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

Date of review: 25 - 27 October 2011

Date of report: January 2012
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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 purpose of this review has been to examine the function of the North West Local Supervising Authority (NW LSA). The NMC has a responsibility to assess that all the requirements regarding supervision of midwives are in place and monitored by the LSA. The NW LSA has been identified for review following consideration of the LSA annual report, quarterly quality monitoring reports and the date of the previous LSA review. Other areas such as Fitness to Practise (FtP) referrals and concerns raised by other regulators and the members of the public will also be considered.

1.3 Review findings

The review team met with LSA stakeholders. The full list and programme for the days are in annexes 4 and 5.

The review team was able to verify that the LSA met all the LSA standards. There were three standards (5.3, 5.8 and 8.6) which were met but which require some action to ensure continued development. The LSA standards being met confirms the LSA self assessment sent in advance of the review and the evidence is detailed in section 7 of this report.

Records and record keeping

The LSA should ensure supervisor of midwives (SoMs) are up to date with the recent developments in the use of electronic record keeping around some of their supervisory activities. The LSA business continuity plans should specifically identify the arrangements for the safe keeping, retention and transfer of supervisory records as the service reconfiguration takes place in the future.

Leadership

The recently appointed LSAMO audited all the trusts providing maternity services within the LSA between January and August 2011. A positive series of articles in the UK midwifery press have raised the profile of statutory supervision in the North West LSA across the UK.

The team heard many good examples of SoM leadership within the LSA. In all areas there is access for women to the North West LSA leaflet on supervision of midwives as
well as the NMC leaflet. Supervision can support women and midwives during major service changes and SoMs are participating positively in major service reconfiguration.

**Support for the statutory function of supervision**

The review team have reviewed the function of the LSA from the information available and have found it to be efficiently organised and effective. From presentations and discussions with the executive team at the SHA, it was apparent that they are very supportive of the LSAMO and the SoMs especially in light of the impending changes to the structure of the NHS in England.

The profile of supervision within the LSA was high. The ratio of SoMs to midwives is achieved for the North West LSA. Within this overall ratio for the LSA, some individual units have a shortfall of supervisors and plans are in place for those individual units where supervisors have a caseload of supervisees above the NMC’s level of 1:15 supervisor to midwives.

Challenge remains around SoMs getting protected time to undertake supervisory activities, in particular supervisory investigations. The LSA must continue to ensure that supervisory activities are undertaken in an appropriate and timely fashion. Supervisors have been asked to work with managers to ensure time is available to undertake supervisory activities. SoMs should use local reporting systems to escalate concerns if there are worries about securing sufficient time for supervision to the LSA.

The formation of new ‘clusters’ of SHAs such as the North of England should mean a review of roles such as the link SoMs as this voluntary, unpaid role provided by experienced SoMs may not exist in other LSAs joining the cluster.

The active involvement of the lay auditors in the LSA audits is particularly commended.

**Support for the development of evidence based practice**

The role of the LSA midwife facilitates development of evidence based practice and is appreciated by SoMs and heads of midwifery (HoMs).

The study days provided by the LSA also emphasise evidence based practice. The critical analysis supervision scenarios days are a good example of dissemination of best practice around supervision.

**Education and training**

The education programme for SoMs provided by the LSA is comprehensive and well attended. Master classes to enhance knowledge and skills are valued and well attended by SoMs.

The LSA has good links with universities. The team heard evidence of support for student midwives through the statutory supervision framework. There were no concerns expressed in relation to the learning environment of student midwives.
Risk management and clinical governance

The review team heard good examples of SoMs involvement with clinical governance such as SoMs on risk management groups and taking a full role in root cause analysis work. SoMs learn about incidents via weekly risk review panels which include SoMs looking at incident forms with the risk management midwives. There are clear templates, a pathway and clarity of the role of the SoM and their right to be present as a supervisor.

There was informed discussion relayed to the review team that a supervisory review would precede a full investigation. The team note that there were 28 supervisory investigations reported in the North West LSA in 2010-2011. From these investigations 10 formal supervised practice programmes were initiated. As the LSA covers 33 maternity sites and 4275 midwives it should benchmark against LSAs of a similar size to ensure equity. This is to provide assurance that supervisory investigations resulting in outcomes of reflection, developmental support or supervised practice are being appropriately instigated. One of the priorities for the LSA is to provide support and education for SoMs in relation to undertaking robust and comprehensive supervisory investigations. This is a priority for the LSA in 2012.

Reports

The reports written by SoMs for the LSA have the potential to show an analysis of the impact of supervision and how challenges have been addressed in the last year and used in a positive way. The reports should show how SoMs strive for high standards of midwifery practice and provide assurance about the manner by which statutory supervision promotes safety for the public. The reports are part of the assurance to trust boards that SoMs are adding value to the maternity services by their work with supervision of midwives. These reports should be part of reporting to the trust board on clinical governance and also feed into the trust quality agenda. Along with the LSA audit reports, the SoMs’ reports are an important source of information on the activities of supervision of midwives.

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 North 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.

**The LSA is recommended to:**

- ensure business continuity plans specify the process for the safe retention and transfer of historical LSA records

- ensure SoMs are up to date and competent in the use of the developments of the LSA database, for example, record Prep evidence
• refresh and update the LSA website to make it user friendly
• monitor, audit and escalate (if required) the protected time and administrative support for supervisors of midwives
• support the SoMs in the development and dissemination of their annual reports
• review the link SoMs role in the context of the new LSA ‘clusters’
• support and monitor the action plans for more SoM in individual units where there is a shortfall of SoMs
• provide support and education in relation to updated guidance around supervisory investigations, monitoring outcomes to ensure that there is consistency of approach and recommendations across the LSA
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).\(^1\)

The NMC has responsibility under the order for setting the rules and standards related to how LSAs carry out their function\(^2\). An overview of these LSA functions, along with a description and overview of the North West can be found in appendix 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. The purpose of this review (appendix 2) has been to examine the function of the North West LSA.

2.1 Acknowledgements

The NMC would like to thank everyone who participated in the review.

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1 The Nursing and Midwifery Order 2001, SI 2002 No 253
2 The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43
3 The NMC review of North West LSA

3.1 Reason for review

The purpose of this review has been to examine the function of the North West Local Supervising Authority (LSA). The NMC has a responsibility to assess that all the requirements regarding supervision of midwives are in place and monitored by the LSA.

The North West LSA has been identified for review following consideration of the LSA annual report, quarterly quality monitoring reports and the date of the previous LSA review. Other areas such as FtP referrals and concerns raised by other regulators and the members of the public are also considered.

In July 2011 University Hospitals of Morecambe Bay NHS Trust, one of the 23 trusts within the NW LSA, was subject to an extraordinary review into maternity services by the Care Quality Commission (CQC) and the NMC. This unannounced visit followed a number of concerns and complaints regarding midwifery practice and the supervisory activities at the University Hospitals of Morecambe Bay Trust. The NMC is continuing to monitor the progress of the trust to confirm that improvements continue. A follow up review is scheduled for December 15 2011.

Our report can be found on: http://www.nmc-uk.org/About-us/Annual-reports-and-statutory-accounts/Special-Reports/

The Care Quality Commission (CQC) report can be found on: http://www.cqc.org.uk/directory/rtxbu

During this current review, the progress and actions being taken by the LSA and the LSAMO concerned with University Hospitals of Morecambe Bay were discussed with the executive team at the LSA. They do not form part of this report. This review is concerned with the LSA and its systems and processes relating to the statutory supervision of midwives across the whole of the LSA, not a single trust.
4 Review findings

The review team met with LSA stakeholders such as the supervisors of midwives, service users, the LSA chief executive, chief nurse and deputy chief nurse, trust chief executive and a range of midwives. The midwives met by the team included consultants, contact SoMs, heads of midwifery, managers, mentors, midwives, link SoMs, students and teachers. The full list and programme for the days are in annexes 4 and 5.

The review team were able to verify that the LSA met all the LSA standards. The LSA standards originate from the Midwives rules and standards (NMC 2004). There were three standards (5.3, 5.8 and 8.6) which were met but which require some action to ensure enhancement. The LSA standards being met confirms the LSA self assessment sent in advance of the review and the evidence is detailed in section 7 of this report.

Records and record keeping

SoMs electronic communication with the LSA is well established. The LSA should ensure SoMs are up to date with the recent developments in the use of electronic record keeping around some of their supervisory activities such as the annual review and their SoM Prep.

The SHA (LSA) business continuity plans should specifically identify the arrangements for the safe keeping, retention and transfer of supervisory records as the service reconfiguration takes place in the future.

Leadership

The recently appointed LSAMO has already audited each trust and continues to lead work around the statutory supervision of midwives in the North West LSA and this is to be commended. These audits of all the trusts providing maternity services within the LSA took place between January and August 2011.

A positive series of articles in the UK midwifery press including one written by a service user who is a lay auditor have raised the profile of statutory supervision in the North West LSA across the UK.

