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**NMC Framework for  
Reviewing Local Supervising Authorities**

**Western Isles Local Supervising Authority  
NMC Review Report**

**Review dates**

**September 29th - October 1st 2008**

**Date of report: November 2008**

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## 1 Executive Summary

The purpose of this review has been to audit the function of the Western Isles Local Supervising Authority (LSA). The Western Isles 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*.

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

### 1.1 Overview and key recommendations

The review team recognised that North of Scotland LSA consortium was only formed in December 2007 and the new LSAMO post holder has only been in post for 9 months. The team could see that already significant changes and improvements have been made to the way the LSA functions.

The Western Isles LSA has published documents to support the implementation of the 54 standards for the LSAs as set within *The midwives rules and standards*<sup>1</sup>. This has been done with the adoption of the National LSAMO Forum UK Guidance documents.

The team notes that nothing in this report should be a surprise to the LSA as the LSAMO has already recognised that the next year's work should focus on demonstrating that the LSA standards have been implemented into everyday supervisory practice. The NMC review team would like to thank everyone for making themselves available and for supporting the NMC review.

Statutory supervision (self regulation of the profession) must continue to be valued, appreciated and recognised as the fundamental safeguard to support midwives and thus protect the safety of mothers and babies in the Western Isles LSA.

### Recommendations

This report, once it has been approved by the Midwifery Committee, will be published on the NMC website. The following recommendations have been made to the Western Isles LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report and will be published alongside this report.

#### The LSA are recommended to:

##### Publications

- implement the National LSA Forum UK guidance into everyday supervisory practice.
- continue to monitor the intention to practice notification processes and submission of ITP data to ensure ongoing compliance with these standards.

##### Training

- ensure that all the supervisors of midwives are trained and are able to carry out supervisory investigations and also know when to instigate an investigation.
- ensure that the supervisors receive training to develop competence in their role.

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<sup>1</sup> NMC 2004. Nursing and Midwifery Council (2004) *Midwives rules and standards*. London; NMC

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- monitor the provision of training to ensure that training for supervisors meets their needs and that the minimum standard is being met (6 hours per annum).
- ensure the supervisors of midwives are trained and competent in audit and review processes in order to help promote best practices and subsequently evaluate the benefits from any changes in practice.

## **Supervisory records**

- improve supervisory recordkeeping standards and implement the LSA database as a more systematic and effective system.
- audit whether current supervisory record storage systems are robust. Systems should be developed to ensure that all supervisory records are kept for seven years and records involving incidents should be kept for 25 years.
- ensure that the National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) is implemented into the supervisors of midwives immediate current practice.
- continue to monitor the quality and accuracy of the records and the record keeping system.

## **Support the framework for supervision**

- ensure that supervisors of midwives receive adequate administrative support to carry out their roles effectively.
- ensure that their protected time for supervisory duties is maintained and impact is measured if they are unable to take that time.

## **Women centred care and evidenced based practice**

- review the current mechanisms for informing women and their families about the role of supervisors of midwives.
- advise women of the LSA, LSAMO and supervisor of midwives availability to offer support, advice and guidance.
- consider improving the style, presentation and content of the posters which are currently used, and develop leaflets to complement the posters.
- ensure that women-based care and evidenced based clinical practice is supported and promoted by the supervisors of midwives at all times.
- promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice.

## **Promote robust clinical governance structures**

- improve liaison with clinical governance, risk management and patient safety staff, in order to ensure full compliance with standard 15.1 to help to ensure better integration of the supervision of midwives into the Health Boards governance and risk management framework.
- monitor the processes for notification of incidents to ensure that rule 15.1 is being complied with.
- continue to ensure that the LSAMO has a voice at executive level of the Health Board holding the responsibility for the LSA function.

In addition it is recommended that:

### **the NMC:**

- continues to monitor and review the activities of the LSA in respect of its adherence to the standards for the Supervision of Midwives, and, specifically
- reviews and risk assesses the 2007/08 LSA report for compliance with the standards
- monitors and evaluates the LSA's response to the recommendations from the review

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## **Acknowledgements**

The review team would like to thank everyone who participated in the review especially Mary Vance the LSAMO and the Western Isles supervisory team (Catherine Macdonald, Kathryn Kearney and Margaret Morrison).

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## 2 Background

### 2.1 Nursing and Midwifery Council

The Nursing and Midwifery Council (NMC) is the statutory body for the regulation of Nurses, Midwives and Specialist Community Public Health Nurses. The main function of the NMC is to protect the public by setting and monitoring standards of education, training, conduct and performance for Nurses and Midwives and to ensure the maintenance of those standards in the interests of public protection. This includes the NMC approving the suitability of education institutions and learning environments that provide clinical experience for pre-registration midwifery or nursing students. 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 and monitoring the Rules and standards as to how Local Supervising Authorities (LSAs) carry out their role in relation to Statutory Supervision of Midwives<sup>3</sup>. As part of this, any concerns that may impact upon the protection of women and their families from poor practice or upon the suitability of any clinical environment as a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery or nursing students should be made known to the NMC.

### 2.2 Local Supervising Authorities

Local Supervising Authorities 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. LSAs sit within an NHS authority and the type of NHS authority varies in each country of the United Kingdom. The chief executive of the authority is responsible for the function of the LSA. In Scotland the LSA is the Health Board.

