

**NMC report on the review of  
Northern Health and Social Service Board  
Local Supervising Authority**



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## NMC document information

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<b>Contents</b>		<b>Page</b>
1	<b>Executive summary</b>	4
	1.1 Overview and key recommendations	
2	<b>Background</b>	6
	2.1 The Nursing and Midwifery Council	
	2.2 Local Supervising Authorities	
	2.3 The NMC framework for reviewing LSAs	
3	<b>Introduction</b>	8
	3.1 The NHSSB LSA	
4	<b>The Northern Health and Social Services Board LSA review</b>	10
	4.1 Decision for review	
	4.2 The review	
5	<b>Review findings</b>	12
6	<b>Conclusion</b>	28
 <b>Appendices</b>		 <b>Page</b>
1	The Review Team	29
2	Programme for the review	30

# 1 Executive Summary

The purpose of this review has been to audit the function of the Northern Health and Social Service Board (NHSSB) Local Supervising Authority (LSA). The NHSSB LSA was identified for review after the annual report was risk assessed and serious concerns were identified. This risk-based approach to review has been approved by the Nursing and Midwifery (NMC) Midwifery Committee and is in line with the NMC risk framework and the *Regulators Compliance Code*<sup>1</sup>

## 1.1 Overview and key recommendations

- user involvement in maternity services and within the statutory supervision structure should be strengthened
- with the impending change to one LSA across Northern Ireland, statutory supervision must continue to be valued, appreciated and recognised as a fundamental safeguard to protect the health and wellbeing of mothers and babies
- Supervisors of midwives (SoMs) should have the knowledge, skills and confidence to promote evidence based midwifery led care
- implementation of the LSA UK Forum national guidelines should be embedded into midwifery practice alongside the development and implementation of local practice guidelines.

## Recommendations

The following recommendations have been made to the NHSSB LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report. It will be published alongside this report on the NMC website, [www.nmc-uk.org](http://www.nmc-uk.org).

### The LSA are recommended to:

#### Clinical Governance Structures

- strengthen the contribution from SoMs to the guideline and policy development group
- ensure the processes for receiving notification to the LSAMO of all untoward incidents is effective by monitoring its compliance
- ensure compliance with investigation guidelines by monitoring how and when they are being used

#### Publications

- ensure the LSAMO Forum UK guidelines are integral to everyday practice of SoMs
- develop and implement an audit trail to demonstrate compliance with the guidelines.

#### Women centred care and evidence based practice

- expect SoMs to support midwives to challenge medically led care where midwifery led is suitable and appropriate for women
- ensure that woman-centred, evidence-based midwifery practice is supported and promoted by SoMs at all times
- ensure that robust recruitment strategies are developed and implemented to secure user involvement in the planning and development of maternity services.

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<sup>1</sup>[http://www.cabinetoffice.gov.uk/REGULATION/reform/enforcement\\_concordat/compliance\\_code.asp](http://www.cabinetoffice.gov.uk/REGULATION/reform/enforcement_concordat/compliance_code.asp)

## **Training**

- ensure adequate training and support in the use of the national database is in place for SoMs
- ensure that all SoMs are conversant with how to access local as well as LSAMO UK Forum guidelines and know their content
- monitor the attendance of all SoMs at available training events to audit take-up

## **Supervisory Framework**

- further develop and subsequently implement the LSA website
- ensure a clear distinction between the role of manager and role of SoM, specially during an investigation
- ensure that monitoring of the implementation of the national guidelines in relation to supervisory records is effective following implementation of the national database
- raise concerns regarding the requirement of being a SoM in order to hold a management post and expect its removal
- monitor and audit the time spent by each SoM undertaking her supervisory role to provide evidence where this has to be undertaken in her own time
- ensure that the recommendation of administrative support is actioned as a matter of urgency when the newly formed LSA is implemented
- embed the supervisory investigation guideline into practice
- continue to develop, implement and review local policies in relation to statutory supervision of midwives

## **Supervisory Records**

- ensure that a robust and safe storage process is implemented when record keeping is transferred into electronic format

## **The NMC is recommended to:**

- monitor and review activities of the LSA in respect of its adherence to the standards for supervision of midwives and, specifically
  - review and risk assess the 2008/09 LSA report for compliance with the standards
  - monitor and evaluate the LSA response to the recommendations from the review.