The team heard of good SoM leadership examples such as the SoMs’ clinic and SoMs taking a lead for safeguarding, pre-conception advice and on asylum seekers and refugees. In some areas SoMs have taken the lead in raising the profile of statutory supervision by holding supervision road shows and in all areas there is access to the North West LSA’s leaflet on supervision of midwives as well as the NMC support for parents leaflet.

Evidence demonstrated how supervision was able to support women and midwives during major service changes by taking a pro active and positive approach. SoMs showed how working at a strategic level, supervision could support the management of change. There was an excellent study day for SoMs which provided an opportunity to disseminate this learning expertise.
Support for the statutory function of supervision

The team have reviewed the function of the LSA from the information available and have found it to be efficiently organised and effective. From presentations and discussions with the executive team at the SHA, it was apparent that they were very supportive of the LSAMO and the SoMs and recognised the value of their role.

The profile of supervision within the LSA was high. SoMs are active in risk management fora and integrated governance meetings, attending in their own right as SoMs. It was highlighted by service users, midwives and SoMs, most women are unaware of the role and purpose of supervision of midwives and of the LSA and continues to be a challenge across the UK and innovative solutions are required.

The ratio of SoMs to midwives is achieved for the North West LSA. Within this overall ratio for the LSA, some individual units have a shortfall of supervisors and plans are in place for those individual units where supervisors have a caseload of supervisees above the NMC’s level of 1:15 supervisor to midwives.

Challenge remains around SoMs getting protected time to undertake supervisory activities, in particular supervisory investigations. The LSA is aware of the challenge of providing effective supervision when there are high levels of clinical activity and the majority of SoMs are in clinical practice. The LSAMO discusses time for supervision and resource issues with the directors of nursing and heads of midwifery at every audit visit. The LSA must continue to ensure that supervisory activities are undertaken in an appropriate and timely fashion. Supervisors have been asked to work with managers to ensure time is available to undertake supervisory activities. SoMs should use local reporting systems to escalate concerns if there are worries about securing sufficient time for supervision to the LSA. It is expected that this will be monitored and reported through SoM reports and LSA audits.

The review team heard that the LSAMO is very approachable and supportive to the contact supervisors of midwives, link SoMs, SoMs, heads of midwifery and the executive teams. Other LSA stakeholders such as midwives and service users also reported that the LSAMO was supportive and approachable. The feedback from those met by the team and the written evidence indicated that the function of statutory supervision of midwives is carried out in a supportive manner within this LSA. The formation of new ‘clusters’ of SHAs such as the North of England should mean a review of roles such as the link SoMs as this voluntary, unpaid role provided by experienced SoMs may not exist in other LSAs joining the cluster.

The active involvement of the lay auditors in the LSA audits is particularly commended. The review team noted that the lay reviewers' reports are an integral part of the final LSA audit report. This is good practice.

Service users secure remuneration in recognition of the importance of their role in evaluating the function of statutory supervision within the LSA.
Support for the development of evidence based practice.

The team were able to hear examples of best practice within the LSA, from the LSA executive team and SoM presentations. In the NW LSA the importance of the role of the LSA midwife in the enhancement of the normalisation of birth is frequently mentioned as an example of support available from the LSA. This role facilitates development of evidence based practice around midwifery practice and is appreciated by SoMs and HoMs.

The study days provided by the LSA support evidence based practice. The critical analysis supervision scenarios days are an example of dissemination of good practice around supervision. Within the LSA there are efforts being made to reduce the caesarean section rates, to achieve one-to-one care in labour and to implement best practice as new findings emerge.

Education and training

The education programme for SoMs is comprehensive and well attended. Master classes to enhance knowledge and skills are valued and well attended by SoMs. Discussions with lead midwives for education (LMEs) confirmed good working relationships between the LSAMO and course providers. The team heard evidence of support for student midwives through the statutory supervision framework. There were no concerns expressed in relation to the learning environment of student midwives. The LSAMO has good links with universities and is involved with the preparation of supervisors of midwives in course planning and is part of the management team. She also teaches on the course and is involved in presentations on pre and post registration education programmes.

Risk management and clinical governance

There was informed discussion about the interface between management and supervisory investigations with strong feedback to the review team that a supervisory investigation would normally come first with a management investigation to follow or run in parallel if required. It was also felt that a supervisory review would precede a full investigation.

The team note that there were 28 supervisory investigations reported in the North West LSA in 2010-2011. From these investigations 10 formal supervised practice programmes were initiated. As the LSA covers 33 maternity sites and 4275 midwives it should benchmark against LSAs of a similar size to ensure equity. This is to provide assurance that supervisory investigations resulting in outcomes of reflection, developmental support or supervised practice are being appropriately instigated. One of the priorities for the LSA is to provide support and education for SoMs in relation to undertaking robust and comprehensive supervisory investigations. This is a priority for the LSA in 2012.

It was recognised that some managers and risk management governance staff may not understand the way that supervision works. However, the review team heard good examples of SoMs involvement with clinical governance such as SoMs on risk management groups and taking a full role in root cause analysis work. In another area,
SoMs hear about incidents via weekly risk review panels which include SoMs looking at incident forms with the risk management midwives. There are clear templates, a pathway and clarity of the role of the SoM and their right to be there as a supervisor. Incidents, issues and action are then reported at the monthly SoM meetings.

Reports

The team reviewed the reports written by SoMs for the LSA. The reports have the potential to show an analysis of the impact of supervision and how challenges have been addressed in the last year and used in a positive way. The reports should show how SoMs strive for high standards of midwifery practice and provide assurance about the manner that statutory supervision promotes safety for the public. The reports are part of the assurance to trust boards that SoMs are adding value to the maternity services by their work with supervision of midwives. These reports should be part of the reporting to the trust board on clinical governance and also feed into the trust quality agenda. To initiate this action, SoMs may require some support from the LSAMO. Along with the LSA audit reports, the SoM’s reports are an important source of information on the activities of supervision of midwives.

5 Recommendations

We will publish this report on the NMC website at www.nmc-uk.org. The following recommendations have been made to the North 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.

The LSA is recommended to:

- ensure business continuity plans specify the process for the safe retention and transfer of historical LSA records
- ensure SoMs are up to date and competent in the use of the developments of the LSA database, for example, record Prep evidence
- refresh and update the LSA website to make it user friendly
- monitor, audit and escalate (if required) the protected time and administrative support for supervisors of midwives
- support the SoMs in the development and dissemination of their annual reports
- review the link SoMs role in the context of the new LSA ‘clusters’
- support and monitor the action plans for more SoM in individual units where there is a shortfall of SoMs
- provide support and education in relation to updated guidance around supervisory investigations, monitoring outcomes to ensure that there is consistency of approach and recommendations across the LSA
6 Conclusion

The North West LSA meets all the standards required at this review. The review team were assured by considering the written and other evidence and triangulating with the people they met during the review. The LSA approach to supervision of midwives is well organised, efficient and has a strong, acknowledged user voice. Education provision for SoMs is solution orientated, comprehensive and well evaluated.

Apart from one trust where the NMC and CQC are already involved, there were no concerns expressed to the review team which may affect protection of women, babies and their families in this LSA. The examples of supervision within the North West LSA show how proactive activity can impact positively on women’s safety as well as the support and development of midwives. The review team did not visit any maternity services during this review; the review took place at the North West SHA in Manchester.

This is a time of flux in the NHS and the LSA should ensure that business continuity plans place the safety of mothers and babies at the forefront of the provision of services. There was evidence of action being taken when concerns were raised; ensuring staffing meets the needs of the respective maternity services. The LSA must ensure that statutory supervision of midwives is embedded and evidenced in the planning of safe services for women and their families.
7 Evidence of standards being met

Rule 4 – Notifications by local supervising authority

Local supervising authority standards: In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:

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<tr>
<th>Standard</th>
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### Rule 4 – Notifications by local supervising authority

**Local supervising authority standards:** In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>.1  <em>publish annually the name and address of the person to whom the notice must be sent</em></td>
<td>Standard met</td>
<td>Annual advice letter sent out by LSAMO. LSA National Forum (UK) Guideline for the completion of the Intention to Practise form. (<a href="http://www.midwife.org.uk">www.midwife.org.uk</a>)</td>
</tr>
<tr>
<td>1.2 <em>publish annually the date by which it must receive intention to practise forms from midwives in its area</em></td>
<td>Standard met</td>
<td>Annual advice letter sent out by LSAMO. LSA National Forum (UK) Guideline for the completion of the Intention to Practise form.</td>
</tr>
<tr>
<td>1.3 <em>ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year</em></td>
<td>Standard met</td>
<td>Electronic transfer by LSA office and verification by NMC. LSA National Forum (UK) Guideline for the completion of the Intention to Practise form.</td>
</tr>
<tr>
<td>1.4 <em>ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the twentieth of each month.</em></td>
<td>Standard met</td>
<td>Electronic transfer by LSA office via <a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a>, and verification by NMC. LSAs receive emails from NMC to confirm uploads. LSA National Forum (UK) Guideline for the completion of the Intention to Practise form.</td>
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Rule 4 – Notifications by local supervising authority

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**Review team commentary**

All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). The LSA database which ‘uploads’ ITIP information to the NMC is available on [www.midwife2.org.uk](http://www.midwife2.org.uk).

