Nursing and Midwifery Council report on the South West Local Supervising Authority

Date of review: 6 to 7 March 2012

Date of report: May 2012
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<th>Document information</th>
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<td><strong>Document purpose</strong></td>
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1 Executive summary

1.1 Introduction

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We set standards for education and maintain the register of nurses and midwives. We have fair processes to investigate and deal with those whose fitness to practise is called into question.

1.2 Reason for review

The Nursing and Midwifery Order 2001 (SI 2002/253) (the order) requires Council to make rules regulating to the practice of midwifery and to establish standards for the local supervision of midwives.

The NMC has a responsibility to establish that all the requirements relating to the statutory supervision of midwives are in place and monitored by the LSA. The purpose of this review has been to assess the progress of the South West Local Supervising Authority (LSA) against the recommendations that were made following the NMC review of the South West LSA 20–23 September 2011 [link to report].

1.3 Review findings

It has been identified that the South West LSA meets 53 of the 54 standards (as set out in the NMC Midwives rules and standards-2004) with one being partially met (Rule 12 LSA standard 5.13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives).

We are satisfied that the evidence provided also assures the NMC that the LSA has met twelve out of fourteen recommendations that were made following the NMC South West LSA review in September 2011.

The progress against the two recommendations that were partially met will be monitored by the NMC via the quarterly monitoring reports submitted by the LSA. There are no matters of concern relating to public protection.

We received electronic evidence prior to the review and further documentary evidence during the review. Of particular merit were two comprehensive audits that the local supervising authority midwifery officer (LSAMO) had undertaken. The first utilised a template identifying all the recommendations from the previous NMC LSA review and asking each team of supervisors of midwives in each trust to benchmark themselves against each recommendation. The second, also a template for self assessment and benchmarking, concerned the recommendations from the NMC review of the University of Morecambe Bay NHS Foundation Trust [link to report].
The review team spoke to a range of staff including heads of midwifery, lead midwife educators, directors of nursing, student midwives, supervisors of midwives, clinical midwives, sign off mentors and women who had used maternity services in the South West.

1.4 Recommendations

We will publish this report on the NMC website at www.nmc-uk.org. The following recommendations have been made to the South West LSA and an action plan must be submitted to the NMC within eight weeks of receiving this report. We will publish it alongside this report.

1.5 The LSA is recommended to:

- Provide the necessary support and guidance to ensure that supervisors of midwives demonstrate in their annual report to the LSA how supervisory activities promote safety of the public and effective midwifery practice.

- Implement, monitor and analyse the data from the LSA review tool for supervisory investigations taking action, making recommendations and disseminating the findings.

- Further examine the reported self assessment findings in relation to privacy and dignity issues for women in Guernsey, Jersey and Salisbury. Additionally the LSA should follow up on the nil/ incomplete responses from Salisbury Hospitals Foundation Trust, Great Western Hospitals NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

- Ensure that all formal and informal LSA annual audits meet the requirements set by the NMC.
2 Introduction

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We set standards for education and maintain the register of nurses and midwives. We have fair processes to investigate and deal with those whose fitness to practise is called into question.

The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001 (the order).

The NMC has responsibility under the order for setting the rules and standards related to how LSAs carry out their function. An overview of these LSA functions, along with a description and overview of the South West LSA can be found in annexe 1.

The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would be where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students.

2.1 Acknowledgements

The NMC would like to thank everyone who participated in the review.
3 The NMC review of South West Local Supervising Authority

3.1 Reason for review

The purpose of this review has been to examine the progress of the South West Local Supervising Authority (LSA) against the recommendations that were made following the NMC LSA review 20-23 September 2011 [http://www.nmc-uk.org/Documents/MidwiferyNMCReportsOnLSAReviews/Final%20SW%20LSA%20review%20report%2020120620.pdf](http://www.nmc-uk.org/Documents/MidwiferyNMCReportsOnLSAReviews/Final%20SW%20LSA%20review%20report%2020120620.pdf)

The NMC has a responsibility to assess that all the requirements regarding statutory supervision of midwives are in place and monitored by the LSA.
4 Review findings

The findings will be discussed under themes associated with the recommendations of the NMC review.

4.1 Investigations undertaken by supervisors of midwives

The four recommendations associated with supervisory investigations were considered to be priorities for the LSA to address. The self assessment template (annexe 2) completed by the contact supervisor of midwives in each trust and returned to the LSA provided robust evidence. This was triangulated by our discussions with supervisors of midwives, midwives and heads of midwifery. There was only one organisation (Jersey Board of Health) that did not provide the assurance that all supervisory investigations would be reported to the LSA and their findings discussed prior to finalisation. The LSA are aware of this information and will be addressing this with the Jersey Board of Health. This finding has necessitated a partial compliance finding against two of the four recommendations made concerning investigations.

The NMC will be monitoring the progress in the outstanding matters via the quarterly quality monitoring process.

The review team were assured by the progress that had been made by the LSA in relation to the other two recommendations associated with supervisory investigations, principally that supervisory investigatory reports have sufficient analysis and rigour and demonstrate consistency of standard, quality, fairness and application to NMC rules and standard.

4.2 LSA audits

The LSA annual audit reports for the period 1 April 2010-31 March 2011 were not all available at the review in September 2011. Following correspondence with the LSA it was agreed to consider the annual audit reports not seen during the September 2011 review.

At the return visit the review team were able to view all of the LSA audit reports that were carried out during the period 1 April 2010-31 March 2011. Additionally the team were provided with two audit reports for trusts that had occurred outside of the NMC reporting period (Gloucestershire Hospitals NHS Foundation Trust 31 May 2011 and Poole Hospital NHS Foundation Trust 17 June 2011). The LSA had included both of these in the South West LSA annual report (2010 to 2011) to the NMC.

Whilst there were valid operational reasons for deferring the visits, including them within the data for the South West LSA annual report 2010 to 2011 to the NMC has led to confusion and factual inaccuracy. The annual LSA report to the NMC should only relate to events occurring within the period 1 April 2010 to March 31 2011.

