

## ACTION PLAN

### PHA Response to NMC Review of Western Health & Social Services Board (WHSSB) Northern Ireland Review January 2009; report received May 2009; action plan July 2009

#### Abbreviations used in action plan

<b>PHA</b> = Public Health Agency (the LSA)	<b>HoM</b> = Head of Midwifery	<b>ITP</b> = Intention to Practise
<b>LSA</b> = Local Supervising Authority	<b>DN &amp; AHPs</b> = Director of Nursing and Allied Health Professionals	<b>NMC</b> = Nursing & Midwifery Council
<b>LSAMO</b> = Local Supervising Authority Midwifery Officer	<b>CE</b> = Chief Executive	<b>QUB</b> = Queens University Belfast
<b>SoM</b> = Supervisor of Midwives	<b>PoSoM</b> = Preparation of Supervisor of Midwives (university based short course)	<b>NI</b> = Northern Ireland

Recommendation topic	Recommendation	Action required	Timescale	Accountability	Progress to date	Monitoring
<b>1. Supervisory Processes</b>	Monitor the Intention to Practise (ITP) processes and submission of ITP data to ensure ongoing compliance with these standards	NI SoMs to use the UK wide LSA database	As soon as possible	LSAMO	<b>Ongoing;</b> all midwives have been entered onto the national LSA database for 2009/2010.  Weekly feedback from NMC on upload from PHA NI to the NMC	PHA (Local Supervising Authority) board with six monthly progress reports to NMC.  LSAMO and LSA administration support meet weekly to quality assure the LSA database

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<b>1. Supervisory Processes (continued)</b>	Take action to address any failure to comply with the NMC requirements for statutory supervision	Appoint SoMs so as LSA compliant with 1:15 standard	By July 2009	LSAMO	<b>Achieved</b> 2 more SoMs in April 2009; more to follow on successful completion of PoSoM course June 2009. 1:15 achieved. (15/06/09)	3 monthly monitoring of ratios by LSAMO
	Ensure that there is a current list of supervisors of midwives practising in the LSA by implementing an electronic database with immediate effect	Adjust SoMs list	Achieved	LSAMO	Available on LSA database. All midwives in NI on web based electronic LSA database from 1.04.09	3 monthly monitoring of routes by LSAMO
	Ensure that the ratio of supervisor to midwives does not exceed the NMC standard of 1:15	Train & appoint SoMS	Achieved	LSAMO	SoM appointments 28.04.09. More available in June following completion of preparation of SoMs course at QUB	Regular review using LSA database and working with Contact SoMs and HoMs re uptake of annual PoSoM course.

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<b>1. Supervisory Processes (continued)</b>	Segregate the supervisory role from the management role to ensure that midwives see the value of the supervisory framework; this may be done by ensuring that a midwife's supervisor and line manager are not one and the same	<p>Work with SoMs to ensure clarity about management and SoM roles.</p> <p>Ensure there are clear arrangements in place differentiating management from midwifery supervision.</p> <p>LSAMO &amp; SoMs to ensure option to change is well embedded</p>	Ongoing	LSAMO/SoMs & HoM	<p>Caseloads of midwives for SoMs being reviewed.</p> <p>Midwives advised that they have the option to change their SoM.</p> <p>LSA database in place.</p> <p>Midwifery supervision on call rota in place across the WHSCT area</p>	Annual LSA audits

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<b>2. Supervisory Guidelines</b>	Ensure that The National LSAMO (UK) Forum Guidelines are embedded into everyday supervisors' practice	Training/familiarisation at study days and workshops throughout the year	2009/2010.	LSAMO	National guidelines are web based and were adopted in Nov 2008. SoMs in PHA already using guidelines	LSA/PHA board 6 monthly progress report to NMC. Evidence of workshops & training snapshot
	Assess whether the adoption of the National LSAMO Forum (UK) guidelines have had an impact on supervisory practice.	To be formally assessed	2009/2010	LSAMO	Evidence already of SoMs using the National and local SoMs guidance.	Review impact on supervisory practice at time of LSA annual audits

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<b>3. Training</b>	Ensure that supervisors of midwives are trained to carry out supervisory investigations and know when an investigation should take place	Training at study days and workshops throughout the year. Local guidance about 'triggers' for investigation.	2009/2010.	LSAMO working with SoMs and clinical governance leads in Trusts.	Training ongoing during 2009/2010. SoMs attended Bond Solon legal training days (report writing and courtroom skills) in April 2009. Master classes on investigations arranged for October 2009 and Feb 2010. Other training session on RCA being planned.	NMC via annual report

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<b>3. Training (continued)</b>	Ensure that supervisors of midwives are formally trained in undertaking an investigation into a midwife's fitness to practice	<p>Training at study days in October 2009 and February 2010.</p> <p>In addition, topic related workshops i.e. on 'root cause analysis' (RCA) planned across NI from Autumn onwards.</p> <p>Ensure that governance arrangements in Trust are inclusive of SoM investigatory role.</p>	October 2009 and ongoing	LSAMO working with SoMs and appropriate standards clinical governance leads.	There is a national SoMs guideline on investigation. The training will be part of the SoMs study day/conference in October 2009 as well as part of the ongoing training on the guidelines. The LSAMO is liaising with clinical governance leads re training for SoMs on root cause analysis (RCA).	LSA annual audits. NMC annual report to include details of training feedback.