Until the creation of the NMC in 2002, the responsibility for setting the standards for supervision of midwives rested with the four national boards, each of which had a different approach to statutory supervision of midwives. As part of the restructuring of nursing and midwifery regulation, these organisations were disbanded in 2002. The NMC published the first UK wide standards for local supervising authorities and the supervision of midwives in 2004. The National Boards guidance was extant until the NMC publication in 2004.

Each LSA must appoint a practising midwife to the role of Local Supervising Authority Midwifery Officer (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. The NMC sets the rules and standards for the function of LSAs. 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

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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  
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Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives' practice and the environment of care provided by the maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women 24-hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise 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 Local Supervising Authorities which are detailed in the Midwives Rules and Standards. The NMC has a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the "NMC framework for reviewing LSAs" (<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3085>). The purpose of the review is to review the function of the LSA (which is an organisation) and verify that the LSA 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 reviewed.

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). The focus should be on the function of the LSA but it is important that the review team have the scope to explore the function of statutory supervision of midwives and where applicable the practice of maternity services in relation to supervision in order to explore the context which the LSA is functioning in and to triangulate information.

As part of the review, the review team will review

- The function of the Local Supervising Authority
- The function of statutory supervision of midwives
- Information from the LSA profile and self assessment form
- Concerns which may affect protection of the public.
- 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 of key themes identified by the NMC.
- Visit one or more maternity services either to enable access to the review by service users and lay organisations or because it is deemed appropriate due to the reasons for the review.
- Meet with stakeholder groups including LSAMOs, midwives, supervisor of midwives, users of maternity services, lay organisations and representatives, Heads of Midwifery, Directors of Nursing, Chief Executive of Maternity Services or the SHA/LSA, etc.
- 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.



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The review will be undertaken by a review team who have been appointed by the NMC's appointments board and who have undertaken the NMC training programme. This will include:-

- A midwife registrant who understands the function of the LSA and statutory supervision of midwives and has had experience of participating in reviews, audits or investigations.
- A service user who has had experience of using maternity services and has had experience of participating in reviews, audits or investigations.
- A Local Supervising Midwifery Officer who has had experience of participating in reviews, audits or investigations.
- A NMC staff member will also support and participate in the review.

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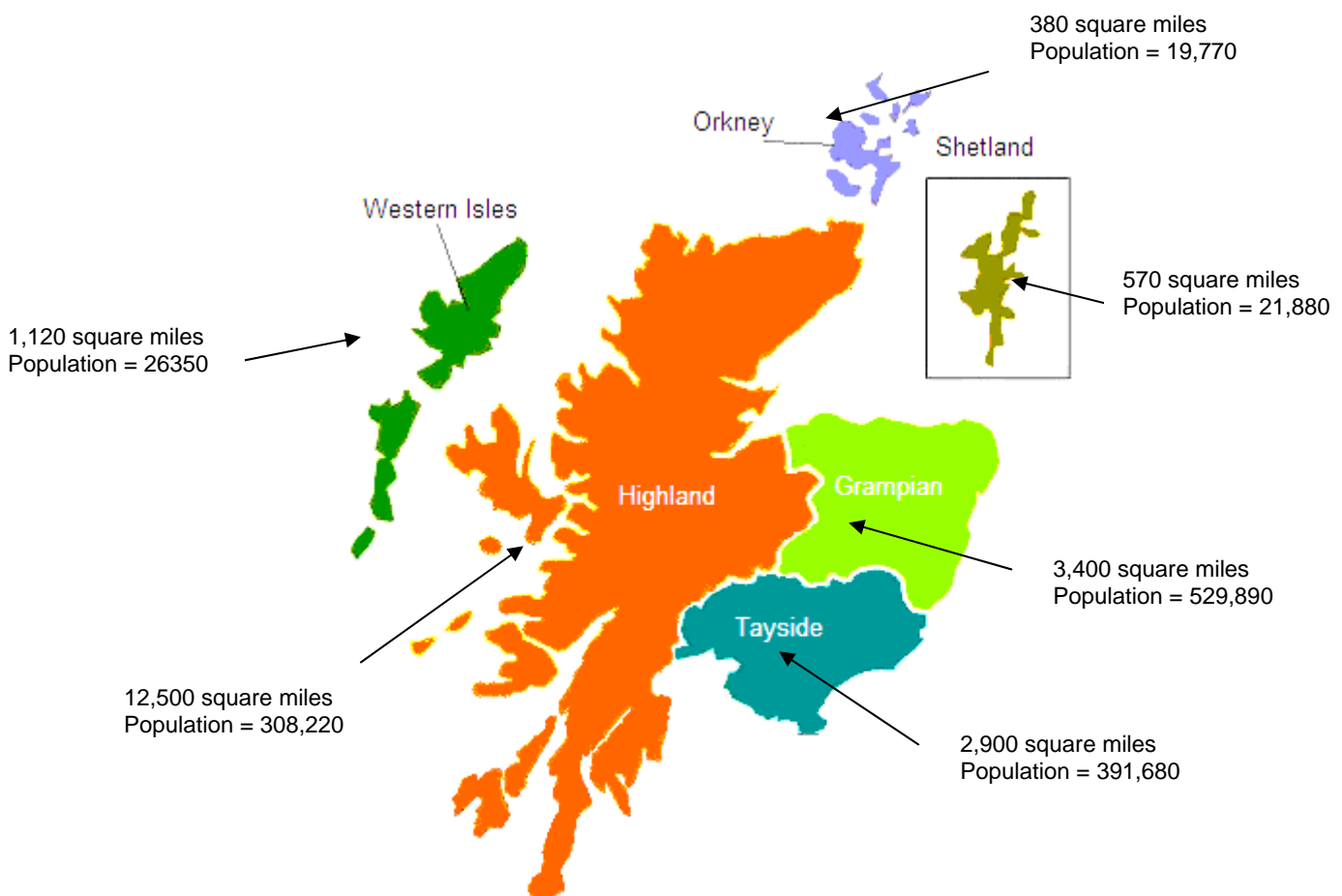
## 3 Introduction

