



Protecting the public through quality  
assurance of education and supervision  
of midwives



# **Extraordinary LSA follow-up review**

**Princess Elizabeth Hospital,  
Health and Social Services  
Department, Guernsey  
2 – 4 November 2015**

## Monitoring review of performance in mitigating key risks identified in the Nursing and Midwifery Council's Quality Assurance framework for local supervising authorities (LSAs) for midwifery supervision 2015–2016

LSA	NHS England South East and Wessex
Date of review	2 – 4 November 2015
Managing Reviewer	Judith Porch
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Maureen Brown Dawn Meredith Verena Wallace
	<b>Areas visited during LSA review:</b>  Princess Elizabeth Hospital (PEH), Health and Social Services Department (HSSD), Guernsey.
Date of Report	23 November 2015

## Introduction to Quality assurance framework

### The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

### The Midwives rules and standards

The Midwives rules and standards (NMC, 2012) set out the rules governing the practice of midwifery and the supervision of midwives. It sets out, under the relevant rule, any standards for exercise by the LSA and any standards relating to the conduct, performance and ethics which apply to midwives. They are narrowly focused standards in that they look at particular areas which affect supervision of midwives and, as a result, provide an overview of supervisory arrangements which are managed by the LSA.

### Quality Assurance (QA) and how standards are met

The QA of the Midwives rules and standards (2012) differs significantly from any system regulator inspection.

As set out in the NMC QA framework that was updated in 2015, LSAs are expected to report risks to the NMC. Review is the process by which the NMC ensures that LSAs continue to meet the Midwives rules and standards (2012). The NMC may conduct an extraordinary review in response to concerns identified regarding midwifery practice or the supervision of midwives within an LSA.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the LSA in meeting the standards.

QA reviewers will grade the level of risk control on the following basis:

#### **Met: Effective risk controls are in place across the LSA**

The LSA enables supervisors of midwives and midwives to achieve the stated rules and standards. Appropriate risk control systems are in place without need for specific improvements.

#### **Requires improvement to strengthen the risk control**

The LSA enables supervisors of midwives and midwives to comply with the Midwives rules and standards (2012). However improvements are required to address specific weaknesses in LSA risk control processes to enhance assurance for public protection.

#### **Not met:**

The LSA does not meet the requirements necessary for ensuring that the LSA is compliant with the Midwives rules and standards (2012). Risk control systems and

processes are weak and significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the LSA directly and is delivered against an agreed timeline.

Summary of key findings		
Relevant LSA / midwives standard	Risk indicator	Key risk
Rule 4: Notifications by local supervising authority	1.1 Public protection is placed at risk if midwives do not submit their Intention to Practise (ItP) to the NMC by the required annual submission date	1.1.1 All midwives have a named Supervisor of midwives (SoM) to whom they must submit their ItP
	1.2 Midwives risk lapsing or losing their midwifery registration if ItPs are not submitted in time to the NMC	1.2.1 Accurate information and completion of ItPs submitted to the NMC by the date set by Council
Rule 6: Records	2.1 LSAs have inadequate data protection policies for the retention of midwifery records	2.1.1 LSAs ensure that there are clear and comprehensive local guidelines for the secure retention of midwifery records that addresses all requirements
	3.1 Midwives do not store records securely; this poses a risk to public protection	3.1.1 Midwives comply with systems designed to accurately and securely store records for 25 years
Rule 7: The local supervising authority midwifery officer	4.1 LSAs do not use the core criteria to appoint an appropriately experienced midwife to undertake the role of LSA midwifery officer (LSA MO)	4.1.1 LSAs and the LSA MO comply with the rules, standards and guidance set by the NMC
Rule 8: Supervisors of midwives	5.1 LSAs do not recruit adequate numbers of SoMs or recruit SoMs who have not completed the required training	5.1.1 LSAs have a clear policy and procedure for the recruitment and appointment of qualified SoMs
Rule 9: Local supervising authority's responsibilities for supervision of midwives	6.1 The LSA consistently exceeds the recommended ratio of 1 SoM to 15 midwives (1.1, 1.2, 1.3, 1.4, 1.6)	6.1.1 LSAs have processes in place to ensure that recruitment supports the necessary number of SoMs to maintain the required ratio and that SoMs have adequate resources to undertake their role
	6.2 The LSA does not conduct or adequately record annual reviews of all midwives (1.5)	6.2.1 LSAs have processes in place to ensure that all midwives are reviewed on an annual basis, and that their records of these reviews are updated
	6.3 The annual review identifies that a midwife has failed to meet the requirement to maintain their midwifery registration (1.5)	6.3.1 LSA Guidelines are clear in giving direction to SoMs as to the content of the annual review so that the SoM undertakes this in a consistent manner and she can be assured that a midwife has complied with the requirement to maintain their midwifery registration
Rule 10: Publication of local supervising authority procedures	7.1 LSAs do not complete supervisory investigations in an open, fair and timely manner	7.1.1 LSAs have developed mechanisms to ensure investigations are carried out fairly, effectively, efficiently and to time.
	7.2 LSAs do not escalate outcomes of investigations to the NMC in a timely and appropriate manner	7.2.1 LSAs have well documented guidance for and evidence of the process for escalating investigations from local action to NMC referral
Rule 14: Suspension from practice by a local supervising authority	8.1 Public being placed at risk if a midwife continues to practise when their fitness to practise is alleged to be impaired	8.1.1 LSAs have developed adequate guidelines for the suspension of a midwife from practice
<b>Standard met</b>	<b>Requires improvement</b>	<b>Standard not met</b>

## Introduction to NHS England South East and Wessex LSA

NHS England (South) has contractual arrangements to provide the LSA function and supervision of midwives for the States of Guernsey. Since 1 April 2015, when NHS England LSA was reconfigured, South East (SE) and Wessex LSA took over the responsibility for this function.

The Bailiwick of Guernsey is a self-governing crown dependency state which includes the islands of Guernsey, Alderney, Sark and Herm. Maternity care in Guernsey is provided by the Health and Social Services Department (HSSD) which is one of 10 main departments. HSSD comprises the Princess Elizabeth Hospital (PEH) which has 150 beds. The maternity services are situated in Loveridge ward, PEH.

There are 51 practising midwives in PEH who submitted their intention to practise in 2015-16 and midwifery supervision is provided by two supervisors of midwives (SoMs): one full time SoM and one part time SoM, who works 20 hours per month, with on-calls supported by SoMs from Jersey. The overall SoM to midwives ratio in PEH is 1:26. This ratio exceeds the required NMC ratio of 1:15 however the SoM is a full time role and therefore has capacity to take on the additional caseload supported by the part time SoM who maintains a smaller caseload.

PEH, HSSD has been under scrutiny since an NMC unscheduled extraordinary review of NHS England (NHSE) LSA South West (SW) took place in October 2014. The extraordinary review was undertaken as a result of escalating concerns reported to the NMC by NHSE LSA SW regarding the supervision of midwifery and the provision of midwifery care within the maternity services in PEH, HSSD, Guernsey.

The extraordinary LSA review concluded that a number of Midwives rules and standards (NMC, 2012) had not been met relating to how midwives' practice was being supervised. There were public protection issues relating to statutory supervision of midwifery in the SW LSA within PEH, HSSD requiring urgent attention (2).

An action plan of compliance in relation to the ten key areas of action for the LSA standards in Guernsey was agreed with the NMC and implemented. The LSA put immediate interim measures in place to ensure the maintenance of a safe maternity service for women and babies in Guernsey (3).

During the NMC extraordinary LSA review the QA review team identified additional evidence relating to broader organisational concerns including governance, policies and procedures and the care environment which were reported to the NMC and HSSD (4).

HSSD put measures in place to address some of the immediate concerns raised and a maternity services improvement action plan was agreed with the NMC prior to its implementation (5).

HSSD has worked collaboratively with the LSA on concerns which require shared

actions to mitigate risks to public protection and improve the wider environment of maternity care in Guernsey.

An interim review of progress of the LSA action plan was undertaken in February 2015 at PEH, HSSD. The review team found that the LSA had made significant improvements and achievements in response to the targeted actions arising from the findings of the NMC extraordinary LSA review.

