Northern Ireland Practice and Education Council for Nursing and Midwifery

Review of Supervision of Midwives
In Northern Ireland
June 2015

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FOREWARD

We are grateful to the Chief Nursing Officer for giving us the opportunity to review Midwifery Supervision in Northern Ireland.

This document reviews the current arrangements for Midwifery Supervision and highlights areas of good practice and areas for further improvement and modification in light of the Nursing and Midwifery Council (NMC) decision to remove midwifery supervision from statute.

As co-chairs of this review into Midwifery Supervision in NI, we wish to thank the members of the Expert Reference Group for their time and commitment in conducting this review within a limited period of time.

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EXECUTIVE SUMMARY

This review was commissioned by Charlotte McArdle, Chief Nursing Officer, Department of Health and Social Services and Public Safety (DHSSPS) and facilitated by the Northern Ireland Practice and Education Council (NIPEC). As part of the process an Expert Reference Group (ERG) was established and Terms of Reference were agreed.

EMERGING KEY THEMES ESTABLISHED BY THE REVIEW

A number of themes emerging from the review are captured under the following headings:

i. Public Protection and Public Awareness

ii. Professional Support and Advisory Function

iii. Accessibility / Leadership of Supervisor of Midwives

iv. Alignment with Trust Governance processes including the investigatory function of supervision of midwifery practice

KEY ISSUES EMERGING FROM THE REVIEW

Women

- Over half of the women who engaged in this review were aware of the Supervision of Midwives Framework.

- Women viewed Supervision of Midwives as an additional support to them, especially in terms of support for birth choices. They also see supervision as a vital area of professional support for midwives

- Women generally felt that supervisors should be from a different Trust to the one the supervisor is working in to ensure independence and transparency.
• The review demonstrated that more engagement with women is needed in terms of information, engagement and involvement in the supervision of midwives process.

Midwives and Key Stakeholders

• There was unanimous view that supervision of midwives should remain in NI as it is seen as a system which protects women, supports midwives and provides a level of reassurance to managers.

• There was a consensus on the importance of maintaining the Annual Supervision of Midwifery Review.

• As midwifery led care, alongside consultant units and standalone midwifery led units continues to expand, it was considered that the role of Supervisor of Midwives is seen as professional and advisory support. There was unanimous consensus that supervision is required 24 hours a day; seven days a week (24/7).

• The retention of the Supervision Framework was viewed as vital to support the NMC Revalidation process.

• There was unanimous support amongst midwives to move to a system of full-time Supervisors of Midwives positions who would provide 24/7 on-call for NI (currently the five Trusts individually provide this service). This model would provide a consistency of approach in terms of transparency, professional information, support and advice.

• There was considerable interest in exploring elements of the restorative model of supervision used mainly in Social Work and Health Visiting services in some parts of the UK. The restorative model aims to increase the resilience of the professionals by ensuring they can act on risk appropriately, thereby improving the delivery of care.
• There was clear direction on the need to have midwifery supervision strongly aligned to Trust governance processes to provide full and comprehensive assurances on the quality and safety of services.

• There was agreement with the proposal from the NMC that the Supervisor of Midwives investigation should be removed from statutory regulation.

• Practising midwives working within or out with Health and Social Care should be covered by a framework for midwifery supervision.

1.0  INTRODUCTION

1.1 In December 2013, the Parliamentary Commissioner for Administration and the Health Service Commissioner for England (Parliamentary and Health Service Ombudsman) published a report ‘Midwifery Supervision and Regulation: Recommendations for Change’ (PHSO, 2013) following the completion of investigations into complaints from three families in England. The report outlined that in all three cases, the midwifery supervision and regulatory arrangements at local level failed to identify poor midwifery practice. The PHSO report also highlighted concerns about the supervisory and regulatory roles of Supervisor of Midwives.

1.2 Supervision of midwives is a function carried out on behalf of the NMC by the Local Supervising Authorities (LSAs) in each of the four countries of the UK. The NMC sets the rules and standards for the functions of LSAs, with LSAs being responsible for monitoring the quality of midwifery practice. Each LSA appoints a practising midwife known as the Local Supervising Authority Midwifery Officer (LSAMO) who has responsibility for carrying out the LSA’s role. In Northern Ireland (NI) the LSA sits within the Public Health Agency (PHA).

1.3 As a result of the PHSO report (2013) the NMC commissioned the King’s Fund to conduct a UK-wide review of Midwifery Supervision. This report ‘Midwifery Regulation in the United Kingdom’ (Kings Fund 2015) was completed and
presented by the NMC Midwifery Committee to the NMC Council who accepted the key recommendations. The Kings Fund Report recommended two principles for the future model of midwifery regulation:

(i) That midwifery supervision and regulation should be separated

(ii) That the NMC should be in direct control of regulatory activity.

