</sup> requires assurance of audit activities including record keeping audit. An example of a completed record keeping audit sheet was included as part of the audit.

During the visit reviewers were to confirm the policy at PEH Guernsey for the safe and secure storage of women's records and sample storage methods to ensure compliance with Rule 6.

What we found at the event

Jersey

During the visit to Jersey maternity services we viewed and confirmed compliance of

secure storage of records.<sup>35</sup> All midwives, SoMs and the HoM confirmed that records are stored securely using an on-line system for recording data with the exception of the cardiocograph and partogram which are stored as hard copies.<sup>36</sup>

We are confident that safe and secure processes are in place in Jersey for the storage of records for 25 years, meeting NMC requirements and providing assurance that public protection is controlled.

### Guernsey

In HSSD, Guernsey we observed a policy for health and social care records entitled 'Care Records' approved and signed by the Chief Officer and Minister (18 October 2012).<sup>37</sup> This provides information on accessibility to records and aims to be compliant with The Data Protection (Bailiwick of Guernsey) Law 2001 and The Children (Guernsey and Alderney) Law 2008. A medical records officer, HSSD confirmed that records are kept for 25 years however this was not stated in this policy.<sup>38</sup>

We found evidence of a policy for the secure retention of midwifery records; the 'Storage of Medical Records on Maternity' Policy.<sup>39</sup> Confirmation of storage of records which is locked with restricted access was observed by a member of the review team.<sup>40</sup> The medical records officer confirmed that records are transferred from the ward when women had been discharged from midwifery care.

However we found numerous examples of poor practice in relation to the retention and storage of midwifery records which breaches the Midwives rules and standards<sup>41</sup> (NMC, 2012).

During a visit to the maternity unit we observed the following inadequate measures in relation to the security and safe storage of personal data:

- Midwives diaries containing personal details of women were easily accessible on a shelf in an office.
- Diaries dating back from 2008 to 2012 were located in a box next to the senior midwife's office.<sup>42</sup> This area was neither safe nor confidential indicating a lack of awareness of personal responsibilities of midwives to store data safely. The content of the diaries demonstrated that midwives had used the diaries to record information regarding women who they were to care for, during the handover of shifts. Contents of the diaries related to information on the health status of women, clinical information and registration of birth information.
- Two birth registers were observed on shelves and openly accessible within the office.
- There was a locked cupboard containing community midwives' diaries however there was also a box of diaries dated 2010 in the room.
- Maternity records were in filing trays that were not securely stored and were accessible to others.

We advised the acting HoM about these records; emphasised the significance of data protection and requested that immediate measures were taken to secure the records to counteract the breach and protect the public.

In addition, we found 25 completed ItP forms for the period 1 April 2014 to 31 March

2015 in an unlocked filing cabinet in an office. These forms contained midwives personal information and should have been returned to the midwives.

We were informed by one midwife that she had reported her concerns about the lack of a policy for the storage of community midwifery records to senior staff. She informed us she was told her concerns were not a priority.<sup>43</sup>

We observed that an example of a completed record keeping audit sheet was seen as part of the annual audit.<sup>44</sup> However there is no evidence that LSA auditors or SoMs sampled records to provide assurance that records are maintained and stored securely. Neither was there evidence that this was done as part of HSSD governance audit checks.

We conclude from our findings that there is no robust audit or procedures in place to ensure compliance of safe storage of records. Midwives do not store records securely which contravenes the Midwives rules and LSA standards (NMC, 2012) and poses a risk to public protection.

#### Evidence / Reference Source

34. LSA annual audit tool, March 2014, page 39

35. States of Jersey Department for Health and Social Services. Health and Social Care records policy September 2010. Appendix A has Summary of Data Protection Law (Jersey 2005). Records check 2 October 2014

36. Meetings with SoMs, HoM and midwives in Jersey 2 October 2014

37. States of Guernsey Health and Social Protection Data protection 2001 'Care Records' which was approved and signed by the Chief Officer and Minister (18 October 2012).

38. Storage of Medical Records Policy / Visit to PEH medical records department and meeting with medical records officer 3 October 2014

39. Storage of Medical Records on Maternity Policy – brief outline 30 September 2014

40. Storage of records observed by a reviewer 2 and 3 October 2014.

41. ItP forms, women's records on open shelves, Midwives diaries, HoMs office and Loveridge ward, 2 and 3 October 2014

42. Meeting with acting HoM 3 October 2014

43. Meeting with midwives 2 October 2014

44. LSA annual audit report, 2014 page 39 (Draft)

**Outcome: Standard not met**

#### Comments:

- Midwives do not store records securely which contravenes the Midwives rules

and LSA standards (NMC, 2012) and poses a risk to public protection.

- The LSA must ensure midwives safely and securely store all maternity records to protect the confidentiality of mothers and babies which midwives are expected to do within the Midwives rules and standards (NMC, 2012) and the NMC Code.
- The LSA to consider the introduction of a robust audit process to ensure compliance with the secure storage of midwifery records (Rule 6).

Areas for future reviews:

- Adherence to Rule 6 of the Midwives rules and standards (NMC, 2012) for the secure storage of records.

### Findings against key risks

#### **Rule 7: The local supervising authority midwifery officer**

##### **4.1 LSAs do not use the core criteria to appoint an appropriately experienced midwife to undertake the role of LSA midwifery officer (LSA MO)**

Risk indicator 4.1.1 - LSAs and the LSA MO complying with the rules, standards and guidance set by the NMC

What we found before the event

A LSA MO is in post who meets NMC requirements.

An evaluative overview of how the LSA involved maternity service users and/or lay auditors in monitoring supervision of midwives and assisting the LSA MO with annual LSA audits is provided in the LSA annual report 2013 /14.<sup>45</sup>

A review of the process for recruitment and appointment of lay reviewers has taken place. All lay reviewers now have a formal Disclosure and Barring Service (DBS) check and sign an agreement to confidentiality and role behaviours. Five lay reviewers were successfully recruited to the LSA team, three of whom have been actively involved in 2013/14. A one day workshop was held in September 2013 to provide an overview of supervision and their lay user role.<sup>46</sup> 100 percent of annual audits were attended by a lay reviewer.<sup>47</sup>

The LSA annual audit 2013/14 reports SoMs have worked hard to engage with and seek the views of service users.<sup>48</sup> During 2013/14 SoMs established a Birth Afterthoughts service which provides opportunity for women who have unanswered

questions regarding previous birth experiences to discuss their previous birth with a SoM.<sup>49</sup>

SoMs have established a webpage which ensures they are accessible to women. (This could be further enhanced with photographs of the supervisory team, an email drop box and reasons why women may wish to contact a supervisor).<sup>50</sup>

The MSLC is very active in Guernsey. The Head of Midwifery attends the MSLC meetings in her management role but also represents SoMs.<sup>51</sup>

#### What we found at the event

The LSA MO is an appropriately experienced midwife. The appointment of the LSA MO followed NMC requirements. There is currently one full time administrator and a 0.8 whole time equivalent (wte) LSA midwife in post to support the SW LSA.