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<b>4. Supervisory records</b>	Develop systems to ensure that all supervisory records relating to the statutory supervision of midwives are kept for a minimum of seven years. Supervision records relating to an investigation of a clinical incident are kept for a minimum of twenty-five years.	To ensure that appropriate systems in place in WHSCT & PHA	Immediate	LSAMO and SoMs	This has already been addressed by the WHSCT SoMs. The use of the electronic database means that there will be fewer paper records and those that have to be retained will link in to the same system that retains maternity records for 25 yrs. The electronic LSA database system is in place in NI.	LSA/PHA board with 6 monthly progress report to NMC.  Annual audit Annual report 6 monthly report to NMC.

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<b>4. Supervisory records (continued)</b>	Ensure that guideline B: retention and transfer of records relating to statutory supervision s embedded into supervisory practice with immediate effect	To ensure implementation of guideline B. Ongoing awareness raising with training and in meetings with Contact SoMs and SoMs	Immediate	LSAMO and SOMs	Actioned	As above
	Audit the supervisory record processes against the requirements of rules 9 and 12 of the NMC Midwives rules and standards and guideline B: retention and transfer of records relating to statutory supervision.	Carry out audit as required	Autumn 2009	LSAMO	Planned audits of maternity units for autumn 2009	As above



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<b>4. Supervisory records (continued)</b>	Continue to monitor the quality and accuracy of supervisory records and the record keeping system	Ensure appropriate monitoring of quality	April/May	LSAMO	LSAMO training SoMs in NI on use of the LSA database during April/May 2009. Part of local LSA audits planned for maternity units in Autumn 2009	Action to date. Ongoing monitoring of database: feedback on quality/validity checks to SOMS
<b>5. Support the framework for supervision</b>	Ensure supervisors of midwives have sufficient protected time to undertake their supervisory role and measure the impact when they are unable to take their protected time due to other priorities e.g. clinical workload	Work with Trust, DN and HOM to ensure this happens	Ongoing	LSAMO with SoMs, DN and HoM	Western Health & Social Care Trust is completing 'Birthrate Plus' in 2009/2010. Protected time for supervision is part of 'Birthrate Plus' workforce analysis.  LSAMO to meet with the DN & HoM at WHSCT.	LSA/PHA board with 6 monthly progress report to NMC  Annual audits and feedback from SoMs during the year.

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<b>5. Support the framework for supervision (continued)</b>	Ensure supervisors of midwives receive secretarial/admin support for their supervisory role	LSAMO to raise the issue with management in WHSCT	Ongoing	Trust	SoMs have raised the issue with their HoM.  Discussion already taken place with Assistant Director of WHSCT and LSAMO.	Annual audit and six monthly progress report to NMC
<b>6. Service users</b>	Ensure that women-centred, evidenced based midwifery practice is supported and promoted by supervisors of midwives at all times	SoMs involvement/lead in the development and implementation of woman-centred, evidence based clinical guidelines.  LSAMO to work with SoMs to ensure their involvement in multi-disciplinary evidenced based guidance	Ongoing	LSAMO/SoMs and HOM	SoMs are involved in the development of evidence based guidelines – for example in relation to breast feeding	LSA/PHA board with 6 monthly progress report to NMC.  Annual audits.
	Review the current mechanisms for promoting the role of the supervisor of	Promote with MSLC  Opportunistic and formal promotion with	Ongoing	LSAMO/ SoMs working with user groups.	There is now a SoM representative on WHSCT Maternity	LSA Audits  Annual PHA/LSA report