Measures had been put in place to ensure the safe and effective statutory supervision of midwives in Guernsey to meet the Midwives rules and standards (NMC, 2012). However the review team reported that there was still work to be done and this was recognised by the LSA.

The development of the interface between statutory supervision and a multi-disciplinary team (MDT) clinical governance process was currently hampered by the developing HSSD system. The LSA continued to monitor and take appropriate action to ensure the new governance systems supported an effective interface with supervision of midwives and compliance with Midwives rules and standards (NMC, 2012) (6).

In addition, an interim review of the HSSD's maternity services improvement action plan, in relation to the wider environment of maternity care, was undertaken in February 2015 at PEH HSSD. The interim review concluded that there had been developments and progress made in a number of areas, in a short period of time, in response to the additional evidence of concerns identified at the NMC extraordinary review.

There were significant and positive changes in the maternity care environment.

Governance systems remain immature but the proposed governance structural changes of an improved multidisciplinary framework for clinical governance will enable the development of a clearly defined robust system.

Concerns remained about the process for the review and development of policies, procedures and clinical guidelines. There was an urgency to review maternity policies and guidelines to ensure they reflected best practice, follow national guidance, and are shared and owned by the multi-professional maternity team.

There are extensive action plans owned by the LSA and HSSD as well as shared actions. The interim review concluded that it would be timely to review the LSA and HSSD action plans to prioritise actions with short, mid and long term outcomes and to consider, how change will be sustained given that a number of key posts were either new or interim (7).

This LSA review took place over three days to determine whether NHSE SE and Wessex LSA meets the Midwives rules and standards (NMC, 2012) to ensure the safe and effective delivery of statutory supervision of midwives for protection of the public in Guernsey. The review considered the progress made by the LSA against the maternity action plan of compliance following the NMC extraordinary LSA review (October 2014)



and the LSA annual audit undertaken in January 2015. The review involved meetings and telephone interviews with a range of stakeholders, visits to the maternity unit and the review of documentation.

## Summary of findings and areas requiring improvement

Our findings conclude that NHSE SE and Wessex LSA has systems and processes in place to monitor the performance of SoMs and practising midwives to control risks and meet the Midwives rules and standards (NMC, 2012) to assure protection of the public. We found that five out of the seven rules and standards are met and two rules; rule six and rule seven, require improvement.

- **Rule 4: Notifications by local supervising authority – met**

We found that all midwives have a named SoM to whom they submit their intention to practise (ItP) annually. ItPs were submitted by the required submission date.

We concluded that there are effective measures in place to ensure midwifery supervision meets the statutory requirements and to ensure that the public are protected.

- **Rule 6: Records – requires improvement**

Our findings confirm that the LSA and HSSD have policies and processes in place for the secure storage of midwifery records. However the importance of 100 percent compliance of the secure storage of records needs to be consistently reinforced and adhered to by the midwifery team to provide assurance that the Midwives rules and standards (NMC, 2012) are met at all times and the public is protected. This standard requires improvement.

- **Rule 7: The local supervising authority midwifery officer – requires improvement**

We found that the LSA MO was appointed in line with NMC requirements.

We found that NHSE SE and Wessex effectively manages the LSA function and provides line management arrangements for the LSA MO.

The recent reconfiguration of the LSAs in NHS England has made the resources more challenging for the LSA. We conclude that the resources within the LSA require improvement to ensure the LSA function is effectively maintained.

The development of the interface between statutory supervision and the MDT governance process is in progress. However, it is delayed by the developing HSSD governance systems and requires improvement.

In addition, the development and approval of HSSD's maternity multi-disciplinary policies are not at the pace required to ensure public protection. They require improvement to ensure they reflect best practice, follow national guidance and are



shared and owned by the multi-disciplinary maternity team.

- **Rule 8: Supervisors of midwives –met**

We found that the appointment process for SoMs meets the NMC requirements. SoMs receive appropriate training to enable them to discharge their responsibilities effectively and to meet NMC requirements.

- **Rule 9: Local supervising authority’s responsibilities for supervision of midwives – met**

We confirm from our findings that the LSA works closely with HSSD to ensure the SoM to midwives ratio is maintained in HSSD Guernsey.

We found there is a 100 percent compliance with the annual supervisory review process. The process provides assurance that midwives practising in Guernsey comply with NMC requirements to maintain their midwifery registration and for the protection of the public.

- **Rule 10: Publication of local supervising authority procedures – met**

Our findings conclude that all supervisory investigations have been conducted in accordance with the Midwives rules and standards (NMC, 2012) and provide assurance that the public is protected.

- **Rule 14: Suspension from practice by a local supervising authority – met**

We found that the suspension of a midwife from practice is taken very seriously by the LSA. The correct process is followed to ensure the Midwives rules and standards (NMC, 2012) are met and there are robust and effective measures in place to protect the public from risks associated with poor midwifery practice.

## Summary of areas for future review

- Review compliance with the secure storage of records to ensure adherence to rule 6 of the Midwives rules and standards (NMC, 2012).
- Resources within the LSA ensure the effective statutory function of the LSA is maintained.
- The interface between statutory supervision and the multi-disciplinary team (MDT) governance process is strengthened and transparent.
- Maternity MDT policies reflect best practice, follow national guidance, and, are shared and owned by the multi-disciplinary maternity team.

## Summary of notable practice

None identified

## Summary of feedback from groups involved in the review

### Supervisors of Midwives

We found SoMs who provide supervision in HSSD Guernsey are committed to their role, ensuring statutory supervision and protection of the public is achieved by actively promoting a safe standard of midwifery practice.

SoMs confirmed that they are well supported by the LSA MO, who is accessible and approachable and provides sound advice regarding all aspects of supervision. We heard that the LSA MO was particularly supportive during the challenges faced during the numerous supervisory investigations and the implementation of the LSA maternity action plan following the NMC extraordinary LSA review in October 2014.

SoMs told us that they provide timely advice to midwives who recognise the importance of escalating concerns and making appropriate use of SoMs. They confirmed that midwives have responded positively to training, have gained confidence and are competent in their midwifery practice.

### Midwives

All midwives demonstrated high regard for the full time SoM who they confirmed provides responsive and proactive supervision and is encouraging and very supportive.

Midwives have welcomed the new midwives to the team who have been employed from outside Guernsey. They perceive the midwives have brought fresh ideas to the maternity workplace. They told us that increased midwifery staffing levels have supported new working practices; however, midwives perceive that more full-time midwives would aid consistency of practice. We heard that agency midwives are regularly used and are well-regarded. Midwives also demonstrated that they are taking more responsibility to ensure a positive maternity care environment.

### NHSE

Senior staff within NHSE LSA acknowledge the substantial progress made at the PEH, HSSD as a result of the concerted time and effort of a number of key people in the LSA and HSSD. We were told that there has been significant learning at all levels within NHSE LSA following the extraordinary review, including the way NHSE manages risk. The lessons learnt have been shared with other organisations, particularly in relation to lines of communication.

The Chief Nurse, NHSE South is kept up to date with issues and developments in the LSA through one to one meetings with the deputy chief nurse NHSE South. LSA activity and issues of concern are discussed at the region wide nursing and midwifery

programme board which meets every two months.

There are clear lines of governance accountability on LSA issues at a national level through NHSE national maternity board. The LSA action plan following the extraordinary review was progressed up to the national maternity board.

NHSE is reviewing how the LSA function is deployed through a single operational model that has minimal variation. NHSE is developing an LSA dashboard for the future reporting of LSA activity which will make LSA work more explicit and enable the identification of trends, risks and mitigation.

### **HSSD**

Senior staff within HSSD reported that following the concerns identified in the extraordinary review HSSD responded to the situation by putting measures in place to address some of the immediate concerns raised during the review and in the NMC extraordinary report. A maternity services improvement action plan was developed, agreed with the NMC and implemented.

HSSD has worked collaboratively with the LSA on concerns which require shared actions to mitigate risks to public protection and improve the wider environment of maternity care in Guernsey.

Senior staff acknowledge the significant work and contribution of the LSA to midwifery supervision and the maternity services in HSSD Guernsey. They recognise the importance of continuing to strengthen governance within HSSD and are committed to doing this.

A number of initiatives and new appointments have been made to address and embed the many changes to the maternity environment and encourage a multi-disciplinary approach to address the actions in the maternity transformational plan.