Every LSA is required to submit a written report to the NMC under Rule 16 Midwives rules and standards 2004. The LSA receives a circular from the NMC each year detailing the requirements for the LSA annual report for the reporting period 1 April to 31 March. It would be the exception to include events or information outside of this reporting period within the annual report. If the LSA deem this necessary the reason(s) for all such inclusions must be apparent. The South West LSA annual report 2010 to 2011 could have
provided better clarity concerning which LSA annual audit visits had taken place within the reporting period and highlighted the two that had occurred outside of the period.

At the review in September 2011 the NMC recommended that all further audits required a robust framework for both formal and informal visits to meet NMC standards and provide assurance about the activities of supervisors of midwives. Evidence was provided at this review that future LSA audits will demonstrate adherence to the South of England LSA Standards and Guidelines (http://www.southofengland.nhs.uk/what-we-do/local-supervising-authority). The South of England documentation is comprehensive and will provide the rigour required to enable the LSA to meet NMC requirements. It does require minor updating (LSAMO names) and this would be recommended to ensure accuracy.

The NMC will monitor the quality of the audit reports through the quarterly quality monitoring process with the LSA over the next six months.

4.3 Involvement of service users in annual audits

Following the NMC review in September 2011 the LSA organised additional lay auditor visits in order to strengthen the LSA audit process. This was an effective undertaking and underlined the commitment of the LSA to provide an enhanced approach to the audits and will provide very useful feedback for the trusts concerned.

Additionally the LSA have appointed additional lay auditors. Whilst there is not a formal training programme provided by the LSA, two lay auditors were interviewed and reported that onsite training and support from the LSAMO was effective.

A self assessment template was drawn up by the LSA based on the NMC recommendations to University Hospitals of Morecambe Bay NHS Foundation Trust and completed by all organisations within the South West. This template provided data in relation to the involvement of service users. Only Jersey Board of Health indicated that they had not identified lay representation. This will be followed up by the LSAMO.

4.4 Storage of records pertaining to statutory supervision of midwives

Evidence was reviewed via the completed template self assessment (annexe 2) that there is appropriate storage of records relating to statutory supervision in all organisations within the LSA.

4.5 Accuracy of the list of supervisors of midwives held by the LSA

There is now an up to date list of supervisors of midwives on the LSA database. We were assured by the process put in place by the LSAMO for the identification of inconsistencies and monthly review with the contact SoM to ensure the ongoing accuracy of the database.

4.6 Guidance and support for supervisors of midwives regarding completion of their annual report to the LSA

All contact supervisors of midwives (SoMs) have received a comprehensive template from the LSAMO for the completion of their annual report to the LSA. The template meets the NMC requirements for the annual report, Rule 16 Midwives Rules and standards 2004.
workshop for SoMs to develop report writing skills (15 February 2012) has taken place and will be evaluated by the LSAMO.

4.7 Clear reporting systems for supervisors of midwives when identified time for supervision is not available

A reporting scorecard and dashboard for SoMs has been in place throughout the South West LSA since July 2011. A review of the scorecards and dashboards will be undertaken as part of the LSA annual audits. SoMs notify the LSA when they are concerned that the lack of time compromises their ability to undertake their statutory duties. Action plans are developed when identified time for supervision is not available and there is formal notification from the LSA to heads of midwifery.

4.8 The availability of opportunities for supervisors of midwives to develop their leadership skills

The LSA has undertaken a scoping exercise to establish current leadership development opportunities within each trust for SoMs. The results will be analysed and used to inform the development of the LSA strategy for leadership.

We heard evidence from a variety of sources that demonstrated effective leadership from SoMs. This included running vaginal birth after caesarean section (VBAC) clinics, providing high quality mandatory training programmes, leading complex multi-disciplinary team care planning for women who make birth choices outside of trust guidelines.

Heads of midwifery recognised that SoMs could be supported to gain confidence in focusing on issues from a ‘regulatory perspective’ (concerned with the NMC rules, standards guidelines and the safety of the public).

It is important to be clear that there are many opportunities outside of formal course attendance that would support and facilitate improved leadership skills including mentoring, coaching, shadowing opportunities, workshops and observational experiences.

4.9 To complete the analysis of the survey monkey audit concerning access to supervisors of midwives

The survey monkey audit responses were available but analysis has not yet been undertaken. The LSA have identified that the analysis needs to be completed and the results used to inform the LSA workplan.

4.10 Assistance for the local supervising authority midwifery officer to undertake her role

From April 1 2012 there will be additional support from another LSAMO for specific trusts in the Somerset area. It is anticipated that an LSA midwife will be appointed within the next three months.
5 Recommendations

We will publish this report on the NMC website at www.nmc-uk.org. The South West LSA is required to draw up a comprehensive plan for the actions required to meet our recommendations. The LSA action plan will be published alongside this report.

The LSA is recommended to:

- Provide the necessary support and guidance to ensure that supervisors of midwives demonstrate in their annual report to the LSA how supervisory activities promote safety of the public and effective midwifery practice.

- Implement, monitor and analyse the data from the LSA review tool for supervisory investigations taking action, making recommendations and disseminating the findings.

- Further examine the reported self assessment findings in relation to privacy and dignity issues for women in Guernsey, Jersey and Salisbury. Additionally the LSA should follow up on the nil/ incomplete responses from Salisbury Hospitals Foundation Trust, Great Western Hospitals NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

- Ensure that all formal and informal LSA annual audits meet the requirements set by the NMC.
6 Conclusion

The NMC has been assured from the documentary and oral evidence presented at the event and meetings with key stakeholders that the public protection issues identified at the initial review on 20 to 23 September 2011 have been addressed.

The LSA must identify actions that will address the recommendations identified in this report. It is expected that the LSA will implement the actions and have in place processes to monitor and review the outcomes of the actions. The LSA needs to embed sustainable changes to ensure that all LSA standards continue to be met in full.

Two areas are highlighted in this report that will be monitored via the NMC quarterly monitoring reports submitted by the LSA.

