

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



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1. Executive Summary

The purpose of this review has been to audit the function of the Western Health and Social Services Board (WHSSB) Local Supervising Authority (LSA). The WHSSB LSA was identified for review after the annual report was risk assessed and 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*¹

1.1 Overview and Key Recommendations

The review team recognised that the first full time Local Supervising Authority Midwifery Officer (LSAMO) for Northern Ireland was appointed in May 2007. The team acknowledge that over the last 18 months significant changes and improvements have been made to the way the LSA functions.

The WHSSB LSA has published documents to support the implementation of the 54 standards for the LSAs as set within the *Midwives rules and standards*². This has been done through the adoption of the LSAMO Forum UK Guidance documents.

The team notes that nothing in this report should be a surprise to the LSA as it had already recognised the need to focus on demonstrating that the NMC standards for LSAs are implemented into everyday supervisory practice. The NMC review team would like to thank everyone for making themselves available and for supporting the NMC review.

Recommendations

The following recommendations have been made to the WHSSB 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.

The LSA is recommended to:

Supervisory Processes

- monitor the intention to practice processes and submission of ITP data to ensure ongoing compliance now that an electronic database is being implemented
- take action to address any failure to comply with the NMC requirements for statutory supervision
- ensure that there is a contemporaneous list of SoMs practising in the LSA
- ensure that the ratio of SoMs does not exceed the NMC standard of 1:15

¹http://www.cabinetoffice.gov.uk/REGULATION/reform/enforcement_concordat/compliance_code.asp

² NMC 2004. Nursing and Midwifery Council (2004) *Midwives rules and standards*. London; NMC

- 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.

Supervisory Guidelines

- ensure that the LSAMO Forum (UK) Guidelines are embedded into everyday supervisors' practice
- assess whether the adoption of the LSAMO Forum (UK) Guidelines have had an impact on supervisory practice.

Training

- ensure that SoMs are trained to carry out supervisory investigations and know when an investigation should take place
- ensure that SoMs are formally trained in undertaking an investigation into a midwife's fitness to practise.

Supervisory records

- develop systems to ensure that
 - all supervisory records relating to the statutory supervision of midwives are kept for a minimum of seven years
 - supervisory records relating to an investigation of a clinical incident are kept for a minimum of twenty five years
- ensure that Guideline B: *Retention and Transfer of Records Relating to Statutory Supervision* is embedded into supervisory practice with immediate effect
- 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*
- monitor the quality and accuracy of supervisory records and the supervisory record keeping system.

Support the framework for supervision

- ensure SoMs 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
- ensure SoMs receive secretarial/administrative support for their supervisory role.

Service users

- ensure that woman-centred, evidence-based midwifery practice is supported and promoted by SoMs at all times
- review the current mechanisms for promoting the role of the SoMs and the LSA to ensure that service users are aware of how statutory supervision can support them in accessing maternity services
- promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice
- develop mechanisms to inform service users about the role of the LSA and the statutory supervision of midwives and the benefits afforded by them.

Annual report

- improve the quality and 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 SoMs
- 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.

Promote robust clinical governance structures

- ensure that SoMs 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
- ensure that recommendations resulting from supervisory investigations are audited for compliance and improvements in practice
- 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
- develop an LSA Risk Register independent of the nursing risk register
- ensure that the LSAMO has a voice at executive level within the WHSSB
- continue to support the LSAMO in the discharge the statutory supervisory function.

The NMC is recommended to:

- monitor and evaluate the LSA's response to the recommendations from the review.

Acknowledgements

The review team (appendix 1) would like to thank everyone who participated in the review of the WHSSB LSA especially Verena Wallace the LSAMO and the WHSSB supervisory team.

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)³.

The NMC also has responsibility under The Order for setting the Rules and standards related to how Local Supervising Authorities (LSAs) carry out their function⁴. The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC 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.

LSAs sit within an organisation such as a NHS authority, and this 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 (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can

³ The Nursing and Midwifery Order 2001, SI 2002 N0 253

⁴ The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43

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

Every midwife practising in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most each year. This LSA is described as the midwife's main area of practice and every midwife is required to notify 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. 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*" (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.