They expressed concern that NHSE South has given a six month withdrawal of contract notice to the States of Guernsey. The jurisdiction for supervision of midwives by NHSE South will end on the 31 March 2016. We were told that HSSD are considering options regarding an alternative LSA provider.

### **Students**

No students were interviewed as part of the LSA review process as there were no students in the maternity department.

### **Service users and carers**

We found that there is an increased recognition amongst service users about the role of midwifery supervision. Women have accessed the SoMs in person or by telephone and confirmed the advice given was very reassuring and supportive. They particularly praised the involvement they have had with the full time SoM.

Many of the women spoke highly of the full time SoM who they had used as a resource

during their pregnancy whether for clarity around evidence based information, support for birth choices including home birth, water births and vaginal birth after caesarean section (VBAC) and in developing birth plans.

There was variation in opinion amongst service users concerning care received, which ranged from high levels of satisfaction to areas in need of improvement. Interviews with women and Maternity Services Liaison Committee (MSLC) representatives suggest there are improved experiences of maternity care particularly in the last six months.

We found that the engagement of service users in the maternity services continues to improve. The MSLC representatives told us they feel they are being listened to by midwives in the maternity services, particularly in the last six months. This is reflected in the minutes of MSLC meetings, which are attended by the Head of Midwifery\_(HoM) Matron and SoMs (68). MSLC representatives perceive that they have established a good relationship with the full time SoM who is their key contact.

The MSLC representatives have been invited to governance policy meetings. They are members of the maternity transformation board steering group at which they are made to feel very welcome.

We heard they have been consulted and have engaged in the improvements to the maternity care environment and they have raised considerable funds to assist with developments. They perceive that the care environment on Loveridge Ward is much improved.

## Relevant issues from quality assurance reports

These quality assurance reports provide the reviewing team with context and background and attribute to the reasons that informed the follow up review in Guernsey.

### **NMC Extraordinary review NHSE South West LSA, 01–03 October 2014 (2)**

The extraordinary LSA review concluded that there were significant public protection issues relating to statutory supervision of midwifery in the NHSE SW LSA within HSSD Guernsey and that these required urgent attention.

The extraordinary review found failings in statutory supervision of midwives including the storage of records, the competence of SoMs (which called into question the validity of their judgements concerning ItPs), annual supervisory reviews and supervisory investigations. The NMC was not assured that midwives were working within their scope of practice, and there were also environmental and cultural concerns, weak governance systems, poor leadership and management.

An action plan was agreed between the NMC, the LSA and HSSD Guernsey.

The responsibility for the LSA function in Guernsey was moved to NHSE South Central

LSA. The agreement, implementation and monitoring of the action plan was managed by the LSA MO for South Central LSA.

**NMC additional evidence, Princess Elizabeth Hospital, HSSD, Guernsey 1–3 October 2014 (4)**

During the NMC extraordinary review of NHSE SW LSA in PEH the QA review team identified additional evidence of concerns which could not be reported against the Midwives rules and standards (NMC, 2012) and the quality assurance of the NHSE LSA SW. The additional concerns fell within the following themes:

1. The care environment.
2. Policies and procedures.
3. Governance.
4. Leadership and management.
5. Organisational culture.

HSSD responded by putting measures in place to address some of the immediate concerns raised during the review and in the NMC extraordinary report. A maternity service improvement action plan was developed, agreed with the NMC and implemented.

**NMC interim review of progress against the actions implemented by the LSA to deliver safe and effective statutory supervision of midwives in Guernsey to meet the Midwives rules and standards (NMC, 2012), 24 and 25 February 2015 (6)**

This report detailed the progress made by NHSE LSA against the action plan relating to the key areas of action identified in the NMC extraordinary review report to ensure the safe and effective delivery of statutory supervision in Guernsey.

**Findings:**

There had been significant improvements and achievements made in response to the targeted actions, within timescales, in the LSA action plan in response to the findings of the NMC extraordinary LSA review. Measures were in place to ensure the safe and effective statutory supervision of midwives in Guernsey to meet the Midwives rules and standards (NMC, 2012). However there was still work to be done, which was recognised by the LSA.

The interim review team reported that the development of the interface between statutory supervision and a MDT clinical governance process was being hampered by the developing HSSD system. The LSA needed to continue to monitor and take appropriate action to ensure the new governance systems would support an effective interface with SoMs and compliance with Midwives rules and standards (NMC, 2012).

**NMC Interim review of progress against the actions implemented by the HSSD, 24**

## and 25 February 2015 (7)

This report detailed the review of progress made by HSSD in the maternity services improvement action plan in relation to the wider environment of maternity care in PEH, Guernsey.

### Findings:

There had been significant developments and progress made in a number of areas, in a short period of time, in response to the additional evidence of concerns identified at the NMC extraordinary LSA review at PEH, Guernsey.

These include:

- Significant and positive changes in the care environment on Loveridge ward.
- Change focused on improving service users' experiences and providing safe and effective maternity services.
- Governance systems remain immature but the proposed governance structural changes of an improved multidisciplinary framework for clinical governance will enable the development of a clearly defined robust system.
- Recognition of the need for a permanent Director of Clinical governance to implement effective clinical governance throughout the organisation.
- A lot of investment of education, training and update sessions in a short time period with more programmes planned.
- Recognition that training needs to be staged so all midwives will not require updating at the same time and future training will reflect the training needs analysis identified from the annual supervisory reviews.

The interim review team reported concerns about the process for the development of policies, procedures and clinical guidelines. There was an urgency to review maternity policies and guidelines to ensure they reflect best practice; follow national guidance; and, are shared and owned by the multi-professional maternity team.

## Outcomes of LSA annual audit

An LSA annual audit for PEH was undertaken between 6 – 8 January 2015 and the report was published on 11 February 2015.

The LSA audit demonstrated a robust and rigorous process to review the effectiveness of midwifery supervision in PEH. The methodology included the participation of a lay auditor (6).

There were 14 recommendations for the SoM team following the audit which were implemented using an action plan to plan and monitor progress, in order to take forward



the work which still needed to be strengthened and completed (9).

Progress against the action plan was reviewed during the follow review visit and is reported under rule seven.

## Outcomes of LSA annual and quarterly quality monitoring reports

The following key issues relevant to PEH Guernsey were identified in the LSA annual and quarterly quality monitoring (QQM) reports.

The information is contained in reports relating to the NHSE South LSA region as the responsible LSA MO has changed twice in the last 12 months due to the reconfiguration of the LSA regions within NHSE.

The LSA annual report 2014–2015 provides a summary of events relating to midwifery supervision in HSSD Guernsey which were triggered by governance concerns raised in May 2014 which initiated a supervisory investigation that found governance and supervisory systems had failed to identify unsafe midwifery practice (10).

### QQM 4 report 1 January – 31 March 2015 (11)

PEH HSSD, Guernsey: SoM to midwife ratio 1:48 – One full time SoM who has a caseload of 48. The SoMs from the States of Jersey provide support with the on calls and another SoM from Jersey assists with the supervisory workload under a contract to PEH. This will be discontinued at the end of April 2015.

### QQM 1 report 1 April – 30 June 2015 (12)

PEH, HSSD Guernsey: SoM to midwife ratio 1:49. A full time SoM is in post and on call cover is provided by SoMs from the States of Jersey. There are plans to employ a part time SoM 20 hours per month in September 2015. The LSA MO has recommended to HSSD that a further SoM should be appointed.

### QQM 2 report 1 July – 30 September 2015 (1)

SoM to midwife ratio 1:26. A full time SoM is in post and a part time SoM provides supervisory work 20 hours per month since 1 September 2015. This ratio is above the required NMC expected ratio of 1:15 however the SoM is a full time role and therefore has capacity to take on the additional caseload (1).

The LSA has sought assurance from each individual organisation within its geographical area that verbal orders are not permitted and has required submission of their medicines management policy. This work is ongoing, and has included HSSD, Guernsey.

The alleged use of verbal orders has been reported in two incidents in HSSD Guernsey and external investigations are being arranged.