**Recommendations for rule 4**

No recommendation for the LSA.
Rule 5 – Suspension from practice by a local supervising authority

Local supervising authority standards: To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife’s impaired fitness to practise, a local supervising authority will:

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<tr>
<th>Standard</th>
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<th>Evidence source</th>
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| 2.1 publish how it will investigate any alleged impairment of a midwife’s fitness to practise | Standard met    | LSA National Forum (UK) Supervisory Investigation Decision Tool Kit  
LSA National Forum (UK) Guideline for investigation of a midwife’s fitness to practise.  
LSA National Forum (UK) Guideline on suspension of midwives from practice.  
National LSA Standard 5.                                                                                           |
| 2.2 publish how it will determine whether or not to suspend a midwife from practice | Standard met    | LSA National Forum (UK) Guideline for investigation of a midwife’s fitness to practise.  
LSA National Forum (UK) Guideline on suspension of midwives from practice.                                                                                     |
| 2.3 publish the process for appeal against any decision                  | Standard met    | Individual correspondence to each midwife – copies of letters kept on file. Viewed an anonymised letter                                                                 |
| 2.4 ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority. | Standard met    | LSA National Forum (UK) Guideline for investigation of a midwife’s fitness to practise.  
LSA National Forum (UK) Guideline on suspension of midwives from practice.                                                                                         |
Rule 5 – Suspension from practice by a local supervising authority

Local supervising authority standards: To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife’s impaired fitness to practise, a local supervising authority will:

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<tr>
<td>Review team commentary</td>
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All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). The process for appeal (LSAMO Forum (UK) guideline should be reviewed when the LSA structures in England change.

Recommendations for rule 5

No recommendation for the LSA
### 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:

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<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
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| 3.1 publish local procedures for the transfer of midwifery records from self-employed midwives | Standard met | LSA National Forum (UK) Guideline for the transfer of records from self employed midwives.  
LSA National Forum (UK) Record Keeping Guideline |
| 3.2 agree local systems to ensure supervisors of midwives maintain records of their supervisory activity | Standard met | LSA National Forum (UK) Guideline for Information Governance including confidential information relating to statutory supervision.  
The LSA should ensure SoMs are up to date on the developments of the LSA database to, for example, record SoM’s Prep evidence. |
| 3.3 ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years | Standard met | LSA National Forum (UK) Guideline for Information Governance including confidential information relating to statutory supervision.  
North West LSA Audits – the hard copy file of all recent NW LSA audits was seen by the reviewers.  
National LSA Standard 2. |
| 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 | LSA National Forum (UK) Guideline for Information Governance including confidential information relating to statutory supervision.  
North West LSA Audits. |
## Rule 9 – Records

**Local supervising authority standards:** To ensure the safe preservation of records transferred to it in accordance with the midwives rules, a local supervising authority will:

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<tr>
<th>Standard</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3.5 publish local procedures for retention and transfer of records relating to statutory supervision.</td>
<td>Standard met</td>
<td>LSA National Forum (UK) Guideline for Information Governance including confidential information relating to statutory supervision. The review team asked about business continuity plans during this period of change. Business continuity plans are in place. Storage of historical records is part of the planning.</td>
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</table>

**Review team commentary**

All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). Business continuity plans are in place and storage of historical records is part of the planning. Viewed: NW LSA audits and SoMs annual reports to LSA.

**Recommendations for rule 9**

Ensure the SHA business continuity plans specify the process for the safe preservation of historical LSA records. Develop the SoMs annual reports to reflect analysis and action on any identified challenges.
Rule 11 – Eligibility for appointment as a supervisor of midwives

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

<table>
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<tr>
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<tr>
<td>4.1 publish their policy for the appointment of any new supervisor of midwives in their area</td>
<td>Standard met</td>
<td>LSA National Forum (UK) Guideline for the nomination, selection and appointment of supervisors of midwives.</td>
</tr>
<tr>
<td>4.2 maintain a current list of supervisors of midwives</td>
<td>Standard met</td>
<td>The LSA database (<a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a>) holds a list of current North West LSA supervisors of midwives.</td>
</tr>
<tr>
<td>4.3 demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.</td>
<td>Standard met</td>
<td>North West LSA conferences and study days. North West LSA Audits – all available to the review team in a hard copy file. LSA database allows SoMs to note their SoM Prep each year. <a href="http://www.midwife2.org">www.midwife2.org</a> (report 59). North West LSA Annual Report. North West LSA Guidance for supervisors includes details of events appropriate for CPD. National LSA Standard 2. NB Compliance with 6 hours per year re NMC standards for the preparation and practice of supervisors of midwives (NMC 2006).</td>
</tr>
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All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). The LSA database is available on [www.midwife2.org.uk](http://www.midwife2.org.uk). The LSA should ensure SoMs are up to date on the developments of the LSA database to, for example, record SoM’s Prep evidence. Viewed: critical analysis presentation and evaluations 10 March 2011 and 20 September 2011. Also reviewed the evaluations of Saving Mother Lives Day – 8 June 2011. A random check of the evaluations was very positive; ‘excellent and very good with suggestions for next time.

Recommendations for rule 11
The LSA should ensure SoMs are up to date and competent in the use of the developments of the LSA database to, for example, record SoM’s Prep evidence.
## Rule 12 – The supervision of midwives