### 3.1 The North of Scotland LSA Consortium

In Scotland, the function of the LSAs is provided by the Health Boards, which are arranged into three consortia: the South East of Scotland, the West of Scotland and the North of Scotland.

The North of Scotland LSA Consortium is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. Mary Vance is the current LSAMO postholder. The North of Scotland LSA Consortium covers an area of approximately 20,870 square miles, and is approximately 66% of the Scottish land mass and 22% of the UK land mass.

#### The North of Scotland LSA Consortium



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## 3.2 Profile of the Western Isles LSA

The Western Isles, also known as the Outer Hebrides, form a 160 mile long arc of islands approximately 30 miles off the north-west coast of Scotland. There are around 200 islands but only 14 of them are inhabited. The total population of Western Isles is just over 26,000 with most people living on Lewis, the main island. Stornoway, the capital, with a population of around 8,500, is the administrative centre of the region. The Western Isles LSA covers this geographical area, which totals some 1,120 square miles.

### The Western Isles LSA



## 3.3 Maternity Services in the Western Isles LSA

Maternity services in Western Isles consist of a Level 2b maternity unit at the Western Isles Hospital in Stornoway, and Community Maternity Unit, level 1c at the Ballavanich Hospital on Benbecula which service the Southern Isles. Community midwifery services are based in community areas across mainland Lewis and Harris. The posts in Harris and Uig area of Lewis are double duty nurse midwife posts. Midwives play a key role in the delivery of maternity services and NHS Western Isles endorses, and is working towards a midwife-led model of care. The current model of care is a consultant-led model with two consultant obstetrician posts based in Stornoway. The CMU in Ballivanich is supported by GP practitioners who support the community hospital service. NHS Western Isles has 34 midwives working across the community and hospital setting. There are currently three Supervisors of Midwives in place. The total number of deliveries in the Western Isles in 2007/08 was 225, (in 2006/07 it was 234).

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## 4 The NMC Western Isles LSA review

### 4.1 Decision for review

The Western Isles LSA was considered 'high risk' after the annual report to the NMC was risk scored. The risk analysis showed:

#### RED SCORES

- The CEO had not signed the annual report and there was no indication that it had been seen by him/her.
- Some of the requirements of rule 16 of the midwives rules and standards had not been described and therefore the NMC were not assured that there was an effective supervisory framework in place
- There was no detail of any new policies related to the supervision of midwives.
- There was limited information or description of maternal deaths trends within the LSA and the interface with the supervisory framework.

#### AMBER SCORES

- Midwife to supervisor ratios were higher than required and the NMC were not assured that the "continued access to a supervisor process" was working effectively
- LSA audit processes had not been undertaken
- Public user involvement in supervision audits was not described.
- No description of complaints processes or number of complaints was given.
- There were concerns regarding the function and performance of supervision within the LSA

#### GREEN SCORES

- There was limited public and user input into service development.

### 4.2 Notification to the LSA and planning the review

Notification of the review was sent to the Western Isles LSA by the NMC on 8 July 2008 and a request was made for key documents and for a self assessment document to be completed.

These documents were then sent back to the NMC 6 weeks prior to the review taking place. The NMC, with the Western Isles LSA, then made all the arrangements for this review. Key individuals were identified to meet the review team and a timetable of meetings was drawn up.

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## **4.3 The review**

The review team were based in the Western Isles Hospital at Stornoway on the Isle of Lewis (see appendix one). They arrived on the Western Isles on Monday 29<sup>th</sup> September and were in the Hospital on Tuesday 30<sup>th</sup> September and Wednesday 1<sup>st</sup> October 2008 (the programme for the review in appendix two).

The review team met with key people including:-

- Chief Executive Officer Western Isles Health Board (interim)
- Director of Nursing (interim)
- Midwives,
- Supervisors of midwives,
- Midwifery teachers and educators,
- Medical Director (acting)
- Obstetricians
- Managers
- Clinical risk/governance specialists.

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## 5 Review findings

The purpose of this review has been to review the function of the LSA and whilst the review team were on site they heard of the 'state of flux' of the current Health Board with a newly appointed interim CEO, a newly appointed interim Director of Nursing and an 'acting' Medical Director. These times of continued change at senior management level have meant that there has been no stability in the senior operational management team and the Health Board in the recent years. The review team were assured that the Board was developing plans for a new structure with new appointments being made in the future. The CEO was aware of the role of the LSA as he had previously been in a Health Board that had been reviewed by the NMC and fully supported the LSAMO's plans to improve statutory supervision.