<p><b>Findings against key risks</b></p>
<p><b>Rule 4: Notifications by local supervising authority</b></p> <p><b>1.1 Public protection is placed at risk if midwives do not submit their ItP to the NMC by the required annual submission date</b></p> <p><b>1.2 Midwives risk lapsing or losing their midwifery registration if ItPs are not submitted in time to the NMC</b></p>
<p><b>Risk indicator 1.1.1 – all midwives have a named Supervisor of midwives (SoM) to whom they must submit their ItP</b></p>
<p><b>What we found before the event</b></p> <p>A key area of action from the NMC LSA extraordinary review was for adherence to a rigorous and robust process that provides assurance that midwives are working within their scope of midwifery practice for the completion of annual intention to practise (ItPs) submitted to the NMC.</p> <p>At the interim review of progress (February 2015) there were robust systems in place to ensure that all midwives practising on Guernsey and Alderney submitted an ItP notification to the NMC, in accordance with rule 4, Midwives rules and standards (NMC, 2012).</p> <p>The full time (FT) SoM has facilitated comprehensive supervisory annual reviews with all of the midwives currently practising in Guernsey and Alderney, including completion of an assessment of post-registration education and practice (PREP) activities and practice hours.</p> <p>The LSA processes provide assurance that the SoMs have undertaken an assessment of a midwife’s compliance with NMC requirements to maintain midwifery registration, and confirmation that each midwife was eligible to practise midwifery at the time of their ItP notification. All ItPs have been checked and are reported as correct for 2014-2015 (6).</p>
<p><b>What we found at the event</b></p>

We found that all practising midwives in HSSD Guernsey have a named SoM to whom they submit their ItP on an annual basis. This was confirmed by midwives and verified on the LSA database. We were told by the LSA MO and SoMs that this includes a practice nurse who works on the maternity bank and a health visitor who works on Guernsey who have submitted their ItP to the NMC. There are no midwives practising in Alderney and no independent midwives working in Guernsey (36, 41-2).

The LSA midwife supervises the newly appointed matron in HSSD Guernsey. The acting HoM has a SoM in the UK within the LSA area (42, 46).

Agency midwives working on Guernsey also have an assigned SoM. The full time (FT) SoM recognises her responsibility for agency midwives who come to work in Guernsey. We were informed that the FT SoM meets with agency midwives to process their ItPs; confirm they do not have any ongoing investigations, and asks them to complete the midwifery skills analysis form to enable her to identify and address any training needs (19, 37, 42).

All midwives are aware of their named SoM. Choice of a SoM is restricted as there is only a FT SoM and a part time SoM providing midwifery supervision on Guernsey although the midwives do not consider this to be an issue. The FT SoM was the only SoM on Guernsey supported by SoMs from Jersey prior to the part-time SoM commencing in July 2015 (42).

For the practice year 01 April 2015 to 31 March 2016 annual reviews have been done in advance of ItP notifications. The number of annual reviews completed for practising midwives and ItPs uploaded onto the LSA database was confirmed in the LSA database (42, 46, 44).

**Risk indicator 1.2.1 - accurate information and completion of ItPs submitted to the NMC by the date set by Council**

**What we found before the event**

Midwives who commence practice in the LSA during the practice year must have ItPs checked and uploaded to the LSA database prior to commencing midwifery practice. The process via the LSA database ensures that ItPs are submitted to the NMC in a timely manner.

**What we found at the event**

We found that there is a robust system within the LSA to inform SoMs and midwives in PEH HSSD Guernsey of the submission dates for ItPs to the NMC. SoMs and midwives confirmed that the LSA provides clear written guidance regarding the process and timeframe for midwives to submit their ItP (19, 20, 37, 42, 44).

The effectiveness of the ItP submission to the NMC is facilitated through the use of the electronic LSA database which checks dates of registration and renewal and submission is rejected if dates are incorrect. Once entered the ItPs are electronically uploaded to the NMC (44).

Our findings confirm that there is a robust system in place to ensure that accurate information and completion of ItPs is submitted to the NMC by the date set by Council. This ensures that supervision of midwives meets the Midwives rules and standards (NMC, 2012) for public protection.

**Outcome: Standard met**

## Findings against key risks

### Rule 6: Records (LSA Standard)

#### 2.1 LSAs have inadequate data protection policies for the retention of midwifery records

**Risk indicator 2.1.1 – LSAs ensure that there are clear and comprehensive local guidelines for the secure retention of midwifery records that addresses all requirements**

#### What we found before the event

The LSA adheres to the LSA MO Forum UK policy for the transfer of midwifery records from self-employed midwives, 2013 (13).

No independent midwives have retired or ceased to practise in the practice year 2014-15.

#### What we found at the event

We confirmed that the LSA uses the LSA MO Forum UK policy for the transfer of midwifery records from self-employed midwives (2013) in line with rule 6 of the Midwives rules and standards (NMC, 2012) (13).

The LSA MO informs all self-employed midwives working in the LSA about this policy.

At the time of the review the LSA MO confirmed that there are no self-employed midwives working in the States of Guernsey (37).

### Outcome: Standard met

Areas for future reviews:

- Confirm if self-employed midwives adhere to the LSA MO Forum UK policy for the transfer of midwifery records from self-employed midwives, 2013 in line with rule 6 of the Midwives rules and standards (2012).

## Findings against key risks

### Rule 6: Records (Midwives standards)

#### 3.1 Midwives do not store records securely; this poses a risk to public protection

#### Risk indicator 3.1.1 – midwives comply with systems designed to accurately and securely store records for 25 years

#### What we found before the event

Following the extraordinary LSA review in October 2014 the LSA has worked in collaboration with HSSD to monitor adherence to rule 6 of the Midwives rules and standards ( 2012) by introducing an audit and checking procedure to ensure compliance with safe storage of all clinical records.

Since October 2014 there have been monthly audits of records undertaken by the health and safety audit team at HSSD with weekly spot checks undertaken by the SoM

to monitor compliance with secure storage of records. There were two occasions when the standard was not met and the FT SoM and midwives recognise that this remains an area that needs to be closely monitored to ensure compliance is sustained (6).

Changes were made to improve the secure storage of records which included the locking of all doors containing medical records and that all external doors were locked. Initially the security was very high and midwifery staff found the restrictions made it difficult to access maternity records to provide care.

The LSA confirmed that the focus for midwifery supervision is that while there is safe security of maternity records this does not impact on the availability of access to records for midwives/clinicians. Therefore only the doors to the rooms containing clinical records are kept locked with a key pad access (6).

The FT SoM has worked with midwives and discussed the content of community midwives diaries in relation to clinical information. Old diaries have been archived into safe and secure storage. A process was introduced where clinical data in the 2014–2015 community midwives diaries was transferred to the maternity records and then the diaries were destroyed. This also applied to maternity records and postnatal notes of women living in Alderney (6).

PEH is now using maternity hand held records from the NHS Perinatal Institute, UK which are well received by women and midwives (6).

### **What we found at the event**

We found that HSSD has a policy for the retention and destruction of information (2012) which includes the lifespan, storing and archiving of health and social care records, including maternity records (67).

We were informed that there are no practising midwives on Alderney. A community midwife from HSSD Guernsey provides antenatal and postnatal care to women on Alderney. On completion of postnatal care the maternity records are returned by the community midwife to HSSD (38, 42, 53).

During our visit to Loveridge ward we observed the secure storage of records which included the locking of all doors containing medical records, and that all external doors were locked (39). The LSA confirmed that the focus for midwifery supervision is that while there is safe security of maternity records this does not impact on the availability of access to records for midwives/clinicians. Therefore we found that only the doors to the rooms containing clinical records are kept locked with a key pad access.

All midwives confirmed that records are stored securely. We were told that a tracker system has been introduced to ensure that the location of maternity notes is known at all times (38, 42).

We found evidence of monthly audits of records undertaken by the clinical governance team, HSSD with weekly/random spot checks undertaken by the SoMs to monitor compliance with secure storage of records (22–23).

The audits provide evidence that 100 percent compliance has been achieved however this is not always consistent as during an audit by HSSD and the SoM in October 2015 non-compliance was found in two areas; the door to the medical records room was not secure when unoccupied and the maternity notes trolley was not closed or locked in an unlocked room. These issues were brought to the attention of the senior midwifery staff and rectified immediately. We were told that the SoMs will raise the profile of the importance of compliance during the induction training of all new and agency midwives (22, 42).