## **Acknowledgements**

The review team would like to thank everyone who participated in the review

## 2 Background

### 2.1 Nursing and Midwifery Council

The Nursing and Midwifery Council (NMC) is the statutory body for the regulation of nurses and midwives. We exist to safeguard the health and wellbeing of the public.

- we register all nurses and midwives and ensure that they are properly qualified and competent to work in the UK
- we set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers
- we ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional Code
- we ensure that midwives are safe to practise by setting rules for their practice and supervision
- we have fair processes to investigate allegations made against nurses and midwives who may not have followed the Code.

The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001(The Order)<sup>2</sup>.

The NMC also has responsibility under The Order for setting the rules and standards related how Local Supervising Authorities (LSAs) carry out their function<sup>3</sup>. We wish to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to us is where the clinical environment is not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students.

### 2.2 Local Supervising Authorities

LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of a LSA is to protect the public.

The LSA sits within an organisation such as a NHS authority, but varies in each country of the United Kingdom. The chief executive of the organisation is responsible for the function of the LSA. At the time of writing this report the LSA in Northern Ireland is the Health and Social Service Board.

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

Supervisors of midwives are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives' practice and the environment of care provided by the maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women

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<sup>2</sup> The Nursing and Midwifery Order 2001, SI 2002 N0 253

<sup>3</sup> The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43

24-hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safely and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives' ability to care for women and their babies.

Every practising midwife in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most in each practice year. This LSA is described as the midwife's main area of practice and every midwife is required to notify her/his intention to practise (ITP) to this LSA each practice year. A practice year runs from the 1 April to the 31 March.

### **2.3 The NMC Framework for reviewing LSAs**

The NMC sets the rules and standards for the function of the LSA which are detailed in the *Midwives rules and standards* (2004). We have a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the "NMC framework for reviewing LSAs" ([www.nmc-uk.org](http://www.nmc-uk.org)). The purpose of the review is to verify that the LSAs are meeting the required standards and to enable concerns that may impact upon protection of the public and safety of women and their families to be highlighted and give recommendations for action.

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

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

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

The review team should:

- verify that the *Midwives rules and standards* are being met
- explore key themes identified by the NMC
- visit one or more maternity services if deemed appropriate due to the reasons for the review
- meet with stakeholder groups including the LSAMO, midwives, SoMs, users of maternity services, lay organisations and representatives, Directors and Heads of Midwifery, Directors of Nursing, Chief Executive of the Health Board and LSA
- observe evidence of examples of best practice within the function of the LSA
- explore any other areas of concern or interest during the course of their visit.

### 3 Introduction

#### 3.1 The Northern Health and Social Service Board LSA

At the time of undertaking the review there were four Health and Social Services Boards in Northern Ireland. The NHSSB (the LSA) is the second largest Board. It serves a population of approximately 433,000. Verena Wallace is the current LSAMO for this LSA. From 1 April there will be only one LSA which will sit in the Public Health Agency.





### **3.2 Maternity Services in the Northern Health and Social Service Board**

Within the LSA there is one trust responsible for maternity services, which is provided in two maternity units, Antrim and Causeway. In 2007-08 Antrim had 3100 births per annum and Causeway 1389 births per annum. The NHSSB Intention to Practice database in December 2008 showed 241 midwives of which 21 are currently undertaking the role of SoMs providing a ratio of 1:11. There are two Contact supervisors of midwives, one for each maternity unit.

A recent independent review of all maternity services was undertaken as a result of a number of maternal deaths as well as concerns raised by coroner's inquests into two intrapartum related perinatal deaths in Antrim. The findings highlighted a number of recommendations around training and guidelines with an emphasis on the need to develop multidisciplinary working. However, the findings also noted that the fact that the maternity service was in the top 25% of UK maternity units:

*"Maternity Services at both Antrim and Causeway are safe and would be in the top performing UK quartile when viewed against almost all of the major performance indicators. However, there are relatively high levels of intervention, and the overall model of care appears medicalised compared to national models of good practice..."*

(Independent Review of Maternity Services in the Northern Health & Social Care Trust – Report of the Review team July 2008. [www.nhssb.n-i.nhs.uk](http://www.nhssb.n-i.nhs.uk)).