	<p>midwives and the LSAMO to ensure that service users are aware of how statutory supervision can support them in accessing maternity services</p>	<p>users</p>			<p>Services Liaison Committee (Mothers Voice)</p> <p>The Erne MSLC is being revived. The new group will be in place by November 2009</p> <p>Midwifery Supervision notice board in place in public areas of the Trust.</p> <p>LSAMO has developed a leaflet for users about midwifery supervision that will be available by Sept 2009 throughout the province. It is to be available for women at booking/ in their first trimester of pregnancy.</p>	
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<b>6. Service users (continued)</b>	Promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice	LSAMO to recruit user auditors from user panels in PHA and MSLC's for involvement in LSA audits in autumn 2009.  Service users to be involved in interviewing midwives prior to preparation of SoMs course.	July/Aug 2009	LSAMO	Recruitment of users initiated for potential SoMs pre-course interviews, more involvement to follow.	Annual report and 6 monthly progress report to NMC
	Develop mechanisms to inform service users about the role of the LSA and the statutory supervision of midwives and the benefits afforded by them	Web page in progress for midwifery supervision page on PHA website and development of province wide leaflet about statutory supervision of midwives and the PHA/LSA	June 2009  July 2009	LSAMO	Mothers Voice is active and involved in service developments and ongoing awareness raising in WHSCT  LSAMO developing web page for new PHA website	Annual report and 6 monthly progress report to NMC  Annual LSA Audit

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<b>7. Annual Report</b>	Improve the quality and the content of the Annual LSA report to the NMC, particularly with regard to trend analysis, new policies, information on complaints and investigations, service user involvement and the training and development of supervisors.	Project plan in place for production of annual report. Data being collated; draft report due mid July. Guidance from NMC issued well in advance this year.	Project plan for Sept 2009 report to NMC	LSAMO	Report to go to the PHA Board meeting in August prior to signoff by Chief Executive and LSAMO.  Project plan in place. Data being collated; draft report due mid July in line with guidance issued by NMC	Update meetings to Chief Executive of PHA/LSA & Director of Nursing & AHPs, PHA
	Ensure that the annual LSA report to the NMC includes analysis of what the content means in terms of safety to women and their babies	Ensure trend analysis is part of content of report	In line with project plan	LSAMO	Statistics requested and analysis ongoing highlighting key areas and implications to safety and service priorities.	Feedback from NMC. LSA Annual Report to the CE of PHA & DN & AHPs before escalation to the Health and Social Care Board to inform the board of any issues.

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<b>8. Promote robust clinical governance structures</b>	Ensure that supervisors of midwives are involved in clinical governance and risk management processes within the LSA and are supported and enabled to carry out an independent supervisory investigation as appropriate	<p>Liaise with clinical governance leads and clinical governance midwives re training for SoMs on root cause analysis.</p> <p>National guidelines in place.</p> <p>Work with the Trust to ensure that role of SoM in governance issues is part of Trust's governance framework.</p>	<p>Ongoing</p> <p>Oct 2009</p>	LSAMO/ SoMs, DN and HOMS	Guidance in place, training ongoing.	<p>LSA annual audit.</p> <p>LSA/PHA board with six monthly progress report to NMC</p>
	Ensure that recommendations resulting from supervisory investigations are audited for compliance and improvements in practice	Part of LSA audit in autumn 2009	Autumn 2009	LSAMO	Planning for LSA Autumn audits over Summer 2009.	LSA annual audits and annual report

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<b>8. Promote robust clinical governance structures (continued)</b>	Ensure that action plans are put in place to address issues identified in the LSA audits, these action plans should then be evaluated at future audits to assess compliance and improvement in meeting the requirements of the NMC	Ensure timely and appropriate systems in place to monitor outcomes of audit and improvement	Autumn 2009	LSAMO	Audits of 2008 – action plans to inform 2009 LSA audits. Feedback on audits to be part of Annual Report to NMC.	LSA audits and annual report
	Develop an LSA Risk Register rather than including statutory supervision in a nursing risk register	<p>Develop LSA risk register</p> <p>Ensure that risk register is incorporated within the new governance</p> <p>Arrangements within the PHA and Health and Social Care Board.</p>	Autumn 2009	LSAMO and Chief Executive & DN of PHA	Draft LSA risk register for midwifery supervision developed. To be agreed with the PHA Director of Nursing & AHPs by end of July 2009	<p>Regular monitoring and updating of risk register at least monthly. Prioritise key risk to Chief Executive and Director of Nursing and AHPs at PHA.</p> <p>6 monthly report to NMC.</p>

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<b>8. Promote robust clinical governance structures (continued)</b>	Ensure that the LSAMO has a voice at executive level within the WHSSB	Transfer recommendation To PHA. LSAMO to meet regularly with new Chief Executive and Director of Nursing & AHPs	From April 2009	Chief Executive of PHA and LSAMO	New LSA established. Regular meetings arranged between LSAMO, Chief Executive and Director of Nursing & AHPs, PHA	6 monthly report to NMC
	Continue to support the LSAMO in the discharge the statutory supervisory function	Ensuring that LSAMO has access to appropriate development in role and appropriate support and supervision , especially during the period of transition to new LSA (PHA)	Ongoing	Chief Executive of PHA	Discussed and agreed with LSAMO's line manager (Director of Nursing & AHPs, PHA)	6 monthly report to NMC