SoMs describe the LSA MO as approachable, supportive, proactive and challenging.<sup>52</sup>

Annual leave is covered by a nominated LSA MO from one of the other NHSE LSA (South) area ensuring the statutory functions of the role are fulfilled. This arrangement is communicated to all SoMs through the LSA administrator and the relevant contact SoM.

The deputy director for Quality Assurance (QA), NHSE confirmed that there is a good communication network with the three LSA MOs, in the south of the region.<sup>53</sup> Monthly teleconferences take place with an agenda which includes any issues of concern. In addition, as their line manager, she has one to one discussions with each LSA MO. The deputy director for QA is supportive of the LSA MO UK forum and facilitates attendance for all three LSA MOs in the south. There is as a single operating model in place for the LSA in England, which sets out how the LSA function is managed. Supervision of midwifery in the LSA is currently managed locally within NHSE regions.

We conclude from our findings that the LSA adheres to the LSA standard for the LSA MO role and there is evidence that there are supportive structures in place for the LSA MO from her immediate line manager in NHSE.

The deputy director for QA drafted the contracts between the State of Guernsey and the State of Jersey and NHSE to provide supervision of midwives. She recognises the challenges in managing supervision in the Channel Islands which was also confirmed by the Director of Nursing (DoN), Quality Improvement and Care, NHSE. They reported that NHSE has no legal jurisdiction or mandate for health care in Guernsey except for the contract for the supervision of midwives. NHSE senior team<sup>54</sup> and the LSA MO acknowledge that governance is not managed in the same way as in the NHS, with no overall systems regulator. Information is very reliant on what is shared by HSSD.

The LSA conducted an annual audit in HSSD Guernsey in March 2014.<sup>55</sup> The audit aimed to; review evidence to demonstrate the standards for supervision are being met; ensure that there are relevant systems and processes in place for the safety of mothers and babies; review the impact of supervision on midwifery practice and ensure that midwifery practice is evidence based and responsive to the needs of women.

The audit of the LSA standards was a self/peer review approach with verification by the LSA audit team employing a targeted sampling technique.

The LSA MO confirmed that she was initially reassured during the audit visit that the mechanisms around supervision were being undertaken and that SoMs were appropriately reviewing standards of midwifery practice and acting on feedback.<sup>56</sup> However, after the audit visit on 7 May 2014 a midwife telephoned the LSA raising concerns that there had not been a thorough investigation of a neonatal death that occurred in early 2014. The midwife had tried to escalate issues internally at HSSD about poor midwifery practice but had not been successful. The LSA MO had previously been reassured by a midwife, who was also a SoM, that there were no serious practice concerns. On 12 May 2014, following a review of the case notes by the LSA midwife, it was concluded that a supervisory investigation was required into the practice of two midwives.

A supervisory investigation of two midwives, one of whom was a SoM, commenced on 19 May 2014. The SoM was placed on leave of absence from the SoM role pending a review of competence and capability as a SoM. The investigation also led to enforced leave of absence for a second SoM pending a review of competence as a SoM.

As a result of the supervisory investigations concerns were raised that this was not an isolated case. A review of supervision and maternity services was agreed and jointly conducted by the LSA and HSSD Guernsey at the PEH 05 – 07 August 2014.<sup>57</sup>

Senior staff in HSSD<sup>58</sup> told us that although the draft audit report was neither assuring nor non- assuring there was too much acceptance that supervision and midwifery services were satisfactory. The Director of Health, Social Care and Nursing told us that it was her decision whether the audit report was considered at the HSSD Board., this did not normally happen but she would ensure it was reported in the future.<sup>59</sup>

We found the draft report of the LSA annual audit of HSSD Guernsey lacks evidence of rigour and scrutiny of the evidence to realise the aims of the audit. There are 12 recommendations made following the audit. However, the draft audit report never became a definitive document.<sup>60</sup>

We are not able to confirm that the draft annual audit document of HSSD completed by the LSA was an accurate reflection of the current position at the time of the audit as some recommendations in the report reflect the escalating concerns.

The draft LSA audit report 2013/14 was only released to the NMC at their request on 1 September 2014. We concluded that the audit report should have become a definitive document and an accompanying letter or addendum could have been attached to the report outlining that further issues had arisen and required investigation.

The LSA annual audit 2013/14 for Jersey maternity services was conducted the day following the Guernsey audit and was finalised.<sup>61</sup> We were informed of the clear strategy to share the outcomes of the report at executive level in the hospital. The contact SoM presented the findings of the report which was confirmed by the DoN, HoM and SoM team.<sup>62</sup> There was evidence of a clear action plan resulting from the audit which was a standing agenda item and a live document at each monthly SoM meeting.

Jersey SoMs confirmed the process for recruitment and appointment of lay auditors. A lay auditor accompanied the LSA audit team to both Jersey and Guernsey; the lay



auditor had not been through the formal recruitment process and had no DBS clearance. Due to sickness of the planned lay auditor the individual was asked to join the audit team by the SoM team from Guernsey.

The peer SoM involved in the HSSD Guernsey audit informed us that she was concerned about the lay auditor's focus of questions to women and midwives.<sup>63</sup> The peer SoM remained with the lay auditor throughout any interviews with service users as there was no DBS clearance.

The lay auditor told us she was a former midwife and a previous chair of the Maternity Services Liaison Committee (MSLC), and she reported that she was unprepared to undertake the service user audit. She stated that she should not have been selected as she had ceased to have involvement as a service user of the maternity services for several years.<sup>64</sup>

The LSA MO reported the lay auditor was unable to attend the LSA auditor training day and so she had briefed the lay auditor about the audit documentation by telephone on 16 January 2014.

The lay auditor reported being briefed on the day of the audit and confirmed she only engaged a very small sample size; two service users in Guernsey and two service users in Jersey. She perceived that the women she spoke to had just given birth and were 'at a vulnerable stage' and had not had time to reflect on the care they had received. We heard from SoMs and the LSA MO that the initial lay auditor's report had mixed up findings for Guernsey with Jersey, questioning the reliability of the content of the report.

There is one LSA lay auditor question in the audit tool<sup>65</sup> which asks what women understand about supervision. We found this provided limited evidence about how the lay auditor gains feedback about women's knowledge of, and interaction with SoMs.