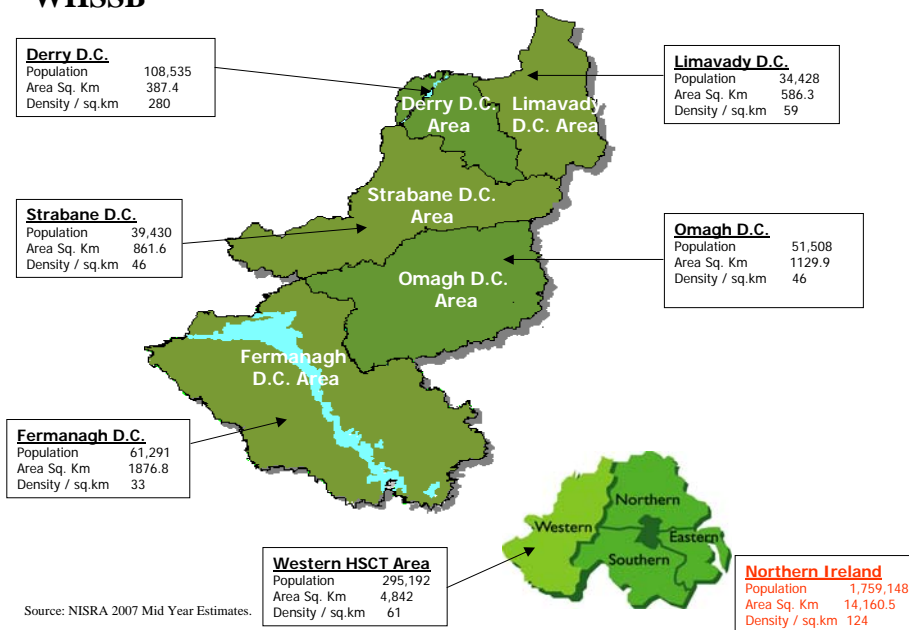
3 Introduction

3.1 The Western Health and Social Services Board LSA

Northern Ireland covers an area of 14,160.5 square kilometres and has a population of 1,759,100 (Registrar General 2008). The Western Board serves a population of approximately 293,000 people who live in the District Council areas of Derry, Fermanagh, Limavady, Strabane and Omagh.



WHSSB



3.2 Profile of the of the Western Health and Social Services Board LSA

The WHSSB includes Northern Ireland's second largest city as well as some of its most remote and marginal rural areas with population densities ranging from 279 people per km² in Derry to 32 people per km² in Fermanagh. Since 1981, the population has increased by 42,285 people, a 17% rise. Levels of deprivation, both rural and urban, are amongst the worst in the province. The WHSSB has one of the highest percentages of young people aged less than 18 years (26.5%: NI 25%) and has the lowest percentage of older people aged 65+ of all the Board areas in Northern Ireland (12%: NI 14%). Life expectancy in Northern Ireland for women is longer than for men. Females born between 2004 and 2006 can expect to live for 81 years compared to 76 years for males. However, life expectancy is lower than the Northern Ireland average with Derry having the lowest female life expectancy of all 26 districts in Northern Ireland (79.4 years).

3.3 Maternity Services in the Western Health and Social Services Board LSA

The Western Health and Social Care Trust was formed on 1 April 2007, bringing together the former Altnagelvin, Foyle and Sperrin Lakeland Trusts. The two maternity units within the Trust are Altnagelvin in Londonderry and the Erne in Enniskillen. The new Trust provides acute hospital, community health and social services to the WHSSB population.

The delivery of Health and Social Care in the area will be transformed with an investment of £450 million to construct two state of the art hospitals. A new maternity unit at Altnagelvin is due to open in 2009 and a new Acute Hospital, including a maternity unit will be built north of Enniskillen and opened in early 2012, closely followed by the new Omagh Hospital Complex, planned to open in 2013.

The Board continues to support the key principles for high quality standards for Maternity Services in the West. Over the last year, the Board has worked closely with the Trust to focus on the improvement of services to local women via implementation of the NICE guidelines for Antenatal and Postnatal care.

The birth rate in the WHSSB area is 13.4 per 1,000 population, slightly above the Northern Ireland average of 12.9 per 1,000 population. In the WHSSB area, Derry City Council Area has the highest birth rate (14.3 per 1,000 population) and Fermanagh District Council Area has the lowest (12.3 per 1,000 population).

4 The NMC Western Health and Social Services Board LSA review

4.1 Decision for Review

The WSSHB LSA was considered 'high risk' after the 2006-2007 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 viewed by him
- some of the requirements of rule 16 of the midwives rules and standards had not been described and therefore the NMC was not assured that an effective supervisory framework was in place
- the LSA Audit process was stated as not undertaken
- there was no detail of any new policies related to the supervision of midwives
- there was no information provided on maternal death trends within the LSA and the interface with the supervisory framework.

Amber Scores

- the supervisor to midwives ratios were higher than required by the NMC
- there was no evidence that '*continuous access to a SoM*' process was audited so there was lack of assurance that the process was working
- the LSA audit process was not described so the NMC was not assured that an effective supervisory framework was in place
- public user involvement in supervision audits was not described
- there was no description of the complaints process or the number of complaints received
- there was no description of supervisory practice programmes
- It appeared that there was an inadequate supervisory framework in place to meet the *Midwives rules and standards* across the LSA
- there were concerns regarding the function and performance of supervision within the LSA.