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

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<tbody>
<tr>
<td>5.3 ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)</td>
<td>Standard met</td>
<td>LSA database; reviewer checked on the day and the ratio was 1:13 for the LSA. North West LSA Audits. Preparation of supervisors of midwives course National LSA Standard 2. North West LSA Annual Reports. Some individual units exceed 1:15 – Action Plans are in place</td>
</tr>
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<tr>
<td>5.4 set up systems to facilitate communication links between and across local supervising authority boundaries</td>
<td>Standard met</td>
<td>LSA National Forum (UK) meetings. Email communication between all UK LSAMOs. Telephone/text communication. North West LSA conferences and study days - programmes seen by the review team. Meetings of North West LSAMO with supervisors of midwives – minutes seen by the review team. Email communication between LSAMO and all supervisors. Contact supervisor in each unit – list available on LSA website. <a href="http://www.northwest.nhs.uk/whatwedo/l%D1%81%D0%B0">http://www.northwest.nhs.uk/whatwedo/lса</a>. There is an opportunity to refresh this LSA website in new SHA configuration. Currently, the website is neither easy to find on the SHA website, nor to navigate. LSAMO and Contact supervisor meetings and workshops LSA Midwife and link supervisors of midwives met the review team. National LSA Standard 2.</td>
</tr>
<tr>
<td>5.5 enable timely distribution of information to all supervisors of midwives</td>
<td>Standard met</td>
<td>Email communication between LSAMO and all supervisors. Contact SoM in each unit. Meetings of North West LSAMO with SoMs. LSA has own database for Prep/study days for SoMs. There is an opportunity for SoMs to log their Prep for supervision of midwives onto the LSA database. LSA can then monitor SoMs Prep via the LSA database.</td>
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<td><strong>5.6</strong> provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>Email communication between LSAMO and all supervisors. Telephone/text communication. Confirmed on discussion with SoMs.</td>
</tr>
<tr>
<td><strong>5.7</strong> provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice</td>
<td>Standard met</td>
<td>North West LSA conferences and study days. Meetings of North West LSAMO with SoMs. LSA working groups of SoMs LSAMO/LSA Midwife meetings with SoMs in individual units. North West LSA Audits. North West LSA Annual Report – detailed list of meetings Agenda and minutes of meetings between LSAMO and SoMs seen at the review.</td>
</tr>
<tr>
<td><strong>5.8</strong> monitor the provision of protected time and administrative support for supervisors of midwives</td>
<td>Standard met</td>
<td>National LSA Standards. North West LSA Audits. Local supervision annual reports National LSA Standard 2. Survey of time for additional contact supervisor role This standard is met, but there is a need to further monitor, audit and escalate if required. It is an issue in some of the annual SoMs reports to the LSA and in discussion with the SoMs during the review.</td>
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<tr>
<td>5.9 <strong>promote woman-centred, evidenced-based midwifery practice</strong></td>
<td>Standard met</td>
<td>National LSA Standards. North West LSA Audits. North West LSA annual clinical data collection – copies seen by the team. Local supervision annual reports demonstrate good practice for example the work with EU migrant workers and gypsy traveller communities. National LSA Standard 1. There was very positive feedback to the review team that the role of the LSA midwife is ‘key’ in the normalisation of birth in the context of evidence based midwifery practice. Feedback to the team was that the LSA midwife is supportive, advises and facilitates the development of the skills of SoMs in providing care for women and their families in cases where supervision input is requested.</td>
</tr>
<tr>
<td>5.10 <strong>ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise</strong></td>
<td>Standard met</td>
<td>North West LSA Audits. Local supervision annual reports LSA investigations are logged on the LSA database. Opportunities exist to increase the electronic noted annual reviews. For example, these can be logged on the LSA database and documents attached. National LSA Standard 2.</td>
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<tr>
<td><strong>5.11</strong> supervisors of midwives are available to offer guidance and support to women accessing maternity services</td>
<td>Standard met</td>
<td>North West LSA user leaflet ‘How can we help you?’ and locally produced leaflets for women are available on the LSA website. This leaflet is being updated in October 2011. <a href="http://www.northwest.nhs.uk/document_uploads/lsa/User_Leaflet.pdf">http://www.northwest.nhs.uk/document_uploads/lsa/User_Leaflet.pdf</a> North West LSA website. <a href="http://www.northwest.nhs.uk/whatwedo/improvingservices/lsa/">http://www.northwest.nhs.uk/whatwedo/improvingservices/lsa/</a> National LSA Standard 1. North West LSA Audits. Local supervision annual reports – file seen by the review team ‘Speak to a Supervisor’ audit</td>
</tr>
<tr>
<td><strong>5.12</strong> supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice</td>
<td>Standard met</td>
<td>National LSA Standard 1. North West LSA Audits. Local supervision annual reports</td>
</tr>
<tr>
<td><strong>5.13</strong> supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives</td>
<td>Standard met</td>
<td>Information on appointment. National LSA Standards. North West LSA Audits. Local supervision annual reports LSA investigations.</td>
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<tr>
<td>5.14 supervisors of midwives provide professional leadership</td>
<td>Standard met</td>
<td>National LSA Standard 3. North West LSA Audits. Local supervision annual reports. SoMs presentation at national/regional/local events and publishing in the national midwifery press. Examples viewed by the review team. Discussions gave examples of the LSA midwife and SoMs supporting homebirth and the normalisation of birth.</td>
</tr>
<tr>
<td>5.15 supervisors of midwives are approachable and accessible to midwives to support them in their practice.</td>
<td>Standard met,</td>
<td>North West LSA Audits. LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a supervisor of midwives. LSA National Forum (UK) Guideline for the performance and conduct of supervisors of midwives National LSA Standard 4. LSA investigations.</td>
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All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). The LSA database is available on [www.midwife2.org.uk](http://www.midwife2.org.uk). The team heard that the LSA database can be useful to employers as well; the LSA sometimes contacted by human resources (HR) after NMC check by new employee. Isle of Man is included under North West LSA for supervision of midwives. LSA website: [http://www.northwest.nhs.uk/whatwedo/lsa](http://www.northwest.nhs.uk/whatwedo/lsa). There is an opportunity to refresh this LSA website in new SHA configuration. Currently, the website is neither easy to find on the SHA website, nor easy to navigate. The North West guidelines also need to be reviewed. This standard is met, but there is a need to further monitor, audit and escalate if required. It is an issue in some of the annual SoMs reports to the LSA and in discussion with the SoMs during the review. There was very positive feedback to the review team that the role of the LSA midwife is ‘key’ in the normalisation of birth in the context of evidence based midwifery practice. Feedback to the team was that the LSA midwife is supportive, advises and facilitates the development of the skills of SoMs in providing care for women and their families in cases where supervision input is requested. The role of the link supervisors is unclear to other SoMs. The link SoMs are supportive to the LSAMO and SoMs but this unpaid role needs review by the new LSAMO in the context of the reconfiguration of services and the SHAs. Evidence viewed relating to this standard is listed in the annexes.

Recommendations for rule 12

5.3 This standard is met for the LSA but in maternity units where there is a shortfall of SoMs, the action plans should be monitored by the LSA.
5.8 This standard is met, but there is a need to further monitor, audit and escalate (when required) protected time and administrative support for supervisors of midwives.
Refresh and update the LSA website to make it user friendly and update the North West LSA guidelines.
The Link SoMs role needs review by the new LSAMO in the context of the reconfiguration of services and the SHAs.
**Rule 13 – The local supervising authority midwifery officer**

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

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<tr>
<td>6.1 use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>New LSA MO commenced in post January 2011. SHA system in place for recruitment and selection. NMC core criteria and person specification used. Job description for LSAMO seen by review team</td>
</tr>
<tr>
<td>6.2 involve a NMC nominated and appropriately experienced midwife in the selection and appointment process</td>
<td>Standard met</td>
<td>SHA system in place. NMC nominated and appropriately experienced midwife involved in selection and appointment.</td>
</tr>
<tr>
<td>6.3 manage the performance of the appointed local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>SHA systems in place regarding employment and management of North West LSAMO.</td>
</tr>
<tr>
<td>6.4 provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function</td>
<td>Standard met</td>
<td>SHA employment systems in place for LSAMO and LSA Midwife. LSA office staff also employed by SHA; LSA Services Manager and secretary.</td>
</tr>
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<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>SHA systems in place. LSA Audit visits and resulting reports.</td>
</tr>
</tbody>
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Review team commentary

All LSA National Forum (UK) guidelines are available on [www.midwife.org.uk](http://www.midwife.org.uk). The LSA database is available on [www.midwife2.org.uk](http://www.midwife2.org.uk).

Recommendations Rule 13

No recommendation for the LSA
**Rule 15 – Publication of local supervising authority procedures**

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

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<tr>
<td>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</td>
<td>Standard met</td>
<td>North West LSA Guidance. LSA National Forum (UK) Guideline for investigation of a midwife’s fitness to practise.</td>
</tr>
<tr>
<td>7.2 publish the investigative procedure</td>
<td>Standard met</td>
<td>North West LSA Guidance. LSA National Forum (UK) Guideline for investigation of a midwife’s fitness to practise. LSA National Forum (UK) Guideline on suspension of midwives from practice.</td>
</tr>
<tr>
<td>7.3 liaise with key stakeholders to enhance clinical governance systems</td>
<td>Standard met</td>
<td>North West LSA Audits. National LSA Standard 5. Local meetings with SoMs and other Trust personnel as required. Trust clinical governance/risk management midwives are SoMs. Midwifery Maternal Deaths Assessors are SoMs. Collaborative study days and workshops; LSA, CEMACE and NPSA</td>
</tr>
<tr>
<td>7.4 publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - supervisor of midwives</td>
<td>Standard met</td>
<td>North West LSA website. SHA systems in place. LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a supervisor of midwives or an LSAMO.</td>
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<tr>
<td>7.5 publish the process for removing from appointment: - a supervisor of midwives - a local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>SHA employment systems in place. LSA National Forum (UK) Guideline for the performance and conduct of SoMs include guidance and process for removal</td>
</tr>
<tr>
<td>7.6 publish the process for appeal against the decision to remove: - a supervisor of midwives - a local supervising authority midwifery officer</td>
<td>Standard met</td>
<td>LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a SoM or an LSAMO includes the appeals process. SHA systems in place. LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a SoM or an LSAMO includes the appeals process.</td>
</tr>
<tr>
<td>7.7 ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion: - local supervising authority midwifery officer - supervisor of midwives.</td>
<td>Standard met</td>
<td>LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a SoM or an LSAMO. SHA employment systems in place. LSA National Forum (UK) Guideline on the process for the notification and management of complaints against a supervisor of midwives or an LSAMO. Individual correspondence to SoMs – copies of letters kept on file.</td>
</tr>
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**Recommendations for rule 15**

No recommendation for the LSA
**Rule 16 – Annual report**

**Local supervising authority standard:** Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council by 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:

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<tr>
<td>8.1 numbers of supervisor of midwives appointments, resignations and removals</td>
<td>Standard met, North West LSA Annual Reports and verification by NMC. North West LSA database.</td>
<td></td>
</tr>
<tr>
<td>8.2 details of how midwives are provided with continuous access to a supervisor of midwives</td>
<td>Standard met, North West LSA Annual Reports and verification by NMC. North West LSA website. National and North West Guidance for SoMs. National LSA Standard 4.</td>
<td></td>
</tr>
<tr>
<td>8.3 details of how the practice of midwifery is supervised</td>
<td>Standard met</td>
<td>North West LSA Annual Reports and verification by NMC. North West LSA website. National and North West Guidance for SoMs. National LSA Standards.</td>
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<tr>
<td><strong>8.4</strong> evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits</td>
<td>Standard met</td>
<td>North West LSA Annual Reports and verification by NMC. North West LSA website. North West LSA Audit reports. Discussion with North West LSA user auditors. National LSA Standard 1</td>
</tr>
<tr>
<td><strong>8.5</strong> evidence of engagement with higher education institutions in relation to supervisory input into midwifery education</td>
<td>Standard met</td>
<td>North West LSA Annual Reports and verification by NMC. North West LSA website. Minutes of meetings with LMEs. Discussion with North West LMEs. National LSA Standard 3.</td>
</tr>
<tr>
<td><strong>8.6</strong> details of any new policies related to the supervision of midwives</td>
<td>Standard met</td>
<td>North West LSA Annual Reports and verification by NMC. North West LSA website; but guidelines need reviewed and the website updated. National and North West Guidance for SoMs.</td>
</tr>
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<td>8.7 evidence of developing trends affecting midwifery practice in the local supervising authority</td>
<td>Standard met, North West LSA Annual Reports and verification by NMC. North West LSA annual clinical data collection. Discussion with North West SoMs. Quarterly Quality Monitoring Tool</td>
<td></td>
</tr>
<tr>
<td>8.8 details of the number of complaints regarding the discharge of the supervisory function</td>
<td>Standard met, North West LSA Annual Reports and verification by NMC. Quarterly Quality Monitoring Tool North West LSA files.</td>
<td></td>
</tr>
<tr>
<td>8.9 reports on all local supervising authority investigations undertaken during the year</td>
<td>Standard met, North West LSA Annual Reports and verification by NMC. North West LSA matrix of investigations. Quarterly Quality Monitoring Tool. North West LSA files. National LSA Standard 5.</td>
<td></td>
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Review team commentary

