



Accountants &
business advisers



Nursing & Midwifery Council

Supervision of Midwifery: LSA Review Process

March 2009

Assurance Level: Adequate control design that is generally delivering improved assurance but needs further refinement to fully safeguard the NMC

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1 Introduction

- 1.1 This audit forms part of our 2008/2009 internal audit plan, which was agreed with Senior Management and the Nursing and Midwifery Council (NMC) Audit and Risk Committee. The Supervision of Midwifery: LSA Review Process audit will support the annual statement on internal control required by the Treasury and has been carried out in accordance with Government Internal Audit Standards.

Background

- 1.2 Local Supervising Authorities (LSA) are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through a mechanism of statutory supervision of midwives. The primary responsibility of an LSA is to protect the public. The NMC sets the rules and standards for the function of the LSA, which were published in August 2004. Each LSA appoints a practising midwife, known as the Local Supervising Authority Midwifery Officer (LSAMO) to put its responsibilities into practice. Supervisors of midwives, who are experienced practising midwives, are also appointed by the LSA and provide support, advice and guidance to individual midwives on practice issues whilst making sure the midwife complies with the Midwives Rules and encouraging further development of skills and knowledge. All midwives, whether practising in hospitals, the community or self-employed have a named supervisor of midwives.
- 1.3 The NMC is required by the Nursing & Midwifery Order 2001 to set rules and standards for the practice of midwifery and the Local Supervising Authorities, who are responsible for the function of statutory supervision.

Objectives and Scope

- 1.4 The objective of the Supervision of Midwifery audit was to carry out a high level assessment of the how the NMC is ensuring that the standards it sets for the LSAs are being met. Specifically the review covered:
- Communicating the standards and providing support in their interpretation;
 - Ensuring that the standards are being met by the Local Supervising Authorities and acting on weak performance; and
 - Handling information communicated to the NMC relating to the management of Supervision.

- 1.5 Our work was carried out primarily by holding discussions with key staff within the Midwifery Department and reviewing the underlying processes and available documentation, comparing these against best practices in other organisations and carrying out testing to confirm that the key controls were operating as intended.
- 1.6 This report has been prepared as part of the internal audit of the NMC under the terms of the contract for internal audit services. It has been prepared for the NMC and we neither accept nor assume any responsibility or duty of care to any third party in relation to it. The conclusions and recommendations are based on the results of audit work carried out and are reported in good faith. However, our methodology relies upon explanations by managers and sample testing and management should satisfy itself of the validity of any recommendations before acting upon them.

2 Executive Summary

2.1 This report summarises the work undertaken by PKF in our review of Supervision of Midwifery.

Overall conclusion

2.2 Based on the audit work carried out we have concluded that the arrangements for Midwifery Supervision in respect of the work of Local Supervisory Authorities are focused on the delivery of the Standards and have been able to provide enhanced assurance to the Council. In many respects the arrangements were found to follow good practice and the operation of the arrangements appears to have been diligent. Management recognises that the arrangements are still emerging, with some elements not fully in place and others where further refinement is intended. We have rated the arrangements as **Adequate**, whilst recognising that not all elements are fully operational. Our review has identified a number of potential enhancements to the arrangements both to improve assurance and provide additional safeguards for the NMC and ensure that best practice is achieved. The key findings and conclusions are summarised below.

2.3 Overall the internal control environment in this area was found to be appropriate. The staff involved have a good knowledge and experience of midwifery related issues and demonstrated a strong commitment to getting the regulation right, balancing the provision of guidance and support with robust assurance. Inevitably in a small team this expertise is concentrated in a small number of individuals. An appropriate framework of policies and procedures has been developed and is being completed and whilst there are some limitations in the supporting systems, these have not proven to be a significant barrier to operating the regime. Appropriate oversight has been provided by the Midwifery Committee and this is expected to continue.