Green Scores

- there was minimal user input into the development of the supervisory framework.

4.2 The review

The review took place over two days, 20 and 21 January 2009 (appendix 2).

The review team met with key people including;-

- Chief Executive Officer (WHSSB)
- LSA Midwifery Officer
- Director of Nursing (WHSSB)
- Director of Public Health (WHSSB)
- Clinical Governance Risk Management Lead (WHSSB)
- Chief Executive Officer (WHSCT)
- Executive Director of Nursing (WHSCT)
- Divisional Clinical Director of Women and Children's Services (WHSCT)
- Director of Women and Children's Services (WHSCT)
- Assistant Director of Women and Children's Services (WHSCT)
- Assistant Director Healthcare (WHSCT)
- Head of Midwifery (WHSCT)
- Midwife Managers (WHSCT)
- Acting Lead Midwife (Erne Hospital)
- Contact supervisors of midwives/ supervisors of midwives
- Mentors and assessors
- Midwives
- Service Users
- Lead Midwives for Education
- Midwife Teachers
- Student midwives

5. Review findings

The purpose of this review has been to appraise the function of the LSA. There has been clear improvement in the way the LSA has been functioning since the full time LSAMO has been in post. The SoMs are clearer in their lines of accountability and feel that there is someone to support and guide them in their supervisory practice.

Positive elements identified during the review included:

- adoption of the LSAMO Forum (UK) Guidelines
- implementation of annual LSA audits of the practice and supervision of midwives
- development of a local LSA Maternal Death guidance
- plans for further training and development activities for SoMs
- planned implementation of the national LSA electronic database
- multidisciplinary, regional set of hand held notes in draft
- CEO meets regularly, on a bi-monthly basis, with the LSAMO.

Challenges to the LSA:

- SoMs often undertake their supervisory activities in their own time due to competing demands of their clinical commitments. The LSA should ensure that SoMs have sufficient dedicated time to undertake this statutory role and should measure the impact when they are unable to take their protected time due to other priorities
- there is little or no administrative support for SoMs
- the policy to ensure the storage of supervisory records for seven years is in place, but the procedures for the transfer of supervisory records are not being adhered to
- 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
- whilst the review team were on site, they were informed that, from April 2009, the four Health and Social Services Boards in Northern Ireland will cease. The Regional Agency for Public Health and Social Well-being (known as the Public Health Agency) will drive the public health and social well-being agenda, and will become the LSA for Northern Ireland. This time of change brings with it exciting opportunities for the development of statutory supervision in Northern Ireland however, there is a need to ensure that the LSAMO fits appropriately within the new structure.

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>The LSA publishes notification procedures locally via email communication. WHSSB LSA has adopted the LSAMO Forum (UK) Guidelines. Guideline K: Completion of the Intention to Practise Form by a Registered Midwife is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk</i>
1.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<i>The LSA publishes notification procedures locally via email communication.</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>The LSA ensures that the ITP data is complete and accurate prior to its electronic upload to the NMC. The LSA ensures the timely delivery of ITP data to the NMC. Evidence of this was ratified by the LSAMO on the review team.</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>The LSA notifies the NMC of any ITPs given outside the annual ITP data upload on a monthly basis. Evidence of this was ratified by the LSAMO on the review team. The LSA is moving to an electronic database in 2009</i>

Review team commentary

The SoMs are aware of the LSAMO Forum (UK) website, stating that it has a lot of information. They were able to confirm that they have adopted some of the UK-wide LSAMO policies. They said that the implementation of the LSA database will improve processes.

Recommendations Rule 4:

LSA:

The LSA should:

- ensure that the LSAMO Forum (UK) Guidelines are embedded into everyday supervisors practice
- monitor the intention to practice processes and submission of ITP data to ensure ongoing compliance now that an electronic database is being implemented
- ensure that an electronic database is implemented as planned.

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>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk</i>
2.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	<i>Guideline I: Suspension of Midwives from Practice is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk</i>
2.3 Publish the process for appeal against any decision.	Standard met	<i>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk</i>
2.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	<i>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk</i>

Review team commentary

SoMs verbally confirmed knowledge of the process of suspension from practice by a LSA to the review team. They also commented very positively on the support and guidance they receive from the LSAMO.

Although the WHSSB LSA meets this standard in principle by adopting the LSAMO Forum (UK) Guidelines, there is no evidence from the WHSSB 2007 - 2008 annual report to the NMC or the LSA Audits carried out in October 2007 that supervisory investigations have been undertaken. The review team were informed that supervisory investigations are now carried out separately from management investigations. Nevertheless, few SoMs have carried out an investigation. When asked if recommendations from investigations (either managerial or supervisory) had been audited for compliance and improvement SoMs were not able to produce any evidence. Although some recommendations have been implemented, there is no formal process in place to audit compliance and improvement.