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The review team noted the quality of the North West report. The evidence reviewed is listed in the annexes. 8.6 The standard is met, but the North West LSA website need reviewed along with the North West guidelines. This point and the recommendation is already mentioned under rule 12 (standard 5)

Recommendations for rule 16

No recommendation for the LSA
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 practising in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most each year. This LSA is described as the midwife’s main area of practice and every midwife is required to notify their intention to
practise (ItP) to this LSA each practice year. A practice year runs from the 1 April to 31 March.

The North West LSA

NHS North West is the Local Supervising Authority for Cumbria, Lancashire, Cheshire, Merseyside, Greater Manchester and the Isle of Man (which opts in to supervision of midwives from the LSA) - covering the largest geographical area of any of England’s 10 SHAs. One of the trusts also encompasses a maternity unit in NHS East Midlands. The mission of NHS North West is to maintain and improve the health of the population and ensure the delivery of world-class services for those who need care. The LSA strives to ensure that statutory supervision contributes to this – by ensuring safe midwifery practice and thus protecting North West mothers and babies.

North West LSA objectives:

- To discharge the statutory function as specified in the NMC Midwives rules and standards
- To ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision
- To promote excellence in midwifery practice and statutory supervision through audit and dissemination of good practice
- To provide leadership and guidance to all Supervisors of Midwives within the North West
- To provide advice, guidance and support to women who are experiencing difficulty in achieving care choices

The North West LSA covers the largest geographical area of any of England’s 10 SHAs and in 2010 – 2011 maternity services were provided on 33 sites in 23 organisations. These services are spread across an area of approximately 14,000 square km, running from Carlisle to Crewe and from Saddleworth to Wirral. The region stretches 250 km from North to South and in addition, the LSA function covers Corbar in Buxton and also the Isle of Man.
The North West has a population of approximately 6.9 million, (Office for National Statistics 2007) this accounts for 13% of England’s total population and 60% of people live in the two urban areas of Greater Manchester and Merseyside – even though 4/5 of the area is rural.

There are challenges for midwives working in the North West area and also for families accessing maternity care, due to the diversity of services provided and the variations of geography in the area. For example, the Isle of Man has just one maternity unit and relies on other North West services to assist when transfers out are necessary. As an island, transport across to tertiary referral centres is an issue and weather conditions can provide additional problems. Contrasting challenges face the inner city and rural areas. This is well illustrated when comparing Cumbria, which is one of the most rural parts of England and the second largest in area in the country, with Greater Manchester, which is the third most populous metropolitan area in England, after London and the West Midlands.

Cumbria covers an area of 6,767 square km and has only three obstetric led units but two stand alone birth centres - whilst Greater Manchester, with an area of only 1,274 square km, has 10 obstetric led units and the nearest birth centres are Corbar in Buxton, Derbyshire or Chorley in Lancashire.
The North West is a socially deprived area of the country and there is a broad range of social inequalities and wide socioeconomic variations between neighbouring communities. Despite some pockets of great wealth and affluence, over half of the very highest Index of Multiple Deprivation Ranks is in the North West (The English Indices of Deprivation 2010). This is reflected in the health of the population with a high number of people experiencing some of the worst health in the country. In recent years the region has seen a considerable change in demographics, leading to complex health and social care needs, which also impact significantly on the provision of maternity care.

- The Black, Minority and Ethnic population has increased to 7% in recent years and in some parts of the region is projected to reach 9.7% (Health and Migration in North West England 2008) in the next 20 years.

- 5.5% of the population are foreign nationals.

- The region has the greatest numbers of dispersed asylum seekers in the UK, approximately 6,175 which accounts for 20% of all asylum seekers.

- There are a significant number of migrant workers from Eastern Europe. 37,000 people born in Poland live in the North West, with a total of 62,00 from all Eastern European EU countries (Office for National Statistics 2009)

- There are approximately 1,252 Gypsy families on sites, houses or encampments in the North West (Gypsy Traveller Accommodation and Related Services Assessment 2007)

- A quarter of all children in the North West live in poverty. There are areas where this is exceptionally acute. Central Manchester is third in the UK top 20 constituencies of children living in poverty with a rate of 52%.

Clearly these factors impact significantly on midwifery care – needing supervisors and midwives to be culturally and socially aware, empathic, inventive and resourceful.

The total number of babies born in the North West in 2010 – 2011 was 93,731, compared to 91,291 the previous year. Twenty-three NHS trusts provided midwifery services in the North West during the year, plus Nobles Hospital on the Isle of Man. One of its trusts also encompasses a maternity unit in NHS East Midlands. In addition, midwives continued to give care to inmates of a women’s prison. There were also thirteen midwives who practised independently within the boundaries in 2010 -2011, some in addition to the NHS or other posts. One such example of this is the ‘one-to-one’ midwifery service currently operating in one area of the North West which sub contracts the services of nine independent midwives to provide antenatal and postnatal care

Maternity services continued to be provided by a diverse range of units, the majority based within acute trusts, only one was part of a primary care trust (PCT). The largest trust covers four sites - with 10,695 babies born there in the year and the North West also has two tertiary referral centres – the largest of which had 8,603 births in the year. The smallest maternity service is one of the four ‘stand alone’ midwife led units and birth centres – which had 43 births. The Isle of Man has different arrangements to those of the United Kingdom, but all maternity services there are managed by Nobles Hospital.
A total of 4,250 midwives have notified their intention to practise in the North West in the practice year of 2011 – 2012 to date including 22 midwives who practise independently within the boundaries, some in addition to NHS or other posts. There are currently 318 supervisors of midwives, giving a supervisor to midwife ratio of 1:13 and a further 23 midwives are completing the preparation course at the moment. Supervisors in all North West maternity services are now electronically linked to the LSA office for the purpose of statutory supervision.

Seven universities across the North West provide pre and post registration midwifery education, the LSA Midwifery Officer maintains regular contact with the Lead Midwife for Education in all of these organisations. The preparation of supervisors of midwives course is held at the University of Manchester. The LSA Midwifery Officer holds an Honorary Lectureship at the University of Manchester and contributes to the planning and delivery of the programme.

Recruitment of service users to assist the LSA has been very successful and following appropriate training, they now accompany the LSA team on all audit visits – to talk to mothers and their families who use local maternity services. User representatives are also involved in the interviews of prospective supervisors of midwives and contribute to educational events provided by the LSA, for the ongoing professional development of North West supervisors. For some service users working with the LSA has led to involvement in other forms of maternity service and education activities, such as recruitment and selection of student midwives and involvement with the North West maternity improvement programme.