The review team would like to thank the LSA team for all their efforts to ensure that this review ran efficiently.

This report will be published on the NMC website.
## 7 Evidence of standards being met or unmet

### Rule 9 – Records

<table>
<thead>
<tr>
<th>Recommendation from NMC review September 2011</th>
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<tbody>
<tr>
<td>All records pertaining to the statutory supervision of midwives are stored safely and in accordance with LSA standards 3.3 and 3.4</td>
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**Local supervising authority standards:** To ensure the safe preservation of records transferred to it in accordance with the midwives rules, a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source from March 2012 review</th>
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| 3.3 ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years | Standard met | Copy email sent to contact SoMs 3 January 2012  
Copy of template for completion of actions from NMC review – the NMC LSA review recommendations were sent to the contact SoM for each trust by the LSA midwifery officer |
<p>| 3.4 arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years | Standard met | All trusts returned a completed action plan and demonstrated full compliance. |</p>
<table>
<thead>
<tr>
<th>Rule 9 – Records</th>
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<tbody>
<tr>
<td><strong>Recommendation from NMC review September 2011</strong></td>
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<tr>
<td>All records pertaining to the statutory supervision of midwives are stored safely and in accordance with LSA standards 3.3 and 3.4</td>
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<td><strong>Local supervising authority standards:</strong> To ensure the safe preservation of records transferred to it in accordance with the midwives rules, a local supervising authority will:</td>
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<tr>
<td><strong>Standard</strong></td>
</tr>
<tr>
<td>Review team commentary</td>
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<tr>
<td>Full compliance was demonstrated through completion and return of the templates from every contact SoM. This was an effective means of providing evidence of assurance for the LSA and compliance with NMC Rule 9</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>None</td>
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Rule 11 – Eligibility for appointment as a supervisor of midwives

**Recommendation from NMC review September 2011**

- a) The current list of supervisors of midwives must be accurate and kept up to date
- b) The author of trust annual reports to the LSA must be a SoM

**Local supervising authority standard:** In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
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</thead>
</table>
| 4.2      | Standard met | a) Print outs from LSA database  
           |           | a) Emails showing contact with each trust regarding updates to the database  
           |           | a) Signed statement from each contact SoM demonstrating the accuracy of the SoM list  
           |           | a) Discussion with LSAMO in relation to supervisory lists, distribution of caseload, leaves of absence, resignations.  
           |           | b) Question related to authorship of a trust annual report to LSA confirmed that author was a SoM at the time. |
**Rule 11 – Eligibility for appointment as a supervisor of midwives**

**Recommendation from NMC review September 2011**

a) The current list of supervisors of midwives must be accurate and kept up to date
b) The author of trust annual reports to the LSA must be a SoM

**Local supervising authority standard:** In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:

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<th>Standard</th>
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<th>Evidence source</th>
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<tr>
<td>Review team commentary- Full compliance demonstrated</td>
<td></td>
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<tr>
<td>Inaccurate information has been removed from the LSA database</td>
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<tr>
<td>There is now a monthly system for review to ensure accuracy of the SoM lists on the LSA database.</td>
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<tr>
<td>The evidence supports that the list is up to date and that there are robust processes to ensure future accuracy</td>
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**Recommendation**

None
Rule 12 – The supervision of midwives

Recommendation from NMC review September 2011

a) The LSA identifies any outstanding annual audits for 1 April 2010-31 March 2011
b) All audit visits that have been carried out are completed and reports returned to Trusts

Local supervising authority standard: To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:

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<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
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| 5.2      | Standard met | a) All annual audits for 1 April 2010 – 31 March 2011 have been undertaken. Two were outside of this reporting period (31 May 2011 and 17 June 2011), this was attributed to operational issues which were adequately explained.  

b) There was confirmation that trusts had received completed reports from their LSA audits.

c) SoMs confirmed that they had received the new template and guidance from the LSA for completion of their annual report and that this was felt to be helpful. |
**Rule 12 – The supervision of midwives**

<table>
<thead>
<tr>
<th>5.9 promote woman-centred, evidenced-based midwifery practice</th>
<th>Standard met</th>
<th>A selection of service user questionnaires was available to the review team. These were completed at annual LSA audits and relates to comments from users about the midwifery practice they experienced and the clinical environment. Commentary was also available from the LSA lay auditor having completed four LSA audit visits in January 2012. These visits were organised by the LSAMO as the original audit visit was not supported by a lay auditor. The additional LSA lay auditor visits have contributed to providing information concerning standards of midwifery practice directly to the organisation concerned and raising the profile of statutory supervision and the role of the LSA with users.</th>
</tr>
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<tr>
<td>5.10 ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise</td>
<td>Standard met</td>
<td>The LSA review tool for supervisory investigations was sent to all contact SoMs. This provided evidence that information is recorded on the LSA database. Heads of midwifery who were SoMs, reported that the LSA database was being utilised more effectively. Scorecard and dashboard information is also recorded on the LSA database. The self assessment document completed by contact SoMs, documented their understanding of the need to report all supervisory investigations to the LSA. This had also be highlighted in an email to all contact SoMs 27 July 2011.</td>
</tr>
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</table>
Rule 12 – The supervision of midwives

Review team commentary

Evidence reviewed by the team confirmed that all but one trust correctly completed and returned annual data to the LSA concerning the period 1 April to 31 March. The outlying trust was reporting data for the period 1 January to 31 December. Assurance was received from the LSA that this error would be corrected and the trust informed. It is important that information sent to the NMC from the South West LSA relate to exactly the same reporting period as every other LSA in the UK in order to support consistency for analysis. Assurance was given that the LSA recognise the need to establish robust processes so that all LSA audits and SoMs annual reports so that LSA annual report data sits within the reporting period set by the NMC and are accurate. The dashboard provides a system for SoMs when identified time for supervision is not available.

Monitoring and maintaining the ongoing accuracy of the LSA database will be managed locally by the LSA.