The review team saw evidence that the LSA has invested in training for the SoMs however; there is a need to ensure that the knowledge and skills gained from that training is embedded into everyday supervisory practice.

Recommendations Rule 5:**LSA**

The LSA should:

- ensure that SoMs are trained to carry out supervisory investigations and know when an investigation should take place
- ensure that SoMs are involved in risk management processes within the LSA and are supported and enabled to carry out an independent supervisory investigation as appropriate
- ensure that recommendations resulting from supervisory investigations are audited for compliance and improvements in practice.

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 in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) Forum website</i> http://www.midwife.org.uk
3.2 Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Standard partially met	<i>Guideline B: Retention and Transfer of Records Relating to Statutory Supervision is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website</i> http://www.midwife.org.uk <i>However, verbal evidence from SoMs demonstrated that when a midwife moves practice area or changes her named SoM, the supervisory record is not transferred to the new SoM– this is in breach of Rule 12. NMC (2004) Midwives rules and standards</i>
3.3 Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard partially met	<i>Guideline B: Retention and Transfer of Records Relating to Statutory Supervision is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website</i> http://www.midwife.org.uk <i>However, there has been no audit of compliance with this standard. This is compounded by the fact that transfer of supervisory records does not occur (see 3.2 above). In addition, SoMs do not currently have dedicated space to store their records however during their visit to the new maternity unit, the review team noted that storage units for supervisor of midwives records were provided in the new "SoMs room"</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 partially met	<i>Although the review team acknowledge the lack of supervisory investigations in recent years, the SoMs could not verbalise where those records would be stored. However, they were aware of the regulation that requires them to be kept for 25 years.</i> <i>Maternity records are retained for 25 years.</i>
3.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	<i>Guideline B: Retention and Transfer of Records Relating to Statutory Supervision is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website</i> http://www.midwife.org.uk

Review team commentary

The LSA Audits carried out in October 2007 did not review the LSA supervisory record keeping processes. The review team received verbal confirmation from SoMs that supervision records of clinical incidents from the last 25 years need to be kept. However, they were unable to confirm where they would be stored. It is vital that supervisory records of clinical incidents are not stored with clinical records; they must be stored by the individual SoM and if this is not possible by the LSAMO. Supervisory records are confidential and can only be shared on a court order.

When SoMs were asked how they access previous supervisory records when they take over as supervisor for a midwife, they said that they expect the midwife to have a copy of her previous supervisory notes with her. When asked what they would do if the midwife came from another country in the UK they said they would not necessarily get the midwife's previous supervisory records.

The supervisors were unaware that rules 9 and 12 of the NMC *Midwives rules and standards* support them in accessing previous supervisory records.

Recommendations Rule 9:**LSA**

The LSA should:

- 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
- ensure that Guideline B: *Retention and Transfer of Records Relating to Statutory Supervision* is embedded into supervisory practice with immediate effect
- 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*
- monitor the quality and accuracy of supervisory records and the supervisory record keeping system.

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 available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website</i> http://www.midwife.org.uk .
4.2 Maintain a current list of supervisors of midwives.	Standard not met	<i>There is an LSA database at the WHSSB but this database is limited and there was no evidence of maintaining a current record of SoMs. However plans are in place to move to the national electronic LSA database effective from practice year 2009/2010 (see also 5.3)</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>Evidence that the WHSSB LSA has demonstrated a clear commitment to providing continuing professional development and updating for all SoMs was provided in the 2007 - 2008 annual report to the NMC and the October 2007 WHSSB LSA Audits</i>

Review team commentary -

In respect of the nomination of midwives wanting to train as supervisors, some midwives commented that this is not always seen as a transparent process.

The review team were informed that the current LSA database includes the names of SoMs who no longer practice as SoMs in the LSA as well as some who are on long term sick leave. This fact means that the SoMs are carrying a higher caseload of midwives than the current database suggests. This factor means that the LSA and the LSAMO do not have a contemporaneous record of supervisors actually practising in its area.

Although the review team established that the LSA demonstrated a commitment to providing continuing professional development and updating for all SoMs, when asked how they would go about investigating a midwife's 'fitness to practise' some SoMs said that they had had no formal training.

Recommendations : Rule 11:

LSA

The LSA should:

- ensure that there is a contemporaneous list of SoMs practising in the LSA
- ensure that SoMs are formally trained in undertaking an investigation into a midwife's fitness to practice.