We concluded that the lay auditor process, as part of the annual audit in Guernsey and Jersey, was based on an insignificantly unreliable sample size; it lacked rigour and the findings were inconclusive.

We found that service user perceptions of the quality of maternity care in Guernsey received over the last three years were varied. Three service users perceived that they failed to receive reassuring and helpful advice and were not treated compassionately.<sup>66</sup> Three service users in the maternity ward told us that midwives were attentive to their needs. One noted improvements from her former maternity care experience on the ward. She felt she had been advised about treatment options and was permitted to make choices, which had not been the case in the past.<sup>67</sup>

There was some disparity between the care received by community midwives and that received in the hospital, with the former being a more positive experience.

The MSLC are active in Guernsey and have an overview of service user experiences. They produce a detailed questionnaire '*Women's experience of maternity care*' to assess maternity care received during women's most recent pregnancy.<sup>68</sup> However, it is unclear how the outcomes of the questionnaire are collated and feedback into the maternity services and the involvement of midwifery supervision in this process.

A concern raised by a member of the MSLC was midwives did not receive any feedback from the MSLC meetings even though the previous HoM had regularly attended the meetings.<sup>69</sup> The MSLC collated issues about midwifery practice but it was not clear

how this is fed back to improve service user experiences and midwifery practices.

This method of feedback contrasted with a leaflet '*How are we doing?*' provided by HSSD and given to women in a maternity pack and available at the entrance to Loveridge ward. Service users told us that this was not user friendly and difficult to complete. It consisted of an empty box asking for their comments and lacked specific guidance about what they could write about.<sup>70</sup>

We observed a notice board in the maternity ward which identifies SoMs, the aims of supervision and contact numbers of SoMs. We found information about the current SoMs from Jersey but also the photographs and names of the SoMs who are now on leave of absence. The latter was quickly removed when we brought it to the attention of the Acting HoM.

The web page on the HSSD site provides an overview of midwifery supervision.<sup>71</sup> We also observed a new booklet '*Having your baby on Guernsey*'<sup>72</sup> given to all women at booking which has prominent and clear information about midwifery supervision. However, service users told us that they were unaware of the role of the SoM or the ability to access advice from the SoM when they had needed advice about care options.<sup>73</sup>

We heard that following concerns raised by a midwife to the LSA on 7 May 2014; the review of case notes and the subsequent supervisory investigations the LSA became aware that governance and supervisory systems had not identified poor midwifery practice and non-compliance with NMC rules, standards and the Code.<sup>74</sup> The LSA MO<sup>75</sup> and the senior team at NHSE confirmed that there were escalating concerns and further investigations which superseded the report becoming a final document.<sup>76</sup>

The deputy director for QA told us she first became aware of concerns related to midwifery supervision and midwifery practice in Guernsey prior to the submission of the LSA QQM report to the NMC in June 2014. She informed the regional chief nurse, NHSE. We were informed that there is a process for escalation of concerns from the regional chief nurse to the chief nursing officer and regional quality surveillance groups.

The senior team, NHSE confirmed their support for the LSA MO and as concerns increased they arranged for cover of SW LSA on the mainland so the SW LSA MO could concentrate on the serious issues emerging at HSSD, Guernsey.

A review of the supervision and the maternity services, at the request of the LSA MO, was jointly conducted by the LSA and HSSD teams over three days 5–7 August 2014 with seven actions for the LSA to undertake and 15 recommendations for HSSD to consider.<sup>77</sup>

We had confirmation that the LSA MO informed the HSSD Board on the 6 August 2014 about the seriousness of the escalating concerns within the maternity services.<sup>78 79</sup>

We observed an undated LSA action plan following the review of supervision at HSSD, Guernsey which identifies recommendations, action and progress. The action plan does not identify a lead individual to take actions forward or dates for completion.<sup>80</sup>

The DoN, Quality Improvement and Care, NHSE informed us that she did not know about the concerns in Guernsey until 15 August 2014. She confirmed that because of these challenges; concerns and recommendations NHSE are to undertake an internal

review of LSA function in HSSD Guernsey.<sup>81</sup>

We found there was a LSA audit tool used however the process used to realise the aims of the audit and the draft report of the LSA annual audit lack evidence of rigour and scrutiny of the evidence. We were not able to confirm that the LSA annual audit was an accurate reflection of the current position at the time of the audit as some recommendations included reflect the escalating concerns and the report remained in draft format. The lay auditor process as part of the annual audit was based on an insignificantly unreliable sample size and lacked rigour and the findings were inconclusive. The audit process does not comply with the rules, standards and guidance set by the NMC.

The appointment of an appropriate lay auditor as a member of the audit team needs to be addressed who will have access to the appropriate training and development. In addition, the relationship with service users for the purpose of the audit process and in assuring the effectiveness of midwifery supervision requires development.

We found there are no clear governance processes in HSSD Guernsey. A review of the obstetrics and gynaecology clinical governance committee meeting notes demonstrates a lack of scrutiny and challenge to sudden untoward incidents and standards of midwifery clinical practice from SoMs.<sup>82 83 84 85</sup>

The interface between statutory supervision and multi-disciplinary clinical governance needs to be strengthened, transparent and shared in HSSD Guernsey. This is identified as a recommendation in the draft audit report. The LSA MO would benefit from strengthening her relationship and those of SoMs with HSSD senior executive representatives to ensure that the profile of statutory supervision is raised and represented at the HSSD board meetings.

#### Evidence / Reference Source

45. LSA Annual report to the NMC 2013/14 submitted 09 July 2014, accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

46. SW LSA Lay reviewers workshop 30 September 2013

47. LSA Annual report to the NMC 2013/14 submitted 09 July 2014, accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