There has been clear improvements in the way the LSA has been functioning since the new LSAMO has been in post. The supervisors of midwives are now clear in their lines of accountability and also feel that there is someone there to support and guide them in their supervisory practice. Since the new LSAMO has been in post there has been:

- Adoption of the National LSA guidance.
- Establishment of a Supervisors of midwives Quality Improvement Group (SQIG)
- Development of local LSA guidance (Serious untoward incidents and maternal death)
- Implementation of an LSA audit of the practice and supervision of midwives.
- Purchase and implementation of the LSA database.
- Development of the North of Scotland Consortium LSA website.
- Compilation of the North of Scotland LSA Consortium risk register.

Other positive issues identified during the review included;

- General management and nurse management arrangements in the Health Board are becoming more stable.
- An action plan to address the issues arising from the LSA audit is in the process of being developed.
- The ratio of supervisors to midwives is now 1:11 with a training programme in place to further improve this position.
- The position of the staff in double duty posts has been addressed and processes are being implemented to ensure PREP requirements are met. . [PREP describes the continuing education and development requirements for midwives} (<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4340>)
- There are plans for training and development activities for Supervisors of Midwives
- Supervisors of midwives are now being afforded greater opportunity for networking across LSA boundaries and contributing to strategic quality improvement activities.
- The supervisors now feel themselves to be better supported by the LSA and LSAMO and are committed to the improvements being planned.
- The process of writing the LSA annual report for 2007/08 plans to address the deficiencies and omissions from the 2006/07 report.

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However, the review has highlighted the following issues:

- Supervisors of Midwives are allocated protected time for their roles, but, as they are all practising midwives in a clinical role, the service demands sometimes result in that time not being available as planned, and it is not always possible to retrieve the lost time over future weeks.
- There is little or no administrative support for Supervisors of Midwives.
- The geographic position of the service, with isolated communities and challenging travel times and arrangements, places significant demands on midwifery services. This challenge is reflected in the work and role of the supervisors.
- The policy to ensure the storage of supervisory records for seven years is in place, but the quality and standards of the records for the supervision of individual midwives needs to be improved.
- The procedures for the transfer of supervisory records are not being adhered to.
- At present Supervisors of Midwives are not trained or experienced in supervisory investigations, audits or root cause analysis techniques, (this issue has begun to be addressed with dates planned for training events).
- Supervisors of Midwives are seen as leaders of the service and experts in good practice by midwifery staff, but they have limited opportunity to actively promote their leadership role in terms of influencing best practice or carrying out audits and investigations.
- The supervisory function is remote from the clinical governance, risk management and patient safety functions, this precludes co-operative working and limits the opportunities for developing more effective governance procedures.
- Not all incidents of concern, or investigations by line managers relating to maternity care or midwifery services which are instigated through the Health Board's procedures are currently being reported to the LSAMO. This situation prevents the LSA and LSAMO from adequately carrying out their statutory duties.

## **Other challenges to the LSA include:**

- The small size of LSA, which serves a population and delivers a service which is smaller than many individual maternity units within other parts of the United Kingdom
- Staffing and succession planning, here are potential risks of service reductions or failures if key staff leave their roles and replacement is found to be difficult
- Geographical remoteness and rurality:
  - This can present logistical issues for service delivery across the Western Isles. Some travel routes which can be long and arduous, this significantly increases the time needed to carry out some of the basic supervisory activities such as risk assessment for home birth.
  - This also presents issues of costs and resources for networking or training activities which may be on the mainland or require tutors to travel to the Islands. (The use of IT based solutions and video conferencing helps reduce the impact of this).

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## 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	<p>The LSAMO publishes notification procedures locally.</p> <p>The Western Isles LSA has agreed to use the National LSAMO Forum UK Guidelines. There is a guideline for midwives and supervisors of midwives <i>Guideline K - Guideline for the completion of the Intention to Practise form by a registered midwife.</i></p> <p>The North of Scotland LSA Consortia is in the process of developing a website and this information will be displayed on this website <a href="http://www.midwiferysupervision-noslsa.scot.nhs.uk">www.midwiferysupervision-noslsa.scot.nhs.uk</a>.</p>
1.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<i>This information can be found on the North of Scotland LSA database</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>This information can be found on the North of Scotland LSA database</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>This information can be found on the North of Scotland LSA database</i>

### Review team commentary –

The supervisors of midwives are aware of and use the national guidance. The North of Scotland LSA Consortia has just purchased the web based LSA database to ensure the notifications of intention to practice processes are accurate and timely. The LSA administration support and the LSAMO check the returns from the NMC and immediately deal with any problems that arise. The Western LSA has met the standards within rule 4.

