Nursing and Midwifery Council report on the West of Scotland LSAs

Date of review: 23 - 24 June 2010

Date of report: July 2010
### Document information

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<tr>
<th>Document purpose</th>
<th>Information</th>
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<tr>
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<td>NMC report on the review of West of Scotland LSAs</td>
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<td>Ayrshire and Arran LSA</td>
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<td>Dumfries and Galloway LSA</td>
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<td>Lanarkshire LSA</td>
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<tr>
<td>Authors</td>
<td>David Fisher lay reviewer (Chair)</td>
</tr>
<tr>
<td></td>
<td>Suzie Cro LSAMO reviewer (Report writer)</td>
</tr>
<tr>
<td></td>
<td>Helen Meehan midwife reviewer</td>
</tr>
<tr>
<td>NMC representatives</td>
<td>Jane Kennedy NMC Midwifery Adviser</td>
</tr>
<tr>
<td></td>
<td>Colleen Begg NMC Midwifery Adviser (Observer)</td>
</tr>
<tr>
<td>NMC department</td>
<td>Midwifery</td>
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<td>Publication date</td>
<td>October 2010</td>
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</tbody>
</table>

### Circulation list

- LSA host site: Lanarkshire LSA
- NMC review team
- Chief Nursing Officer
- NMC website: [www.nmc-uk.org](http://www.nmc-uk.org)

### Contact details

- Nursing and Midwifery Policy and Standards
- Nursing and Midwifery Council
- 23 Portland Place
- London W1B 1PZ
- 020 7333 6692

- Website: [www.nmc-uk.org](http://www.nmc-uk.org)
- Email: advice@nmc-uk.org

Version 6.2
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1 Executive summary

The Nursing and Midwifery Council (NMC) exists to safeguard the health and wellbeing of the public:

- we register all nurses and midwives and ensure that they are properly qualified and competent to work in the UK
- 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 practice and supervision
- we have fair processes to investigate allegations made against nurses and midwives who may not have followed the Code.

The purpose of this review has been to examine the function of the West of Scotland local supervising authorities (LSAs): Ayrshire and Arran LSA, Dumfries and Galloway LSA, Greater Glasgow and Clyde LSA and Lanarkshire LSA. The LSAs were identified for review because it is now three years since the last NMC review in 2007.

1.1 Overview and key recommendations

The role of the NMC review of the four LSAs has been to confirm that the LSAs are meeting the standards as set within the Midwives Rules and Standards. The review team are pleased to confirm that the review has been very positive and that the team were able to confirm that the self assessment sent to the LSA as to where the LSAs perceived themselves to be was an accurate reflection of the their current position with 53 out of 54 standards being achieved.

It has been a positive direction of travel for all four LSAs as the risk score has been reduced from 129 in 2007-2008 to a score of 12 in 2010. The reviewers have noted that each LSA have recognised the challenges before them and have a strategy and an action plan to make improvements. At the time of the review, evidence was given that all four LSAs had achieved a SoM to midwife ratio of 1:14 or less and this is to be commended.

The current LSAMO Joy Payne is leaving her post and the LSAs have set up arrangements for Yvonne Bronsky (LSAMO for South East Scotland) to take up an interim post and to carry out the LSAMO role across the West of Scotland as well. There are plans to evaluate this arrangement after one year.

The NMC pilot review recommendations made in 2007 have been met fully and this was evidenced at this review. Examples being that the LSAMO:
- continues to be part of the LSAMO Forum UK
- has undertaken audits of the supervision of midwives and midwifery practice in the LSA area
- ensures the SoMs are investigating midwifery practice when concerns are raised
- implemented the LSA database in March 2010 to enable the effective and timely transfer of data to the LSA and to the NMC

**Recommendations**

This report will be published on the NMC website [www.nmc-uk.org](http://www.nmc-uk.org). The following recommendations have been made to all four LSAs and an action plan must be submitted to the NMC within eight weeks of receiving this report. It will be published alongside this report.

**The LSAs are recommended to:**

**LSA function**

- Ensure that the NMC’s strategic direction and recommendations, as set out within their analysis of the UK wide LSA annual reports, are taken forward and complement each of the LSA’s strategic directions and plans (http://www.nmc-uk.org/Documents/Midwifery-LSA-reviews-reports-to-Council/Analysis-of-the-LSA-reports-to-the-NMC-2008-2009.pdf).
- Establish a quality evaluation framework to ensure that the LSAMO is able to function efficiently, effectively and safely across this larger area with no compromise in the delivery of the LSA function. It is the responsibility of each of the LSA’s CEO to monitor the arrangements.
- Ensure that sufficient designated time and administrative support is made available for the LSAMO to discharge the statutory supervisory function across the expanded geographical area.