2.4 The external control environment in this area is more complex. Midwifery Supervision requires the effective interaction of a range of different organisations and people:

- The NMC who sets and monitors the Standards, with powers to take action to protect public safety;
- The LSAs, who manage Supervision regionally, reporting to the NMC;

- Supervisors, who are appointed by LSAs but carry this out in addition to their paid employment;
 - The bodies who employ the Supervisors and midwives and operate the maternity units;
 - Midwives, whether employees or who are self employed.
- 2.5 The risk assessments carried out by NMC and current performance by LSAs indicate that there are significant pressures within the Midwifery Supervision framework, with the number of Supervisors significantly below the desired level in some areas. This is recognised by the NMC and they are seeking to establish appropriate actions by the LSAs to address this.
- 2.6 Arrangements were found to be in place to ensure that the Standards are communicated effectively and to provide support in their interpretation. The Midwifery Department also provides direct guidance and support for the LSAs with appropriate controls to ensure quality.
- 2.7 Under the current arrangements there are three broad strands to monitoring compliance with the Standards:
- An annual report from the LSAs, covering aspects stipulated by the NMC;
 - A series of risk based review visits carried out to LSAs, including maternity units; and
 - Direct feedback received from LSAs or others.
- 2.8 Whilst these arrangements do provide a level of assurance in respect of the operation of LSAs, and a higher level of assurance than has previously been the case, we have identified a number of aspects in which these can be improved in order to better bring together the sources of information, provide more up to date risk assessments and more timely responses and provide better protection for NMC in the event of external challenge to its conclusions. We have raised a number of recommendations to further enhance these arrangements including:
- Establishing events that LSAs are required to notify NMC of;
 - Changing the basis of risk assessment to capture all relevant sources of up to date information;

- Introducing periodic monitoring discussions; and
- Retaining evidence behind the judgements in review visits.

2.9 Finally, we wish to thank all members of staff for their availability, co-operation and assistance during the course of our review.

PKF (UK) LLP

March 2009

3 Detailed Findings

Midwifery Control Environment

- 3.1 The control environment is the environment in which the controls and risk management take place and can have a big impact on how likely they are to be effective. In this case a strong control environment is one where there are clear objectives, priorities and leadership for all the key players involved and a congruence of goals and incentives, backed up by the right skill base, sufficient time to carry out the tasks and appropriate systems and information.
- 3.2 The authority and responsibility for the NMC in respect of Supervision stems from the Nursing and Midwifery Order 2001, which requires the NMC to set rules and standards for midwifery practice and the Local Supervising Authorities responsible for the function of statutory supervision of midwives. These are set out in the *Midwives Rules and Standards* published by the NMC.
- 3.3 The Supervision of Midwifery falls within the remit of the Midwifery Department, which is led by the Head of Midwifery. There is a lead professional advisor with direct responsibility for the NMC framework for reviewing LSAs and the supervision of midwives, who is also the main point of reference on complex issues relating to Supervision.
- 3.4 Overall the Midwifery Department is small but highly qualified and appears to have an appropriate skill base to deliver the role. The particular expertise in Midwifery Supervision is concentrated in the Lead Advisor for that area, although we understand that there is a second advisor who also has detailed knowledge and can provide some cover, although they have other responsibilities. Such dependence is difficult to avoid but nevertheless presents a risk. We understand that another advisor is being recruited to strengthen this area.
- 3.5 The Midwifery Department use the same core IT systems as the other parts of NMC, with no bespoke systems. Whilst there are limitations in these arrangements, particularly in respect of case management, we are satisfied that these do not present a significant barrier to the Department's operation so as to present a significant risk. We understand that the implementation of a case management system is proposed, linking to the system being introduced for Fitness To Practice.

We support the introduction of such a system. Therefore we have not made any recommendations in this area.