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 is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk.</i>
5.2 Implement the NMC's rules and standards for supervision of midwives.	Standard partially met	<i>The LSA has begun processes to implement all of the NMC's Midwives rules and standards.</i>
5.3 Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard not met	<i>Evidence from the WHSSB LSA Audits and verbal communication from the LSAMO and SoMs established that the ratio of supervisor to midwives is in excess of 1:15. However, with two SoMs currently in training and subsequent appointments of SoMs the LSA plans to be compliant by July 2009.</i>
5.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	<i>There is clear evidence that effective communication links exist between the LSAMO and SoMs in the WHSSB LSA as well as supervisors in other LSAs in Northern Ireland. There is also clear evidence that the LSAMO networks with other LSAMOs in the UK.</i>
5.5 Enable timely distribution of information to all supervisors of midwives.	Standard met	<i>This is facilitated via the contact SoM in each unit, LSAMO attending SoMs meetings emails, telephone/ text communication</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>This is facilitated via emails, telephone and text communication between the LSAMO and SoMs</i>
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	<i>The LSAMO is able to have regular meetings with the SoMs in the WHSSB LSA.</i>

Benchmark 5 - Rule 12 The Supervision of Midwives (cont.)

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
5.8 Monitor the provision of protected time and administrative support for supervisors of midwives.	Standard not met	<i>The WHSSB LSA audits demonstrated that the provision of protected time is monitored at the annual audit. However it is not monitored on an ongoing basis and it is evident that SoMs often utilise their own time for supervision and have difficulty claiming time back Furthermore SoMs do not receive any secretarial/administrative support for their role in the Trust.</i>
5.9 Promote woman-centred, evidenced-based midwifery practice.	Standard partially met	<i>Although the October 2007 WHSSB LSA audit demonstrates a commitment to woman centred care the review team heard from service users that this was not their experience.</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 partially met	<i>The LSAMO provided verbal confirmation that she has sampled some SoM records however there has been no formal audit of compliance with this standard.</i>
5.11 Supervisors of midwives are available to offer guidance and support to women accessing maternity services.	Standard not met	<i>Only one of the dozen or so service users who the review team met had heard of or really understood the role of the SoM or how a SoM could support them in accessing maternity services (see also 8.4). This view was compounded by the lack of records of women accessing SoMs themselves. Additionally, on the review team's visit to Altnagelvin Maternity Unit there was limited visible evidence of information on midwifery supervision for service users. This view was confirmed by a midwife from the unit.</i>
5.12 Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Standard met	<i>SoMs support midwives in practice and discuss with them skill development and practice requirements, this includes reflection and taking on the role as an advocate for women. SoMs promote choice and flexibility through the offer of home births, water births and Domino Care, however according to service users this choice is not always a reality.</i>

Benchmark 5 - Rule 12 The Supervision of Midwives (cont.)

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
5.13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Standard met	<i>This is a key element of the role descriptions and person specifications used to recruit SoMs (LSAMO Forum (UK) guideline)</i>
5.14 Supervisors of midwives provide professional leadership.	Standard not met	<i>This was difficult to establish and evidence as the majority of SoMs hold managerial positions. They do appear to provide leadership, but it is often difficult for midwives, (and for the review team), to differentiate between the leadership offered from their managerial position and the professional leadership offered from their SoM role</i>
5.15 Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Standard met	<i>SoMs are seen as being visible and accessible Midwives 24 hr access to a supervisor of midwives has been better promoted in the last year</i>

Review team commentary:

It was evident from discussions with midwives and SoMs that the research article written by Katherine McDaid and Jill Stewart-Moore entitled '*Supervision: how can the gap be bridged?*' has contributed to raising the profile of supervision within the WHSSB.

However, from discussion with service users, it was apparent that although the MSLC (Mother's Voice) has recently conducted research with the support of the LSA, and has influenced practice and service provision, some of the users felt that not everything they had recommended had been taken on board and implemented. Because of this, consultation with users is sometimes felt to be "tokenistic".

The review team was given access to the WHSSB policy on communication and patient/user engagement and felt that it could prove a useful stimulus and a good focus for re-establishing the Erne MSLC and other liaison groups and encouraging SoM engagement with women. The challenge is to move this policy forward in the new structure from April 2009 and at a local level in each Hospital or Community setting.

It was evident from discussions with senior managers of WHSCT that there is confusion between clinical supervision and the statutory supervision of midwives. This was compounded by the fact that statutory supervision was compared to clinical supervision in social services. It is important to note that statutory supervision is about a midwife's 'fitness to practise' and not her 'fitness for purpose'.

When asked where statutory supervision of midwives fits within the clinical governance structures in the Trust the review team were informed the accountability that supervision is happening comes through the Director of Women and Children's Services to the CEO.

It is important to note that each LSA has an appointed LSAMO to ensure the responsibilities of the LSA are put into practice: this work cannot be delegated to another person or role (also see 6.3).