## 4 The NMC Northern Health and Social Services Board LSA review

### 4.1 Decision for review

The NHSSB LSA was considered 'high risk' after the 2006-2007 annual report to the NMC was risk scored. The risk analysis showed:

#### RED SCORES

- some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC was not assured that an effective supervisory network is in place.
- SoM to midwife ratio across the LSA not stated
- no description of the Intention to Practise process
- LSA audits process stated as not undertaken
- limited information or description provided on maternal death trends within LSA and interface with supervisory network.

#### AMBER SCORES

- SoM to midwife ratio above 1:20 within individual services or across the LSA
- description of how midwives are provided with continuous access to a SoM not described
- no evidence that "*continuous access to a SoM*" process is audited so lack assurance that process is working effectively
- LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place
- public user involvement in supervision audits not described
- no description of complaints process or number of complaints
- high or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers
- inadequate supervisory framework in place to meet the *Midwives rules and standards* across the LSA
- concerns regarding the function and performance of supervision within the LSA.

#### GREEN SCORES

- Public user involvement in supervision could be enhanced.

### 4.2 The review

The review took place over two days, 10 and 11 February (appendix 1)

The review team met with key people including:-

- Chief Executive (NHSSB)
- Director of Nursing (NHSSB)
- Clinical Governance Risk Management lead (NHSSB)
- Chief Executive (NHSCT)
- Nurse Director (NHSCT)
- LSA Midwifery Officer
- Midwives
- Supervisor of Midwives
- Head of Midwifery
- Lead Midwives for Education
- Director of Public Health

- Director of Women and Children's Services
- Assistant Director of Women and Children's Services
- Clinical Director of Women and Children's Services
- Director of Workforce and Planning

## 5 Review findings

The purpose of this review has been to appraise the function of the LSA. Whilst undertaking the review the team were made aware of the imminent change to the structure of the Boards. On 1 April 2009 the Boards would be replaced by a new structure resulting in one LSA across the whole of Northern Ireland. From the 1 April the LSA would sit in the Public Health Agency.

### Positive elements identified during the review

- evidence of good leadership skills adopted by the LSAMO with SoMs feeling supported and encouraged to develop their skills and competence to undertake the role of SoM more effectively
- profile of statutory supervision of midwives raised at Board level as well as maternity unit level
- establishment of the “Blue File” containing paper copies of resources for SoM to access
- development and implementation of guidelines for maternal death
- involvement of SoMs in guideline development such as for maternal death and a modified early warning system
- full ‘baby friendly accreditation’ in Antrim Hospital
- adoption of LSAMO UK Forum guidelines into supervisory practice
- training opportunities for SoMs increased
- recent recognition of a midwife in a national award nomination for care of diabetic mothers
- Causeway SoMs, LSAMO and DHSSPS Nursing Officer (Midwifery and Children's Services) led on the development and implementation of a new regional woman held maternity record
- LSA website under development
- LSA national database implementation planned
- external review of Maternity Services noted maternity service in NHSCT is currently within the top 25% of UK hospitals

### Issues highlighted during the review

- a need to involve users in the annual LSA audits of midwifery supervision and the processes
- a need for development of Maternity Service Liaison Committees (MSLCs)
- a need to provide clarity in the distinct difference in role of manager and that of a SoM
- a need for education on the process for nomination, selection and preparation of SoM, following the adoption of LSAMO Forum UK guidelines
- challenges highlighted in relation to SoMs obtaining protected time to effectively undertake their role
- process of storage and archiving of supervisory records requires to be reviewed
- a lack of training on identifying incidents which require a supervisory investigation
- not all supervisory activities are currently recorded
- a need for a dedicated budget to be identified for the function of statutory supervision and held by the LSA for that purpose.

### Challenges to the LSA include:

- ensuring continuation and expansion of good practice relating to midwifery supervision in the context of the impending dissolution of the boards and formation of one LSA for Northern Ireland, the Public Health Agency
- change in the strategic management team in the Trust
- building midwives confidence and competence to contribute positively to reviews of maternity services.