- 3.6 The LSA assurance arrangements have been developed over the last two years to include a higher level of verification of compliance with the Standards through the use of review visits and other measures. The development and implementation of these arrangements has been managed as a project. Whilst we have not reviewed the management of the project in detail, it appears that the main project disciplines of planning, risk assessment, allocation of roles, determination of actions and monitoring have been applied.
- 3.7 The policy direction of Supervision is set by the Midwifery Committee, the remit of which is :
- to advise the Council on any matter affecting midwifery;
 - to monitor professional and policy developments in the healthcare field affecting midwifery practice;
 - to draw up and publish standards and guidance specific to midwifery education and practice;
 - to keep under review and to advise the Council on rules regarding post-registration education and training specific to midwives;
 - to keep under review and advise the Council on rules regulating the practice of midwifery;
 - to keep under review and advise the Council on qualifications for persons who may be appointed by local supervising authorities to exercise supervision over midwives;
 - to keep under review and advise the Council on standards for the exercise by local supervising authorities of their functions;
 - to conduct consultations on behalf of the Council on any proposed rules relating to midwifery;
 - to commission such research it considers necessary on any matter within its terms of reference; and

- to consider such other matters as may be referred to the Committee by the Council, by any other committee or by the Chief Executive and Registrar.

The Midwifery Department implements the policy set by the Midwifery Committee and reports to the Council on whether the LSAs are meeting the required Standards.

- 3.8 In practical terms the Midwifery Committee has reviewed and approved numerous standards related to statutory supervision including the framework for reviewing LSAs and is kept informed of the issues emerging and intended actions. Following the change in the NMC Council, a new Midwifery Committee has been constituted, the previous Committee holding its last meeting in October 2008. The new Committee met for the first time in February 2009. Therefore it is too early to assess the effectiveness of the Committee in respect of development and assurance related to statutory supervision.
- 3.9 The direct management of supervision of midwives is carried out by the LSAs. LSAs are impartial organisations responsible for ensuring statutory supervision of midwives is undertaken according to NMC standards. Every midwife practises within a LSA. The LSA ensures that all midwives in the area follow the NMC rules and standards. There are currently 27 LSAs:
- 10 in England, comprising the Strategic Health Authorities;
 - 14 in Scotland, comprising the Health Boards and structured into 3 consortia;
 - 1 in Wales, Health Inspectorate Wales; and
 - 4 in Northern Ireland, the Health and Social Services Boards
- 3.10 The LSA appoints the Supervisors and manages their activity. Each LSA is required to appoint a Local Supervisory Authority Midwifery Officer (LSAMO) who:
- Ensures that the statutory Supervision arrangements operate effectively;
 - Acts as a point of contact for Supervisors to consult for advice;
 - Provides leadership, support and guidance on a range of matters including professional Supervision; and
 - A contact point for women who seek help and support concerning the provision of their midwifery care.

- 3.11 The LSAMO must be a practising midwife and is a senior professional within the LSA. The LSAMO is an employee of the LSA and reports to the LSA. However, their relationship as a link to the NMC is equally important and the NMC is dependent on the LSAMO for keeping them informed of issues. This should not present a conflict of interest per se as the Chief Executive of the LSA has responsibility overall for meeting the Supervision Standards, but this could affect the flow of information that is not mandatory under the Standards.
- 3.12 Supervisors are appointed by the LSA following the requirements for Supervisors set out by the NMC. They are also practising midwives and either self employed or employed by health bodies within the LSA region. The arrangements for promoting and recruiting Supervisors of midwives are determined by the LSA. This means that the ability to attract and retain sufficient Supervisors is outside the control of the NMC, which can only seek action from LSAs to address shortages or encourage good practice.
- 3.13 The standards set by the NMC in the *Midwives rules and standards*, require the LSA to monitor the provision of protected time and administrative support for Supervisors. We understand that the tension is that the LSA does not employ the midwives who are Supervisors and therefore are unable to dictate how a midwife should work during her employment hours in order to undertake her Supervisor role. Most maternity services do appreciate the benefit that statutory supervision can bring in respect of safety, so do pay Supervisors for their role and some also provide time for them to so the supervisory role. These tend to be local agreements between the Supervisors and their employers rather than being negotiated by the LSA. The NMC has no remit in these negotiations.
- 3.14 Again this means that the NMC and to some extent the LSA are not in a position where they can take direct action to enhance the attractiveness of the Supervisor role or to facilitate its effective operation by determining the time to be allowed for it.
- 3.15 We understand that these regulations are outside of the NMC and therefore we have not made any recommendations in this area. However, a greater consistency over the promotion and conditions for Supervisors would be desirable.
- 3.16 Where the NMC believes that the arrangements for supervision are inadequate in respect of any midwifery unit to present a risk to public safety, it has the power to review the LSA as to how statutory supervision is being provided in order to ensure that a safe environment is provided for women and their families and to make