Our findings confirmed that the LSA and HSSD have policies and processes in place for the secure storage of midwifery records. However, the importance of 100 percent compliance of the secure storage of records needs to be consistently reinforced and adhered to by the midwifery team to provide assurance that the Midwives rules and standards (NMC, 2012) are met at all times and the public is protected. We conclude that this standard requires improvement.

### **Outcome: Requires improvement**

Areas for future reviews:

- Review compliance with the secure storage of records to ensure adherence to Rule 6 of the Midwives rules and standards (NMC, 2012).

### **Findings against key risks**

**Rule 7: The local supervising authority midwifery officer**

**4.1 LSAs do not use the core criteria to appoint an appropriately experienced midwife to undertake the role of LSA midwifery officer (LSA MO)**

**Risk indicator 4.1.1 – LSAs and the LSA MO complying with the rules, standards and guidance set by the NMC**

## What we found before the event

Following the NMC extraordinary LSA review in October 2014 the LSA was required to review the LSA annual audit tool and process including: the preparation, role and contribution of the lay auditor(s); the involvement of women who use midwifery services in influencing the effectiveness of supervision of midwifery, and strengthen and make transparent the interface between statutory supervision and multi-disciplinary clinical governance in HSSD, Guernsey (3).

The last LSA annual audit took place between 6–8 January 2015 and focused on ensuring that improvements were made in the 10 key areas identified in the NMC extraordinary LSA review report (8–9).

A trained LSA lay reviewer was involved in the audit process and made a robust contribution to the audit process. She interviewed seven service users who reported that they had come to the maternity unit with low expectations of care but generally they had been cared for by kind compassionate midwives and staff (6).

LSA lay reviewers are prepared for their role. A one day workshop was held to provide an overview of supervision and the lay user role. This was jointly run by the LSA MO and the lay auditor from SE and Wessex LSA

Actions following the review are explicit and were identified for the LSA/LSA MO, SoMs and HSSD. An action plan is in progress (3).

An interim review of progress in February 2015 found that the LSA MO and FT SoM proactively engage with individuals, systems and processes to enhance the safety of women and babies. However, the development of the interface between statutory supervision and MDT clinical governance process is currently being hampered by the developing HSSD system.

Concerns remain about the process for the review and development of policies, procedures and clinical guidelines. A review of all policies and guidelines held on the PoliPlus intranet system during January 2015 revealed that 40 percent were out of date. This presents HSSD with a number of risks of which they are aware; operating out with best practice guidelines and/or procedures and demonstrates weak governance systems. Eight important policies were identified to commence a rapid review.

The FT SoM has worked with the acting HoM and identified maternity policies which should be removed or reviewed. Of the 64 maternity clinical guidelines it was reported that 24 were out of date. There is a clear urgency to review guidelines to ensure they reflect best practice; follow national guidance; and, are shared and owned by the multi-professional maternity team (6).

Women and midwives have access to a SoM 24 hours a day and seven days a week. The SoM webpage on the HSSD website identifies the role of supervision and includes



information for women about why they may wish to contact a SoM (14).

NHSE South has given a six month withdrawal of contract notice to the States of Guernsey. The jurisdiction for supervision of midwives by NHSE will end on the 31 March 2016 (1).

### **What we found at the event**

We confirmed that the LSA MO is an appropriately experienced midwife. The appointment of the LSA MO was in line with NMC requirements (25, 41).

We were told that the senior team at NHSE South is supportive and enables the LSA MO to discharge the supervisory function. Annual leave is covered by a nominated LSA MO from another area in NHSE South to ensure that the statutory requirements are met (41).

We heard that the LSA MO has direct access to her line manager, the Deputy Chief Nurse, NHSE (South). She sees her line manager at least once a week, with the opportunity for regular one to one meetings and she has a formal meeting once a month (41, 43, 48).

The Chief Nurse for NHSE South is kept up to date with issues and developments in the LSA through one to one meetings with the Deputy Chief Nurse. She is the chairperson for the region wide nursing and midwifery programme board which convenes every two months and has an agenda item to discuss LSA activity. In addition, the interim head of midwifery, NHSE is informed about LSA issues through the national maternity board which meets once a month and has clear lines of governance accountability on LSA matters at a national level (40, 43).

There is a clear escalation process for issues of concern from the LSA MO through the Deputy Chief Nurse to the Chief Nurse. The issue may be progressed to the regional quality surveillance group and NHSE may hold a risk summit with key stakeholders for any exceptional reporting issues (40, 48). We were informed that NHSE is developing an LSA dashboard for the future reporting of LSA activity which will make LSA work more explicit and enable the identification of trends, risks and mitigation (48).

From 1 April 2015 the LSA boundaries changed and two instead of three LSA MOs now cover an increased geographical area in the NHSE South region. The LSA MO, in addition to covering midwifery supervision in Guernsey, Jersey and SSAFA, covers 18 maternity providers in the NHSE SE and Wessex region which includes 3913 midwives and 250 SoMs (1, 12, 37, 41).

The LSA MO is supported by a full time LSA midwife, a full time business support officer and a shared full time administrator. However, we heard that the role is challenging and very demanding due to the number of maternity providers, the large geographical area

and the amount of travel involved in fulfilling the LSA responsibilities (1, 37, 41).

We concluded that this is an area which requires improvement. It is important that NHSE South reviews the resources for the LSA to ensure the function is effectively maintained.

We found that there is a comprehensive and detailed LSA audit tool and process in place and this has increased the scrutiny of the audit process. There was evidence of robust engagement of a lay auditor in the process. The LSA annual audit for HSSD Guernsey completed in January 2015 focused on ensuring that improvements were made in the 10 key areas identified in the NMC NHSE LSA extraordinary report. We were informed that the LSA audit report was presented to HSSD board by the interim chief nurse and director of clinical governance (36, 41, 42).

We confirmed that the SoM action plan implemented following the LSA audit is explicit and detailed and reviewed monthly. At the time of the review we found all actions were complete and RAG rated green with the exception of an action related to strengthening the interface between supervision and governance processes within HSSD which is RAG rated amber. The governance processes within HSSD are reported as developing and changing rapidly. The SoMs are to ensure that supervision is represented on all risk and governance meetings, and this must be reflected in the final version of the risk management policy. SoM responses are to be documented within incident management systems and feedback from SoMs is to be recorded in the minutes of governance meetings (28, 32, 36, 69).

These outcomes reflect our findings. We confirmed that the interface between statutory supervision and clinical governance is more transparent and has been strengthened. There is sharing of maternity risks between the newly appointed quality and transformation lead, the risk management midwife and the FT SoM. SoMs attend weekly incident review meetings and the FT SoM attends monthly governance meetings to review midwifery practice (37, 42, 55–56).

We were informed that HSSD sought to obtain policies from an NHS trust on the UK mainland however there was a delay due to the negotiation of costs involved. We heard that 26 percent of corporate policies remain out of date and progress continues to be made to the development of maternity policies and the socialisation of these policies. We were told that all of the top ten maternity policies identified by the LSA are under review and are planned for ratification at the maternity services and women's governance meeting in November 2015. This was confirmed in the governance report dated 26 October 2015 (36, 52, 54, 69).

The maternity risk management strategy is in draft format and we were informed this will shortly be finalised (38, 42, 55-56).

We found midwives had an individual folder of policies and guidelines and they are required to read and sign to confirm compliance. We were concerned that some of

these policies were unratified. We were assured that these were recalled by senior staff in HSSD and ratified policies and guidelines were entered on the Poliplus intranet system by the end of the review (38, 46, 55, 69).

It is evident from our findings that some progress has been made in the development of policies and guidelines and the development and implementation of a governance framework. We found that some of the delays in the development of policies resulted from delayed engagement of all members of the MDT and in the final ratification of policies by obstetricians. In addition, there was delay uploading the policies onto HSSD intranet system.

We conclude that the development of the interface between statutory supervision and the MDT governance process is in progress but delayed by the developing HSSD governance systems and requires improvement. In addition, the development and approval of the HSSD's maternity MDT policies are not at the pace required to ensure public protection and requires improvement to ensure they reflect best practice; follow national guidance; and, are shared and owned by the multi-professional maternity team.