**Summary of North West LSA local activity**

- Quarterly formal meetings with supervisors of midwives
- Quarterly meetings and development workshops with contact supervisors
- Link supervisors of midwives meetings
- Education planning meetings
- Preparation of supervisors of midwives course planning and management team
- Meetings with lead midwives for education
- Meeting with heads of midwifery
- Annual audit of supervision and midwifery practice in each service
- Training of peer and user auditors
- Working groups of supervisors of midwives
- Networking groups
• Workshops in trusts
• Annual study day for supervisors and midwives
• Annual supervisors of midwives forum
• Critical analysis presentation days – two per year
• Meetings with SHA re LSA function, e.g. chief executive, director of nursing, performance and quality, associate director of clinical quality, clinical governance staff, assistant director, maternity and early years, communications, IT and human resource staff
• Meetings with director of children, young people and families network
• LSA Midwifery Officer is a member of the SHA non-medical consultant panel, which discusses all proposals from trusts for new posts, including any for consultant midwives.
• Membership of SHA groups for example, maternity matters steering group and maternity provider networks
• Meetings with Royal College of Midwives regional officers
• Interviews of prospective supervisors of midwives
• Teaching on preparation of supervisors of midwives course
• Presentations on pre and post registration education programmes
• Return to midwifery practice assessment
• 1:1 support of supervisors of midwives and group support
• 1:1 support of maternity service users
• Maternal deaths – nomination of midwifery assessors
• Link with CEMACE Regional Manager (up until April 2011)
• Child protection issues
• Investigations of alleged misconduct, poor practice and critical incidents
• Formal supervised practice programmes
• Referral of midwives to NMC and suspensions from practice

Lisa Bacon is the North West LSA Midwifery Officer and Judith Kurutac - as the LSA Midwife – supports the statutory function by providing midwifery clinical expertise. Four link supervisors, who have a variety of substantive posts in midwifery practice, also
provide substantial support and there is a contact supervisor of midwives in every maternity service, who acts as the conduit between the LSA office and the local group of supervisors. Geraldine Gannon is the LSA Services Manager and Barbara Hallas-Roberts is the LSA Secretary.
<table>
<thead>
<tr>
<th></th>
<th>List of NHS Trusts Providing Maternity Services in the North West</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>2</td>
<td>Bolton Hospitals NHS Trust</td>
</tr>
<tr>
<td>3</td>
<td>Central Manchester and Manchester Children’s University Hospitals NHS Trust</td>
</tr>
<tr>
<td>4</td>
<td>Countess of Chester Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>5</td>
<td>East Cheshire NHS Trust</td>
</tr>
<tr>
<td>6</td>
<td>East Lancashire Hospitals NHS Trust</td>
</tr>
<tr>
<td>7</td>
<td>NHS Halton and St Helens</td>
</tr>
<tr>
<td>8</td>
<td>Isle of Man – Noble’s Hospital (opts in to the LSA and supervision of Midwives)</td>
</tr>
<tr>
<td>9</td>
<td>Lancashire Teaching Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>10</td>
<td>Liverpool Women’s NHS Foundation Trust</td>
</tr>
<tr>
<td>11</td>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>12</td>
<td>North Cumbria Acute Hospitals NHS Trust</td>
</tr>
<tr>
<td>13</td>
<td>Pennine Acute Hospitals NHS Trust</td>
</tr>
<tr>
<td>14</td>
<td>Salford Royal NHS Foundation Trust</td>
</tr>
<tr>
<td>15</td>
<td>Southport and Ormskirk Hospital NHS Trust</td>
</tr>
<tr>
<td>16</td>
<td>St Helens and Knowsley Teaching Hospitals NHS Trust</td>
</tr>
<tr>
<td>17</td>
<td>Stockport NHS Foundation Trust</td>
</tr>
<tr>
<td>18</td>
<td>Tameside Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>19</td>
<td>University Hospitals of Morecambe Bay NHS Trust</td>
</tr>
<tr>
<td>20</td>
<td>University Hospital of South Manchester NHS Foundation Trust</td>
</tr>
<tr>
<td>21</td>
<td>Warrington and Halton Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>22</td>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>23</td>
<td>Wrightington, Wigan and Leigh NHS Trust</td>
</tr>
</tbody>
</table>
REFERENCES

English Indices of Deprivation 2010, Neighbourhood statistical release, March 2011


Health and Migration in North West England 2008 available at www.nwph.net

Long Term International Migration (Office for National Statistics 2009) www.statistics.gov.uk/
The NMC and its framework for reviewing LSAs

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 the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

The NMC sets the rules and standards for the function of the LSA which are detailed in the *Midwives rules and standards*. The NMC has a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the NMC framework for reviewing LSAs, available at www.nmc-uk.org. The purpose of the review is to verify that the LSAs are meeting the required standards. Any concerns raised from the review that may impact on safeguarding the health and wellbeing of women and their families will be highlighted. Recommendations for action will be given.

The review should target serious issues and concerns identified in the LSA profile but may also include exploration of key themes highlighted by the NMC. The review aims to be both formative (an aid to development) and summative (a check that a required standards are being met).

As part of the review, the review team will assess:

- the function of the local supervising authority
- the function of statutory supervision of midwives
- information from the LSA profile and self assessment form
- concerns which may affect protection of the women, babies and their families
- concerns in relation to the learning environment of student midwives.

The review team should:
• verify that the midwives rules and standards are being met

• explore key themes identified by the NMC

• visit one or more maternity services if deemed appropriate due to the reasons for the review

• meet with stakeholder groups including the LSAMO, midwives, supervisors of midwives, users of maternity services, lay organisations and representatives, directors and heads of midwifery, directors of nursing, chief executive of the health board and LSA

• observe evidence of examples of best practice within the function of the LSA

• explore any other areas of concern or interest during the course of their visit.
The review team

Name: David Fisher  
Role in review team: Lay reviewer  
Other roles: Family mediator, Academic mentor

Name: Carmel Lloyd  
Role in review team: Observer (25 and 26 October only)  
Other roles: Assistant Director Standards (Midwifery and Health Visiting), NMC

Name: Helen Pearce  
Role in review team: NMC representative  
Other roles: NMC Midwifery Adviser

Name: Vanessa Shand  
Role in review team: Registrant reviewer and Chair of the NMC review team  
Other roles: Midwifery Team Leader, Supervisor of Midwives

Name: Verena Wallace  
Role in review team: LSAMO reviewer and report author  
Other roles: LSAMO in Public Health Agency LSA
Key people met during the review

- North West LSA team
- LSA Midwifery Officer
- LSA Midwife
- LSA Services Manager
- Link Supervisors of Midwives
- Chief Executive NHS North
- Chief Nurse NHS North
- Deputy Chief Nurse NHS North
- Service Users
- Supervisors of Midwives (SoMs)
- Contact SoMs
- Chief Executive East Cheshire NHS Trust
- Lead Midwives for Education
- Midwife teachers/lecturers
- Student midwives
- Midwife mentors and assessors
- Midwives
- Heads of Midwifery
- Consultant midwives
- Risk Managers and Midwifery Managers
# NMC review framework
## North West LSA Wednesday, 26 October 2011

## Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Coffee and introduction from the Review Team to the LSA</td>
<td></td>
</tr>
<tr>
<td>09:30</td>
<td>Introduction from the North West LSA to the Review Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lisa Bacon, Judith Kurutac, Angela Brown, Jane Cummings</td>
<td>NHS North West 3&lt;sup&gt;rd&lt;/sup&gt; Floor 3 Piccadilly Place Manchester M1 3BN</td>
</tr>
<tr>
<td>10:30</td>
<td>Meeting with <strong>Link Supervisors of Midwives:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3 attendees</strong></td>
<td></td>
</tr>
<tr>
<td>10:50</td>
<td>Refreshment break and in camera session</td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>Video Conference with Ian Dalton, Chief Executive, NHS North, Jane Cummings, NHS North Chief Nurse and Angela Brown, Deputy Chief Nurse</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Meeting with <strong>Service Users</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3 attendees</strong></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:00</td>
<td>Meeting with <strong>Supervisors of Midwives</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>20 attendees (includes 2 Supervisors via video conference)</strong></td>
<td></td>
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<tr>
<td>14:00</td>
<td>Meeting with <strong>Contact Supervisors of Midwives</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>11 attendees</strong></td>
<td></td>
</tr>
<tr>
<td>14:30</td>
<td>Refreshment break and in camera session</td>
<td></td>
</tr>
<tr>
<td>15:15</td>
<td>Meeting with <strong>East Cheshire NHS Trust Chief Executive</strong></td>
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<tr>
<td>15:45</td>
<td>Refreshment break and in camera session</td>
<td></td>
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<tr>
<td></td>
<td>NMC team also met with LSA Midwife during the afternoon</td>
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<tr>
<td>16:00</td>
<td>Meet with <strong>LSA MO</strong></td>
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NMC review framework  
North West LSA Thursday, 27 October 2011

Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Coffee and meeting with Lead Midwives for Education</td>
<td>NHS North West 3rd Floor 3 Piccadilly Place Manchester M1 3BN</td>
</tr>
<tr>
<td></td>
<td>5 attendees</td>
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<tr>
<td>09.45</td>
<td>Meeting with Midwife Teachers</td>
<td></td>
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<tr>
<td></td>
<td>9 attendees</td>
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</tr>
<tr>
<td>10.15</td>
<td>Meeting with Student Midwives</td>
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<tr>
<td></td>
<td>17 attendees</td>
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<tr>
<td>10.45</td>
<td>Refreshment break and in camera session</td>
<td></td>
</tr>
<tr>
<td>11.15</td>
<td>Meeting with Mentors and Assessors</td>
<td></td>
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<tr>
<td></td>
<td>11 attendees</td>
<td></td>
</tr>
<tr>
<td>11:45</td>
<td>Meeting with Midwives</td>
<td></td>
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<tr>
<td></td>
<td>8 attendees</td>
<td></td>
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<tr>
<td>12.15</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13.00</td>
<td>Meeting with Heads of Midwifery</td>
<td></td>
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<tr>
<td></td>
<td>8 attendees</td>
<td></td>
</tr>
<tr>
<td>13:30</td>
<td>Meeting with Consultant Midwives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 attendees</td>
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</tr>
<tr>
<td>14.00</td>
<td>Meeting with Risk Managers and Midwifery Managers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 attendees</td>
<td></td>
</tr>
<tr>
<td>14:30</td>
<td>Refreshment break and in camera session</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Location</td>
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</tr>
<tr>
<td>15.00</td>
<td>Feedback from Review Team to LSA</td>
<td></td>
</tr>
<tr>
<td>15:30</td>
<td>Finish Day 2</td>
<td></td>
</tr>
</tbody>
</table>
Evidence viewed