recommendations for improvement. Where supervisors are failing the LSA can deselect them from their role after a formal investigation. Action against LSAs failing more generally is more difficult as LSA status cannot be removed. In such cases NMC can require actions to address weaknesses and can report publicly on the extent to which the LSA is addressing the issues.

- 3.17 If the NMC has concerns about the clinical learning environment for students then the NMC has the power to remove approval for student training at the approved university or limit / remove the students from the clinical environment.

Communication of the requirements and providing support in interpretation

Publication of the Standards

- 3.18 The *Midwives Rules and Standards* (the Standards) were developed by the Midwifery Department after a period of consultation. The policy was approved by both the Midwifery Committee and the Council. They are posted in a prominent position on the website and available in hard copy. We understand that copies were provided to all midwives and relevant bodies, including the LSAs.
- 3.19 A number of other publications have been prepared by NMC, either following public consultation for example *Standards for the preparation and practice of supervisors of midwives*, or in conjunction to other bodies explaining the supervisory process, for example *Modern supervision in action*, which was prepared by the LSA Midwifery Officers National UK Forum.
- 3.20 Specific guidance to LSAs is issued through a series of Circulars. In particular Circular 32/2007 included Standards for the supervised practice of midwives, which set out the overall regime in which they operate.
- 3.21 Our review indicates that the guidance is clear, setting out the standards and providing explanatory guidance notes to support the users in interpreting them and this provides a framework for the Supervision to operate within. Inevitably as additional guidance is issued, the number of sources of guidance increases, and there is a danger that this becomes more difficult for those involved to track. During our audit we noted that in one case the website was inconsistent with the current arrangements and that in searching the website it was difficult to identify all of the guidance relevant to Supervision, although all relevant items were included; this

stems from limitations in the search facility but also a number of the information relating to Supervision relating to other issues as well. This is recognised by the Midwifery Department and the intention is to provide periodic consolidations of the guidance to prevent it becoming unwieldy. It is important that this happens.

Recommendation:

R1 The presentation of the statutory supervision guidance on the website should be reviewed with the aim of providing a single area where all relevant material can be located and easily understood by LSAs, Supervisors and Midwives and kept up to date.

Appointment of LSAMOs

- 3.22 The process for appointing LSAMOs is specified by the NMC; the most recent Circular in respect of this was 12/2007 issued in April 2007. This sets out the statutory function of the LSAMO, the NMC's requirements of the statutory function and the attributes that the LSAMO must demonstrate and provides a basis for selecting candidates. The Head of Midwifery is involved in all appointments of LSAMO and has the ability to require the rejection of candidates who do not reach the requirements.
- 3.23 Guidance is also given on the line management for employment purposes for the LSAMO, with the recommendation that they report to the person who has organisational accountability for clinical governance.
- 3.24 This process should allow the NMC to ensure that each LSA appoints a suitable person to the key role of the LSAMO.

Support for LSAMOs

- 3.25 The NMC provides support to the LSAMOs in a number of ways. In particular:
- The provision of written guidance;
 - The ability to seek guidance on the interpretation of Standards either generally or in respect of specific cases but in complete confidence;
 - The operation of the Strategic Reference Group, which comprises all LSAMOs and meets two to three times each year to discuss issues that affect midwifery practice.