A reporting scorecard and dashboard for SoMs was implemented July 2011. SoMs notify the LSA if they receive insufficient time to carry out their statutory duties, action plans are developed and there is formal notification from the LSA to heads of midwifery. A review of the scorecards and dashboards will be undertaken as part of the LSA annual audits. We would encourage the LSA to maintain accurate data and records relating to the activities of statutory supervision within the LSA and to facilitate the appropriate sharing and analysis of that information reducing the need for repeated reporting of the same information.

Recommendations

1 Provide the necessary support and guidance to ensure that supervisors of midwives demonstrate in their annual report to the LSA how supervisory activities promote safety of the public and effective midwifery practice.
Rule 12 – The supervision of midwives

**Recommendations from NMC review September 2011**

- a. All investigations undertaken by SoMs are reported to the LSAMO
- b. Outcomes from supervisory investigations are agreed by the LSAMO prior to finalisation
- c. Investigatory reports have appropriate interrogation and rigour
- d. Investigations demonstrate consistency of standard, quality, fairness and application to NMC rules and standard

**5.13 supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives**

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<tr>
<th>Partially met</th>
<th>The Jersey Board of Health has not yet confirmed that they will be reporting to the LSAMO when a supervisory investigation is being undertaken or confirmed that they intend to discuss outcomes from supervisory investigations prior to finalisation of the report. All other trusts confirmed that they were either currently compliant or would be in the future.</th>
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<td></td>
<td>A supervisory report review tool template has been developed by the LSAMO which will be used as a means of systematically reviewing the rigour of each supervisory investigation.</td>
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**Review team commentary**

In view of the findings from the Jersey Board of Health only partial compliance can be found in relation to recommendations (a) and (b)

Monitoring via the NMC quarterly reporting will provide assurance that SoMs are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.

The LSA review tool for supervisory investigations template provides a means of systematically assessing the quality, rigour and adherence to NMC standards for supervisory investigations. It does require minor development to include full commentary from the LSAMO.

The review tool will provide an opportunity for the LSAMO to give feedback and guidance to SoMs to support improvements to the quality of investigative processes including report writing. This will meet recommendations (c) and (d). The LSA could utilise information from the report review tool as an opportunity to provide feedback from detailed review of each supervisory investigation to drive up the quality, transparency and rigour of the process.
**Rule 12 – The supervision of midwives**

**Recommendation**
2. The LSA should implement, monitor and analyse the data from the LSA review tool for supervisory investigations taking action, making recommendations and disseminating the findings.

**Recommendation from NMC review September 2011**

a) Development in leadership skills are available for all SoMs
b) To complete the analysis of the survey monkey audit concerning access to supervisors of midwives and to disseminate the findings

<table>
<thead>
<tr>
<th>5.14 supervisors of midwives provide professional leadership</th>
<th>Standard met</th>
<th>a) All trusts responded to this recommendation on the self-audit template but the answers focused on whether SoMs were able to access courses.</th>
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<td></td>
<td></td>
<td>b) Supervising independent midwives workshop June 2010 provided an excellent example of a valuable training opportunity for SoMs to develop their skills in relation to leadership development.</td>
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<td></td>
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<td>c) The completed survey monkey audit requires analysis.</td>
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</table>
Rule 12 – The supervision of midwives

Review team commentary

The results of the LSA opportunities in leadership scoping exercise will be analysed and used to inform the development of the LSA strategy for leadership. The review team were clear that there are a wide variety of means for developing effective leaders including mentoring, coaching, shadowing, observation, that do not require attendance on formal courses.

The LSA is further encouraged to agree, implement and monitor the LSA strategy to provide assurance that all SoMs develop effective leadership skills.

Information completed on the self-assessment (Guernsey, Jersey and Salisbury) included findings in relation to privacy and dignity issues for women, which requires further examination by the LSA. Additionally Salisbury Hospitals Foundation Trust and Great Western Hospitals NHS Foundation Trust did not fully complete the action plan template and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust did not fully complete the self assessment against the recommendations from the University Hospitals of Morecambe Bay NHS Foundation Trust.

Good evidence was provided by midwives and student midwives concerning effective clinical leadership exhibited by SoMs. These included complex multi-disciplinary care planning in order to safely support birthing choices outside of established guidelines, running mandatory training programmes, VBAC clinics and SoM drop in clinics.

The review team viewed evidence that the survey monkey for midwives has been completed. The analysis and dissemination of the results is to be encouraged.

Recommendations

3. The LSA should further examine the reported self assessment findings in relation to privacy and dignity issues for women in Guernsey, Jersey and Salisbury. Additionally the LSA should follow up on the nil/ incomplete responses from Salisbury Hospitals Foundation Trust, Great Western Hospitals NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.
Rule 13 – The local supervising authority midwifery officer

Recommendation from NMC review September 2011

All further audits adhere to a robust framework for both formal and informal audit visits that meet NMC standards.

Local supervising authority standards:

In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
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<tr>
<td>6.5 arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.</td>
<td>Standard met</td>
<td>South of England LSA Standards and Guidelines will provide the template for audit visits</td>
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</table>
**Review team commentary**

The review team has been reassured that the annual cycle for audits for the period 1 April 2011 to 31 March 2012 had been undertaken prior to the NMC review in September 2011.

The audit cycle commencing 1 April 2012 to March 31 2012 will align closely with the South of England *Standards and Guidance for Supervisors of Midwives (pages 28-31)* and thereby meet NMC requirements.

The LSA audit is a part of the statutory responsibility of the LSAMO and therefore commentary for the ‘Summary of the Trust position’ needs to use language to reflect the legal framework for the process.