Recommendations Rule 12**LSA**

The LSA should:

- ensure that the ratio of supervisor to midwives does not exceed the NMC standard of 1:15
- work with the Trust to ensure supervisors of midwives have 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
- ensure that supervisors of midwives receive secretarial/administrative support for their supervisory role from within the Trust
- ensure that woman-centred, evidence-based midwifery practice is supported and promoted by supervisors of midwives at all times
- undertake formal audit to demonstrate that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise
- review the current mechanisms for promoting the role of the SoMs and the LSAMO to ensure that service users are aware of how statutory supervision can support them in accessing maternity services
- promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice
- 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
- develop an LSA Risk Register rather than including statutory supervision in a nursing risk register
- ensure that the LSAMO continues to have a voice at executive level within the new Public Health Agency

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>The NMC core criteria and person specification was used in the appointment of the LSAMO and adherence to this standard was confirmed by the NMC and the LSAMO with regard to the latest appointment to the post.</i>
6.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	<i>The NMC was involved in the appointment of Verena Wallace as LSAMO.</i>
6.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	<i>Line management of the LSAMO sits with the Director of Nursing and Consumer Services at the Northern Health and Social Services Board (NHSSB) who hosts the LSAMO on behalf of the other 3 Health and Social Services Boards in Northern Ireland The LSAMO is accountable to the Chief Executive Officer of each LSA in Northern Ireland.</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>Administrative support is provided within NHSSB as the host 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>LSA audits were completed and reported in October 2007 at Altnagelvin Maternity Unit and the Erne Maternity Unit. The review team were informed that further audits had been undertaken in 2008.</i>

Review team commentary

This standard was met in principle however; the review team have concerns around the apparent lack of action taken to address the issues raised from the annual LSA audits.

This finding was confirmed by midwifery managers who said that no action had been taken in response to the comments in the Oct 2007 LSA audits about problems with supervisors finding time for their supervisory duties.

Furthermore, it was evident from discussions with senior managers of WHSCT that they were not aware that supervisors were struggling to get protected time and were in fact undertaking their supervisory role in their own time.

Recommendation Rule 13**LSA**

The LSA should:

- 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
- take action to address any failure to comply with the NMC requirements for statutory supervision
- continue to support the LSAMO in the discharge the statutory supervisory function.

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>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk. However as there have been very few supervisory investigations into clinical incidents the review team is not assured that the LSAMO is informed of all the incidents that occur.</i>
7.2 Publish the investigative procedure.	Standard met	<i>Guideline L: Guideline for an Investigation of a Midwife's Fitness to Practise is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) Forum website http://www.midwife.org.uk</i>
7.3 Liaise with key stakeholders to enhance clinical governance systems.	Standard not met	<i>There is evidence that liaison and meetings take place in the LSA to enhance clinical governance systems however, it is not clear where the LSAMO sits within this structure. This should be made explicit in the new LSA.</i>
7.4 Publish the process for the notification and management of complaints against any: <ul style="list-style-type: none"> - local supervising authority midwifery officer - supervisor of midwives 	Standard met	<i>Guideline G: Process for the Notification and Management of Complaints Against a Supervisor of Midwives or an LSA Midwifery Officer, Including Appeals is available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk.</i> <i>Local employment procedures are also in place within the LSA for complaints against a supervisor of midwives and the host LSA in respect of complaints against the LSAMO</i>
7.5 Publish the process for removing from appointment a: <ul style="list-style-type: none"> - 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 are available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK) website http://www.midwife.org.uk.</i>

Benchmark 7 - Rule 15 Publication of Local Supervising Authority Procedures (cont.)

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"> - supervisor of midwives - local supervising authority midwifery officer 	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 are available in policy folders in the maternity units as well as electronically on the LSAMO Forum (UK)Forum website</i> http://www.midwife.org.uk.</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"> - local supervising authority midwifery officer - supervisor of midwives 	Standard met	<p><i>This process is described within the national guidance for notification and management of complaints</i></p>

Review team commentary

It will be important in the transition to the new PHA (LSA) that due recognition is given to statutory midwifery supervision and the links to clinical governance, risk management and patient safety functions.

The review team heard from the Trust that the accountability to ensure midwifery supervision is happening comes through the Director of Women and Children's Services of WHSCT to the CEO and not through the LSAMO. This accountability for midwifery supervision needs to be clarified with the SoMs, WHSCT management and the new LSA.

As there have been few supervisory investigations, the *LSAMO Forum (UK)* guidance has not been implemented.

To date there have been no complaints about the SoMs or the LSAMO

Recommendations Rule 15:

LSA

The LSA should:

- ensure the LSAMO continues to have a voice at executive level in the new agency holding the responsibility for the LSA function
- ensure integration of the SoMs into the new LSA's governance and risk management framework
- monitor the processes for notification of incidents to the LSAMO to ensure that rule 15.1 is being complied with and strengthened in the new LSA.