- developing a country specific approach to supervision following the formation of one LSA for Northern Ireland with the sharing and adopting of best practice across geographical boundaries

## Benchmark 1 - Rule 4 Notifications by Local Supervising Authority

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

Standard	Judgement	Evidence Source
1.1 Publish annually the name and address of the person to whom the notice must be sent.	Standard met	<i>Evidence was seen that the LSAMO publishes notification procedures locally and was verified by current SoMs and midwives</i>
1.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<i>Evidence was seen that the LSAMO distributes this locally via e-mail. Verified by SoMs and midwives and confirmation given as to date set by LSAMO</i>
1.3 Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year.	Standard met	<i>LSAMO verified approach currently undertaken by data entry clerks with discrepancies fed directly back to SoM for action accordingly</i>  <i>National database will inform the process in the future</i>
1.4 Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month.	Standard met	<i>Data entry clerk's responsibility and SoMs advised if discrepancies arise. LSAMO and SoMs verified this approach</i> <i>National database will inform the process in the future</i>

**Review team commentary –**  
 The review team were provided with electronic and verbal evidence to support that this LSA standard has been met in full. The proposed introduction of the national LSA database will enhance the process as will the proposed website of which a “mock page” was presented as evidence.

**Recommendations to Rule 4:**  
**LSA**  
 The LSA should:

- ensure adequate training and support in the use of the national database is in place for SoMs
- further develop and subsequently implement the LSA website
- ensure the LSAMO Forum UK guidelines are integral to everyday practice of SoMs.

## Benchmark 2 - Rule 5 Suspension from Practice by a Local Supervising Authority

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

Standard	Judgement	Evidence Source
2.1 Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Standard met	<i>Local guidelines were seen and are in place but there is agreement given by the LSA that National LSA UK Forum guidelines will be implemented.</i>
2.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	<i>Adoption of national guidelines sourced through the "blue file" was seen to be available in the clinical setting</i>  <i>Plan in place to have guidelines accessible via the LSA web site</i>
2.3 Publish the process for appeal against any decision.	Standard met	<i>Evidence seen that the national guidelines are available in the "blue file"</i>  <i>Plan in place to have guidelines accessible via the LSA website</i>
2.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	<i>Evidence seen that the national guidelines are available in the "blue file"</i>  <i>Plan in place to have guidelines accessible via the LSA web site</i>

### Review team commentary

The review team were provided with electronic, written and verbal evidence to support that this LSA standard has been met in full.

Although guidelines are in place relating to investigations the review team became aware that there was some confusion between a management investigation following a clinical incident and a supervisory investigation. Further guidance is also needed to clarify what the process is when the investigating SoM or named SoM is also the investigating manager.

The local guidelines will be further enhanced with the adoption of the LSA UK Forum guidelines. The monitoring of compliance of these guidelines needs to be adopted as part of the LSA audit. Access to paper copies of the guidelines is currently sited in 'Blue Files' within clinical settings. Monitoring of compliance is again required.

### Recommendations Rule 5:

#### LSA

The LSA should:

- ensure a clear distinction between the role of manager and role of SoM, especially during an investigation
- ensure that all SoMs are conversant with how to access local as well as LSAMO UK Forum guidelines and know their content
- develop and implement an audit trail to demonstrate compliance with the guidelines.

### Benchmark 3 - Rule 9 Records

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

Standard	Judgement	Evidence Source
3.1 Publish local procedures for the transfer of midwifery records from self-employed midwives.	Standard met	<i>Guideline H: Transfer of Records from Self-Employed Midwives is available and found in the "blue file"</i>  <i>Plan in place to have guidelines accessible via the LSA web site</i>
3.2 Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Standard met	<i>Record of supervisory activity kept. Verified during review. Transfer onto national database will ensure consistency of approach. On completion of transfer onto database archiving of records requires to be undertaken</i>
3.3 Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard not met	<i>The merging of organisations has resulted in an audit trail of past events to be difficult. Some records are kept in locked filing cabinets but not necessarily all of last seven years.</i>  <i>Moving onto the national database will ensure future records are stored safely and securely</i>
3.4 Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Standard not met	<i>Reported by SoMs during review as above</i>
3.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	<i>No evidence of local procedures but the LSAMO UK Forum Guideline B: Retention and Transfer of Records Relating to Statutory Supervision has been adopted and is available in policy folders in the maternity units as well as electronically on the website <a href="http://www.midwife.org.uk">http://www.midwife.org.uk</a></i>  <i>Meeting this standard can be further enhanced by evidence compliance through audit</i>  <i>Moving onto the national LSA database will ensure future records are stored safely and securely</i>



**Review team commentary**

It was unclear during the review if records of investigations were made or how they were stored.