**Recommendation Rule 13**

4. The LSA should ensure that all formal and informal audits meet the requirements set by the NMC.
Rule 15 – Publication of local supervising authority procedures

**Recommendations from NMC review September 2011 (linked to Rule 12 standard 5.13)**

a) All investigations undertaken by SoMs are reported to the LSAMO  
b) Outcomes from supervisory investigations are agreed by the LSAMO prior to finalisation  
c) Investigatory reports have sufficient analysis and rigour  
d) Investigations demonstrate consistency of standard, quality, fairness and application to NMC rules and standard

**Local supervising authority standard**: To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:

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<tr>
<th>Standard</th>
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</thead>
</table>
| 7.1 develop mechanisms with NHS Authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents | Standard met | Assurance that all incidents causing serious concern are effectively reported to the LSA was evidenced through the self-assessment template completed by each contact SoM.  
Email sent 10 October 2011 to all contact SoMs clearly identifying need to notify LSAMO via LSA database for all serious incident investigations. |
## Rule 15 – Publication of local supervising authority procedures

**Review team comments**

The enhanced vigilance and scrutiny of supervisory investigations previously detailed (Rule 12 standard 5.13) provides assurance to the NMC that all investigations will be reviewed by the LSAMO and therefore the LSA will be aware of all incidents of poor performance. However, please note outstanding confirmation from the Jersey Board of Health is required in relation to all supervisory investigations not just reporting to the LSA those investigations into events with an adverse clinical outcome or recommending supervised practice.

**Recommendation**

2. The LSA should implement, monitor and analyse the data from the report review tool taking action, making recommendations and disseminating the findings.
**Rule 16 – Annual report**

**Recommendation from NMC review September 2011** (Links with Rule 12 Standards 5.2, 5.9 and 5.10)

Service users are involved in audit visits with the LSAMO

**Local supervising authority standard:** Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council by 1 June each year. (Note: This rule has been amended and the deadline is now the end of September each year.)

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
</tr>
</thead>
</table>
| **8.3** details of how the practice of midwifery is supervised | Standard met | a) Workshop 15 February 2012 - report writing skills.  
b) Email 29 March 2012 - template and guidance for submission of annual report, discussion contact SoMs meeting.  
c) South of England LSA Standards and Guidelines will provide the template for SoM annual report. |
| **8.4** evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits | Standard met, |
| **8.9** reports on all local supervising authority investigations undertaken during the year | Standard met | Evidence submitted under Rule 12 provides assurance that there will be a robust framework in place for the reporting of all investigations to the LSA. |
Rule 16 – Annual report

**Review team commentary** – There has been effective recruitment to lay LSA auditor roles, however there is a need to monitor whether any further training will be required. The LSA is encouraged to continue to involve service users as lay auditors in formal LSA audits undertaken by the LSAMO.

**Recommendation**

None
The local supervising authority

Local supervising authorities (LSAs) are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of an LSA is to safeguard the health and wellbeing of women and their families.

LSAs sit within an organisation such as an NHS authority. This varies in each country of the United Kingdom, and in:

- England the LSA is the Strategic Health Authority
- Northern Ireland the LSA is the Public Health Agency
- Scotland the LSA is the Health Boards
- Wales the LSA is Healthcare Inspectorate Wales.

The chief executive of the organisation is responsible for the function of the LSA.

Each LSA must appoint a practising midwife to the role of LSAMO. The statutory requirements for this person and role are also set by the NMC which are available at www.nmc-uk.org. The LSAMO is employed by the LSA to put its responsibilities into practice and this function cannot be delegated to another person or role. The LSAMO has a pivotal role in clinical governance by ensuring that the standards for supervision of midwives and midwifery practice meet the requirements set by the NMC. Apart from the NMC the LSA is the only organisation that can suspend a midwife from practice and can only do so pending referral to the NMC with allegations of misconduct or persistent lack of competence.

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

Every midwife practise in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most each year. This LSA is described as the midwife’s main area of practice and every midwife is required to notify their intention to practise (ItP) to this LSA each practice year. A practice year runs from the 1 April to 31 March.
The South West LSA

The South West has the largest area of the nine English regions at 23,837 sq km – more than 18% of England.

The South West peninsula extends over 350 km from the south-western tip of Cornwall to the northern border of Gloucestershire and the eastern borders of Dorset and Wiltshire and has extremely varied geology and topography.

Even though the distance is slightly further, it takes almost an hour less to travel by car from the north of the region to Scotland than it does to travel from the north of the region to the tip of Cornwall.

The region has the highest percentage of rural land of any English region, with around three quarters of the total land area being part of an agricultural holding.

The South West has over 60% of the heritage coast of England. Almost a third of the region is within an Area of Outstanding Natural Beauty and the two National Parks of Dartmoor and Exmoor make up 7% of the land area.

The South West has a total population of just over five million which is approximately 10% of the English total. It has the lowest population density of any English region - 211 persons per sq km. The English population density is 387 persons per sq km. There is a great variation in population density across the region, ranging from Bristol - 3,621 persons per sq km to West Devon district - 44 persons per sq km.

Between 1998 and 2008, the South West had one of the fastest growing populations among the English region at 6%, almost one and a half times the 4.2% growth of England over the same period. The population increase is largely due to people moving into the region.

A higher percentage of the South West population live in rural districts than in any other English region - about 56%. These 31 districts have seen a higher recent rate of population growth than the 14 urban districts in the region, increasing by 7.5% between 1995 and 2005, more than twice the percentage rise for South West urban districts - 3.7%. The South West has the lowest percentage of people living in urban settlements of any English region. It has the most people, and highest percentage of people, living in villages, hamlets or isolated dwellings and in remote locations.

The main urban areas in the South West are Bristol, Bournemouth and Poole, Plymouth, Swindon, Gloucester, Torbay, Cheltenham and Exeter. These eight areas include more than a third of the population of the region. Bristol Urban Area has a population of more than half a million people and is the ninth largest urban area by population in England and Wales. The Bournemouth Urban Area, which includes Poole and Christchurch is the 13th largest.