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 1st of 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 report will include but not necessarily be limited to:

Standard	Judgement	Evidence Source
8.1 Numbers of supervisor of midwives appointments, resignations and removals.	Standard met	<i>WHSSB LSA Annual report to the NMC 2007-2008.</i>
8.2 Details of how midwives are provided with continuous access to a supervisor of midwives.	Standard met	<i>WHSSB LSA Annual report to the NMC 2007-2008. Midwives confirmed that 24 hr access to SoMs has been better promoted in the last year.</i>
8.3 Details of how the practice of midwifery is supervised.	Standard met	<i>WHSSB LSA Annual report to the NMC 2007-2008.</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>No evidence from the WHSSB LSA Annual report to the NMC 2007-2008 or the Annual LSA audits from Oct 2007 that service users have been involved in the LSA audits as part of the review team. However some users have met with the LSAMO as part of the LSA consultation process through the MSLC (Mother's Voice). Service users whom the review team met had limited/ no knowledge of statutory supervision.</i>
8.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	Standard met	<i>WHSSB LSA Annual report to the NMC 2007-2008 Review team verified engagement during a meeting with the LMEs and midwife teachers</i>
8.6 Details of any new policies related to the supervision of midwives.	Standard partially met	<i>WHSSB LSA has adopted the LSAMO Forum (UK) Guidelines in Nov 2008 and the first local guideline in Dec 2008. However, there was no detail of how these have influenced supervisory practice and this needs to be monitored and reported on in the annual report in the future.</i>

Benchmark 8 - Rule 16 - Annual Report - (cont.)

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 1st of 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 report will include but not necessarily be limited to:

Standard	Judgement	Evidence Source
8.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.	Standard met	<i>The WHSSB LSA Annual report to the NMC 2007-2008 gives details of rising birth trends in Northern Ireland as well as in the WHSSB however; there is no detail of how these trends affect midwifery practice in the LSA.</i>
8.8 Details of the number of complaints regarding the discharge of the supervisory function.	Standard met	<i>As evidenced in the WHSSB LSA Annual report to the NMC 2007-2008 there were no complaints regarding the discharge of the supervisory function.</i>
8.9 Reports on all local supervising authority investigations undertaken during the year.	Standard partially met	<i>The WHSSB LSA Annual report to the NMC 2007-2008 gives information on investigations undertaken, however they were mainly management investigations and not supervisory.</i>

Review team commentary

The quality and content of the WHSSB LSA Annual Report to the NMC 2007 - 2008 has not improved significantly from the 2006 – 2007 report. Although the report provided information about the LSAs compliance with rule 16 of the Midwives rules and standards, it was descriptive and lacked analysis of what the content meant in terms of safety to women and their babies.

While the WHSSB LSA Annual Report to the NMC 2007/2008 did not give details of any new policies related to the supervision of midwives, the review team saw evidence of new Northern Ireland SoM guidance on maternal death (2008/9) and noted the adoption in Northern Ireland of the LSA Forum (UK) Guidelines in 2008/9.

Service users whom the review team met said that they had limited/ no knowledge of statutory supervision however after hearing what supervision was about they all said that they would welcome information on it at an early stage in their pregnancy.

The quality of the few supervisory investigations that have been undertaken needs to be reviewed and addressed. This can be achieved through training for supervisors on the LSAMO Forum (UK) guidance L: *Guideline for an Investigation of a Midwife's Fitness to Practise.*

Recommendations Rule 16:

LSA

The LSA should:

- improve the quality and content of the Annual LSA report to the NMC
- 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 that that service users are involved in the LSA audits and supervisory policy development
- develop mechanisms to inform service users about the role of the LSA and the statutory supervision of midwives and what it has to offer them
- assess whether the adoption of the LSAMO Forum (UK) Guidelines have had an impact on supervisory practice
- ensure that supervisors of midwives are trained in undertaking supervisory investigations.

6. Conclusion

Having identified in their self-assessment many of the areas that require review and/or improvement, the WHSSB LSA now needs to identify actions that will address the recommendations identified in the sections above. An action plan then needs to be drawn up containing specific targets for the actions to be achieved. It is expected that the new 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 new LSA will also report on the outcomes as part of its annual reporting to the NMC, and as part of any specific follow up monitoring of this review by the NMC and the new LSA.

This report will be published on the NMC website. Within 8 weeks of receiving this report the LSA must submit to the NMC an action plan addressing the recommendations made by the review team. This action plan will be published alongside this report.