- 3.26 Together these should ensure that each LSAMO can obtain the level of advice that they need to ensure that they understand their role and can correctly interpret the Standards. These services appear to be used.

Support for Supervisors

- 3.27 The requirements and attributes of a Supervisor of midwives are set out by the NMC and include that the person is a practising midwife. Before appointment as a Supervisor a midwife needs to undergo a programme of training under the direction of a mentor and subject to the approval of the NMC. Supervisors will only be appointed following certification of completing the training and meeting a suitable standard.
- 3.28 Once appointed as a Supervisor, their supervisory workload is directed by the LSAMO, who also is their main source of support and advice in relation to their conduct of these duties. However, Supervisors can also seek advice in respect of the delivery of the standards generally or specific circumstances direct from the NMC. If they contact the call centre they are likely to be directed to one of the midwifery advisors.
- 3.29 All calls handled are logged and the basic information relating to the query and the advice given recorded in a standard format to provide a suitable trail. This was confirmed by testing.

Monitoring achievement of Standards

- 3.30 The monitoring of the achievement of the Standards relating to Supervision is achieved through a number of mechanisms. These are summarised in the paragraphs below.

Feedback from LSAMO and Midwives

- 3.31 Feedback may be received on the operation of the Supervision framework direct from LSAMOs, Supervisors or midwives, or midwives. These may be formally in writing, through the call centre or passed on where such staff come into contact with members of the Midwifery Department. Feedback may also emerge through other sources eg other review bodies or members of the public. In all such cases the information will be noted and the NMC will seek to provide appropriate advice and, where the matter could relate to the safety of the public, will seek to follow up in the most appropriate way.

LSA annual reports

- 3.32 Each LSA is required to provide an annual report on its Supervision activity to the NMC. These must be submitted by the end of September following the practice year end to which the report relates.
- 3.33 The minimum information to be reported in the annual report is specified by the NMC through Rule 16 of the Midwives rules and guidance is given each year by the issue of a Circular, usually around January of the year in question. This is important in ensuring that the information reported addresses the issues of most interest to the NMC and means that this can be tailored to take account of the analysis of the previous year's annual reports. However, receiving this 10 months into the year that they need to report upon does mean that any additional requests that require ongoing monitoring may not be able to be met by the LSAs.

Recommendation:

R2 Where possible the Midwifery Department should flag additional reporting requirements to the LSAMOs through the regular meetings to minimise any additional requests received late in the year.

- 3.34 The focus of the reporting is on the compliance with the Standards and in particular actions in respect of issues either highlighted for the particular LSA or more generally in the previous year's NMC report on the analysis of LSA annual reports.
- 3.35 These reports are the prime source of information for the NMC relating to the activity of the LSAs. The NMC analyses the data within them and has developed a model for risk assessment that is applied for each LSA and used to target the NMC's further monitoring and can result in the NMC seeking action plans to address areas of particular concern. The annual reports are published on the NMC website and the Midwifery Department also prepares an analysis of the findings in an annual report, which is approved by the Midwifery Committee and the Council and published. As well as providing a comparative analysis of the information received from the LSAs, the report also identifies good practices, broader issues and makes recommendations for action by the LSAs.
- 3.36 Our review indicated that the report was clear and consistent with the underlying findings and that the risk assessments covered relevant issues and were accurately applied.

- 3.37 The information submitted is a combination of activity data and qualitative analysis drawn from the LSA and the maternity units in its area. The Midwifery Department does not carry out any verification of the data provided. Instead they require that the information is certified by the LSA Chief Executive and place reliance on the clinical audit processes within each LSA to carry out appropriate checks on this data. There is a risk that the information could be inaccurate although substantial errors would require the complicity or negligence of a number of LSA professionals.
- 3.38 The annual reporting process appears to be an effective tool for reporting on activity, sharing good practice and stimulating action in respect of weaknesses. However, as the LSA annual reports are received six months after the year end to which it relates and the NMC summary is published 8 months after the year end, it can only represent the historic position and therefore may not identify current issues. The annual report is clear that it is an analysis of the year in question and not a current commentary.
- 3.39 Between the annual reporting there is no requirement for the LSA to provide information on its activity to the NMC. Whilst in most cases LSAMOs do keep the Midwifery Department informed of significant events and do seek advice, the annual reporting process has highlighted that this is not always the case.