They recognised that ‘... whilst the LSAMOs are carrying out roles which, while valuable to the wider health care system, are not the responsibility of the regulator and this in turn raises conflict with other criteria’ (Kings Fund page 24).

1.4 In NI there have been no concerns raised about the LSA, the role of the LSAMO or the overall function of Supervision of Midwives. However, the decision of the NMC required a NI Review into the Supervision of Midwives Framework in order to provide external assurance to the public and wider healthcare system.

2.0 TERMS OF REFERENCE AND METHODOLOGY

2.1 Terms of reference

The following Terms of Reference were agreed:

(i) To review the current status and impact of the Midwifery Supervision Framework in Northern Ireland in the context of the NMC’s decision to remove midwifery supervision from statute and to provide external assurances to the CNO, Executive Directors of Nursing and other stakeholders in NI.

(ii) To consider the key messages and recommendations of the Kings Fund Review (2015) using these as a benchmark within the review process.

(iii) To focus on current local arrangements, challenges and barriers to midwifery supervision and recommend how best mothers and babies in Northern Ireland can be protected by providing recommendations of a robust supervision framework.
(iv) To consider the implications of the introduction by the NMC of Revalidation for nurses and midwives from 31 December 2015 and the introduction of The Code (NMC 2015).

(v) To consider the Quality 2020, Attributes Framework (DHSSPS 2014), in relation to any changes required that may impact on the Midwifery Supervision Framework and other regulatory additional standards.

(vi) To prepare and submit a report to the CNO, DHSSPS with an associated action plan, recommendations and proposed model of Midwifery Supervision Framework for NI.

2.2 Methodology

The methods used to conduct this review were drafted and agreed along with the establishment of an Expert Reference Group (ERG), co-chaired by an Executive Director of Nursing and a Head of Midwifery. Full membership of the group can be found at Appendix One.

The following methods were employed:

(i) A literature search of national and international studies through CINAHL, MEDLINE and EBSCO Biomedical Reference Collection and ProQuest Medical Library using terms such as ‘Midwives’ OR ‘Midwifery’ / ‘Supervisors and Supervision’ OR ‘Clinical Supervision’ / ‘Evaluation’ OR ‘Program Evaluation’. The purpose of this review was to examine international midwifery supervision processes, inquiries, policies and other professional supervision frameworks. Reference lists of papers included in the review were also scrutinised to ensure that no valuable literature was missed.

(ii) An engagement process conducted via focus groups, workshops, survey-monkey questionnaires and face to face meetings with key individuals which included women, doulas, midwives, Supervisors of Midwives,
Heads of Midwifery, UK LSAMOs, Directors of Nursing, Professional Bodies and the NMC.

3.0 BACKGROUND INTO MIDWIFERY SUPERVISION

3.1 The profession of midwifery has been regulated by the *Midwives Act* (1902) the purpose of which is ‘to secure the better training of midwives and to regulate their practice’. The *Act* states that ‘a woman cannot call herself, nor practice as a midwife, unless she was certified under the Act’. The International Confederation of Midwives (ICM) recognises the importance of separate midwifery regulation and legislation which supports and enhances the work of midwives in improving maternal, child and public health (ICM, 2014). Additionally the ICM (2011) state that by raising the status of midwives through regulation, the standard of maternity care and the health of mothers and babies will be improved.

3.2 To ensure safe and effective midwifery practice, the NMC is required, by the *Nursing and Midwifery Order* (2001) to maintain a register of qualified midwives and establish rules and standards of proficiency. The *Nursing and Midwifery Order* (2001) also sets out a statutory requirement that all midwives are subject to statutory supervision. The fundamental purpose of supervision is to enhance the protection of women and babies by actively promoting and supporting safe standards of midwifery practice. The ICM (2011) assert that when midwives work within such a professional framework they are supported and enabled to fulfil their role and contribute fully to the delivery of maternal and new-born care in their country.

3.3 Over the past number of years midwifery supervision has been transformed to provide a more supportive framework. In each of the four UK Countries, LSA’s are in place and appoint a LSA Midwifery Officer/s (LSAMO) to carry out the LSA function. The LSA in Northern Ireland sits within the PHA and the Accountable Officer is the Chief Executive.
3.4 LSAMO’s are practising midwives with experience in statutory supervision and contribute to the wider NHS agenda by supporting public health and inter-professional activities at strategic level though NHS England, Health Boards Scotland, Health Inspectorate Wales and the PHA in NI.

3.5 Supervisors of Midwives carry out the supervision of midwives. They are experienced and practising midwives who have undergone education and training in the knowledge and skills required to supervise midwives. They act as an impartial monitor of the safety of midwifery practice and encourage midwives to develop their skills and knowledge. Supervisors are appointed by LSA’s and operate within a ratio of one supervisor to 15 midwives.