We were told that the next LSA audit in HSSD is planned for 6 January 2016. We were informed that the audit tool has been refined and has greater clarity, focus and measurable parameters. Questionnaires for midwives and women have been reviewed and updated to focus on the NMC Code (NMC, 2015) (37, 50).

An experienced lay auditor has been appointed by the LSA MO to be a member of the audit team (37, 50). The lay auditor has undertaken LSA audits for a number of years in the South of England and is used to eliciting the voice of service users both as a lay auditor and as a former chairperson of an MSLC. The lay auditor informed us that training is scheduled for the end of November 2015 to prepare her for the LSA audit visit (50).

Midwives and women have 24 hours a day, seven days a week access to a SoM (27, 36, 42, 45). Our discussions with service users and members of the MSLC are indicative of a growing awareness amongst service users about the role of midwifery supervision and ways of accessing a SoM. Both groups were very positive about the changes in the care environment in Loveridge Ward, which is more women centred and welcoming (51, 57).

We found that the SoMs work closely with midwifery staff to obtain feedback from service users to ensure that their voice is heard about their midwifery care experiences and that lessons learnt are acted on, as appropriate. We found evidence in the minutes of MSLC meetings of SoM and acting HoM attendance to discuss service user issues and developments to the care environment (38, 42, 51, 68-69).

We were informed by MSLC representatives that they are now involved in the development of maternity policies and guidelines and attend a meeting one day per month which was confirmed by the quality and transformation lead and the risk

management midwife (51, 55).

We viewed information about midwifery supervision on the HSSD website. We heard from women that the SoM contact information is helpful however the HSSD website maternity section could be improved with more detailed information and signposting as it is too generic, and not specific to pregnancy and childbirth (14, 57).

All service users that had contacted a SoM by phone or had met a SoM in person spoke highly of them. They told us they had provided them with emotional reassurance and support and received comprehensive advice on their care options and in developing birth plans. They particularly praised the work and commitment of the FT SoM (51, 57).

We conclude from our findings that there are various policies and procedures in place which confirm the LSA complies with the rules, standards and guidance set by the NMC and ensure that protection of the public is addressed. However the interface between supervision and governance requires improvement.

### Outcome: Requires improvement

#### Comments:

- We concluded that this is an area which requires improvement. It is important that NHSE (South) reviews the resources for the LSA to ensure the function is effectively maintained.
- Progress has been made in the development of policies and guidelines and in the development and implementation of a governance framework.

#### Areas for future reviews:

- Resources within the LSA ensure the effective statutory function of the LSA is maintained.
- The interface between statutory supervision and the MDT process is strengthened and transparent.
- Maternity MDT policies reflect best practice; follow national guidance; and, are shared and owned by the multi-disciplinary maternity team.

### Findings against key risks

## **Rule 8: Supervisors of midwives**

### **5.1 LSAs do not recruit adequate numbers of SoMs or recruit SoMs who have not completed the required training**

#### **Risk indicator 5.1.1 – LSAs have a clear policy and procedure for the recruitment and appointment of qualified SoMs**

#### **What we found before the event**

A key area of action from NMC extraordinary LSA review was to recruit SoMs in HSSD, Guernsey (2, 6).

There is a FT SoM and part time SoM providing supervision to midwives in HSSD. The LSA MO has an individual meeting with the SoMs; and ensures the SoM self-assessment form is completed; SoM PREP requirements are achieved, and a personal development plan is discussed (6).

There are currently no midwives from HSSD on the preparation of supervisors of midwives programme (PoSoM). We heard that plans for the recruitment, preparation and appointment of new SoMs in HSSD Guernsey was put on hold following the outcome of the King's Fund review of midwifery supervision (6).

#### **What we found at the event**

We found a FT SoM is in post in HSSD, Guernsey and an additional SoM provides 20 hours supervision per month. On call support is provided by SoMs from the State of Jersey. The FT SoM has a contract of employment with HSSD until October 2016 (36, 41–42, 52).

One midwife was selected to commence the PoSoM programme but the commencement date has been deferred due to personal circumstances (37).

The LSA MO Forum UK policy for the nomination, selection and appointment of SoMs was followed. This was confirmed by SoMs and the midwife recruited to the PoSoM programme (42, 46).

The SoMs have an annual appraisal with the LSA MO and have completed the required six hours annual continuing professional development (CPD) to meet NMC requirements to ensure that they are competent in their on-going supervision of midwives (37, 42, 44).

SoMs confirm that they have received appropriate training to enable them to discharge

their responsibilities effectively. We viewed SoM activity sheets and a SoM portfolio of CPD and confirmed NMC requirements are met (42, 44).

From our findings we conclude that the LSA has a clear policy and procedure for the recruitment and appointment of qualified SoMs. There are no midwives currently undertaking the PoSoM programme.

**Outcome: Standard met**

### Findings against key risks

#### Rule 9: Local supervising authority's responsibilities for supervision of midwives

- 6.1 The LSA consistently exceeds the recommended ratio of 1 SoM to 15 midwives (1.1, 1.2, 1.3, 1.4, 1.6)
- 6.2 The LSA does not conduct or adequately record annual reviews of all midwives (1.5)
- 6.3 The annual review identifies that a midwife has failed to meet the requirement to maintain their midwifery registration (1.5)

**Risk indicator 6.1.1 – LSAs have processes in place to ensure that recruitment supports the necessary number of SoMs to maintain the required ratio and that SoMs have adequate resources to undertake their role**

#### What we found before the event

The SoM to midwives ratio is reported on a quarterly basis to the NMC through the QQM reports and the LSA annual report (1, 10–12).

There are 51 practising midwives in PEH who submitted their ItP in 2015-16 and midwifery supervision is provided by two SoMs; one FT SoM and one part time SoM (20 hours per month) with on-calls supported by SoMs from Jersey. The SoM to midwives ratio in PEH is 1:26 (1).

#### What we found at the event



We found that the hours provided for supervision in HSSD by the FT SoM and part time SoM ensures the overall ratio of supervisors to midwives is 1:26. This ratio exceeds the required NMC ratio of 1:15 however the SoM is a full time role and therefore has capacity to take on the additional caseload supported by the part time SoM who maintains a smaller caseload.

All midwives have 24 hour access to a SoM which is enabled by on-call cover from SoMs in Jersey. This was confirmed by the LSA MO, SoMs and confirmed in the LSA database (1, 27, 42, 44).

We heard from many staff members that the full-time SoM role and her ability to discharge the supervisory function has been a significant contribution to the progress made at HSSD (38, 46, 52, 55, 58).

We found that SoMs records are securely stored in a locked cabinet and electronically in a secure drive in the LSA database (39, 44).

We conclude from our findings that the LSA works closely with HSSD to ensure the SoM to midwives ratio is maintained in HSSD.

Risk indicator 6.2.1 – LSAs have processes in place to ensure that all midwives are reviewed on an annual basis, and that their records of these reviews are updated

### **What we found before the event**

Following the extraordinary LSA review the FT SoM completed comprehensive supervisory annual reviews with all of the midwives practising in Guernsey and Alderney, including completion of an assessment of PREP activities and practice hours (6).

For the practice year 1 April 2015 to 31 March 2016 annual reviews were completed in advance of ItP notifications (6).

A bespoke midwifery education and training programme was agreed with a mainland university for all practising midwives in HSSD to complete. The planned programme aimed to address issues identified from the recommendations made during the NMC extraordinary review, and provide an opportunity for all midwives to update their knowledge and skills in key areas (6).

### **What we found at the event**

We found that there is a robust system in place to ensure that every practising midwife



has an annual review with their named SoM. For the practice year 1 April 2015 to 31 March 2016 annual reviews were completed in advance of ItP notifications. This provides assurance that midwives have met the requirements to maintain their midwifery registration (30–31, 42, 44, 46).

The FT SoM recognises her responsibility for agency midwives who come to work in Guernsey. The FT SoM meets with agency midwives to process their ItPs; to confirm they do not have any ongoing investigations and also to ask them to complete the midwifery skills analysis form to enable her to identify and address any training needs. An annual review is completed, if required (19, 31, 69 -70).

The FT SoM liaises with the acting HoM to ensure any training needs of midwives are provided. Midwives acknowledged the investment in their education and training and have all completed mandatory training (38, 42, 46).