48 LSA Annual report to the NMC 2013/14 submitted 09 July 2014, accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

49.LSA South Annual report to the NMC 2012/13

50.HSSD Guernsey website accessed 28 September 2014

51. LSA Audit report 2013/14 (draft)

52. meeting with Jersey SoMs 2 October 2014

53. Teleconference deputy director QA NHSE 1 October 2014

54. Teleconference Director of Nursing for Quality Improvement and Care at NHSE 2 October 2014

55. LSA Annual audit 2013/14 (Draft)
56. LSA MO meeting 1 and 2 October 2014
57. LSA review of supervision PEH, HSSD, published 18 August 2014
58. Meeting Chief Officer HSSD 1 October 2014
59. Meeting Director of Health Social Care & Nursing, 1 October 2014
60. LSA Annual audit 2013/14 (Draft)
61. LSA Annual audit, Jersey General Hospital. Date of Audit 26 March 2014. Report completed 23 July 2014
62. Meeting with Chief nurse, HoM & SoMs, Jersey 2 October 2014
63. Peer SoM teleconference 2 October 2014
64. Lay auditor teleconference 2 October 2014
65. LSA Annual audit, lay auditor tool, 2013/14
66. Service user meeting 2 October 2014
67. service user meeting 3 October 2014
68. MSLC Questionnaire Women's' experiences of maternity care 2013
69. lay auditor teleconference 2 October 2014
70. HSSD leaflet – How are we doing?
71. HSSD Website – accessed 28 September 2014
72. Having a baby in Guernsey September 2013 (MSLC)
73. Service user meeting 3 October 2014
74. Timeline of concerns
75. LSA MO meeting 2 October 2014
76. Teleconference deputy director QA NHSE 1 October 2014
77. LSA review of supervision PEH, HSSD, published 18 August 2014
78. e-mail 05.10.14 HSSD Minister
79. HSSD Corporate Management notes 6 August 2014
80. Action plan following LSA review of supervision PEH, HSSD (undated)
81. Teleconference Director of Nursing for Quality Improvement and Care at NHSE 2 October 2014
82. Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings February 2014
83. Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings April 2014
84. Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings June 2014
85. Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings July 2014

**Outcome: Standard not met**

Comments:

- The LSA annual audit process lacks evidence of rigour and scrutiny of the evidence to realise the aims of the audit. The audit process does not comply with the rules, standards and guidance set by the NMC.
- The appointment of an appropriate lay auditor as a member of the audit team needs to be addressed who will have access to the appropriate training and development.
- In addition, the relationship with service users for the purpose of the audit process and in assuring the effectiveness of midwifery supervision needs to be developed.
- The interface between statutory supervision and multi-disciplinary clinical governance needs to be strengthened, transparent and shared in HSSD Guernsey.
- The LSA MO would benefit from strengthening her relationship with HSSD senior executive representatives to ensure that the profile of statutory supervision is raised and represented at the HSSD board meetings.

Areas for future reviews:

- Review of LSA annual audit process including the role and contribution of the lay auditor.
- Involvement of women, who use midwifery services, in influencing the effectiveness of supervision of midwifery.
- The strength, transparency and interface between statutory supervision and multi-disciplinary clinical governance in HSSD Guernsey.

**Findings against key risks**

**Rule 8: Supervisors of midwives**

**5.1 LSAs do not have a clear policy and procedure for the recruitment of SoMs**

Risk indicator 5.1.1- LSAs ensure that student SoMs are adequately recruited and are only appointed following successful completion of an approved programme of education for the preparation of supervisors of midwives

<p>What we found before the event</p>
<p>The LSA MO forum UK website policy for nomination, appointment, selection and recruitment of SoMs.<sup>86</sup></p> <p>SoMs who continue in their role are required to undertake a minimum of six hours relevant learning in each year of appointment. All SoMs have recorded their PREP activity on the LSA database and met the NMC requirements for six hours per year.<sup>87</sup></p> <p>SW LSA is linked to three universities that provide the preparation of supervisors of midwives programme; University of West of England, University of Plymouth and University of Bournemouth.</p>
<p>What we found at the event</p>
<p>We found that the LSA MO forum UK policy for recruiting to the preparation of SoM programme is followed which was confirmed by SoMs in Jersey.<sup>88</sup></p> <p><u>Jersey</u></p> <p>The HoM and SoMs in Jersey confirmed there is a clear strategy for recruitment and succession planning.<sup>89</sup></p> <p>In Jersey, two SoMs have recently been appointed and one midwife is commencing the preparation for supervisor of midwives (PoSoM) programme in January 2015 at the University of West of England.</p> <p>Jersey SoMs told us that they have protected time and the opportunity to attend at least six hours (minimum) continuing professional development (CPD) each year. Jersey SoMs are very positive about the quality and relevance of the study days and workshops provided by the LSA MO.<sup>90</sup></p> <p>Jersey SoMs confirmed that they have annual one to one meetings with the LSA MO to discuss their training needs and to confirm their capability and competence as a SoM (NMC, 2014). They record CPD activity on the LSA database. We confirmed this by scrutinising a random sample of SoMs' CPD activity on the database.<sup>91</sup> A list of all SoMs in the NHSE LSA SW is kept updated via the LSA database. Information is used by the LSA MO to monitor all SoMs activity within the LSA area and to identify training needs.</p> <p>We are assured that SoMs in Jersey demonstrated a consistent and appropriate process for the nomination, selection and recruitment to the preparation of supervisors of midwives programme, sufficient to maintain the required 1:15 SoM to midwives ratio and that SoMs have adequate resources to undertake their role and to assure public protection.</p> <p><u>Guernsey</u></p> <p>Until 2014 there has been a stable SoM presence in Guernsey. We were told that it is at least four years since a midwife from Guernsey expressed an interest in doing the PoSoM programme. There is currently one midwife in Guernsey who is interested in</p>

becoming a SoM. The LSA MO forum UK policy for recruiting to the preparation of SoM programme would be followed.<sup>92</sup>

We conclude from our findings that the LSA will have to actively promote the effectiveness of midwifery supervision to encourage an interest in midwives to become SoMs in HSSD Guernsey.

We were informed and observed the schedule for one to one meetings with SoMs in Guernsey and the LSA MO to discuss their training needs.<sup>93</sup> In light of escalating concerns resulting in their enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. We cannot be assured that the Guernsey SoMs are maintained their knowledge, skills and competence for their SoM role. (NMC, 2014).<sup>94</sup> Therefore we conclude risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

#### Evidence / Reference Source

86. LSA MO forum UK website Policy for nomination, appointment, selection and recruitment of SoMs <http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

87. LSA annual audit 2013/14 page 5.

88. Meeting with SoMs Jersey 2 October 2014

89. Meeting with HoM and SoMs Jersey, 2 October 2014

90. Overview of training opportunities for SoMs SW LSA January 2013 – July 2014

91. Access to LSA data base Jersey, 2 October 2014

92. Meeting with HoM / SoM Jersey, 1 October 2014.

93. SoM meetings with LSA MO, 12 and 13 November 2013

94 Preparation for Supervisor of midwives, NMC, 2014

#### **Outcome: Standard not met**

#### Comments:

- The LSA will have to actively promote the effectiveness of supervision to encourage an interest in midwives to become SoMs in HSSD Guernsey.
- We cannot be assured that the Guernsey SoMs maintained the knowledge, skills and competence expected of a SoM (NMC, 2014) in practice and working within their scope of midwifery practice.

#### Areas for future reviews:

- The recruitment and capacity of SoMs in HSSD Guernsey.

- The rigour of the process in confirming individual SoMs competence.