3.6 ‘A Strategy for Maternity Care in Northern Ireland’ (2012-2018) (DHSSPS 2012) recognises the importance placed on the Supervision of Midwives. It states that

‘as the reconfiguration of maternity services evolves and transforms, it is essential for midwifery that strong leadership, effective communication and support are promoted and developed as fundamental elements. This will be supported by the Midwifery Supervision Framework. Statutory supervision of midwives protects the public by promoting best practice and preventing poor practice’.

3.7 The direction and imminent output of this review has been informed by the King’s Fund report (2015) and the subsequent NMC decision taken as a result of the recommendations. These decisions have been taken into consideration during this NI review process, along with the implications of the anticipated introduction by the NMC of Revalidation for nurses and midwives. The NMC will take a decision on this in October 2015 and if the model is adopted will be effective for registrants from 1 April 2016.

3.8 In addition the introduction of The Code (NMC, 2015) along with other existing and emerging evidence and standards have been taken into consideration, for example, the introduction of The Attributes Framework: ‘Supporting Leadership
for Quality Improvement and Safety’ (Quality;2020) and the recent Donaldson Review ‘The Right Time, The Right Place’ (DHSSPS; 2014) in Northern Ireland.

3.9 The primary function of the Midwifery Supervision Framework is in the protection of women and their babies within Maternity services. Figure 1 outlines the current midwifery supervision structure within NI which demonstrates the importance placed on support for midwives in the delivery of safe effective holistic midwifery care.

Figure 1
4.0 ENGAGEMENT PROCESS (Public, Professional And Key Stakeholders)

4.1 During this review engagement with women and doula was carried out via use of a survey monkey process (see Appendix Two). The survey was publicised through HSC Maternity Services Liaison Committees (MSLCs), social media sites such as Facebook and Twitter and via the Expert Reference Groups networks. The link was also posted on the NIPEC website and remained open for a three week period (21 May to 12 June 2015).

4.2 A professional engagement workshop was held on 20 April 2015 (see Appendix Three) to discuss the challenges and barriers to the current framework. The aim of the workshop was also to encourage discussion on the future direction of supervision in order to ensure a robust supervision framework to protect the public and be a supportive mechanism for NI midwives. A total of 58 midwives attended the workshop which included a small representation of service users, midwives from all areas of practice, education and research and those in leadership roles including Supervision of Midwives, Heads of Midwifery and Consultant Midwives.

4.3 The LSA UK Forum conducted a survey monkey for midwives from 27 November 2014 to 31 January 2015, with 53 out of a possible 1431 midwives responding. Furthermore, a LSAMO Forum UK meeting was held on 18 March 2015 in Belfast, with eight LSAMOs from across the UK and a full-time Supervisor of Midwives from Wales attending. During this focus group session it was very clear...
that the LSAMOs were disappointed with the decision of the NMC to remove the statutory element to the Midwifery Supervision Framework.

4.4 Engagement with the HSC Trust Directors of Nursing was conducted through a CNO Business meeting via the co-chair of the Expert Reference Group (ERG). All five Directors and the CNO had input into this meeting.

4.5 Engagement with the NMC was via the NI representative on the Midwifery Committee who was also a member of the ERG. Invitation to the NMC was extended via the Northern Ireland NMC representative.

4.6 Engagement with the LSA Accountable Officer was conducted.

5.0 KEY THEMES ESTABLISHED BY THE REVIEW

5.1 Emerging themes from this review are captured under the following headings:

(i) Public Protection and Public Awareness
(ii) Professional Support and Advisory Function
(iii) Accessibility / Leadership of Supervisor of Midwives
(iv) Alignment with Trust Governance processes including the investigatory function of supervision of midwifery practice

Public Protection and Public Awareness

Women’s views

5.2 A total of 45 women accessed the survey with almost half stating that they were aware that a framework of supervision for midwives was in place in Northern Ireland. This was especially evident by those women who had been in contact with a Supervisor of Midwives. Three quarters responded that they did not receive any information during their pregnancy about the role or function of supervision.
5.3 A minority of women reported they had contacted a Supervisor of Midwives due to issues with their birth choices. Almost all of the respondents stated that they felt supervision of midwives was a support to them, particularly if they believed their birth plan was not being given adequate consideration. The majority of women felt that the role of the supervisor provided a source of protection.

5.4 In Northern Ireland women carry their own 'Maternity Hand Held Record' (MHHR) with a designated section for recording of the contact details of the midwife and their Supervisor of Midwives. However, a clear majority of women responded they were not aware of this supervision section in the MHHR. Professional staff reported that there needs to be more use of social media, for example, Facebook and Twitter to promote the Supervisor of Midwives role and their engagement with women. It was acknowledged that improved public relations could be explored in terms of relevant information and sign posting for women. However, it was clear from the engagement with the professionals that HSC Trust information boards display the role and function of supervision of midwives.