LSA self assessment evidence 2011.
Letter from network Director to (Making It Better), to Directors of Nursing re caseloads, ratios during reconfiguration.
Anonymised care plan for a woman – UHMB NHS FT (May 2011)
Thank you re case to contact SoM from LSAMO (May 2011)
Presentation: The Role of Supervision in Maternity Services by SoMs/Community/Midwives (October 2011)
ITP letter from LSA Services Manager to all Contact SoMs for circulation to all SoMs.
Anonymised letter informing midwife of referral to NMC from LSAMO (2011).
NW LSA audits
NW LSA annual reports
Critical Analysis Presentation and evaluations
- 10 March 2011
- 20 September 2011
- Evaluations (random check) – very positive. Excellent and very good with suggestions for next time.
- Evaluations of Saving Mother Lives Day – 8 June 2011
Masterclasses for SoMs – Safety in Maternity Services
- 4 November 2010
- 24 November 2010
Meeting of LSAMO with Link SoMs – 4.3.11
- Next ones June, September, December
Meeting of LSAMO with Link SoMs
- 3 June 2011
- 2 September 2011
LSA Information Leaflet – LSAMO
Contact SoMs and details, and number of SoMs
Meeting of Contact SoMs with NW LSA 4.2.11
Agenda and Minutes

Meeting of LSAMO with SoMs:

- 4 June 2011
- 24 May 2011
- 18 August 2011

How can we help you? (leaflet for women)

- NW LSA and SoMs – Info for women – February 2010 version
- ‘Speak to a SoM’ Audit results – August 2010
- Presentation – chairing meetings, 4Ps: plan, prepare, participate, pursue
- Presentation – Face book – Friend or Foe? Very good
- Presentation – learning through supervision. The Future of Neonatal Outreach care in Manchester and the potential impact for parents and other services

BJM Article – July 2011 – Volume 19 No 7 – 459-462
Kurutac J, Supervision and non-NHS midwives: Understanding a range of practices

Bacon L – What does the future hold for the role of the LSA?

Amesu C – A service user’s involvement with the supervision of midwifery system.

Porteous C – A review of supervisory investigations and supervised practice programmes

Saving Mother’s Lives Day – 8/6/11
Masterclass for SoMs – 4/11/11 and 24/11/11

NW Annual stats proforma 2010-11
Template and completed examples (28)

NW LSA Format for LSA Annual Reports - 2010-2011
Meeting of NW LSA with LME - 22/3/11
Agenda and Minutes
Meeting - Agenda and Minutes – 19/9/11

Executive Summary of LSA Report to NMC

NHS NW Risk Management Strategy. Section 38, 38.03, 38.05
Response to NMC re review in September 2008 (dated 9/4/09)

NW QIPP – Quality, innovation, Productivity, Prevention agenda.

Email from Angela Brown re new single management framework – 25/10/11

Other emails 25 October 2011 re LSA and clinical governance
JD and personal spec for LSAMO for NW.


On the website – Guidance for SoMs – NW LSA (folder). 2008; 40 guidelines (some now superseded by LSAdb). List needs updating

Evidence re a midwife referred from the LSA to the NMC (comprehensive report lever arch file)

File with annual audit of supervision of midwives
Included feedback from Peer SoM and user auditor reports; 26 files
- Blackpool Fylde and Wyre Hospitals NHS Foundation Trust
- Bolton Hospitals NHS F.T
- Central Manchester, University Hospitals NHS FT
- Countess of Chester Hospital NHS FT
- East Cheshire NHS Trust
- East Lancashire Hospital NHS Trust – Blackburn Burnley
- NHS Halton and St Helens
- Isle of Man Department of Health
- Lancashire Teaching Hospitals NHS FT - Preston Chorley
- Liverpool Women’s NHS FT
- Mid Cheshire NHS FT
- North Cumbria University Hospital NHS Trust - Carlisle Penrith Whitehaven
- Pennine Acute Hospitals NHS Trust – Bury North Manchester Oldham
- Salford Royal Hospitals NHS FT
- Southport and Ormskirk Hospital NHS Trust
- St. Helen’s Knowsley Teaching Hospitals NHS Trust
- Stockport NHS FT– Stepping Hill Corbar
Tameside Hospital NHS FT

University Hospital of Morecambe Bay NHS Trust - Westmorland General, Lancaster Royal Infirmary, Furness General

University Hospital of South Manchester NHS FT

Warrington and Halton Hospitals NHS FT
  - Wirral University Teaching Hospital NHS FT
  - Wrightington, Wigan and Leigh NHS FT

File – Local annual reports and clinical data sheets 2010-2011.

Email re new logo/structure with three SHAs becoming NHS North of England. (NHS NE, NN and Y and the H)

Lists of topics covered from Critical Analysis

Presentation Day 26 October 2010, 10 March 2011

Poster for Master Classes for SoMs 4 November 2011, 24 November 2011

Quality monitoring tool – North West and NMC – April-June 2011
NW ‘Speak to a SoM’ – Audit tool and Audit results (2008/2010)

Agenda for LSA and SoM Meetings – 8 February 2011, 24 May 2011, 18 August 2011

Anonymised Suspension Letter - January 2011

ItP letter re what to do and dates for 2011

Saving Mothers Lives – Study Day, Programme

X 4 articles, BJM on Supervision

Copy of LSA presentation (see below)
LSAMO presentation to the NMC review Team October 2011

Slide 1

Introduction to the North West LSA

Lisa Bacon
LSA Midwifery Officer
October 2011

Slide 2

Introduction to the North West LSA

Overview of the LSA
LSA strategy
How the strategy is met
Other LSA activity
Our audit process
Identified Challenges
Good Practice
The future direction & key priorities – meeting the challenges
Any questions?

Slide 3

The North West LSA

Cumbria, Lancashire, Greater Manchester, Cheshire, Merseyside & Isle of Man
33 Maternity Services in 32 Trusts
Largest Trust: 10,695 births in 10/11
Smallest birth centre: 43 births in 10/11
93,731 births in 10/11
2.7% increase in the last year
Actual Home Births with a midwife in attendance – 1,347 – 1.5%
Slide 4

**Our Area**

Largest geographical spread of the 10 SHAs in England
Area of over 14,000 square km
Population of 7 million
60% of population live in the 2 urban areas of Merseyside & Greater Manchester
Four fifths of region is rural
Breadth range of socio-economic variations & social inequalities

Slide 5

**Total babies born in the North West**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>89630</td>
</tr>
<tr>
<td>2008-2009</td>
<td>92772</td>
</tr>
<tr>
<td>2009-2010</td>
<td>91291</td>
</tr>
<tr>
<td>2010-2011</td>
<td>93731</td>
</tr>
</tbody>
</table>

Slide 6

**LSA People**

Chief Executive Ian Dalton – NHS North of England
Chief Nurse and Deputy Chief Nurse
LSA Midwifery Officer & LSA Midwife
LSA Services Manager & LSA Secretary
4 Link Supervisors
1 Contact Supervisor in each Unit or Trust
Approx 318 Supervisors of Midwives
Approx 4,250 practising midwives ratio of 1:13
Slide 7

Ratio of Supervisors to Midwives 2010 - 2011

Slide 8

The North West LSA strategy

The North West LSA will contribute to the delivery of a world class health service as described by NHS North West Mission by aspiring to achieve safe, forward thinking, and woman centred midwifery practice across all settings. The North West LSA will contribute to the NMC’s safeguarding objectives by inspiring confidence in people using maternity services by assuring the quality of supervision given to midwives.

Slide 9

Objectives to meet the Strategy

- To discharge the statutory function as specified in the NMC Midwives Rules and Standards
- To ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision
- To promote excellence in midwifery practice and statutory supervision through audit and dissemination of good practice
- To provide leadership and guidance to all Supervisors of Midwives within the North West
- To provide advice, guidance and support to women who are experiencing difficulty in achieving care choices
Translating objectives into action to ensure:

The National LSA (UK) Standards for Statutory Supervision are met as outlined by each group of Supervisors of Midwives.

Maternity service providers are aware of the requirements of the statutory function and support Supervisors to undertake their role in the protection of mothers and babies.

Individual Supervisors meet the NMC competencies for a Supervisor of Midwives.

Supervisors of Midwives promote excellence in midwifery practice and advocates of high standards of care for mothers and babies.

Networking between Supervisors of Midwives is facilitated and good practice shared.