All completed annual reviews are uploaded to the LSA database. The LSA MO scrutinises the annual review information on the LSA database to confirm completion rates and compliance with NMC requirements (41, 44).

We verified through the LSA database that the annual review compliance rate is 100 percent and NMC requirements are met.

**Risk indicator 6.3.1 – LSA Guidelines are clear in giving direction to SoMs as to the content of the annual review so that the SoM undertakes this in a consistent manner and she can be assured that a midwife has complied with the requirement to maintain their midwifery registration.**

**What we found before the event**

A robust tool was used for the annual reviews, which has been in use across NHSE LSA South. At each annual review the SoM conducted a detailed audit of individual midwife’s midwifery skills based on Standard 17, Standards for pre-registration midwifery education (NMC, 2009) (6).

**What we found at the event**

We found that prior to the annual review process taking place the LSA MO provides guidance and support to SoMs to ensure that the process is consistent. This was confirmed by the SoMs who told us that an audit of individual midwife’s midwifery skills based on standard 17 in Standards for pre-registration midwifery education (NMC, 2009) is used as a benchmark to assess midwives prior to completion of the annual

review. This provides assurance that midwives have met the requirements to maintain their midwifery registration (30, 42, 44).

The FT SoM collated themes arising from the skills analysis which were discussed with the acting HoM. This informed the provision of education and training activities for midwives (38, 42, 46).

The NHSE SW LSA annual review template is used for consistency to complete individual midwife's annual review. We confirmed this when sampling annual reviews in the LSA database (31, 44).

We heard that HSSD has engaged an external contractor to assist the organisation to prepare for revalidation of nurses and midwives. This includes portfolio development sessions (56, 66).

Midwives told us that they have benefited from the sessions regarding revalidation and had been supported in improving their IT skills. The FT SoM shared how she has been supporting midwives collating evidence and compiling portfolios for revalidation (42, 46, 66).

We concluded that the LSA MO provides guidance and support to SoMs to ensure that the annual review process is consistent. The process provides assurance that midwives practising in Guernsey comply with the NMC requirements to maintain their midwifery registration and for the protection of the public.

**Outcome: Standard met**

## Findings against key risks

### Rule 10: Publication of local supervising authority procedures

- 7.1 LSAs do not complete supervisory investigations in an open, fair and timely manner
- 7.2 LSAs do not escalate outcomes of investigations to the NMC in a timely and appropriate manner

**Risk indicator 7.1.1 – LSAs have developed mechanisms to ensure investigations are carried out fairly, effectively, efficiently and to time**

**What we found before the event**

The LSA MO and LSA midwife provide support through email, telephone, and face to face contact with every SoM undertaking an investigation.

SoMs external to HSSD or to NHSE SE and Wessex LSA are used when there are complex or sensitive investigations to undertake in order to eliminate bias and maintain confidentiality for the midwives involved (1).

A supervisory team consisting of two LSA midwives and a SoM led by the LSA MO from another NHSE LSA conducted 19 supervisory investigations for eight cases that occurred from 2012 until 13 October 2014, ensuring that all the investigations were carried out fairly and effectively. The LSA MO Forum UK policy; Local supervising authority review and investigation processes (November 2013) was followed (16).

Changes in practice include the ceasing of verbal orders for medications and all unauthorised patient group directives (PGDs) have been removed (6). The lessons learned from the outcomes, the themes within the investigations and the service improvements that were required were identified through the process. These included that systems and cultural issues were found to have had a significant effect on the practice of midwives who were investigated, midwives were not enabled to practice as expected in the UK and there was a lack of a robust clinical induction, especially for EU midwives.

A number of the issues of concern, which contributed to the investigations, were addressed very quickly by HSSD, supported by the LSA. These changes in practice included verbal orders for medications have ceased and all unauthorised PGDs have been removed (6).

Customary practice i.e. practice expected in Guernsey is being addressed by HSSD through identification of a 'buddy' organisation within the UK to enhance maternity service provision. This collaborative approach with an NHS organisation will include sharing of good practice, create shared ownership and empower maternity staff in Guernsey to achieve a safe evidence based maternity service.

The SoMs and the acting HoM implemented an additional action plan to address the maternity service issues raised at the investigations which included a detailed training plan (3, 5).

NHSE SE and Wessex LSA sought assurance from all individual organisations that verbal orders for medications are not permitted and has required submission of their medicines management policy for review. This work is ongoing (1).

### **What we found at the event**

We found that there were 15 supervisory cases investigated in the practice year 2014–2015 which involved the investigation of 20 midwives' practice. All

investigations are now complete and concluded with the following outcomes:

26 midwives were required to complete a local action plan (LAP). 23 midwives have now completed their LAP. The three midwives with outstanding LAPs have had the LAP combined with an LSA practice programme (37).

Five midwives were required to complete an LSA practice programme (LSAPP). Out of the five midwives: one midwife has completed the LSAPP; one midwife has just completed the LSAPP and is not working as midwife in the UK; one midwife is currently completing the LSAPP in a maternity unit in the UK; one midwife has appealed against the outcome and is working outside of the UK; and, one EU midwife is waiting to have a placement confirmed to be able to complete the LSAPP (33, 37, 49).

We were told that midwives who had referrals opened by the NMC are at different stages in the fitness to practise process (37, 41).

Three SoMs were investigated following the LSA MO Forum UK policy: Reviewing the ability of a SoM to undertake the role, April 2013. All three SoMs were deselected from the role (37).

We confirmed that the organisational recommendations from the investigations are either complete or are being addressed through HSSD's maternity services transformation programme (35–36).

There have been two supervisory investigations in the practice year 2015–2016 undertaken by SoMs external to HSSD (37, 44, 49).

One investigation involving two midwives has been completed. The outcome was both midwives have to complete a local action plan.

We were told about two alleged recent incidents (September 2015) relating to verbal orders and remote prescribing which involved four midwives. The LSA MO has arranged for external SoMs to conduct the investigations (41, 49).

We confirmed that the FT SoM in HSSD has completed a Situation, Background, Actions and Recommendations (SBAR) report. In the report the SoM raises concerns to the interim director of governance in relation to the policy for safe and secure handling of medicines and its interpretation by midwives, nurses and prescribers of medicines within the organisation (28, 42).

The report recommends that the wording of the HSSD policy be clarified including a statement at the beginning of the policy which states that verbal orders are not acceptable for any NMC registrants. We confirmed this is being addressed through the governance process (28, 42).

All midwives we met understand that the use of verbal orders for medications is not permitted. Non-compliance would be disappointing for the organisation as this was one of the issues identified in 2014 which contributed to the extraordinary LSA review

and supervisory investigations (2, 33). This demonstrates that the need for vigilance and compliance by all members of the multi-disciplinary teams is of paramount importance.

Our findings conclude that all supervisory investigations have been completed using the LSA MO Forum UK policy; Local supervising authority review and investigation processes (November 2013) (16). The investigations have been conducted in accordance with the Midwives rules and standards (NMC, 2012) and provide assurance that the public is protected.

### **Risk indicator 7.2.1 – LSAs have well documented guidance for and evidence of the process for escalating investigations from local action to NMC referral**

#### **What we found before the event**

The LSA follows the LSA MO Forum UK policy; Local supervising authority review and investigation processes (November 2013) (16).

#### **What we found at the event**

We found that the LSA MO and SoMs understand the process for escalating investigations to the NMC. We confirmed that the LSA MO Forum UK policy: Local supervising authority review and investigation processes (November 2013) is followed and the LSA MO Forum UK supervisory investigation decision tool supports the process (16–17).

Our findings conclude that all supervisory investigations have been completed using the LSA MO Forum UK policy; Local supervising authority review and investigation processes (November 2013). The investigations have been conducted in accordance with the Midwives rules and standards (NMC, 2012) and provide assurance that the public is protected.