Review visits

- 3.40 The NMC has the ability to carry out reviews of LSAs or midwifery services as part of its enforcement of public safety. Initially these were only carried out where there was evidence of specific problems. However, for the first time an ongoing programme of review visits to LSAs has been added to the assurance processes. Six reviews of LSAs were planned for the current year with the aim of obtaining a first hand perspective of how the LSA is meeting the Standards and to substantiate the evidence gathered through the annual report process referred to above. In our view this is an important addition to the assurance process.
- 3.41 A risk basis has been used to select the LSAs for using the risk assessment carried out on the annual report information. The five highest risk scoring LSAs were selected plus one of the low risk scoring ones in order to act as a control against weaknesses in the risk basis. The intention is that all LSAs will be reviewed over a period and management recognises that the risk assessment basis will need to be refined in order to avoid the same LSAs being repeatedly identified for review visit.

Management is also considering introducing shorter follow up reviews to ensure that the LSAs are addressing the issues identified. We concur with this idea.

- 3.42 The use of a risk basis for such reviews both for selection of sites and direction of the review effort accords with good practice and should mean that the assurance is achieved where it is needed most. We have reviewed the risk assessment basis and are satisfied that it is driven by the Standards. However, we noted a number of weaknesses in the risk assessment.
- 3.43 The most significant issue is that the risk assessment is driven by historic information from the annual report and therefore does not necessarily reflect the current risk position. There is no mechanism in place to ensure that key changes in circumstances are notified to the Midwifery Department other than through the annual report. Where information is received reflecting changes in circumstances, this is not taken into account in the annual report. In addition the focus of the annual report is on the current activity and therefore little information on future threats.
- 3.44 We have made the following recommendations to strengthen the risk assessment process:

Recommendations:

R3 Maintain an ongoing risk assessment of each LSA based on the most current information available to the Midwifery Department from all reliable sources.

R4 Require LSAs to notify the Midwifery Department of significant events relating to Supervision within a specified period of their becoming aware of them. This is likely to include matters such as maternity units in special measures, significant changes in Supervision ratios or specific identified threats to the service.

R5 Recognise within the risk assessment the period of time since the last on site review.

R6 Introduce a series of monitoring discussions with each LSAMO in order to review issues, progress on actions and perceived future threats.

R7 Where the ongoing risk assessment identifies a significant exposure this should trigger action at the appropriate level. This could include:

- ***Discussions with the LSAMO or LSA Chief Executive;***
 - ***The requirement for an action plan to be developed by the LSA;***
 - ***An extra-ordinary or follow up visit;***
 - ***Inclusion in that year's main review visit programme; or***
 - ***Formal action.***
- 3.45 The implementation of such an approach should ensure that the Midwifery Department has an ongoing view of where the main threats to the service are and is in a position to direct its actions more promptly.
- 3.46 The reviews are usually for two days and involve a review team of four people. Exceptionally the review team may be increased in order to provide a wider coverage. The review teams include an appropriate mix of personnel ie:
- The NMC lead adviser for Supervision, to provide specific expertise and consistency;
 - An LSAMO from a different area;
 - A practising midwife from a different area;
 - A lay reviewer.
- 3.47 Clear criteria are set out for the capabilities of reviewers and we have reviewed the selection and appointment procedures and are satisfied that they are robust and appropriate. Each reviewer receives induction into the work of the NMC and training in the review process. Our review of the training arrangements indicated that they follow best practice and should ensure that only competent reviewers are used.
- 3.48 Testing demonstrated that all those involved in carrying out the reviews to date had attended the induction and training.
- 3.49 The review programmes are tailored to the circumstances of the LSA involved. In the example that we tested the review involved a combination of meetings with:
- LSA staff, Link Supervisors and Contact Supervisors;
 - Supervisors of midwives;
 - Service users;