According to the Office of National Statistics projections, the population of the South West is expected to grow by almost half a million people between 2003 and 2018 and by another 325,000 by 2028.
Profile of the South West LSA

There are 17 acute units with 15 stand alone midwifery units. These are:
- Dorset County Hospital NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust (St Paul’s Cheltenham and Stroud)
- Great Western Hospitals NHS Foundation Trust
- North Bristol NHS Trust (Southmead)
- Northern Devon Healthcare NHS Trust
- Plymouth Hospitals NHS Trust
- Poole Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust (Helston and Penrice)
- Royal Devon and Exeter NHS Foundation Trust (Tiverton, Okehampton and Honiton)
- Salisbury NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust (Newton Abbot)
- Taunton and Somerset NHS Foundation Trust (Mary Stanley Wing)
- (The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust)
- University Hospitals Bristol NHS Foundation Trust
- (Weston Area Health NHS Trust)
- Yeovil District Hospital NHS Foundation Trust
- Royal United Hospital Bath NHS Trust (Chippenham, Frome, Paulton, Shepton Mallet, Trowbridge)

Additional contractual arrangements for Guernsey and Jersey Boards of Health. Brackets indicate stand alone midwifery led facilities.

Maternity services in the South West LSA

The total number of babies born in the South West in 2010 - 2011 was 59,065 compared to 57,681 in 2009 - 2010.

The largest NHS Trust hospitals, St Michael’s Bristol, Southmead Hospital Bristol and Derriford Hospital Plymouth provide facilities for 20,000 births per year. The smallest maternity units in Shepton Mallett, Frome and Helston provide care for 300 births per year. The area has a combination of urban and rural settings covering a large geographical area.
A total of 3,430 midwives notified their intention to practise within the boundary of NHS South West Local Supervising Authority during 2010 - 2011.

There were 25 midwives who notified their intention to practise as self employed during 2010 - 2011.
### NMC Recommendations for LSA following review in September 2011

#### Table 1 – actions LSA / Supervisors of Midwives

<table>
<thead>
<tr>
<th>Recommendation by NMC</th>
<th>Comment and action by LSA</th>
<th>Action for Contact Supervisors / Supervisors of Midwives</th>
<th>Action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All investigations undertaken by Supervisors of Midwives (SoMs) are reported to the LSAMO</td>
<td>LSAMO unsure about all investigations being notified – was assured that those requiring supported or supervised practice were notified. Request by LSA to all Supervisors to alert LSAMO about all investigations.</td>
<td>Ensure all investigations are notified to the LSA and entered onto the LSA database.</td>
<td></td>
</tr>
<tr>
<td>Outcomes from supervisory investigations are agreed by the LSAMO prior to finalisation.</td>
<td>Review template to be used by LSA and final response to appropriate SoM.</td>
<td>Clear outcomes from investigations are understood and entered onto the database before action.</td>
<td></td>
</tr>
<tr>
<td>Investigations demonstrate: consistency of standard, quality, fairness and application to NMC rules and standards</td>
<td>Applications of standards to each investigation using review template.</td>
<td>Discussion between LSA and supervisor undertaking investigation.</td>
<td></td>
</tr>
<tr>
<td>Service users are involved in annual audit visits with the LSAMO.</td>
<td>There were only a few units where a service user was not</td>
<td>To liaise with the LSAMO in respect of additional visit before</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Action</td>
<td>Verification</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Identify additional lay reps and service users.</td>
<td>Organise additional attendances and add to the final reports.</td>
<td>Discuss this with contact supervisors.</td>
<td></td>
</tr>
<tr>
<td>All records pertaining to the statutory supervision of midwives are stored safely and in accordance with LSA standards 3.3 and 3.4.</td>
<td>Contact each trust to gain confirmation (in addition to the audit) about storage facilities. Provide additional evidence to NMC.</td>
<td>Contact supervisor and SoMs to verify and confirm that records are stored safely and in accordance with LSA standards 3.3 and 3.4.</td>
<td></td>
</tr>
<tr>
<td>The current list of SoMs must be accurate and kept up to date.</td>
<td>Ensure database is reviewed and amended.</td>
<td>Ensure database is reviewed and amended.</td>
<td></td>
</tr>
<tr>
<td>The author of trust annual reports to the LSA must be a SoM.</td>
<td>All authors of reports to the LSA have been designated SoMs.</td>
<td>Ensure that this continues.</td>
<td></td>
</tr>
<tr>
<td>Ensure that guidance and support are given to SoMs regarding completion of their annual reports to the LSA for consistency and quality.</td>
<td>Information and guidance has been circulated each year. Provide a workshop for SoMs who will be writing the report.</td>
<td>Attend the LSA workshop on 15 February for guidance on annual report writing.</td>
<td></td>
</tr>
<tr>
<td>For SoMs to demonstrate in their annual report to the LSA how supervisory activities promote safety of the public and effective midwifery practice.</td>
<td>Ensure that this point is highlighted in the report.</td>
<td>Ensure that this point is highlighted in the report.</td>
<td></td>
</tr>
<tr>
<td>There must be clear reporting systems for SoMs when identified time for supervision is not available.</td>
<td>The scorecard and dashboard have been implemented. Use of quarterly monitoring report to be used for this aspect.</td>
<td>Clear evidence for identified time for supervision must be available.</td>
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</tr>
<tr>
<td>That development in leadership skills are available for all SoMs.</td>
<td>LSAMO to audit current leadership opportunities and to plan for this skill in the future.</td>
<td>SoMs to evidence current leadership opportunities and to avail themselves of future workshops and events.</td>
<td></td>
</tr>
<tr>
<td>To complete the analysis of the survey monkey concerning access to SoMs and to disseminate the findings.</td>
<td>The monkey survey was used during 2011 – previous years audits of midwives also available. Monkey survey review completed.</td>
<td>Supervisors to raise awareness of supervision survey in the future.</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2 - additional comments from the review panel as cited in the report