5.5 Over half of the women who responded to the survey replied that they would wish to receive information on supervision of midwives when they book for their maternity care, stating they would like this information in a leaflet format or included in the MHHR. This is disappointing as this information is available and present in the MHHR.

5.6 A majority of the women stated they would wish to become involved in the Supervision Framework
Figure 2- Women’s views on how they would wish to engage.

### Professional views

5.7 Many midwives, who took part in the engagement workshop and the LSA Forum UK survey monkey, viewed the role of midwifery supervision as an ‘independent ear’ for women and a vehicle through which women could raise specific requests and/or concerns about aspects of their care during pregnancy and childbirth. The current framework of midwifery supervision in Northern Ireland has an ‘on-call’ system for midwives and women to access a Supervisor of Midwives 24 hours a day; seven days a week. Midwives also believed that supervision is not only a support for midwives, but an additional layer of protection for women. Many expressed the view that supervision of midwives provides the public with a confidence in the profession and the wider Maternity service. One quote from the LSA Forum UK survey monkey questionnaire summarises midwifery supervision as “support to fulfill the requirements of my job, to maintain the standard of the profession without the role being eroded and advocacy for women and babies included in an independent manner”.

5.8 Additionally, midwives stated that supervision provides a mechanism to regularly consider and review the practice of midwives who work within the health service and independent / private midwives.
5.9 It was suggested that the Supervisor of Midwives title should be reviewed in order to provide clarity on the role of midwifery supervision and make it more public friendly and understandable. Suggested alternatives included Maternity Services Ambassador, Maternity Services Enabler or Women’s Advocate. There was also a view that there should be more independence to the role which would strengthen the function of ‘holding to account’.

5.10 Professionals suggested that Northern Ireland should consider the Welsh model which includes a single regional contact point, with many seeing real benefits to women in this option.

5.11 Communication and information to women about midwifery supervision is essential and requires to be strengthened in any future model. In relation to strengthening of public engagement, the Donaldson Review (2014) states that “looked at in the round, though patients and families have a much weaker voice in shaping the delivery and improvement of care than is the case in the best healthcare systems of the world” (page 49).

Professional Support and Advisory Function

Women’s views

5.12 A clear majority of women who engaged via survey monkey felt that supervision is a much needed support for midwives with some quoting ‘the role of a midwife can be very stressful and a huge responsibility requiring a great amount of support’. Additional comments agreed with the statement that supervision was a support for midwives, for example, ‘the supervisor is in a position to help women, and midwives work more effectively together. They can help women to get the care they might not otherwise be able to access. I think the role is vital’.

Professional Views

5.13 There was a unanimous call for the supervision of midwifery to remain in NI, retaining its 24/7 access. All participants strongly supported the importance of the Annual Supervision of Midwifery Review. Midwives felt this review allowed
for meaningful discussion on midwives’ reflection of practice and professional development. It provided midwives with the confidence to ensure the protection of mother and babies was paramount. These views were also expressed in the LSAMO Forum UK survey. Many midwives stated that ‘midwives would be at a loss without it’. Others held that the supportive and advisory function helps to reduce the ‘second victim’ in challenging times. A number suggested that the midwifery review should be conducted every six months.

5.14 Midwives in Northern Ireland believe they have supported women in choosing where they can give birth. Midwifery led care, alongside consultant units and standalone midwifery led units, continues to expand. It was stated that the role of the supervisor was a great professional and advisory support. Additionally, the retention of the framework was seen to be of vital importance especially in light of the NMC Revalidation process.

5.15 The role of the LSAMO was also seen as a critical element in the framework to support Supervisors of Midwives. Of particular important are regular local and regional supervisor meetings, conferences and study days.

5.16 There is considerable support for a move to a system of full-time Supervisor of Midwives, providing 24/7 on-call cover for the entire region. This would ensure consistency of approach in terms of professional information, support and advice.

5.17 The investigatory aspect of midwifery supervision element was seen as an area that required an element of independence. There was support for the proposal that this aspect of regulation should be removed from Supervisor of Midwives.

5.18 Much interest was expressed in elements of the restorative model of supervision used mainly in Social Work and Health Visiting services in some parts of the UK. This model aims to increase the resilience of professionals by ensuring they can act on risk appropriately and improve the delivery of care to women. This is an evidence based model that has been designed to support the needs of professionals working within clinically complex caseloads and/or in roles which require them to be clear thinkers with the ability to process information quickly
and accurately in order to make decisions. Wallbank and Woods (2012) in their evaluation of this model demonstrated that it significantly improved the capacity of professionals, allowing them to function at their optimum level.

5.19 There was unanimous agreement that the Annual Midwifery Supervision Review should remain in statue. How this could be achieved requires further consideration. Participants saw the value of group supervision used in the Welsh model. They also valued one to one reviews with their supervisor. Suggestions in relation to enhancement of the Annual Midwifery Supervision Review process are as follows:

(i) Review document to be sent from midwife to supervisor two weeks prior to review.