- Consultant midwives;
 - Senior management of health bodies involved in the delivery of midwifery services;
 - Midwife teachers, mentors and assessors; and
 - Student midwives.
- 3.50 We understand that visits may also be carried out to maternity services to speak to practising midwives and mothers.
- 3.51 Together these should provide a basis to judge whether the midwifery supervision arrangements are working and to validate the qualitative assessments included in the annual report.
- 3.52 At the conclusion of the visit a report to the LSA on the visit is drafted. We understand that one reviewer takes the lead on this, drawing upon debriefing discussions with the other reviewers and any notes that they make available. All reviewers confirm the accuracy of the report before issue. Where appropriate recommendations for improvement are made in the report. The LSA is given the opportunity to comment on the report in draft and offer corrections in line with good practice. The finalised report is published on the NMC website.
- 3.53 We were unable to confirm that the reports prepared were consistent with the underlying information as the review teams do not retain evidence to support the findings and conclusions beyond that included in the report. We understand that in many cases there are strong sensitivities around the confidentiality of the information. Whilst we appreciate that confidentiality issues need to be safeguarded, this presents a risk to the NMC in its ability to defend its position if challenged. Challenge by the LSA concerned is likely to emerge during the draft report stage and is unlikely to be damaging – ultimately the NMC can report the reviews of the reviewers anyway. Potentially more damaging would be a challenge from a third party after the event, particularly in the circumstances that the areas reviewed failed after the report had been issued. Without the evidence to support the findings and conclusions reached the NMC could find itself unable to defend its position.

Recommendation

R8 Review teams should retain sufficient information to demonstrate and justify the basis for their conclusions. This information should be stored securely at the NMC and not held by individual reviewers.

- 3.54 Processes for appraising reviewers are being developed in order to ensure that quality is maintained, reviewers develop and improve their skills and that there is learning for the organisations. This accords with good practice. These are currently in draft and our brief review of these indicates that they are consistent with the intended purpose.

4 Action Plan

Ref.	Findings <i>Implications</i>	Recommendations	Priority	Management Response	Action Date
R1	<p>Our review indicates that whilst the guidance is clear, setting out the standards and providing explanatory guidance notes to support the users in interpreting them, we noted that in searching the website it was difficult to identify all of the guidance relevant to Supervision. This stems from limitations in the search facility but also a number of the information items relating to Supervision relating to other issues as well.</p> <p><i>LSAs, Supervisors and midwives may not be able to access relevant data easily, impeding their effectiveness.</i></p>	The presentation of the statutory supervision guidance on the website should be reviewed with the aim of providing a single area where all relevant material can be located and easily understood by LSAs, Supervisors and Midwives and kept up to date.	Medium	<p>Preliminary work can be done to organise all of the supervision related information under the midwifery section of the website</p> <p>More detailed work within the web development project will ensure this is consistent with the new NMC website</p>	<p>July 2009</p> <p>April 2010</p>

Ref.	Findings <i>Implications</i>	Recommendations	Priority	Management Response	Action Date
R2	<p>The minimum information to be reported in the annual report is specified by the NMC through the issue of a Circular, usually around January of the year in question.</p> <p><i>Receiving such a request 10 months into the year that they need to report upon does mean that any additional requests that require ongoing monitoring may not be able to be met by the LSAs.</i></p>	Where possible the Midwifery Department should flag additional reporting requirements to the LSAMOs through the regular meetings to minimise any additional requests received late in the year.	Medium	This can be actioned at next meeting with LSAMOs and then ongoing	April 2009
R3	<p>LSA risk assessments are only carried out following analysis of the annual reports.</p> <p><i>The ongoing risk position of LSAs is not identified.</i></p>	Maintain an ongoing risk assessment of each LSA based on the most current information available to the Midwifery Department from all reliable sources.	High	This will require a system development and creation of a case management system that does not exist currently. A decision paper will be considered at EMB in May 2009 once the development work has been scoped with the ICT department	To be agreed with the Executive Management Board and ICT