### Findings against key risks

#### **Rule 9: Local supervising authority's responsibilities for supervision of midwives**

**6.1 The LSA consistently exceeds the recommended ratio of 1 SoM to 15 midwives (1.1, 1.2, 1.3, 1.4, 1.6)**

**6.2 The annual review identifies that a midwife has failed to meet the requirement to maintain their midwifery registration (1.5)**

Risk indicator 6.1.1 - LSAs have processes in place to ensure that recruitment supports the necessary number of SoMs to maintain the required ratio and that SoMs have adequate resources to undertake their role

What we found before the event

SoM to midwife ratios are reported through QQM reports to the NMC via the LSA MO. The LSA annual report 2013/14 states there were 45 midwives notifying their intention to practise within Guernsey for the year 2013-14, this compares to 39 (2012-13) and 40 (2011-12). The SoM to midwife ratios varies from 1:8 to 1:11 which meets NMC requirements.<sup>95</sup> Due to escalating concerns and the enforced leave of absence of Guernsey SoMs from their SoM role pending a review into their competence and capability as a SoM.

There was only one SoM in post in HSSD, Guernsey who is a relatively new appointment, i.e. 30 April 2014.

Supervisory support is being provided by Jersey SoMs in order to fulfil the NMC requirements for 24 hour access to a SoM.

What we found at the event

We were informed that the remaining SoM is on enforced leave of absence following a review into her competence and capability as a SoM and is undertaking a LSA local action plan. There are currently no SoMs in HSSD Guernsey. Interim supervisory support is provided by SoMs from Jersey.

We found there is a robust process for confirming midwives NMC registration and training needs in Jersey.<sup>96</sup> Midwives are also maintained on a local public health register. Jersey SoMs and midwives confirmed that all midwives are allocated a SoM on commencement of employment and ItPs are uploaded to the LSA database. SoM to



midwife ratios are currently 1:15 as a result of supporting midwives in Guernsey in addition to Jersey midwives. We confirmed SoM to midwife allocations on the LSA database.<sup>97</sup>

Midwives in HSSD, Guernsey confirm that they are able to contact and receive advice from SoMs from Jersey, when required, on a 24-hour basis, seven days per week, via telephone. Midwives report that this advice has been promptly received and helpful, when required.<sup>98</sup>

We viewed the logging of calls from Guernsey midwives which are recorded in an SBAR (situation, background, assessment, recommendation) format and used as a means of monitoring the support provided.<sup>99</sup> We observed rotas and the presence of SoMs from Jersey in HSSD, Guernsey three days per week to fulfil the role of the supervisor. Midwives in HSSD, Guernsey told us that their presence on the island is reassuring.<sup>100</sup>

Jersey SoMs record SoM hours on an activity sheet on the LSA database, which we confirmed with access to the database.<sup>101</sup> They told us there is a local agreement to have 7.5 hours protected time each month for supervisory activities. They reported they have adequate resources to undertake their role. Sometimes there are challenges for clinical SoMs to have protected time however team working enables this to happen.

Jersey has an NMC approved endorsement arrangement with the University of Chester for pre-registration midwifery. The first three student midwives are due to commence placements in Jersey in November 2014. This will impact on the role of the SoM, as a model of supervision will need to be provided to support these students, If Jersey SoMs continue to support Guernsey midwives this will be a potential capacity issue for supervision.

The HoM and DoN from Jersey confirmed their commitment to providing supervisory support for Guernsey in the short term but not at the compromise of the support they provide to midwives and protection of the public in Jersey.

The DoN and HoM who is also a SoM confirmed the LSA MO requested they undertake a risk assessment for Guernsey maternity services prior to the SoM team undertaking the supervision function for Guernsey. The HoM and SoM concluded five prioritised risk points in the maternity service in Guernsey which they are managing by their cover and support.<sup>102</sup> The LSA MO reported a vision for a Channel Islands supervision team however the Jersey HoM stated this was "not a vision currently". She confirmed the supervisory support to midwives and women in Guernsey would be provided and the situation would be reviewed when the full-time SoM takes up post in HSSD week commencing 13 October 2014. The Jersey chief nurse hoped that the Jersey SoM team would be in a position to withdraw supervisory support from November 2014.<sup>103</sup>

We are assured that the current supervisory support provided to women and midwives in Guernsey HSSD by Jersey SoMs is effective and meets NMC Midwives rules and standards (NMC, 2012).

The sustainability of this model of supervision needs to be closely monitored by the LSA and SoMs in Jersey to ensure the supervision provided to midwives and the protection of the public in Jersey is not compromised. In addition, the effectiveness of the future appointment of the six month secondment of a full time SoM needs to be monitored and evaluated.

<p>The LSA needs to work closely with Guernsey HSSD to promote the role of supervision and to ensure processes are in place to ensure the recruitment of the necessary numbers of SoMs to maintain the required SoM to midwife ratios for the mid and long term supervision of midwifery in Guernsey.</p>
<p>Evidence / Reference Source</p>
<p>95. LSA Annual report 2013/14 <a href="https://nmcoms.mottmac.com">https://nmcoms.mottmac.com</a>  96. Meeting with HoM and SoMs Jersey, 2 October 2014  97. Access to LSA database Jersey, 2 October 2014  98. Meeting with midwives, HSSD, 1 and 2 October 2014  99. SBAR logging call sheets  100. Meeting with midwives, HSSD, 1 and 2 October 2014  101. Access to LSA database 2 October 2014  102. Risk Assessment Guernsey Maternity Unit, 12 August 2014  103. Meeting with Chief nurse and HoM, Jersey, 2 October 2014</p>
<p><b>Outcome: Standard met</b></p>
<p>Risk indicator 6.2.1 - LSA Guidelines are clear in giving direction to SoMs as to the content of the annual review so that the SoM undertakes this in a consistent manner and she can be assured that a midwife has complied with the requirement to maintain their midwifery registration</p>
<p>What we found before the event</p>
<p>Completion rates for annual reviews are closely monitored by the NHSE LSA SW through the LSA database. These provide an opportunity to review the midwife's practice standards and learning needs to ensure protection of women and babies. The draft LSA annual audit report 2013/14<sup>104</sup> page four confirms that SoMs completed 91 percent of annual reviews by 31 March 2014.</p>
<p>What we found at the event</p>

We found Jersey SoMs and midwives in Guernsey and Jersey are knowledgeable about the regulatory requirements for SoMs to conduct annual reviews of midwives and they could describe the process.<sup>105 106</sup>

The midwives reported that they have specific paperwork in regard to the conduct of the annual reviews that was utilised by all the SoMs.<sup>107</sup> We observed the paperwork used for the annual review. Completion of annual reviews was confirmed through the database.<sup>108</sup>

Jersey SoMs described the use of 'The supervision strategy wheel'<sup>109</sup> which they have developed which incorporates the principles of NHSE 'Compassion in practice'. They are currently using it as a pilot for annual reviews and practice discussions and use the wheel to stimulate debate. They report early feedback is very positive. We considered ongoing use of this tool is good practice.