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• Midwives are competent and confident to carry out their role thereby protecting the public.
• Supervisors of midwives listen to and advocate for parents, support and advise them.
• Maternity service users are aware of the LSA and the role of supervisors and that supervision is easily accessible to them.
• Supervisors will protect the public by promoting safe practice and investigating and responding to complaints or concerns to ensure safe practice.

Outcomes

The LSA monitors the effectiveness of the statutory function, through Supervisors of Midwives self-assessment, local supervision annual reports and by regular LSA audits.

Related Activities:

Annual LSA guidance on format of local annual reports
Annual visit to each maternity unit to audit supervision midwifery practice in each service
Quarterly formal meetings with Supervisors
Quarterly meetings and development workshops with Contact Supervisors
Link Supervisors of Midwives meeting
Support to individual Supervisors of Midwives
Group support e.g., during recent reconfigurations.
The LSA

Provides educational & professional development opportunities for Supervisors, to ensure a culture of lifelong learning, sharing of best practice and to promote the value of networking

Related Activities:
- Education Planning meetings
- Annual study day for Supervisors & midwives
- Annual Supervisors of Midwives Forum
- 2 Critical Analysis Presentation days per year
- Networking groups, e.g. safeguarding
- Workshops in Trusts – clinical practice issues
- Workshops for new Supervisors of Midwives

The LSA

Maintains a database of Supervisors & all associated activity

Related Activities:
- Temporary maternity unit closures
- Maternal deaths
- Sudden Unexplained Incidents
- Child protection issues
- Midwife investigations and outcomes
- Annual reviews
- Supervisors PREP

The LSA

Ensures that critical incidents are fully investigated by Supervisors and the lessons learnt applied to practice and shared with the LSA and other Supervisors

Related Activities:
- Quarterly formal meetings with Supervisors
- Critical Analysis Presentation days
- Support for Supervisors during investigations
- Formal supervised practice programmes
- LSA investigations of alleged misconduct, poor practice & critical incidents
- Referral of midwives to NMC & suspensions from practice
- Feedback of themes from investigations to SOMs
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Facilitates maternity service users to be involved in LSA work - to ensure that the statutory function is meeting the needs of women and babies

Related Activities:
- Recruitment & training of user auditors
- User auditors represent women on other maternity groups
- User representative on interview panel for potential Supervisors
- Maternity service users speak at Churchill Hospital Open Day
- 1:1 support of maternity service users e.g. when cannot access care choices required or unhappy with service provided

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Audit and Review of Strategy

LSA team review the strategy annually:
- Discuss with NHS North interface with other SHA or other appropriate strategies
- Update in response to results of audits & monitoring of supervisory activity
- Amend as dictated by changes in national policy, legislation & local priorities
- Receive feedback from NMC - reflect in revised strategy

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Other LSA Activity

Preparation of Supervisors of Midwives Course Planning & Management Team
- Teaching on Preparation of Supervisors of Midwives course
- Presentations on pre & post registration education programmes
- Meetings with Lead Midwives for Education
- Meeting with Heads of Midwifery group
- Meetings with RCN Regional Officers
- Meetings with SHA re LSA function, e.g. Associate Director of Clinical Quality
- Meetings with other SHA staff, e.g. re SUAs in maternity care
- Membership of SHA groups, e.g. NW Maternity and Neonatal Steering Group (non medical controlled panel)
Do you have an interest in maternity care in the North West?

Have you heard of Statutory Supervision of midwives?

Do you want to get involved in monitoring user views of maternity services?

The North West Local Supervising Authority is now recruiting new mums who have an interest in maternity care.

We will train you and pay all child care costs and travel expenses.

Ideally you will have had a recent and direct maternity experience – within the last five years.

Be able to travel independently to maternity services across the North West.

Have access to email and a computer.

To find out more about becoming a User Auditor please contact Geraldine Gannon, LSA Services Manager, North West LSA, Tenterfield, Brigsteer Road, Kendal, Cumbria. LA9 5EA. Telephone: 01539 797815. Email: Geraldine.gannon@northwest.nhs.uk

North West LSA Audit Process

Feedback & training sessions held annually.
Invitations to experienced auditors to share experiences.
Invitations to potential auditors; peer supervisors & service users to learn more.
Discuss expectations & requirements.
Agree ‘ground rules’ & devise ‘prompt sheet’.
Matrix of audit visits & dates at this session.
New auditors can ‘shadow’ experienced ones.

Arrangements

Audit dates arranged in advance.
Contact Supervisor liaises with LSA office.
Reminder letter sent asking that all midwives & student midwives made aware.
National LSA Standards to be completed by team of Supervisors.
Return to LSA office 3 weeks prior to visit.
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Audit Team includes:
- LSA Midwifery Officer and/or LSA Midwife
- Peer Supervisor
- User Auditor (More people involved if larger maternity service)

Completed documentation sent to each team member in advance of the visit
- Audit form & standards document
- Local supervision annual report
- Local supervision strategy & action plan
- Clinical data sheet

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2011 Audit Format

All maternity services audited by the new LSA MO between January and August 2011
- Presentation on strengths, challenges and opportunities for statutory supervision in their organisation
- Supervisors were enabled to reflect on their own achievements and challenges and to formulate their own action plans and recommendations as a benchmark
- The LSA is now working with the supervisors to put these recommendations into place and they will be reviewed annually
- Written report follows – widely circulated

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North West LSA Good Practice

- LSA Midwife role
- LSA Services Manager post
- Link Supervisor of Midwives system
- Contact Supervisor of Midwives system
- LSA website & LSA databases
- Excellent communication with all Supervisors
- Direct access to LSA for midwives
- Direct access to LSA for service users
- Peer Supervisors involvement in all audits
Slide 25

Service user involvement in all audits
Service user involvement in other events
Relationship with LMEs in all HEIs
Involvement in POSOM course planning/management/teaching
Standard of LSA study days & conferences
Success of Critical Analysis events
Sharing of good practice – midwifery & supervision
Format of meetings of LSA Midwifery Officer with Supervisors and Contact Supervisors
Numbers of midwives wishing to be considered as potential Supervisors

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North West LSA Challenges

- **Lack of resource** - mainly time to undertake the role
- **High Caseloads and ratios in some units**
- **Major NHS changes** and economic uncertainty

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Meeting the Challenges

- **Time and resource** discussed by LSA MO with all DNs and HOMs at all audits
- Supervisors are working with managers to ensure time can be taken to carry out the statutory function
- Supervisors are exploring creative and alternative ways to undertake supervisory activities
- **Reconfiguration** – cross unit approach to supervision – supporting sharing and facilitating good practice
- Supervisors are and have been involved in all aspects of reconfiguration work streams
- LSA MO met with Maternity Network Board Director
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- High Caseloads and ratios
- 9 Units over the recommended 1:15 ratio 2010/11
- Recruitment strategies and talent spotting encouraged amongst caseloads
- Securing recruitment for the preparation course at a level that accurately forecasts the need
- Priority given to units with high ratios

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Priorities for the North West
LSA in 2011 - 2012

To work with local Supervisors of Midwives to ensure all Trusts meet the Supervisor/midwife ratio of 1:15.

To work with local Supervisors of Midwives on succession planning and promotion of the supervisor’s role in order to improve ratios and raise the profile of supervision.

To encourage and support Supervisors of Midwives to ensure that protected time to undertake the role is taken. To support Supervisors of Midwives to work with managerial colleagues for protected time and administrative support.

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Priorities

To provide support and education for Supervisors of Midwives in relation to undertaking supervisory investigations and completing reports to ensure that the process is robust and protects women and their babies.

To continue to monitor the outcome of all supervisory investigations to ensure that they are consistent across the LSA.

To provide further analysis of outcomes of investigations to ensure learning takes place across the North West.
Priorities

To continue to implement strategies which encourage further engagement with women and service users in the work of the LSA and local supervision teams.

To develop effective methodologies to monitor response times and reasons for midwives and women accessing a Supervisor of Midwives to identify emerging trends of concerns that are raised.

Evidence sent in advance

NMC/LSA quarterly monitoring tool April – June 2011
Chester 26/1/10 Monitoring report
Edge Hill report
Liverpool Report
LSA North West
Manchester Self Assessment Monitoring Report April 2011
Morecambe Bay - Barrow Report
NHS North West Visitor Information
NMC LSA Report North West
NMC Self Assessment Form 2011
North West LSA Annual Report 2010/11
North West Context and content
Salford Report LHLP
20/12/10
South Manchester
Wythenhawe User Report
Southport and Ormskirk
Stockport Report
University of Cumbria BSc
Hons Midwifery AER 2009/10
Warrington and Halton User
Audit September 2011
Anonymised suspension
letter 2011
Email to Contact SoMs
11/1/11
LSA Midwife published article
LSAMO published article
LSA Service User published
article
SoM published article
Background General Findings
for Feedback form
Questionnaire
Study Day Programme
Wrightington Hall agenda x 3
Feb, May and Aug 2011 –
LSAMO meeting with SoMs