(ii) The toolkit for annual review should not just have a clinical focus but also include a management and leadership focus.

(iii) If the LSA database cannot be retained then an alternative electronic system should be made available.

(iv) Must mirror revalidation.

(v) Reflective reports currently in use will assist with the Revalidation process.

(vi) Unanimous support for LSA to remain with the PHA.

(vii) Full-time LSAMO post (or equivalent) to remain as a coordinator / ambassador and act as an independent advisor to women.

**Accessibility / Leadership of Supervisor of Midwives**

5.20 At the engagement workshop midwives reported that they would usually know, and be in contact with, the Supervisor of Midwives within their own Trust and to whom they are visible leaders. It was highlighted that some Supervisors of Midwives have a managerial role and this can be viewed as a potential conflict of interest. Others view this system as providing a direct line into Trust senior
management and governance systems. However, many of the participants viewed leadership and management as being different.

5.21 Hinchliffe (2010) states that to be an effective leader the Supervisor of Midwives must recognise the opportunities for leadership and act as a leader, influencing their supervisees and the profession in order to bring about beneficial change. Leadership was viewed as an essential element of the education programme for the Preparation of Supervisor of Midwives (PoSoM). A review of the PoSoM course would need to be considered to reflect a new model of supervision.

5.22 Midwives stated that additional support received through the Supervisors of Midwives website hosted by NIPEC was an excellent resource. It was suggested that public access to the information could also be provided via this route or other forums. Midwives stated that the LSA Briefing newsletter issued monthly by the LSAMO was a good source of up-to-date information.

5.23 In addressing ways to strengthen accessibility and leadership, professionals suggested the introduction of group supervision and reinstatement of action learning sets which are seen as a valuable method of peer support. The current network for Supervisors of Midwives includes the LSA Stakeholders, new Supervisors of Midwives and the Contact Supervisors networks, as well as the networking opportunities at the LSA conferences, workshops and study days.

Alignment with Trust Governance processes

5.24 There was clarity on the need to have strong links with midwifery supervision aligned with the Trust governance processes to provide additional assurance. There was a clear opinion that Supervisor of Midwives should attend their Trust Governance and Risk Management meetings, have input into Labour Ward Forums and Serious Adverse Incident (SAI) investigations which utilise Root Cause Analysis (RCA) methodologies.

5.25 In terms of dealing with professional midwifery practice issues, midwives believe that the Supervision Framework addresses these. Workshop participants were of the view that if the statutory element of supervision were removed it would be a
retrograde step. Participants asked the question ‘what would be the structure if there is no supervisory investigation of midwifery practice?’ There was a concern that supervisory annual reviews would not take place in the absence of a statutory requirement.

5.26 Agreement was reached on the requirement to have more formalised processes in relation to Regional Key Performance Midwifery Indicators (KPMIs) which link with the Regional Maternity Dashboard, co-ordinated by the LSAMO or equivalent. Examples of these KPMIs should include:

(i)  Homebirth
(ii) Preceptorship
(iii) Public involvement and engagement in supervision
(iv) Supervision reviews
(v)  Midwife referrals to NMC
(vi) Recordkeeping practices
(vii) Choices of lead professional and place of birth
(viii) Themes arising from Serious Adverse Incidents

Other Key Stakeholders

UK LSAMOs

5.27 The focus group session with the UK LSAMO’s opened with discussion on the uncertainties on when, how and what processes are being proposed for the removal of the statutory component of supervision. Concerns centered on the following:

(i)  Who will be the responsible or ‘go to’ person for providing guidance and support to women when they wish to exercise their choice of care during pregnancy and place of birth?
(ii) If the established layer of monitoring through the statutory supervision framework is removed there is the potential risk that the non-regulatory function will be destabilised, fragmented and inconsistent.

(iii) The continuance of the principles in the 'Midwives Rules and Standards' (NMC, 2012) and the 24 hour accessibility of Supervisors of Midwifery for advice and guidance. Where statutory supervision is removed these functions are likely to decrease. This would be a disadvantage in terms of the additional support to newly qualified / inexperienced midwives, independent midwives or midwives working out with Health and Social Care and to restorative practice for more experienced midwives.

(iv) NMC Revalidation, (currently going through a UK wide piloting with a view for implementation by frontline practitioners from April 2016) outlines ongoing process of development and fit to practice with three yearly renewal. LSAMOs, stated that some of their concerns around the revalidation process, that is not yet robust nor planned thoroughly enough to provide assurances around maintaining/improving patient safety. In relation to the role of the Responsible Officer in terms of GMC Revalidation, the LSAMO group queried whether this was an additional layer of regulation, similar to that of Supervisor of Midwives.

(v) During the transitional period, what will happen to the current structure of the supervision framework through the LSA’s and what measures will be put in place to ensure a "stepped" approach is taken towards any new arrangements which should clearly clarify responsibilities and accountability arrangements?