The LSA MO informed us that she has been reviewing the annual review paperwork to ensure it was fit for purpose. She is keen to develop an electronic copy of the annual review for a national template. However, not all the midwives in Guernsey have access to emails so many are unable to receive an electronic copy of the review via the contact SoM.

In HSSD Guernsey we were informed that midwives attend mandatory training however completion of other CPD training is limited because of staffing levels.<sup>110</sup> We were informed by the former senior manager of Children and Maternity Services<sup>111</sup> about a significant underspend in the training budget in 2012 and 2013. We were not assured about the action taken as a result of this underspend in ensuring midwives were kept up to date. There is some evidence of HSSD undertaking a training needs analysis.<sup>112</sup> However, there is limited evidence as to how the analysis is used to develop and provide a robust training programme to ensure midwives are kept up to date to provide contemporary and evidence based practice.

We were told by the acting HoM that there had been two student midwives studying at a UK AEI undertaking elective placements in HSSD, Guernsey. We observed the birth register and one elective student midwife had engaged in birthing women. There are no qualified sign off mentors in the maternity unit. This was raised as a significant concern with the acting HoM who was advised elective placements should not take place.

We conclude that there is evidence that annual reviews were undertaken in both Guernsey and Jersey to assess midwives compliance with the requirements for registration and an annual review tool is utilised.

However, SoMs in Guernsey who conducted annual reviews with Guernsey midwives are on enforced leave of absence from their SoM role pending a review into their competence and capability as a SoM. Guernsey midwives have limited opportunity to attend continuing professional development (CPD) training which was confirmed in the maternity services significant underspend in the education and training needs budget in 2012 and 2013. In addition, there is limited evidence of the provision of a robust CPD training programme to ensure midwives are kept up to date to provide contemporary and evidence based practice. Therefore we cannot be assured that the annual reviews were undertaken in a robust and accurate manner.

We cannot be assured that midwives are working within their scope of midwifery practice and risks are controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) to protect the public.

#### Evidence / Reference Source

104. LSA annual audit report 2013/14, page 4
105. Meetings with midwives, HSSD 2 and 3 October 2014
106. Meeting with midwives, Jersey 2 October 2014
107. Annual review: Midwives guidelines for preparation of supervisory interview
108. Access to LSA database 2 October 2014
- 109 Jersey SoMs 'The Supervision wheel'
- 110 Meeting with midwives, HSSD 1 and 2 October 2014
111. Meeting with former Assistant Director of Children and Maternity Services, 2 October 2014
112. Maternity training needs analysis, 2013, e-mail from acting HoM 5 October 2014

#### **Outcome: Standard not met**

#### Comments:

- The sustainability of the model of supervision provided by SoMs from Jersey must be closely monitored by the LSA to ensure the supervision provided to midwives and protection of the public in Jersey is not compromised.
- In addition, the effectiveness of the future appointment of the six month secondment of a full time SoM in Guernsey needs to be monitored and evaluated.
- The LSA must work closely with Guernsey HSSD to promote the role of supervision and ensure processes are in place to recruit the necessary numbers of SoMs to maintain the required SoM to midwife ratios for supervision of midwifery in Guernsey.
- The LSA must provide assurance that midwives practising in Guernsey comply with the requirement to maintain their midwifery registration.

#### Areas for future reviews:

- The effectiveness of the supervision of midwifery in Guernsey.
- All midwives working in HSSD, Guernsey are compliant with the NMC requirements to maintain their midwifery registration.

## Findings against key risks

### Rule 10: Publication of local supervising authority procedures

#### 7.1 LSAs do not complete supervisory investigations in an open, fair and timely manner

Risk indicator 7.1.1 - LSAs have developed mechanisms to ensure investigations are carried out fairly, effectively, efficiently and to time

What we found before the event

The LSA annual report 2013/14<sup>113</sup> describes the following information in relation to how the LSA ensures that investigations are fair, equitable and comply with standards set by the NMC and the LSA:

- The use of the LSA MO UK Forum UK policy for LSA review and investigation processes which complies with the standards and guidance set by the NMC. It is published on the LSAMO UK forum website and is available for SoMs, midwives and the public to reference.
- Implementation of the investigation policy, document templates and training has been provided for SoMs.
- Use of the template documentation can be used to provide equity and transparency in the investigation processes.
- LSA MO contributes to the preparation of SoMs programme to ensure that student SoMs have detailed knowledge and awareness of investigatory processes and are fit for purpose in readiness for appointment.
- All SoMs use the decision making tool to create structure to the process and ensure that the scope of the investigation is clear.
- The tool supports SoMs in their decision making processes when deciding whether or not to undertake an investigation. When a SoM is unsure the LSA MO supports the decision making.

The LSA database is used to log the investigation and this sends an automatic notification to the LSA MO to alert her that an investigation has commenced within an organisation. In addition, the database alerts the LSA MO when investigations are over the 45 working day (key performance indicator (KPI) completion period and SoMs are then contacted for an update. The most common reasons for delay are the midwife is off sick from work, the midwife has delayed returning an account of events or the SoM has found it difficult to negotiate getting protected time for the investigation and is completing in her own time.

Support for investigations is provided by the LSA midwife. At the end of the investigation the database is used to log the outcome and all the supporting evidence.

The number of investigations is monitored on a quarterly basis and reported to the NMC via the QQM report.

The LSA MO can see on a case by case basis whether the SoM has declared that she is meeting the standards within the policy.

Meeting notes and transcripts of interviews and meetings are shared with the relevant midwives ensuring that confidentiality is maintained as appropriate. This ensures that processes are transparent and midwives are cognisant of what is recorded about them.

LSA MO reads every final draft of the investigation reports; provides the SoM investigator with feedback about the report and approves the recommendation to ensure proportionality.

Within the policy there is a clearly documented appeals process and this is stated within the template letter SoMs use when informing the midwife of the recommendations.

The draft LSA annual audit 2013/14 for HSSD, Guernsey reports a number of recommendations related to serious clinical incidents and identifies that the contact SoM did not appear to be fully conversant with the governance structure that SoMs should be linked with. In addition, there should be transparency between the activities, learning and findings from supervision and these are shared within the organisation.