### Recommendations:

#### LSA

The LSAMO should:

- implement the National LSA Forum UK guidance into everyday supervisory practice
- continue to monitor the notification processes and submission of ITP data to ensure ongoing compliance with these standards

#### NMC

The NMC should continue to monitor the submission of ITP data to ensure ongoing compliance with standards 1.3 and 1.4



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## 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
5.1 Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Standard met	The Western Isles LSA has agreed to implement the National LSAMO Forum UK guidelines which ensure that the LSA meets these standards. This guidance is published on the National LSA website <i>Guideline L Investigation of a midwife's fitness to practice</i> and <i>Guideline I Suspension of Midwives from practice</i> .  The Western Isles LSA will publish the relevant policies on its website and also hold copies of the policies in a folder within the maternity services ward at Stornoway Hospital.
5.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	<i>Guideline I Suspension of Midwives from practice</i> . Published on the North of Scotland LSA website
5.3 Publish the process for appeal against any decision.	Standard met	<i>Guideline L Investigation of a midwife's fitness to practice</i> and <i>Guideline I Suspension of Midwives from practice</i> contain appeals processes. Both these guidelines are published on the North of Scotland LSA website
5.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	<i>Guideline L Investigation of a midwife's fitness to practice</i> and <i>Guideline I Suspension of Midwives from practice</i> . Published on the North of Scotland LSA website

**Audit** – The LSAMO has carried out an audit of the practice and the supervision of midwives and this identified that there were no investigations.

**Commentary** - The Western Isles LSA meets this standard in principle by adopting the national guidance. As there have been no investigations of this nature in recent years there is no evidence available to demonstrate compliance with this standard.

With the introduction of the Standards for Supervised Practice for Midwives, (<http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=3288>) (NMC 2007), which give more detail on how incidents should be investigated, the LSAMO has already recognised that this is an area where the supervisory team need training. The LSAMO needs to ensure that the supervisory team are aware of when an investigation should be instigated. The LSAMO is available to the team for advice and guidance and training is planned for later in the year.

### Recommendations Rule 5:

#### LSA

The LSAMO should:

- ensure that all the supervisors of midwives are trained to carry out supervisory investigation and know when an investigation should take place.
- Monitor the provision of training for supervisors to ensure it meets their needs and the minimum standards (6 hours/annum) is being met

#### NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

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## 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
9.1 Publish local procedures for the transfer of midwifery records from self-employed midwives.	Standard met	The Western Isles LSA has adopted the National Guidance which includes the Guideline H - <i>The procedure for transfer of midwifery records from self employed midwives</i> . This is available via a link on the North of Scotland LSA website.
9.2 Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Standard met	The local system that has been agreed to ensure that supervisors of midwives maintain records of their supervisory activity is that the record keeping system utilises personal files and related documents being kept in a locked filing cabinet, the documentation covers the last seven year period but the filing system needs to be improved.. The LSA is now also using the LSA database to improve and standardise its record keeping processes.
9.3 Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard not fully met	Not adequately evidenced at the audit. See comments at Standard 9.2 above.
9.4 Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Standard not fully met	This standard is contained within the formal procedures of the LSA but no detailed evidence was found of the procedures working in practice.
9.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	The Western Isles LSA has adopted the National Guidance which includes the Guideline B - <i>Guidance for retention and transfer of records relating to statutory supervision</i> . This is available to all supervisors via the LSA website link.

### Commentary

There are no self employed midwives in the Western Isles LSA so there has been no need to use the transfer policy. The LSA audit of the practice and supervision of midwives did not review the LSA supervisory recordkeeping processes and also at the visit it was unclear whether supervision records of incidents from the last twenty five years are held and if so where they are stored.

**Audit** – There have been no formal audits of the supervisory records processes.

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## **Recommendations Rule 9:**

### **LSA**

The LSA should audit whether supervisory record storage systems are robust.

Systems should be developed to ensure that all supervisory records are kept for seven years and records involving incidents should be kept for 25 years.

The LSA needs to ensure that the Guideline B is implemented into the supervisors of midwives current practice.

The LSA should continue to monitor the quality and accuracy of the records and the record keeping system.

### **NMC**

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

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## 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
11.1 <i>Publish their policy for the appointment of any new supervisor of midwives in their area.</i>	Standard met	The Western Isles LSA has agreed to adopt the National LSA Standard in relation of <i>Guideline C – Guideline for the nomination, selection and appointment of Supervisors of Midwives.</i>
11.2 <i>Maintain a current list of supervisors of midwives.</i>	Standard met	There is a list of supervisors on the North of Scotland LSA website - <a href="http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Western_Isles_Supervisors_of_Midwives.htm">http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Western_Isles_Supervisors_of_Midwives.htm</a>
11.3 <i>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.</i>	Standard met	The LSAMO has demonstrated a verbal commitment to providing professional development and updating. Plans are in place for further training days this year.

### Commentary -

The Western Isles LSA met these standards. The guidance is published on the North of Scotland LSA website and a paper copy is kept in the policy file.

### Recommendations : Rule 11:

#### LSA

The LSA should ensure that supervisory staff are trained appropriately in supervisory procedures. It should monitor the provision of training to ensure this minimum standard is being met.

#### NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

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## 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
12.1 Publish the local mechanism for confirming any midwife's eligibility to practise.	Standard met	The Western Isles LSA has adopted the national guidance <i>Guidelines for Confirming a midwife's eligibility to practise</i> .
12.2 Implement the NMC's rules and standards for supervision of midwives.	Standard not met	The LSA has begun processes to fully implement all the NMC's rules and standards. The LSA has developed a risk register so that it can identify the highest risks.
12.3 Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard met	The LSA has ensured that the supervisor of midwives to midwife ratio is now 1:11 as 2 more supervisors have been appointed. In addition there is a trainee supervisor undertaking the preparation for supervisors course.
12.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	The LSAMO has set up systems to facilitate communication links across the North of Scotland LSA consortia and this system enabled timely information to be distributed. The supervisors also participate in the Scottish Quality Improvement Group (SQIG) and can access this by teleconferencing systems.
12.5 Enable timely distribution of information to all supervisors of midwives.	Standard met	This is being facilitated through e-mails, the use of the LSA website and traditional postal methods
12.6 Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	Standard met	The LSA is utilising e-mails, its website and telephone/postal methods. Supervisors confirmed that the use of on-line facilities has improved communications.