Standard 3.5 is met as there is guidance in a national format. There is no evidence of compliance following publication of the standards which will need to be built into the LSA annual reviews.

**Recommendations Rule 9:****LSA**

The LSA should:

- ensure that monitoring of the implementation of the national guidelines in relation to supervisory records is effective following implementation of the national database
- ensure that a robust and safe storage process is implemented when record keeping is transferred into electronic format.

## Benchmark 4 - Rule 11 Eligibility for Appointment as a Supervisor of Midwives

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

Standard	Judgement	Evidence Source
4.1 Publish their policy for the appointment of any new supervisor of midwives in their area.	Standard met	<i>Guideline C: Nomination, Selection and Appointment of SoM is published and referred to but this process is yet to be embedded into practice</i>
4.2 Maintain a current list of supervisors of midwives.	Standard met	<i>NHSSB Annual Report</i> <i>Verified by LSAMO who retains a current list</i>
4.3 Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.	Standard met	<i>NHSSB Annual Report</i> <i>Verified through SoMs and evidence of attending training sessions both locally and nationally</i>

### **Review team commentary –**

The NHSSB LSA has met the standards required in Rule 11. It was noted that the SoMs provided positive feedback with regards to the commitment of the LSA in ensuring that SoMs were provided with training and development opportunities which has enhanced the skills they require to undertake the role of SoM.

### **Recommendations : Rule 11**

#### **LSA**

The LSA should:

- ensure the LSAMO UK Forum guidelines are embedded into everyday practice
- monitor the attendance of all SoMs at available training events to audit take-up.

## Benchmark 5 - Rule 12 The Supervision of Midwives

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

Standard	Judgement	Evidence Source
5.1 Publish the local mechanism for confirming any midwife's eligibility to practise.	Standard met	<i>Guideline J: Confirming Midwives' Eligibility to Practise has been adopted and is available within the LSA.</i>  <i>Verified by SoMs and LSAMO</i>
5.2 Implement the NMC's rules and standards for supervision of midwives.	Standard met	<i>NHSSB Annual Report</i>  <i>Verified by SoMs and LSAMO</i>
5.3 Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard met	<i>NHSSB Annual Report</i>  <i>Current Ratio 1:11 was verified by SoMs.</i>  <i>Succession planning is in place with midwives being encouraged to undertake preparation course</i>
5.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	<i>NHSSB Annual Report.</i>  <i>LSAMO is link across the geographical boundaries. Easily accessible by phone and e-mail.</i>  <i>Verified by SoMs</i>
5.5 Enable timely distribution of information to all supervisors of midwives.	Standard met	<i>NHSSB Annual Report.</i>  <i>Verified by SoMs.</i>  <i>Facilitated by use of e-mail, texts, mobile phone contact and hard copy mail.</i>
5.6 Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	Standard met	<i>NHSSB Annual report.</i>  <i>Facilitated by use of e-mail, texts, mobile phone contact and hard copy mail.</i>  <i>SoMs highlighted distinct improvement in communication pathways since LSAMO post introduced.</i>

## Benchmark 5 (continued) - Rule 12 The Supervision of Midwives

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

Standard	Judgement	Evidence Source
5.7 Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.	Standard met	<p><i>SoMs report regular meetings are held with the LSAMO. Verified by seeing notes of meetings held.</i></p> <p><i>SoMs confirmed they are actively encouraged to be involved in policy and guideline development and implementation such as the maternal death policy, CTG policy.</i></p>
5.8 Monitor the provision of protected time and administrative support for supervisors of midwives.	Standard not met	<p><i>SoMs highlighted that due to workload commitments it is not always possible to access protected time to undertake the role.</i></p> <p><i>Audit tool not evident to determine compliance with protected time standard.</i></p>
5.9 Promote woman-centred, evidenced-based midwifery practice.	Standard partially met	<i>SoMs now attend guideline development groups as well as discuss evidence-based practice with their supervisees at the annual supervisory review. This is new and will hopefully address the medical model of care that appears dominant.</i>
5.10 Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	Standard not met	<i>As per standard 3.3 above</i>
5.11 Supervisors of midwives are available to offer guidance and support to women accessing maternity services.	Standard met	<p><i>NHSSB Annual Report</i></p> <p><i>On call rota observed during visit to maternity unit.</i></p> <p><i>Verified verbally by midwives and SoMs during review</i></p>