Recommendations include:

- To identify a supervisor of midwives who is independent of the risk midwife to review serious clinical incidents in a systematic and thorough manner.
- Supervisors to demonstrate active involvement in clinical governance and risk meetings.
- To identify a supervisor of midwives who is independent of the risk midwife to review serious clinical incidents in a systematic and thorough manner.
- For a briefing to be presented at each governance meeting highlighting and sharing information from relevant supervisory activities.
- To appropriately complete a LSAMO UK Forum decision making form when there are concerns about midwifery practice sending completed copy to the LSA
- For a supervisor to be present at a maternity serious incident meeting (separate to the risk management role).

NB: there were no recorded actions against these recommendations seen before the event as the report was unpublished.

Verbal information via telephone with LSA MO (29 September 2014) confirmed the risk management role is now the responsibility of the band seven midwives.

What we found at the event

## Jersey

Jersey SoMs confirmed the use of the LSA MO forum UK policy LSA review and investigation processes, 2013 for all investigations.<sup>114</sup>

The HoM in Jersey, told us that once a serious untoward incident (SUI) is identified, through datix reporting, the SUI is escalated to the DoN and chief nurse. A midwifery manager and a SoM undertake an investigation, but not in a dual role, to avoid role conflict. SoMs in Jersey confirmed they use the LSA MO forum UK policy decision making tool. The LSA MO is notified of an SUI via the LSA database or the SoM will contact the LSA MO directly to discuss a specific case.<sup>115</sup>

Quarterly meetings are held with the DoN and contact SoM to discuss issues surrounding supervision and to ensure links with the governance framework are strong and effective.

One midwife in Jersey shared her experience of developmental support she had received. She described her positive experience of supervision and as a result of this experience she has instigated change in the clinical environment. She confirmed that she was well supported by the SoM team in Jersey, both from a clinical and educational perspective.<sup>116</sup>

We confirmed that any current investigations would be undertaken by the SoM team in Jersey with the support of the LSA midwife. We were assured that the mechanisms in place in Jersey for investigatory processes meet NMC requirements.<sup>117</sup>

We are assured that SoMs in Jersey have robust and effective mechanisms in place to ensure investigations are carried out fairly, effectively, efficiently and to time.

## Guernsey

Information was provided by the LSA MO detailing all supervisory investigations that had been undertaken relating to SoMs and midwives in Guernsey and those due to be carried out. Out of six completed investigations; four were outside the 45 day period KPI for completion; one led to referral to the NMC; other supervisory decisions included four LSA practice programmes varying from 150-300 hours and two local action plans.<sup>118</sup>

There was one appeal from a recent investigation, regarding a process issue and the length of the LSA practice programme. This was reviewed by an external LSA MO and was not upheld. The external LSA MO confirmed the remedial action of the LSA practice programme was entirely appropriate.

The system prior to August 2014 in Guernsey involved reviews being undertaken by the midwife with dual roles which did not give assurance of the robustness of the process and investigation about the standards of midwifery practice by a SoM. This practice has now ceased due to the enforced leave of absence from the SoM role pending a review into her competence and capability as a SoM.

We observed the maternity clinical risk management strategy in HSSD Guernsey, developed in April 2014 and in an early stage of implementation. This strategy provides guidance on managing and reporting risk, incorporating a trigger list and flowchart adopted from the National Patient Safety Agency (NPSA).<sup>119</sup>

Band seven midwives confirmed that they now have a risk management role.<sup>120</sup> We

were informed by senior Governance and Assurance staff that the policy for the management of serious untoward incidents (SUIs) is under review and consultation has not yet involved midwives or SoMs.<sup>121</sup> We were told that lessons had been learnt from the lack of rigour and scrutiny following the neonatal death in early 2014. As well as challenging evidence and decision making, a 'sense check' is done to ensure all evidence is consistent and robust.

On examination of this draft policy we note the involvement of SoMs in the SUI panel. However, it is stated that all SUIs will be reported to the LSA via the HoM. It is the role of SoMs to trigger and escalate investigations to the LSA and LSA MO and not the HoM role.<sup>122</sup> This must be made transparent to avoid any potential role conflicts.

A review of HSSD minutes of obstetrics and gynaecology clinical governance committee meetings<sup>123</sup> demonstrated a lack of scrutiny and challenge to standards of midwifery clinical practice and/or issues raised by SoMs and suggests that the risks were not escalated and addressed. Also the roles of attendees at these meetings suggests a potential problem with dual roles and role conflict. The former senior manager of children and maternity services continually gave apologies so did not attend these meetings. She told us she thought the meetings were well managed under the chair who was the HoM.<sup>124</sup>

We found the interface between supervision of midwifery and clinical governance within HSSD Guernsey and the MSG was weak. SoMs must be aware of governance and risk reporting systems across all professional disciplines and have active involvement. There was no evidence that SoMs in Guernsey provided any briefing related to supervisory activities at HSSD governance meetings.

These findings are supported by the draft LSA audit report, 2013/14<sup>125</sup> which includes five out of 12 recommendations which relate to the need for SoMs to strengthen the interface of statutory supervision of midwives with clinical governance. These include; improving the role of supervision in the review of clinical incidents that raise concerns about the standards of midwifery practice and ensuring the review is thorough and systematic using the LSA MO UK forum guidelines and tools. There is no evidence that these recommendations were progressed as the report is unpublished.

Our findings conclude a prolonged timeframe for the completion of investigations; the enforced leave of absence of Guernsey SoMs from their SoM role pending a review into their competence and capability as a SoM and the lack of evidence of a robust, effective, shared and transparent interface between statutory midwifery supervision and multi-disciplinary clinical governance in HSSD Guernsey. Therefore we are not assured that SoMs conducted investigations in an open, fair and timely manner and risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.

#### Evidence / Reference Source

113. LSA annual report <https://nmcoms.mottmac.com>

114. LSA MO forum UK policy LSA review and investigation processes, 2013



115. SUI procedure and example of a LSA investigation report of a midwife. May 2014
116. Example of a completed Structured Developmental Support programme for a midwife. 2012
117. Meeting with SoMs Jersey, 2 October 2014
- 3 examples of States of Jersey briefings for Chief Nurse; June – August 2014, March –June 2014 (new format) and January 2014.
118. Overview of supervisory investigations April 2013-September 2014
119. The States of Guernsey Health & Social Services Board Maternity Clinical Risk Management strategy , risk matrix, [www.npsa.nhs.uk](http://www.npsa.nhs.uk) NHS national patient safety
120. Meetings with Band 7 Clinical lead midwives, 1 October 2014
121. Meeting Assistant Director, Governance & Assurance, 1 October 2014
122. Policy for the Management of untoward incidents (Draft) undated
123. Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings February 2014  
Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings April 2014  
Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings June 2014  
Minutes of Obstetrics and Gynaecology Clinical Governance Committee Meetings July 2014
124. Meeting with former Assistant Director of children and maternity services, 2 October 2014
125. LSA Audit report 2013/14 page 9 – 14

**Outcome: Standard not met**

Comments:

- An effective, shared and transparent interface between statutory midwifery supervision and multi-disciplinary clinical governance in HSSD Guernsey is not in place.
- We are not assured that SoMs conducted investigations in an open, fair and timely manner.
- Risks are not controlled to ensure supervision of midwifery meets the Midwives rules and standards (NMC, 2012) and LSA standards to protect the public.
- In order to ensure that there are robust governance processes, all clinical incidents that raise concerns about the standards of midwifery practice need to be systematically reviewed by a SoM using the LSA MO UK forum guidelines and tools.