Appendix 1 - The Review Team

Name: David Fisher

Role in review team: Lay Reviewer

Other roles: Auditor

Name: Vanessa Shand

Role in review team: Midwife Reviewer (Chair)

Other roles: Midwife/ Supervisor of Midwives

Name: Mary Vance

Role in review team: LSAMO Reviewer

Other roles: LSAMO, North of Scotland LSA Consortium

Name: Dr Susan Way

Role in review team: NMC Representative

Other roles: Midwifery Advisor NMC

Appendix 2 - Programme for the Review

**NMC Review Framework
Western Health and Social Services Board (WHSSB)
Tuesday 20th and Wednesday 21st January 2009**

Monday 19th January: Arrival at Londonderry, pre review team meeting and meeting with Verena Wallace Western Health and Social Services Board LSAMO

Day 1 – Tuesday 20th January 2009

Time	Activity	Location
0900-0915	Coffee and introduction from the Review Team to the LSA	Boardroom, WHSSB HQ
0915-1000	Introduction from the LSA to the Review Team	Boardroom, WHSSB HQ
1000-1030	Meeting with Contact Supervisors of Midwives and Supervisors of Midwives, Mentors and Assessors	Boardroom, WHSSB HQ
1030-1100	Meeting with Acting Lead Midwife (Erne Hospital), Head of Midwifery and Assistant Director of Healthcare and Midwife Managers (Western Health and Social Care Trust- (WHSCT)	Boardroom, WHSSB HQ
1100-1130	Refreshment break and in camera session	Boardroom, WHSSB HQ
1130-1200	Meeting with Chief Executive, Executive Director of Nursing, Director of Women and Children's Services, Divisional Clinical Director of Women and Children's Services and Assistant Director of Women and Children's Services (WHSCT)	Boardroom, WHSSB HQ
1200-1300	Meeting with service users	Boardroom, WHSSB HQ
1300-1400	Lunch	Boardroom, WHSSB HQ
1400-1430	Meeting with Midwives and Student Midwives	Boardroom, WHSSB HQ

1430-1500	Meeting with Chief Executive, Director of Nursing, Director of Public Health and Clinical Governance Risk Management Lead (WHSSB)	Boardroom, WHSSB HQ
1500-1530	Meeting with Lead Midwives for Education and Midwife teachers	Boardroom, WHSSB HQ
1530-1600	Refreshment break and in camera session	Boardroom, WHSSB HQ
1600-1700	Meeting with LSAMO – questions and answers	Boardroom, WHSSB HQ
1700-17.30	Travel to hotel	
18.00-20.00	Review team meeting	

Day 2 – Wednesday 21st January 2009

Time	Activity	Location
0830-0900	Travel to Altnagelvin by taxi	Pick up from WHSSB HQ
0900-1200	Tour of the Unit Meet with Assistant Director, SoMs, midwives and multidisciplinary team	Old Unit, Altnagelvin Supervisors Room New Unit, Altnagelvin
1200-1230	Lunch at Altnagelvin	
1230-1300	Travel to WHSSB by taxi	
1300-1330	In camera session	Boardroom, WHSSB HQ
1330-1400	Feedback from review team to LSA	Boardroom, WHSSB HQ
1400	Finish – Travel to airport for flights	

Appendix 3 - Review Team Feedback

Thank you for attending the feedback session.

In summing up, we would like to remind you of the aims of the review which were:-

- To provide verification that the Western Health and Social service Board LSA is achieving the NMC standards for the supervision of midwives
- To explore and comment on any serious issues and concerns identified in relation to the LSA function
- To identify and key themes and/or examples of good practice which could be shared with other LSA's
- To review any concerns that may impact on the protection of the public

The subsequent report will be both formative, an aid to development, and summative, a check that standards are being met.

As a result of the review, we are assured that the LSA is moving in the right direction.

Throughout our visit over the last two days, many of the LSA standards have been met through the adoption of national guidelines. The adoption is a recent development which now requires robust implementation and eventual audit of their effectiveness throughout the LSA. There are going to be detailed in the report a number of recommendations which relate to the fifty-four standards. A draft copy which will be forwarded to the LSA in the agreed time frame and you are invited to provide factual comments.

We would like to comment that supervisors of midwives are accessible and supportive and this was verified by the midwives we met.

It is clear when we met supervisors that they were enthusiastic and committed to their role.

We are assured that supervision is embedded in the pre registration curriculum as stated by the Lead Midwife for Education and confirmed by the student midwives.

It is evident from comments we have heard in the last couple of days that the appointment of a full-time LSAMO has made a positive contribution to raising the profile of Statutory Supervision in the LSA.

To conclude we would want to see that the good work demonstrated to date is not lost, but continues and is taken forward as a building block into the new LSA structure from April of this year.

We would like to thank all those people from the LSA and the Trust who we have met over the past 2 days and we have found everyone's contribution to be helpful and informative. Particular thanks to Verena Wallace for all her hard work in preparing and organising the event.