(vi) How will changes in supervision impact on the LSA database (LSAdb), which holds a considerable amount of confidential information held on all practising midwives in the UK?

(vii) Who will have the responsibility for the surveillance of the practice of independent / self-employed / private midwives or other midwives working
outside traditional employment scenarios, without the network of monitoring from LSAMO's and Supervisors of Midwives?

**CNO and Executive Directors of Nursing**

5.28 Northern Ireland's Chief Nursing Officer, the five HSC Trusts and the PHA Executive Directors of Nursing meet regularly to discuss professional issues pertaining to both the professions of nursing and midwifery. All participants were reassured that the Midwifery Supervision Framework would alert them to any concern in the protection of a mother or baby within the NI Health Care system.

**LSA Accounting Officer**

5.29 There was unanimous agreement from the CNO and Executive Directors of Nursing that the PHA should continue to host the LSA.

### 6.0 THE FUTURE OF MIDWIFERY SUPERVISION IN NORTHERN IRELAND

6.1 This review has highlighted that although there are no immediate concerns regarding the practice of supervision of midwives in NI, most participants believe that the time is right to transform the model of supervision of midwifery.

6.2 There has been a rise in women’s expectations and awareness of their choices with regard to the type of care and place of birth. Therefore, the Supervision Framework requires to be revitalised to appropriately engage and facilitate these choices whilst at the same time maintaining safety and quality of services.

6.3 When considering the Supervision Framework there was agreement that a statutory element or an equivalent approved component is required to ensure it has a mandatory function that links into current governance, patient safety and the nursing and midwifery revalidation processes, thereby ensuring that the framework has a policy basis.
Suggestions on the future arrangements for consideration

6.4 The following points were suggested in terms of future proofing midwifery supervision:

(i) Nationally agreed standards for midwifery supervision to be issued at four country level as Departmental policy by the CNOs.

(ii) Development of a new conceptual framework to focus on the maintenance of the skills set of practising midwives, the safety of mothers and babies and audit its impact and evaluation.

(iii) Review / restructure the current Preparation of Supervisors of Midwives programme (PoSoM) to include leadership, legal and regulatory aspects of midwifery, reflection, revalidation and restorative practice linking to the current learning domains of standards for pre-registration midwifery education (NMC, 2009):

- effective midwifery practice
- professional and ethical practice
- developing the individual midwife and others
- achieving quality care through evaluation and research

(iv) Strong leadership within midwifery is vital. The publication of Midwifery 2020 (DHSSPS, 2010) formally acknowledged that midwives need to be more assertive in supporting women’s choice to ensure safe services for women. It is therefore essential that the role of the Head of Midwifery is supported to ensure consistent professional midwifery advice to Directors of Nursing and thereby Trust Boards.

(v) Consider the model of midwifery supervision developed by Wales, which includes full-time employment of Supervisors of Midwives.

(vi) Consider the development / adaptation for Northern Ireland of the Welsh professional Midwifery Key Performance Indicators (KPI’s) which aim to
ensure compliance and drive up the quality of services for women and their babies. These should be monitored through existing governance structures and processes.

(vii) Maintain the Annual Midwifery Supervision Review meetings to include group supervision and action learning sets. Build on evaluation and review of such approaches from other LSAs.

(viii) Embed a culture explicitly based on public protection and safety, whilst acknowledging financial challenges.

(ix) Maintain the current principle of annual audits with a focus on identification of best practice standards.

(x) Enhance and develop further user involvement in the future improvement of Maternity services.

7.0 WAY FORWARD FOR NORTHERN IRELAND

7.1 Given the findings of this review, the Expert Reference Group has given consideration to the future in terms of providing assurances to the Chief Nursing Officer, Executive Directors of Nursing, women and the wider public.

7.2 These are detailed within three possible options, which are:

- To retain the Status Quo
- Stand Down Midwifery Supervision
- Develop a New Model

**Status Quo**

7.3 It is clear from the findings that midwifery supervision is held in high regard by both childbearing women and midwifery professionals. The group could not support the NMC’s view that supervision is an extra layer of regulation. The current model in Northern Ireland works relatively well; however, in light of the NMC’s decision, this is no longer consistent with a wider UK approach.
Stand down Midwifery Supervision

7.4 An option that may need to be considered is to stand down midwifery supervision. However, this review has clearly demonstrated that would be a retrograde step in terms of support for both women and midwives, resulting in a potential risk to women.

A New Model

7.5 This review has identified that there are a number of improvements which would enhance the role and function of the supervision of midwifery, including a the introduction of framework that will engage better with women.

7.6 In response to issues such as the competing demands of the Supervisor of Midwives role and commitment to on-call arrangements, other parts of the UK have examined and developed alternative models of supervision. Rogers and Yearley (2013) found that separating the role of supervision from that of employee aided clarity to the roles as well as enabling Supervisors of Midwives to be more effective in monitoring and escalating concerns about standards of midwifery practice.