**Outcome: Standard met**

#### **Findings against key risks**

<p><b>Rule 14: Suspension from practice by a local supervising authority</b></p> <p><b>8.1 Public being placed at risk if a midwife continues to practise when their fitness to practise is alleged to be impaired</b></p>
<p><b>Risk indicator 8.1.1 - LSAs have developed adequate guidelines for the suspension of a midwife from practice</b></p>
<p><b>What we found before the event</b></p>
<p>There is an LSA MO Forum UK policy: Suspension of midwives from practice by a LSA, 2013 (18).</p>
<p><b>What we found at the event</b></p>
<p>We found that NHSE SE and Wessex LSA follows the LSA MO Forum UK policy for suspension and referral of a midwife from practice by an LSA, 2013 (18). This was verified by discussion with the LSA MO and SoMs, who confirmed the triggers for an investigation and when a midwife would be suspended from practice. They confirmed that there have been no suspensions to date in the 2015–2016 practice year (41–42).</p> <p>Our findings conclude that the suspension of a midwife from practice is taken very seriously by the LSA. The correct process is followed to ensure the Midwives rules and standards (NMC, 2012) are met and there are robust and effective measures in place to protect the public from risks associated with poor midwifery practice.</p>
<p><b>Outcome: Standard met</b></p>

## Evidence / Reference Source

1. Quality Quarterly Monitoring (QQM) two July –September 2015 accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
2. NMC extraordinary review NHSE South West LSA, 1–3 October 2014
3. NHSE LSA Plan of compliance with LSA standards in Guernsey (updated 20 January 2014)
4. NMC additional evidence, Princess Elizabeth Hospital, HSSD, Guernsey 1–3 October 2014
5. HSSD Maternity improvement plan, October 2014
6. NMC interim review of progress against the actions implemented by the LSA to deliver safe and effective statutory supervision of midwives in Guernsey to meet the Midwives rules and standards (NMC, 2012), 24–25 February 2015
7. NMC Interim review of progress against the actions implemented by the HSSD, 24–25 February 2015
8. LSA annual audit for PEH 6-8 January 2015 published 11 February 2015
9. LSA annual audit action plan for PEH, February 2015 reviewed July 2015
10. NHSE LSA (South) annual report, 2014–2015
11. QQM 4 report 1 January–31 March 2015 accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
12. QQM 1 report 1 April–30 June 2015 accessed via NMC/MM portal <https://nmcoms.mottmac.com/>
13. LSA MO Forum UK policy for the transfer of midwives records from self-employed midwives, 2013
14. PEH, HSSD, Guernsey Supervisor of midwives webpage accessed 27 October 2014
15. NHSE South LSA organogram October 2015
16. LSA MO Forum UK policy LSA review and investigation processes, 2013
17. LSAMO Forum UK guidelines: decision making tool for supervisory investigations, 2013.
18. LSAMO Forum UK policy: Suspension of midwives from practice by a LSA, 2013
19. New starter check list, October 2015
20. Guernsey What happens with my ITP and what do I need to do poster, undated



21. Flow chart for upload of ITP for midwives starting whilst Guernsey SoM is on leave or off island, undated
22. Monthly security audit of Loveridge Ward dated: 20 March 2015, 17 April 2015, 21 May 2015, 24 June 2015, 10 July 2015, 20 August 2015, 17 September 2015, 19 October 2015
23. Guernsey SoMs Scoring tool for documentation audit: antenatal period
24. Guernsey SoMs Scoring tool for documentation audit: intrapartum period
25. NHSE LSA MO job description, undated
26. LSA Lay reviewers workshop, 7 July 2015
27. SoM on call rotas, April – November 2015
28. Examples of SBAR reports, 12/12/14, 5/6/15, 30/6/15, 15/7/15, 20/7/15, 27/7/15
29. Examples of SBARs reported by on call SoMs, 2015
30. NHSE supervisor of midwives competency self-assessment (ref standard 17), 2014
31. Example of annual review meeting, version 2
32. Action plan for regular audits by SoM in Guernsey, 19 August 2015
33. Supervisory investigations and completions 2014–2015
34. Maternity audits spread sheet 2015
35. HSSD Maternity services transformation programme, October 2015
36. Presentation 'Overview of developments and progress made in HSSD relevant to the AEI and LSA reviews' HSSD representatives, 2 November 2015
37. NHSE LSA presentation, Midwifery supervision in Guernsey, LSA MO and Guernsey SoMs, 2 November 2015
38. Meeting with interim head of midwifery, 2 November 2015
39. Visit to PEH maternity unit, 2 and 4 November 2015
40. Teleconference with head of midwifery NHSE, 2 November 2015
41. Meeting with NHSE SE and Wessex LSA MO, 2 November 2015
42. Meeting with Guernsey SoMs, November 2015
43. Teleconference with chief nurse NHSE South, 3 November 2015
44. LSA database, 3 November 2015
45. Teleconference with interim HoM Jersey, 3 November 2015
46. Meeting with midwives, 3 November 2015
47. Teleconference with interim medical director, 3 November 2015

48. Teleconference with deputy chief nurse NHSE South, 3 November 2015
49. Meeting/teleconference with LSA midwives, NHSE South, 3 November 2015
50. Teleconference with lay auditor, NHSE South, 3 November 2015
51. Meeting with MSLC representatives, 3 November 2015
52. Meeting with HSSD chief officer, 3 November 2015
53. Meeting with community midwife, 3 November 2015
54. Teleconference with former interim medical director, 3 November 2015
55. Meeting with quality and transformation lead maternity and the risk management midwife, 4 November 2015
56. Meeting with interim chief nurse and director of clinical governance, 4 November 2015
57. Service users during visit to maternity unit and service user focus group, 2 and 4 November 2015
58. Meeting with head of quality and improvement, HSSD, 4 November 2015
59. Maternity services and women's governance meetings, 2015; 20/5/15, 16/10/15
60. HSSD nursing and midwifery revalidation gap analysis and action plan, version 2.5 9 October 2015
61. HSSD Evidence index theme: Maternity volume one
62. HSSD Evidence index theme: Maternity volume two
63. HSSD Evidence index theme: Maternity volume three
64. HSSD Evidence index theme: Policies and procedures
65. HSSD Evidence index theme: Governance
66. HSSD Evidence index theme: Revalidation
67. HSSD Policy for the retention and destruction of information, 2012
68. MSLC meeting minutes: 30/4/15, 24/6/15, 11/9/15
69. Midwifery induction and orientation programme (band 6) 6/10/15
70. Agency staff induction booklet, October 2015

## Personnel supporting the LSA review

### Initial contact on: 8 October 2015 by teleconference

Chief Officer, HSSD  
Interim Chief Nurse and Director of Clinical Governance, HSSD  
Senior Lecturer, Institute for Health and Social Care Studies, Guernsey  
Dean, University of East Anglia  
Director of Teaching & Learning, University of East Anglia  
LSA MO, NHSE South East and Wessex LS

### During the review visit:

#### NHSE LSA South

(LSA MO  
2 x LSA midwives, NHSE South  
Supervisor of midwives, LSA / HSSD  
Chief Nurse, NHS England South (teleconference)  
Deputy chief nurse, NHS England South (teleconference)  
Head of Midwifery, NHS England (teleconference)  
1 x LSA lay auditor (teleconference)

#### HSSD

Chief Officer, HSSD  
Interim Chief Nurse and Director of Clinical Governance  
Interim Head of Midwifery, HSSD  
2 x members of the Maternity Service Liaison Committee  
15 x service users  
16 x midwives  
Head of Quality and Improvement, HSSD  
Quality and Transformation Lead Midwife, HSSD  
Risk management midwife, HSSD  
Interim Head of Midwifery (States of Jersey)  
Former Interim Medical Director  
Interim Medical Director  
1 x requested meeting by a midwife  
Visit to Loveridge Ward (2 and 4 November 2015)

### Meetings with:

LSA MO	1
Midwives	16

Supervisor of midwives	2 One full time SoM One part time SoM – 20 hours per month
Service users / Carers	15 service users 2 MSLC representatives 1 LSA lay auditor - teleconference
Director / manager midwifery	Interim Head of Midwifery, HSSD Interim Head of Midwifery (States of Jersey)
NHSE LSA	Chief Nurse, NHS England (South) (teleconference) Deputy chief nurse, NHS England (South) (teleconference) Head of Midwifery, NHS England (teleconference)
Senior HSSD representatives	Chief Officer, HSSD Interim Chief Nurse and Director of Clinical Governance Head of Quality and Improvement, HSSD Former Interim Medical Director Interim Medical Director
Other (please specify)	Quality and Transformation Lead Maternity, HSSD Risk management midwife, HSSD  2 LSA midwives, NHS England South

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