## Benchmark 5 (continued) - Rule 12 The Supervision of Midwives

Local supervising authority standard - *A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:*

Standard	Judgement	Evidence Source
5.12 Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Standard partially met	<p><i>SoMs are contributing to guidelines and policies that support evidence based practice.</i></p> <p><i>Evidence was given that NICE guidelines are being adopted resulting in the end of routine GTG monitoring.</i></p> <p><i>However the review team feel that there is a way to go before the medically dominated culture is changed. This was verified by midwives and SoMs during the review</i></p>
5.13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Standard met	<p><i>SoMs and the LSAMO are aware of their accountability to the LSA. However there was discussion which highlighted some confusion and on occasion a conflict of interest between management and SoM role.</i></p>
5.14 Supervisors of midwives provide professional leadership.	Standard met	<p><i>NHSSB Annual Report</i></p> <p><i>Midwives gave evidence of SoMs being leaders. Evidence gained from SoMs and midwives led the review team to be of the opinion that the management role is still seen as one in which the role of SoM is required and is currently part of the job description. Although evidence was given that this is now changing and midwives other than managers are being encouraged to take up the role.</i></p>
5.15 Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Standard met	<p><i>NHSSB Annual report</i></p> <p><i>Verified by midwives and educationalists during the review</i></p>

### Review team commentary

The predominant culture of SoMs being managers may inhibit non-managers from applying to undertake preparation of supervisor of midwives programmes. Evidence noted that a midwife who holds a specialist role was advised against applying due to holding a "Specialised post".

SoMs all aware of their accountability and responsibility and emphasised that having a dedicated LSAMO has allowed them the opportunity to enhance their own leadership skills.

The review team were reassured by a tour of Antrim Hospital that statutory supervision of midwives is evident and visible to midwives and women. There was clear evidence of recent changes to practice by the implementation of NICE guidelines including an end to the use of routine admission CTGs.

**Recommendations Rule 12–**

The LSA should:

- raise concerns regarding the requirement of being a SoM in order to hold a management post and expect its removal
- expect SoM to support midwives to challenge medically led care where midwifery led is suitable and appropriate for women
- monitor and audit the time spent by each SoM undertaking her supervisory role to provide evidence where this has to be undertaken in her own time
- ensure that woman-centred, evidence-based midwifery practice is supported and promoted
- strengthen the contribution from SoM to the guideline and policy development group.

## Benchmark 6 - Rule 13 The Local Supervising Authority Midwifery Officer

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

Standard	Judgement	Evidence Source
6.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met	<i>NHSSB Annual Report The NMC's Head of Midwifery participated in the shortlisting and interview process of the recently appointed LSAMO</i>
6.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	<i>NHSSB Annual Report The NMC's Head of Midwifery participated in the shortlisting and interview process of the recently appointed LSAMO</i>
6.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	<i>NHSSB Annual Report Currently NHSSB is the host Board for the LSAMO however review team informed that this will change when the new LSA structure is implemented from 1.4.09</i>
6.4 Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met	<i>LSAMO post is full time. LSAMO advised the team that access to administrative support is through a process of sharing a secretary of the current Director of Nursing at NHSSB. Review team advised that there is a recognition that there is a need for a dedicated administrative support as well as a business manager which will support the statutory function of supervision of midwives in the new LSA</i>
6.5 Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.	Standard met	<i>Annual reports have been submitted to NMC that demonstrates LSA audits have been undertaken. The SoMs verified that action plans have been developed as a result of the audits</i>

### Review team commentary

The review team were provided with electronic, written and verbal evidence to support that this LSA standard has been met in full.

### Recommendation:

#### The LSA should:

- ensure that the recommendation of administrative support is actioned as a matter of urgency when the newly formed LSA is implemented.