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## 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
<i>12.7 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.</i>	Standard met	The LSAMO is able to have regular meetings with the supervisors of midwives on the Western Isles. Since being in post she has met with the team on the island on at least 4 occasions.
<i>12.8 Monitor the provision of protected time and administrative support for supervisors of midwives.</i>	Standard met	The LSAMO has audited whether the Supervisors of Midwives are allocated and receive their protected time. The audit shows that sometimes the planned provision does not occur due to pressure of time from clinical duties and it is not always possible to reschedule the lost hours. There is little or no administrative support for the supervisors.
<i>12.9 Promote woman-centred, evidenced-based midwifery practice.</i>	Standard met	The LSA promotes evidence based woman centred care. The LSAMO has a commitment to this and the LSAMO and supervisors demonstrate this commitment in their roles.
<i>12.10 Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.</i>	Standard not met	As at Standards 9.2 and 9.3 above
<i>12.11 Supervisors of midwives are available to offer guidance and support to women accessing maternity services.</i>	Standard met	There were no records of any women accessing supervisors of midwives themselves but there was a birth plan that had been made jointly with a supervisor. Information posters to inform women and families about supervision were in place, and there are plans to develop leaflets and improved posters.

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

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

Standard	Judgement	Evidence Source
<i>12.12 Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.</i>	Standard met	Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice. This is confirmed by the discussions with the supervisors and the midwifery staff.
<i>12.13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.</i>	Standard met	This is a key element of the job descriptions and person specifications used to recruit the Supervisors of Midwives.
<i>12.14 Supervisors of midwives provide professional leadership.</i>	Standard met	Supervisors of Midwives are seen as leaders of the service and experts in good practice by midwifery staff, but they have limited opportunity to actively promote their leadership role in terms of influencing best practice or carrying out audits and investigations
<i>12.15 Supervisors of midwives are approachable and accessible to midwives to support them in their practice.</i>	Standard met	Supervisors of midwives were seen to be approachable and accessible to midwives to support them in their practice. Midwives themselves confirmed that they felt the supervisors to be meeting this standard

### Commentary

The LSA has begun processes to fully implement all the NMC's rules and standards. The LSAMO has only been in post for 9 months and already there have been many improvements.

The LSAMO has not audited supervisory records. On the NMC review day the lay auditor went with the LSAMO to check the recordkeeping systems and the system showed that recent details of reviews, ITP forms and training needs discussions that are recorded and filed within the filing system using individual files for each midwife. These records appear to be accurate and complete. However within the overall filing system any older records and the general documentation supporting the supervisory work is not organised and this would make accessing previous investigations and also to transfer of complete records to a new supervisor very difficult. However the LSA has purchased the web based database which will enable the supervisors of midwives to store their records electronically.

The LSAMO has been in post for nine months and so the lines of accountability are now much clearer for the supervisors of midwives.

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## Recommendations Rule 12–

### LSA

The LSA should:

- implement the guideline for transfer of supervisory records.
- improve supervisory recordkeeping standards and implement the LSA database as a more systematic and effective system.
- continue to monitor the quality and accuracy of the records and the record keeping system.
- ensure that supervisors of midwives receive adequate administrative support to carry out their roles effectively.
- ensure that, wherever possible, their protected time for supervisory duties is maintained and impact is measured when they are unable.
- review the current mechanisms for informing women and their families about the role of supervisors of midwives and their availability to offer support. It should consider improving the style, presentation and content of the posters which are currently used and develop leaflets to complement the posters.
- ensure that women-based care and evidenced based clinical practice is supported and promoted by the supervisors.
- ensure that women are advised of the LSA, LSAMO and supervisors of midwives availability to offer support, advice and guidance
- ensure the supervisors of midwives are trained and competent in audit and review processes in order to help promote best practices and subsequently evaluate the benefits from any changes in practice.
- promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice.

### NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information



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## 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
13.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met	The North of Scotland LSA Consortia used the NMC core criteria and adherence to this standard was confirmed by the NMC and the LSAMO with regard to the latest appointment to the post.
13.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	The NMC were involved in the appointment of Mary Vance as LSAMO.
13.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	The line management of the LSAMO is by the Director of Nursing at the host LSA (Highland) through the North of Scotland Consortium arrangements, and the LSAMO participates in the staff appraisal and objective setting process within that LSA. The LSAMO is accountable to the Chief Executive of the Highland Health Board. These processes involve consideration of all the issues across all the LSAs within the Consortium. There is also ongoing dialogue and discussions between the LSAMO and the senior managers in the Western Isles Health Board about key issues and actions.
13.4 Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met	Administrative support is provided within Tayside Health Board at the host LSA.
13.5 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	An LSA audit was completed in summer 2008 and remedial actions were identified. The LSAMO and SoMs are in the process of producing an action plan to address the issues raised.