Areas for future reviews:

- Ensure mechanisms are in place to ensure investigations are carried out fairly, effectively, efficiently and to time.

## Findings against key risks

### Rule 14: Suspension from practice by a local supervising authority

#### 8.1 Public being placed at risk if a midwife continues to practise when their fitness to practise is alleged to be impaired

Risk indicator 8.1.1- LSAs have developed adequate guidelines for the suspension of a midwife from practice

#### What we found before the event

There is a LSA MO forum UK policy: LSA Suspension of midwives from practice by a LSA.<sup>126</sup>

There is a LSA MO forum UK policy: LSA review and investigation processes, November, 2013.<sup>127</sup>

There is a LSA MO Forum UK policy for LSA practice programmes to ensure consistency in decision making.<sup>128</sup>

These policies all contribute to the principle that an investigation is conducted before suspension from practice and referral to the NMC.

Midwives have the right to appeal the recommendation made on conclusion of the investigation. (Sections 4.4 and 5.10, Midwives rules and standards (NMC 2012). The LSA MO, with the midwife's line manager, manages the appeal process to ensure it is fair.

The LSA MO holds a meeting with the midwife, her representative and the investigating supervisor in cases where referral to the NMC has been recommended by the investigating supervisor.

#### What we found at the event

We found the LSA MO forum UK policy: LSA review and investigation processes, November, 2013 is adhered to and is used to underpin LSA practice programmes and where necessary suspension from practice.<sup>129</sup>

We reviewed documentary evidence and were informed by the LSA MO about the workshops she provided for SoMs in Guernsey and Jersey to enhance their understanding of the supervisory investigation process.<sup>130</sup> SoMs in Jersey confirmed attendance at this workshop and described it as very informative. They verified the use of the LSA MO forum UK LSA supervisory investigation decision tool for investigations and suspension from practice.<sup>131</sup>

During 2013/14 and to date, under the Midwives rules and standards (NMC, 2012) there have been six completed investigations. The outcomes are; four LSA practice programmes; two local action plans and one midwife who was referred to the NMC and was suspended from practice.<sup>132</sup>

Our findings relate solely to the supervisory suspension of the midwife by the LSA in April 2013. There have been no further suspensions to draw on to make further judgements. We are assured that the correct process was followed to ensure NMC rules and standards are met and there were effective measures taken to protect the public.

#### Evidence / Reference Source

126. LSAMO forum UK policy: Suspension of midwives from practice by a LSA, 2013

<http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

127. LSAMO forum UK policy: LSA review and investigation processes, November 2013

<http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

128. LSAMO forum UK policy: Suspension of midwives from practice by an LSA, 2013

<http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

129. LSAMO forum UK policy: LSA review and investigation processes, November 2013

<http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

130. LSA MO 2014 workshops for SoMs; Investigation master classes, Guernsey 12 and 13 November

2013; Jersey 3 and 4 March 2014; Contact SoM meeting: Training, investigation and report writing, 15

July 2014.

131. LSA MO forum UK LSA supervisory investigation decision tool for investigations and suspension from practice, <http://www.lsamoforumuk.scot.nhs.uk/policies-guidelines.aspx>

132. Overview of supervisory investigations April 2013-September 2014

**Outcome: Standard met**

Comments: None

Areas for future reviews: None

**Personnel supporting the LSA review**

**During the review visit**

LSA MO, NHS England LSA, South West  
 Chief Officer, HSSD, Guernsey  
 Director of Health, Social Care & Nursing, HSSD, Guernsey  
 Acting Head of Midwifery, HSSD, Guernsey  
 Assistant Director, Governance & Assurance, HSSD, Guernsey  
 Head of Governance Support and Compliance. HSSD, Guernsey  
 Former Assistant Director, Children and Maternity Services, HSSD, Guernsey  
 Head of Maternity and Young People NHSE  
 2 Midwifery Clinical Lead, HSSD, Guernsey  
 LSA Midwife, NHSE  
 Head of Midwifery, Supervisor of Midwives, Jersey  
 Chief Nurse, Jersey  
 Former Acting Chief Officer, HSSD, Guernsey  
 Senior Lecturer, Institute for Health and Social Care Studies, HSSD, Guernsey  
 Director of Education, Institute for Health and Social Care Studies, HSSD, Guernsey

**Telephone interviews:**

Director of Nursing, Quality Improvement & Care, NHS England  
 Deputy Director for Quality Assurance (South) NHS England  
 Peer Supervisor of Midwives NHSE LSA SW  
 Lay Auditor

Meetings with:

LSA MO	3
Lead midwife for education no	0
Midwives	19 Midwives 2 Midwifery Clinical Leads 1 Midwife completed LSA programme (Jersey) LSA Midwife x 2 (meeting and telephone)
Supervisor of midwives	Six SoMs Jersey Peer supervisor of midwives NHS LSA SW (teleconference)

Mentors / sign-off mentors	0
Service users / Carers	6 service users including member of MSLC Lay Auditor, teleconference, Guernsey and Jersey
Practice Education Facilitator	1 Jersey
Director / manager midwifery	HoM, Jersey Acting HoM, Guernsey Meeting with Acting HOM Chief Nurse – Jersey
NHSE LSA	Head of Maternity and Young People NHSE  Teleconference with: Director of Nursing, Quality Improvement & Care, NHS England Deputy Director for Quality Assurance (South) NHS England
Senior HSSD representatives	Chief Officer, HSSD Guernsey Interim Chief Officer, HSSD Guernsey Director of Health, Social Care & Nursing, HSSD Guernsey Assistant Director, Governance & Assurance  Head of Governance Support and Compliance  Former Assistant Director, Children and Maternity Services
Other (please specify)	Student Nurses x 5  Senior Lecturer, Institute for Health and Social Care Studies, Guernsey Director of Education, Institute for Health and Social Care Studies, Guernsey

Meetings with students

Midwifery three year	Year 1: 0 Year 2: 0 Year 3: 0
Midwifery 18 month	Year 1: 0 Year 2: 0 Year 3: 0
Student Supervisor of Midwives	0