<table>
<thead>
<tr>
<th>Standard</th>
<th>Comment and action by LSA</th>
<th>Action for Contact Supervisors / Supervisors of Midwives</th>
<th>Action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.3</strong> Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.</td>
<td>LSAMO National Forum website Guideline B “Guidance for retention and transfer of records relating to statutory supervision” accessible via South West website <a href="http://www.southwest.nhs.uk">www.southwest.nhs.uk</a></td>
<td>Ensure documented evidence from the Trust in relation to this standard.</td>
<td></td>
</tr>
<tr>
<td><strong>3.4</strong> Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.</td>
<td>Written and electronic records stored centrally by LSAMO.</td>
<td>Submit electronic records through the database as required.</td>
<td></td>
</tr>
<tr>
<td><strong>4.2</strong> Maintain a current list of supervisors of midwives.</td>
<td>Ensure current list of SoMs.</td>
<td>Notify the LSA of any changes to current list.</td>
<td></td>
</tr>
<tr>
<td><strong>5.9</strong> Promote woman-centred, evidenced-based midwifery practice.</td>
<td>LSA annual audits to continue. SoMs annual conference and workshops to continue.</td>
<td>Ensure attendance at audit reviews (with evidence) and annual conferences and workshops.</td>
<td></td>
</tr>
<tr>
<td><strong>5.10</strong> Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervisee.</td>
<td>Ensure submission of accurate data together with evidence of supervisory activity and meetings. Audit annual review on ad hoc basis.</td>
<td>Submit data to the LSA as requested. Liaise with LSAMO to evidence supervisory activity including quality of annual reviews.</td>
<td></td>
</tr>
<tr>
<td>5.13</td>
<td>Supervisors of midwives are directly accountable to the LSA for all matters relating to the statutory supervision of midwives.</td>
<td>Ensure all supervisory investigations are notified to the LSA. Templates to be enhanced – SoMs to include section for rationale for decision. Review template by LSA also to include rationale.</td>
<td>Ensure all investigations are notified to the LSA and entered on the database. All outcomes discussed with LSAMO.</td>
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</tr>
<tr>
<td>5.14</td>
<td>Supervisors of midwives provide professional leadership.</td>
<td>Review leadership opportunities for SoMs. Ensure future provision for SoMs.</td>
<td>Identify leadership requirements and liaise with the LSA in respect of future provision. Attend as required.</td>
</tr>
</tbody>
</table>
The review team

Name: Claire Bonnet
Role in review team: Lay reviewer
Other roles: Solicitor

Name: Mary Vance
Role in review team: LSAMO reviewer
Other roles: LSAMO

Name: Vanessa Shand
Role in review team: Midwife reviewer
Other roles: Midwife

Name: Helen Pearce
Role in review team: NMC Midwifery Adviser
Other roles: NMC Midwifery Adviser
Key people met during the review

Chief Executive, NHS South of England
LMEs
Sign Off Mentors
Student Midwives
Users
Supervisors of Midwives
Director of Nursing
Heads of Midwifery
Directors of Nursing
Midwives
Local Supervising Authority Midwifery Officer
Director of Nursing
NHS South of England
NMC review framework

South West LSA
6 - 7 March 2012

Programme

Day 1 – Tuesday 6 March 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Pre meet for the LSA Reviewers in the hotel</td>
<td></td>
</tr>
<tr>
<td>12.30-13.30</td>
<td>working lunch</td>
<td></td>
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<tr>
<td>13.30</td>
<td>travel to LSA</td>
<td></td>
</tr>
<tr>
<td>14.00</td>
<td>LSA review of written and electronic evidence</td>
<td>Strategic Health Authority</td>
</tr>
</tbody>
</table>

Day 2 - Wednesday 7 March 2012

Available meeting rooms: Members Boardroom, Meeting Room 4 (ground floor) and Meeting Room 210 (first floor).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Chief Executive, NHS South of England, Sir Ian Carruthers OBE</td>
<td>Members Boardroom</td>
<td>Sir Ian Carruthers OBE</td>
</tr>
<tr>
<td>09:15</td>
<td>LMEs (30 minutes)</td>
<td>Concurrent session</td>
<td>1. Margaret Fisher (University of Plymouth) attending in person.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2. Debbee Houghton and Jen Leamon (University of Bournemouth) attending by</td>
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<td>teleconference.</td>
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<td>3. Julie Hobbs (University of the West of England) attending by teleconference.</td>
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<tr>
<td></td>
<td>Sign Off Mentors (30 minutes) - minimum of 8</td>
<td>Concurrent session</td>
<td>1. Pat Casken (Yeovil District Hospital NHS Foundation Trust) attending in</td>
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<td>person.</td>
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<td></td>
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<td></td>
<td>2. Angela Jarman (Royal Devon and Exeter NHS Foundation)</td>
</tr>
</tbody>
</table>
3. Sally Loven (Poole Hospital NHS Foundation Trust) attending by teleconference.
4. Sally Nutt (Gloucestershire Hospitals NHS Foundation Trust) attending by teleconference.
5. Lynne Barton (South Devon Healthcare NHS Foundation Trust) attending by teleconference.
7. Suzanne Pentney-Tighe (Northern Devon Healthcare NHS Trust) attending in person.
8. Paula Strange (North Bristol NHS Trust) attending by teleconference.
9. Victoria Bassett (Royal Cornwall Hospital NHS Trust) attending by teleconference.
10. Angie Tagg (Great Western Hospitals NHS Foundation Trust) attending by teleconference.
11. Emma Freeman (Salisbury NHS Foundation Trust) attending by teleconference.
12. Fiona Fisher (Weston Area Health NHS Trust) attending by teleconference.
13. Jackie Clark (Weston Area Health NHS Trust) attending by teleconference.
15. Chris McLaughlin (Weston Area Health NHS Trust) attending by teleconference.