**Commentary** The LSA has met all these standards.

### Recommendation Rule 13

#### NMC

The NMC should continue to monitor and risk assess the performance of the LSAMO against these standards.

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## 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
15.1 <i>Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents.</i>	Standard not met	The principle of this is embodied in the workings of the LSA and rules and procedures, but, in practice, investigations of issues by management have taken place without the LSAMO being notified. A key point here is at what stage is an issue defined as one which "causes serious concern".
15.2 <i>Publish the investigative procedure.</i>	Standard met	The Western Isles has adopted national guidance <ul style="list-style-type: none"> <li>• <i>Guideline I Investigation of a midwife's fitness to practise (includes serious incidents)</i> Which is available to all via the website link</li> </ul>
15.4 <i>Publish the process for the notification and management of complaints against any:</i> - local supervising authority midwifery officer - supervisor of midwives	Standard met	The Western Isles has adopted national guidance <ul style="list-style-type: none"> <li>• <i>Guideline G Process for the notification and management of complaints against a supervisor of midwives or a LSA midwifery officer including the process for appeals.</i> This is available via the LSA website link</li> </ul>
15.3 <i>Liaise with key stakeholders to enhance clinical governance systems.</i>	Standard not met	Some liaison and meetings have now started to take place across consortium, but, for the Western Isles LSA this process has not commenced yet
15.5. <i>Publish the process for removing from appointment a:</i> -supervisor of midwives -local supervising authority midwifery officer	Standard met for SoMs but not fully for the LSAMO	The Western Isles has adopted national guidance <ul style="list-style-type: none"> <li>• <i>Guideline D Guidance for poor performance and de-selection of supervisors of midwives</i></li> </ul> <p>There is no national comparable document published detailing the procedures for the LSAMO, but the LSAMO is subject to the conduct and dismissal procedures within each LSA</p>

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## 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>15.6 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>	<p>Standard met for SoMs but not for the LSAMO</p>	<p>For supervisors of midwives the standard is met.</p> <ul style="list-style-type: none"> <li>• <i>Guideline D Guidance for poor performance and de-selection of supervisors of midwives</i></li> </ul> <p>There is no national comparable document published detailing the procedures for the LSAMO, but the LSAMO is subject to the conduct and dismissal procedures within each LSA</p>
<p>15.7 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>	<p>Standard met</p>	<p>This stage is described within the national guidance for notification and management of complaints</p>

### Commentary

There remains a need to strengthen and enhance the links with the Western Isles Health Board's clinical governance, risk management and patient safety functions in order to better integrate the LSAMO and supervisor of midwife's activities and roles.

As there have been no investigations the investigation guidance has not been used as yet.

There to date have been no complaints about the LSAMO or the supervisors of midwives in this LSA so the processes and procedures contained in the national guidelines and policies have not yet been tested locally.

### Recommendations Rule 15:

#### LSA

The LSAMO should improve her liaison with clinical governance, risk management and patient safety standards in order to ensure full compliance with standard 15.1 to help to ensure better integration of the supervision of midwives into the Health Boards governance and risk management framework.

The LSAMO should monitor the processes for notification of incidents to ensure that rule 15.1 is being complied with.

The LSA should continue to ensure the LSAMO has a voice at executive level in the Health Board holding responsibility for the LSA function.

#### NMC

The NMC should continue to monitor and risk assess the performance of the LSA against these standards.

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## **Benchmark 8 - Rule 16 - Annual Report -**

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

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

*16.1 Numbers of supervisor of midwives appointments, resignations and removals.*

*16.2 Details of how midwives are provided with continuous access to a supervisor of midwives.*

*16.3 Details of how the practice of midwifery is supervised.*

*16.4 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.*

*16.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.*

*16.6 Details of any new policies related to the supervision of midwives.*

*16.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.*

*16.8 Details of the number of complaints regarding the discharge of the supervisory function.*

*16.9 Reports on all local supervising authority investigations undertaken during the year.*

### **Commentary**

Some standards were met in the 2006/07 report, particularly standards 16.1, 16.2, 16.6, 16.8, 16.9. However, the NMC has decided that compliance with this standard will be fully assessed based on the 2007/08 report which it will receive in mid-October.

### **Recommendation: Rule 16**

#### **NMC**

The NMC should assess compliance with this benchmark in its review of the 2007/08 report and its subsequent risk assessment of the LSA.

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## **6 Conclusion**

The review team would like commend the LSAMO for the hard work she has undertaken to ensure this review ran smoothly.

Having identified in their self-assessment many of the areas that require review and/or improvement the Western Isles LSA now needs to identify actions that will address the recommendations identified in the sections above and then draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSA will implement the actions and have in place processes to monitor and review the success and outcomes of the actions. It is expected that the LSA will also report on the outcomes as part of its annual reporting to the NMC, and also as part of any specific follow up monitoring of this review by the NMC and/or the Health Board.

This report, once been approved by the Midwifery Committee, will be published on the NMC website. The following recommendations have been made to the Western Isles LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report and will be published alongside this report.