7.7 In addition further evidence, for example, (Burton, 2008) has shown that thinking outside the box (eg using Belbins Six Thinking Hat approach), in relation to the role of the supervisor, indicates that it may require a degree of simplification and a new identity that can be easily recognised, understood and accessed by women and midwives.

7.8 A new model needs to place women and their babies at the center of safety, choice and continuity of care.

7.9 Any new model needs to be regionally based, appropriately funded including backfill for full-time Supervisors of Midwives (a form of Welsh model), with built-in standards for Supervisors of Midwives. Such measures would help to raise the profile of midwifery supervision.
7.10 A new model will have to be compatible with the proposed revalidation process and enhance clinical governance.

8.0 CONCLUSIONS

8.1 The majority of participants in this review expressed their preference to replicate the Welsh model. The participants also wished to maintain the role of the LSAMO or equivalent and believed that this role would be one of an ambassador for public involvement and act as a support mechanisms for Supervisors of Midwives. In addition, the LSAMO would maintain the database of registered midwives, monitor movement through the system and concerns regarding practice, as well as act as a conduit to co-ordinate if required 360 degree evaluation linked to revalidation.

**Future training of Supervisors of Midwifery**

8.2 The educational programme for the Preparation of Supervisor of Midwives (PoSoM) at degree level which is held in high regard should be maintained. It was recommended that the PoSoM programme should be commissioned at Masters (MSc) Level.

8.3 The content of the PoSoM programme should include the following:

(i) Engagement with service users

(ii) Real case scenarios

(iii) Leadership development

(iv) NMC Revalidation

(v) Depending on the future model agreed consideration should include protected time for CPD and if necessary refresher courses.
### 9.0 ACTION PLAN - Proposed New Model of Midwifery Supervision (or equivalent) Framework for 2015/16

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is Responsible</th>
<th>Date to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acceptance of the review document</td>
<td>Chief Nursing Officer, Executive Directors of Nursing and Chief Ex PHA</td>
<td>August 2015</td>
</tr>
<tr>
<td>2. Appointment of Task and Finish Group to develop a New Model of Midwifery Supervision or equivalent for Northern Ireland</td>
<td>Chief Nursing Officer and Executive Directors of Nursing</td>
<td>September 2015</td>
</tr>
<tr>
<td>3. Development of a New Model within the principles of:</td>
<td>Task and Finish Group</td>
<td>September 2016</td>
</tr>
<tr>
<td>- Public protection and public awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Professional support and advisory function</td>
<td></td>
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<tr>
<td>- Accessibility/leadership of Supervisor of Midwives (SoM)</td>
<td></td>
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<tr>
<td>- Alignment with Trust Governance processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Testing of the New Model</td>
<td>Task and Finish Group</td>
<td>June 2016</td>
</tr>
<tr>
<td>5. Acceptance of New Model</td>
<td>Chief Nursing Officer and Executive Directors of Nursing</td>
<td>September 2016</td>
</tr>
</tbody>
</table>
REFERENCES


supervision-and-regulation-recommendations-for-change (accessed on 15 December 2014).


The Kings Fund (2013) Midwifery regulation in the United Kingdom The King’s Fund. Available at: www.kingsfund.org.uk/publications


BIBLIOGRAPHY

## APPENDIX ONE

### Membership of the **Expert Reference Group**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olive Macleod</td>
<td>Executive Director of Nursing (Chair)</td>
<td>NHSCT</td>
</tr>
<tr>
<td>Patricia McStay</td>
<td>Head of Midwifery (SoM) (Co-Chair)</td>
<td>SHSCT</td>
</tr>
<tr>
<td>Verena Wallace</td>
<td>LSAMO</td>
<td>PHA</td>
</tr>
<tr>
<td>Elizabeth Bannon</td>
<td>Co-Director Woman and Child Services</td>
<td>BHSCT</td>
</tr>
<tr>
<td>Margaret Rogan</td>
<td>Consultant Midwife (SoM)</td>
<td>BHSCT</td>
</tr>
<tr>
<td>Cathy Hamilton</td>
<td>Midwife (SoM)</td>
<td>NHSCT</td>
</tr>
<tr>
<td>Zoe Boreland</td>
<td>Head of Midwifery (SoM)</td>
<td>SEHSCT</td>
</tr>
<tr>
<td>Carolyn Moorhead</td>
<td>Midwifery Lecturer</td>
<td>QUB</td>
</tr>
<tr>
<td>Maureen Millar</td>
<td>Lead Midwife (SoM)</td>
<td>WHSCT</td>
</tr>
<tr>
<td>Breedagh Hughes (liaising with RCN)</td>
<td>Director Royal College of Midwives</td>
<td>NI RCM</td>
</tr>
<tr>
<td>Dr Patricia Gillen</td>
<td>Member of NMC Midwifery Committee</td>
<td>NMC</td>
</tr>
<tr>
<td>Seana Talbot</td>
<td>Woman representation</td>
<td>Maternity Services Liaison Committee Representative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of NMC</td>
</tr>
<tr>
<td>Pamela Redmond</td>
<td>Governance Midwife</td>
<td>SEHSCT</td>
</tr>
<tr>
<td>Brenda Devine</td>
<td>Senior Professional Officer (Project Lead)</td>
<td>NIPEC</td>
</tr>
</tbody>
</table>
APPENDIX TWO