Ref.	Findings <i>Implications</i>	Recommendations	Priority	Management Response	Action Date
R4	<p>The risk assessment is driven by historic information from the annual report and therefore does not necessarily reflect the current risk position. There is no mechanism in place to ensure that key changes in circumstances are notified to the Midwifery Department other than through the annual report.</p> <p><i>Action to address issues within LSA's may be delayed.</i></p>	<p>Require LSAs to notify the Midwifery team of significant events relating to Supervision within a specified period of their becoming aware of them. This is likely to include matters such as maternity units in special measures, significant changes in Supervision ratios or specific identified threats to the service.</p>	High	<p>This will be raised with the UK LSAMO group in March 2009 and policy approval will go to Midwifery Committee in July 2009 prior to consultation</p>	<p>New guidance consulted and published by April 2010</p>
R5	<p>The current risk assessment does not take account of the period since the last review visit</p> <p><i>Some LSAs may never be reviewed.</i></p>	<p>Recognise within the risk assessment the period of time since the last on site review.</p>	Medium	<p>The review framework is being evaluated at the end of the 1st year of reviews and the risk assessment framework adjusted. This can be included</p>	<p>By December 2009</p>

Ref.	Findings <i>Implications</i>	Recommendations	Priority	Management Response	Action Date
R6	<p>The risk assessment is driven by historic information from the annual report and therefore does not necessarily reflect the current risk position. In addition the focus of the annual report is on the current activity and therefore little information on future threats.</p> <p><i>The risk assessments may not reflect the current position of the LSAs</i></p>	Introduce a series of monitoring discussions with each LSAMO in order to review issues, progress on actions and perceived future threats.	High	This has an impact on the staffing resource in the Midwifery department. We are recruiting an additional advisor to commence in June 2009 and we can move to establishing this approach	By March 2010

Ref.	Findings <i>Implications</i>	Recommendations	Priority	Management Response	Action Date
R7	<p>The introduction of the ongoing risk assessment means that high risks may be identified throughout the year.</p> <p><i>The annual review programme may not be able to cover the issues emerging appropriately.</i></p>	<p>Where the ongoing risk assessment identifies a significant exposure this should trigger action at the appropriate level. This could include:</p> <ul style="list-style-type: none"> ● Discussions with the LSAMO or LSA Chief Executive; ● The requirement for an action plan to be developed by the LSA; ● An extra-ordinary or follow up visit; ● Inclusion in that year's main review visit programme; or ● Formal action. 	High	This will be included in the revision of the framework.	By end December 2009
R8	<p>The review teams do not retain evidence to support the findings and conclusions beyond that included in the report.</p> <p><i>The NMC may not be able to defend itself against retrospective challenge.</i></p>	<p>Review teams should retain sufficient information to demonstrate and justify the basis for their conclusions. This information should be stored securely at the NMC and not held by individual reviewers.</p>	High	<p>This will require a system development and creation of a case management system that does not exist currently.</p> <p>A decision paper will be considered at EMB in May 2009 once the development work has been scoped with the ICT department</p>	To be agreed with ICT department and EMB.

5 Assurance Definitions

Assurance Level	Definition
Sound	<i>Sound design of internal control that addresses risk and meets best practice and is operating as intended.</i>
Adequate	<i>Adequate design of internal control that addresses the main risks but falls short of best practice and is operating as intended</i>
Adequate in most respects	<i>Generally adequate design of internal control that addresses the main risks and is operating as intended but either has control weaknesses or is not operating fully in some significant respect</i>
Adequate except For.....	<i>Adequate design of internal control that addresses the main risks and is operating as intended in most respects but with a major failure in design or operation in the specified area.</i>
Inadequate	<i>Major flaws in design of internal control or significant non operation of controls that leaves significant exposure to risk</i>