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

Name: Helen Meehan

Role in review team: Registrant Reviewer/Chair

Other roles: Senior Midwifery Co-ordinator and Supervisor of Midwives

Name: Suzanne Cro

Role in review team: External/Peer LSAMO

Other roles: LSAMO South Central SHA

Name: David Fisher

Role in review team: Lay Reviewer

Other roles: Auditor

Name: Dr Susan Way

Role in review team: NMC Representative

Other roles: Midwifery Advisor NMC

## Appendix 2 - Programme of review

### NMC Review Framework

#### Western Isles LSA

**Monday 29 September & Wednesday 01 October 2008**

Monday 29 September: Arrival at Stornoway, pre review team meeting and meeting with Mary Vance, Western Isles LSAMO

#### Detailed Programme:

Time	Activity	Location
Day 1 - 30/09/08		
8.45 - 9.00	Welcome coffee/ tea available	Clinical Skills Area (coffee area) Western Isles Hospital
9.00 - 9.30	Introduction from the Review Team to the LSA	Lecture Room, Clinical Skills Area Western Isles Hospital
9.30 - 10.30	Introduction from the LSA to the Review Team <ul style="list-style-type: none"> <li>▪ PowerPoint presentation from the LSAMO - synopsis of LSA, LSA strategy self audit tool and LSA identified risks</li> <li>▪ PowerPoint presentation from the Supervisors of Midwives on the issues facing supervision in an island LSA, will include highlights of best practice</li> </ul>	Lecture Room - Clinical Skills Area Western Isles Hospital
10.30 - 11.00	meet with Gordon Jamieson, Interim Chief Executive	break out room 2 - Clinical Skills Area Western Isles Hospital
11.00 - 11.30	in camera session - refreshments available	break out room 1 - Clinical Skills Area Western Isles Hospital
11.30 - 12.00	meet with Supervisors of Midwives	break out room 2 - Clinical Skills Area Western Isles Hospital
12.00 - 12.30	meet with midwives	break out room 2 - Clinical Skills Area Western Isles Hospital
12.30 - 13.00	meet with LSAMO	break out room 2 - Clinical Skills Area Western Isles Hospital
13.00 - 13.45	lunch	Dining Room

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Time	Activity	Location
14.30 - 15.00	meet with Director of Nursing	break out room 1 - Clinical Skills Area Western Isles Hospital
15.00 - 15.30	meet with Catherine MacDonald and Catherine Gillies - HOM and Team Leader	break out room 2 - Clinical Skills Area Western Isles Hospital
15.30 - 16.00	in camera session - refreshments available	break out room 1 - Clinical Skills Area Western Isles Hospital
16.00 - 16.30	meet with Obstetrician	break out room 2 - Clinical Skills Area Western Isles Hospital
16.30 - 17.00	meet with Brian Michie - Acting Medical Director	break out room 2 - Clinical Skills Area Western Isles Hospital
Evening	review team meeting	
Day 2 - 01/10/08		
9.00 - 9.30	meet with Mary McElligott - Practice Development Manager & Jimmy Myles Practice Education Facilitator	break out room 2 - Clinical Skills Area Western Isles Hospital
9.30 - 10.00	meet with Midwife Teacher	break out room 3 ( video link to Highland Campus Stirling University) - Clinical Skills Area
10.00 - 10.30	meet with Mike Huchison - Patient Safety Lead for Western Isles , ( accompanied by Mary Mc Elligot	break out room 2 - Clinical Skills Area Western Isles Hospital
10.30 - 11.00	in camera session - refreshments available	break out room 1 - Clinical Skills Area Western Isles Hospital
11.00 - 11.30	Review Team feedback to LSA	Lecture Room - Clinical Skills Area Western Isles Hospital
11.30 - 3.00	post review team meeting and lunch	
3.15	travel to airport and flight to mainland	

Note: The LSAMO and the Supervisors of Midwives will be available at all times throughout the LSA review.



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## Appendix 3 – Feedback given on last review day

Thank you all very much for making us feel most welcome and allowing us to review the LSA systems, functions and working processes. What we have to say will be no surprise to you because you have identified your challenges to the LSA -

- You have described this as a new beginning and we feel that this nicely sums up the view of the review team that this is a new start.
- The annual report submitted to the NMC was risk scored and it was apparent that some of the risks were highly scored because of the quality of the information that was submitted. Some of the risks are real and will require co-ordinated systems and processes to be implemented and then embedded into the organisation, for these to be addressed. Mary has carried out the first LSA annual audit of the practice and supervision of midwives. You now have benchmarks for where supervision is in relation to the Midwives Rules and Standards.
- Clearly, one of the issues, the ratio of supervisors to midwives, has been addressed. And it is encouraging to see that succession planning has also been considered.
- Implementation of new LSA systems and processes are some of the challenges that are facing you. The LSA database will help you to meet a number of the NMC Rules and Standards. There are also major challenges around the areas of audit, investigation, public and user involvement and raising the profile of supervision locally to ensure the safety of the public.
- Supervision needs to be valued by all. The chief executive, the women, their families and all involved in maternity care, especially midwives.

In the NMC report we are going to make a number of recommendations and, as said, they won't surprise you.

- The supervision of midwives plays an important role in the clinical governance system of any organisation.
- You have recognised that having good communication systems is essential and we would endorse this.
- This is a new beginning and we hope that the report will help give you structure to build your action plans around.
- You will have an opportunity to view the draft report and correct any factual errors and the report will be made public in about ten weeks.

Thank you once again for your hospitality.