Survey-Monkey to Women on Midwifery Supervision


Lead into the questionnaire

Supervision of Midwifery has been a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom (UK) (NMC, 2012). The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

As a woman using maternity services in Northern Ireland (NI), you should be made aware of the function of the supervision of midwifery framework and how it supports women and midwives.

Supervisor of Midwives

Each midwife employed through the Health and Social Care System of NI has a supervisor of midwives whom she meets with regularly, to review and reflect on her midwifery practice. Women should also be made aware of this role.

Northern Ireland (NI) is currently reviewing the impact of Supervision of Midwifery and wish to seek your views by answering a few short questions via this link to a survey monkey questionnaire.

Please take time to answer the short questionnaire; it should take you no more than 15 minutes to complete. We value your input

1. Are you aware that each midwife has a supervisor of midwives with whom she meets regularly with to reflect on her professional midwifery practice in accordance with midwifery standards of practice? Y/N
2. Did you receive any information about the role of the supervisor of midwives during your pregnancy? Y/N/Don’t know
3. Would you have liked to have received information about the role of the supervisor of midwives? Y/N/Don’t know
4. Did you need to contact a supervisor of midwives during or after your pregnancy? Y/N
5. Do you know of any other pregnant women who contacted a supervisor of midwives in their pregnancy? Y/N/ Don’t know
6. I your view do you think this is a valuable supportive structure in the protection of women and their babies? Y/N/ Don’t know
Please comment

7. Do you think the role of the supervisor of midwives is a valuable supportive structure for midwives? Y/N/ Don’t know
Please comment

8. How would you wish to be informed of this role?
Please comment

9. Would you wish to be involved in expanding and developing the role of supervisor of midwives? Y/N/Don’t know

10. How would you wish to be engaged? (tick all that apply)
Twitter/ Facebook / Email / Telephone

Other please specify

In addition to the Supervisor of Midwives there is a Local Supervising Authority Midwifery Officer (LSAMO), NI has one officer. This role is to coordinate the function of supervision of midwifery by performing regular audits. A supervisor of midwives reports directly to the LSAMO on all matter relating to midwifery practice.

Women should be able to contact the LSAMO to discuss any aspect of their care that they do not feel has been addressed through other channels. The LSAMO should make sure that supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging (NMC, 2008).

11. Are you aware that there is a local supervising authority midwifery officer (LSAMO) for Northern Ireland? Y/N

12. Are you aware of any women having made contact with the LSAMO? Y/N/Don’t know

13. Have you had a need to contact the LSAMO? Y/N if no please go to Q 16

14. What was the reason for this contact – please comment

15. Were you satisfied with the outcome of this contact – please comment

16. Please feel free to make any comment to wish to make here on the role and function of supervision of midwifery practice.
# Review of Midwifery Supervision Workshop

**Antrim Enterprise Centre**  
20th April 2015  
**Time - 12:30-17:00hrs**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Delivered By</th>
</tr>
</thead>
</table>
| 12:30  | **Registration**  
*Tea & Coffee only supplied (bring own lunch)*                     |                                                   |
| 12:55  | Welcome remarks                                                      | Patricia McStay SHSCT                              |
| 13:00  | Current position with Midwifery Supervision                          | Verena Wallace LSAMO, PHA                         |
| 13:15  | NMC update  
- Midwifery Committee position  
- Revalidation  
- Messages from pilot site | Dr Patricia Gillen SHSCT  
Mrs Eliz Bannon BHSCT  
Mrs Maureen Millar WHSCT |
| 13:30  | What's happening elsewhere in UK                                     | Sue Jose (SoM) Wales                               |
| 13:45  | What's happening Internationally in midwifery                        | Brenda Devine NIPEC                                |
| 14:00  | Exercise 1 - Group Work                                              | Brenda Devine                                     |
| 14:45  | Feedback                                                             |                                                   |
| 15:15  | Exercise 2 - Group Work                                              | Brenda Devine                                     |
| 16:00  | Feedback                                                             |                                                   |
| 16:15  | Open discussion                                                      |                                                   |
| 16:45  | Closing Remarks                                                      | Mrs Olive Macleod EDoN NHSCT                       |

**15:00 Comfort Break**