## Benchmark 7 - Rule 15 Publication of Local Supervising Authority Procedures

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

Standard	Judgement	Evidence Source
7.1 Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents.	Standard partially met	<i>LSAMO aware of occasions that she has been notified of adverse outcome through a variety of means such as the risk management process at the LSA and by SoMs and others by telephone and email.</i>  <i>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise has been adopted which identifies the process to be followed.</i>
7.2 Publish the investigative procedure.	Standard met	<i>NHSSB Annual Report</i> <i>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise adopted by the LSA.</i>  <i>Some SoM were unaware of the content of the guideline although aware that national guidelines were in place.</i>
7.3 Publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - supervisor of midwives	Standard met	<i>NHSSB Annual Report</i>  <i>Guideline G: Process for the Notification and Management of Complaints Against a Supervisor of Midwives or an LSA Midwifery Officer, Including Appeals has been adopted.</i>
7.4 Liaise with key stakeholders to enhance clinical governance systems.	Standard met	<i>Key stakeholders were aware of the role of the LSAMO and evidence supplied demonstrated that the LSAMO was involved at a strategic level.</i>
7.5. Publish the process for removing from appointment a: -supervisor of midwives -local supervising authority midwifery officer	Standard met	<i>Guideline D: Guidance for Poor Performance and Deselection of Supervisors of Midwives and Guideline G: Process for the Notification and Management of Complaints Against a Supervisor of Midwives or an LSA Midwifery Officer, Including Appeals has been adopted by NHSSB LSA. It is accepted that the LSAMO is subject to the complaints and Human Resources procedures of the Host Board.</i>



## Benchmark 7 – Rule 15 Publication of Local Supervising Authority Procedures

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

Standard	Judgement	Evidence Source
<p>7.6 Publish the process for appeal against the decision to remove a:</p> <ul style="list-style-type: none"> <li>- supervisor of midwives</li> <li>- local supervising authority midwifery</li> </ul>	Standard met	<p><i>Guideline G: Process for the Notification and Management of Complaints Against a Supervisor of Midwives or an LSA Midwifery Officer, Including Appeals has been adopted by NHSSB LSA. There is currently no evidence of a process in place detailing how to complain about the LSAMO, however it is accepted that the LSAMO is subject to the complaints and Human Resources procedures of the Host Board.</i></p>
<p>7.7 Ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion:</p> <ul style="list-style-type: none"> <li>- local supervising authority midwifery officer</li> <li>- supervisor of midwives</li> </ul>	Standard met	<p><i>NHSSB Annual Report Adoption of national guidelines</i></p>

### Review team commentary

Review team were provided with evidence of education in place to support SoMs involved in investigating incidents however there was little or no evidence of criteria for an investigations.

### Recommendations Rule 15:

#### LSA

The LSA should:

- ensure the processes for receiving notification to the LSAMO of all untoward incidents is effective by monitoring its compliance
- embed the supervisory investigation guideline into practice
- ensure compliance with investigation guidelines by monitoring how and when they are being used.

## Benchmark 8 - Rule 16 Annual Report

Local supervising authority standard - *Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 1<sup>st</sup> of June of each year. (Note this rule has been amended and the deadline is now the end of September each year)*

Standard	Judgement	Evidence Source
8.1 Numbers of supervisor of midwives appointments, resignations and removals.	Standard met	<i>NHSSB Annual Report</i>
8.2 Details of how midwives are provided with continuous access to a supervisor of midwives.	Standard met	<i>Verified at review visit, 24/7 rota observed</i>
8.3 Details of how the practice of midwifery is supervised.	Standard met	<i>NHSSB Annual Report.</i> <i>Verbal and written evidence seen to support the information in the annual report.</i>
8.4 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.	Standard not met	<i>NHSSB Annual Report</i> <i>Neither unit has a functioning MSLC. Discussion with managers, SoMs and LSAMO would indicate that attempts have been made albeit unsuccessful to date. New approaches to attracting user representation are planned including use of media.</i>
8.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	Standard met	<i>NHSSB Annual Report</i> <i>Verified by lead midwives for education and examples provided of lecturing and assessment involvement of LSAMO and SoMs</i>
8.6 Details of any new policies related to the supervision of midwives.	Standard partially met	<i>NHSSB Annual Report</i> <i>Procedures in place to be implemented. "Blue File" to be placed in clinical areas</i>
8.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.	Standard met	<i>NHSSB Annual Report</i> <i>More detail is required however about how these trends will impact on supervision</i>

## Benchmark 8 - Rule 16 Annual Report

Local supervising authority standard - *Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 1<sup>st</sup> of June of each year. note this rule has been amended and the deadline is now the end of September each year)*

8.8 Details of the number of complaints regarding the discharge of the supervisory function.	Standard met	<i>NHSSB Annual Report No complaints received to date</i>
8.9 Reports on all local supervising authority investigations undertaken during the year.	Standard met	<i>NHSSB Annual Report. Evidence seen of audits having taken place</i>

### **Review team commentary**

Not all standards for Rule 16 were met. Lack of service user involvement gives cause for concern, more local guidelines need to be developed although maternal death policy developed and implemented.