+ Sara Stride (Yeovil District Hospital NHS Foundation Trust) Student Supervisor attending as an observer.
<table>
<thead>
<tr>
<th>Users (30 minutes)</th>
<th>Concurrent session</th>
<th>Supervisors of Midwives (45 minutes) - minimum of 15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+ Sara Stride (Yeovil District Hospital NHS Foundation Trust) Student Supervisor attending as an observer.</td>
<td>4. Glyn Brace (Royal Devon and Exeter NHS Foundation Trust) attending in person.</td>
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<tr>
<td></td>
<td></td>
<td>5. Dawn Minden (Poole Hospital NHS Foundation Trust) attending by teleconference.</td>
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<tr>
<td></td>
<td></td>
<td>6. Sarah Claridge (Gloucestershire Hospitals NHS Foundation Trust) attending in person.</td>
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<tr>
<td></td>
<td></td>
<td>7. Rachael Glasson (South Devon Healthcare NHS Foundation Trust) attending by teleconference.</td>
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<tr>
<td></td>
<td></td>
<td>8. Alison Thoburn (Plymouth University / South Devon Healthcare NHS Foundation Trust) attending by teleconference.</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Participants</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>13:00</td>
<td>Director of Nursing (in addition to 14.00 session as Marie-Noelle is not available at 14.00)</td>
<td>Marie-Noelle Orzel (North Bristol NHS Trust) available at 13.00 by telephone 0117 340 6261.</td>
</tr>
</tbody>
</table>
| 13:00     | Heads of Midwifery (60 minutes) - minimum of 8                        | 1. Neil Tomlin (Yeovil District Hospital NHS Foundation Trust) attending by teleconference.  
2. Elaine Torrance (Jersey General Hospital) attending by teleconference.  
3. Heather Parker (South Devon Healthcare NHS Foundation Trust) attending by teleconference.  
4. Kath Roberts (Weston Area Health NHS Trust) attending by teleconference.  
5. Sandy Richards (Great Western Hospitals NHS Foundation Trust) attending by teleconference.  
6. Fiona Coker (Salisbury NHS Foundation Trust) attending by teleconference.  
7. Chris Edwards (Royal Cornwall Hospital NHS Trust) attending by teleconference.  
8. Katy Evans (Taunton and Somerset NHS Foundation Trust) attending in person.  
11. Lyn Grant Jones (Dorset County Hospital NHS Foundation Trust) attending in person.  
12. Sara Stride (Yeovil District Hospital NHS Foundation Trust) attending as an observer.  |
| 4:00 | Directors of Nursing (30 minutes) | 1. Sue Jones (Yeovil District Hospital NHS Foundation) attending by teleconference.  
2. Alison Moon (University Hospitals Bristol NHS Foundation Trust) attending by teleconference. |
| 14:30 | Coffee and In Camera session | Members Boardroom |
| 15:00 | Midwives (30 minutes) - minimum of 15 | 1. Jill Shergold (Poole Hospital NHS Foundation Trust) attending by teleconference.  
2. Sarah Saunders (South Devon Healthcare NHS Foundation Trust) attending by teleconference.  
4. Helen Daly (Northern Devon Healthcare NHS Trust) attending in person.  
5. Gez Caldwell (Gloucestershire Hospitals NHS Foundation Trust) attending by |
6. Angela Jarman (Royal Devon and Exeter NHS Foundation Trust) attending in person.
7. Nancy Johnson (North Bristol NHS Trust) attending by teleconference.
8. Mandy Hutchings (Taunton and Somerset NHS Foundation Trust) attending in person.
9. Eleanor Copp (Taunton and Somerset NHS Foundation Trust) attending in person.
10. Nobuaki Nakatani (Taunton and Somerset NHS Foundation Trust) attending in person.
11. Jane Parke (Royal Cornwall Hospital NHS Trust) attending by teleconference.
12. Samantha Haines (University Hospitals Bristol NHS Foundation Trust) attending by teleconference.
13. Vanessa Smith (Great Western Hospitals NHS Foundation Trust) attending by teleconference.
15. Ruth Treble (Weston Area Health NHS Trust) attending by teleconference.
16. Debbie Antoine (Weston Area Health NHS Trust) attending by teleconference.
17. Mary Napper (Weston Area Health NHS Trust) attending by teleconference.
18. Amna Lavery (Weston Area Health NHS Trust) attending by teleconference.
20. Ali Salmon (Dorset County Hospital NHS Foundation Trust) attending in person.
21. Julie Bonifacio (Dorset County Hospital NHS Foundation Trust) attending in person.

16:20 Local Supervising Authority Midwifery Officer, Val Beale

Members Boardroom

Val Beale
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
<th>Attendee</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:30</td>
<td>Director of Nursing, NHS South of England, Liz Redfern CBE (30 minutes)</td>
<td>Members Boardroom</td>
<td>Liz Redfern CBE</td>
</tr>
<tr>
<td>17:00</td>
<td>Finish</td>
<td></td>
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</tr>
</tbody>
</table>
Evidence viewed

- Email sent to contact supervisors of midwives
- Report from LSA database showing investigations
- Incident log
- Review template
- Examples of completed review templates.
- LSA audit visit reports
- Trust annual reports and trust statistics.
- Audit visit schedule for 2010 - 2011 with column of reports returned
- All audits adhere to LSA Guidance Framework for formal and informal visits
- Visit template
- Evidence of completed programmes in LSA audit visit reports 2010 – 2011
- Audit visit schedule 2010 - 2011 identifying attendance of service users
- Evidence of additional lay representatives and schedule of visits 2011 - 2012
- Email sent to contact supervisors of midwives in each trust on 3 January 2012 requesting further verification regarding the storage of records.
- Copy of email and template for completion (blank copy)
- Copies of emails dated 19 January to trusts and their response.
- Print out from LSA database of current list of supervisors of midwives.
- Additional emails showing contact with the trust regarding updates to the database
- Print out from LSA database showing Jackie Roach as a designated supervisor of midwives.
- Email sent on 29 March 2011 giving headings for submission of reports plus guidance from the NMC relating to Rule 16.
- The midwifery practice audit form.
- Email inviting contact supervisors to the workshop.
- Agenda for 15 February 2012.
- Draft report template for use in 2012 - 2013
- Email sent to Contact Supervisors on 27 July 2011
- Balanced Scorecard, team performance dashboard (blank copies), plus further emails dated 5 April 2011, 6 July 2011, 3 October 2011 and 3 January 2012 requesting supervisors of midwives to complete quarterly quality monitoring tool.
- Supervisor of midwives boot camp programme 18 - 19 November 2010.
- Evidence of six responses from survey monkey