### **Recommendations Rule 16:**

#### **LSA**

The LSA should:

- ensure that robust recruitment strategies are developed and implemented to secure user involvement in the planning and development of maternity services
- continue to develop, implement and review local policies in relation to statutory supervision of midwives.

## **6. Conclusion**

The NHSSB LSA meets the majority of the NMC standards. The standards which are partially or not met are already known to the LSA and plans are being developed to address the shortcomings. Many of the issues identified through the initial risk scoring analysis have been actioned and improved upon.

The LSA however is required to address the standards where compliance is insufficient. The LSA should produce an action plan which clearly identifies the action to be taken and the timescale anticipated to achieve full compliance. It is expected that the LSA will also report on the outcomes as part of its annual report to the NMC.

This report will be published on the NMC website. The following recommendations have been made to the NHSSB and an action plan must be submitted to the NMC within 8 weeks of receiving this report a copy of which will be published alongside this report.

## **Appendix 1 - The review team**

Name: Helen Meehan

Role in review team: Chair

Other roles: Midwife Registrant and Supervisor of Midwives

Name: Selina Nylander

Role in review team: Lay Reviewer

Other roles: Lecturer MPH at Liverpool University, Doula

Name: Yvonne Bronsky

Role in review team: Reviewer

Other roles: LSAMO South East Scotland

Name: Dr Susan Way

Role in review team: NMC Representative

Other roles: Midwifery Advisor NMC

## Appendix 2 - Programme of review

### NHSSB

Tuesday 10 February & Wednesday 11 February 2009

Time	Activity	Programme
0900-0915	Coffee and introduction from the Review Team to the LSA	CR1, NHSSB HQ, County Hall, 182 Galgorm Road, Ballymena, Co Antrim, BT42 1QB
0915-1000	Introduction from the LSA to the Review Team	
1000-1030	Meeting with CAUSEWAY only Contact Supervisor of Midwives and Supervisors of Midwives, Mentors and Assessors, students and midwives - will divide into two groups	
1030-1100	Meeting with Head of Midwifery and Midwife Managers, Northern Health and Social Care Trust (NHSCT)	
1100-1130	Refreshment break and in camera session	
1130-1230	Meeting with Chief Executive, Director of Emergency, Primary Care & Older People's services/Executive Director of Nursing, Head of Nursing Workforce & Development, Director and Assistant Director Women & Children's Services, Head of Midwifery and Clinical Director of Obstetrics, NHSCT	
1230-1300	In camera session	
1300-1400	Lunch	
1400-1430	Meeting with Lead Midwives for Education and Midwife teachers	
1430-1530	Meeting with Chief Executive, Director of Nursing and Clinical Governance Risk Management lead, NHSSB	
1530-1600	Refreshment break and in camera session	
1600-1700	Meeting with LSAMO	
1700	Finish	

**Day 2**

<b>Time</b>	<b>Activity</b>	<b>1 Location</b>
0820	Travel to Antrim by taxi	Pick up from hotel, Ballymena
09.00	Welcome by Head of Midwifery, followed by tour of the Unit by Contact Supervisor of midwives and student supervisor of midwives. To include antenatal clinic, wards, delivery suite, pool room	Maternity Unit, Antrim Hospital
10.15	2 Assessors meet with ANTRIM only SoMs in Bretton Hall (group 1)  2 Assessors meet with mentors, midwives and student midwives (group 2)	(2 rooms)
11.15	Coffee in Bretton Hall	Bretton Hall, Antrim
11.30	Meet with clinical governance/risk management midwife for NHSCT and HOM	
1200-1230	Lunch at Antrim Hospital	
1230	Return to NHSSB HQ by taxi	Pick up from Front entrance Antrim Hospital
	In camera session	Boardroom, NHSSB
13.30	Feedback from review team to LSA	Boardroom, NHSSB
13.45	Finish	Taxi for return to hotel