**Supervisors of midwives**

- Continue to ensure that all supervisors of midwives (SoMs) use a consistent equitable approach to supervision that incorporates the adopted national and local guidance into their everyday supervisory practice.
- Continue to monitor and ensure that all SoMs get protected time for supervision and when they are unable to do this there must be clear pathways for the SoM to alert the LSA.
- Continue to audit that SoMs continuing professional development has taken place, that all SoMs have reviewed their competences against the published NMC standards and that there is a clear assessment and ‘appraisal’ process for all SoMs.
• Continue to ensure that the SoMs within the link (contact) role are developed as leaders.

**LSA supervisory investigations**

• Develop the skills of SoMs to undertake appropriate investigation, working collaboratively with risk management and the employer, with everyone understanding their own and each other's role.

• Be assured that decisions and recommendations made at the end of supervisory investigations are quality assured, equitable and proportionate.

• Advise SoMs to report and alert the LSA to maternity incidents via an IT based incident reporting system which would enable the LSA to manage and track investigations across the LSA and ensure that detailed trend analysis and lessons learnt could inform the future work of the LSA.

**User involvement**

• Involve user representatives as part of the audit review team consistently across the four LSAs.

**Acknowledgements**

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

The NMC is the statutory body for the regulation of nurses and midwives. We exist to safeguard the health and wellbeing of the public. We do this by maintaining a register of nurses and midwives, setting standards for education, practice and statutory supervision, and giving guidance and advice to the professions. We aim to inspire confidence by ensuring that the nurses and midwives on our register are fit to practise and by dealing swiftly and fairly with those who are not. 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 (appendix one) carry out their function\(^2\). 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 four West of Scotland LSAs.

2.1 The West of Scotland LSAs

Ayrshire and Arran LSA, Dumfries and Galloway LSA, Greater Glasgow and Clyde LSA and Lanarkshire LSA.

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\(^1\) The Nursing and Midwifery Order 2001, SI 2002 N0 253

\(^2\) The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43
Local Context

Geography

The West of Scotland has a population of approximately 2.26 million people with approximately 26,512 births per annum. There is a mixture of remote and rural areas and urban communities across the region. There are also two islands and most women come to the mainland to be delivered. The one island, Arran has a midwifery service on the island and some women, who are considered low risk, give birth on the island.

Within the densely populated areas there are high levels of deprivation and high levels of substance misuse. There are reports of a number of immigrants from Eastern Europe in the communities which bring challenges such as late booking for maternity services, poor health status and communication difficulties. All these issues pose potential risks to women and their children, a fact reinforced in the Confidential Enquiry into Maternal and Child Health (2007) Saving Mother’s Lives which reports maternal deaths amongst immigrant women from the new member states of the European Union.

There are a range of specialist services available across the West of Scotland. There are four NHS Boards in the region; each of the NHS Boards has a range of specialist roles to support vulnerable women and their families. Each Board strives to reduce health inequalities and improve the health status of the individual through effective delivery of services.
The NHS Boards/LSAs

The four NHS Boards in the West of Scotland are NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

- **NHS Ayrshire and Arran**

  NHS Ayrshire and Arran covers a population of approximately 367,140 and on average there are 3773 births per annum. There is an obstetric unit with a midwife led unit alongside it. There is also an island with a community maternity unit and a small number of mothers give birth there annually. Ayrshire and Arran is considered to be amongst the five percent most deprived data zones in Scotland, of which there are 325 in total. A total of seven of these zones are located in East Ayrshire, six are located in North Ayrshire and one is located in South Ayrshire. Around three percent of Ayrshire and Arran’s population live within the five percent most deprived data zones in Scotland.

- **NHS Dumfries and Galloway**

  NHS Dumfries and Galloway covers approximately 2,500 square miles. The Board provides services and care for a population of approximately 147,000 which is widespread in this remote and rural part of Scotland. Maternity services within NHS Dumfries and Galloway are integrated throughout the area with a maternity unit within the Cresswell wing of the Dumfries and Galloway Royal Infirmary and the Clenoch Birthing Unit within the Galloway Community Hospital in Stranraer. There are on average 1450 births a year across these two sites.

  In terms of deprivation, the Board has particular challenges in targeting care for those women and families most in need. There are pockets of deprivation in Dumfries and Galloway with some women experiencing mental health issues and substance misuse. There are six areas of relative deprivation in the region; central Dumfries, part of Annan, northwest Dumfries, Upper Nithsdale, the Machars and Stranraer.

- **NHS Greater Glasgow and Clyde**

  NHS Greater Glasgow and Clyde is a combination of urban and rural settings. Within the densely populated areas there are high levels of deprivation and poverty.

  In NHS Greater Glasgow and Clyde there is a population of 1,190,856 with 65% of children living in the Carstair’s Score Deprivation Categories 6 or 7. There were a total of 16,076 babies born last year (2009). This is an increase of 1% from the previous year. There are high levels of substance misuse, and it is estimated that 20,000 children are living in a family with substance misuse issues. There are also high levels of unemployment in the area and approximately 5,500 asylum seekers as estimated two years ago.
NHS Lanarkshire

Lanarkshire has a population of approximately 557,088. There were a total of 5262 babies born within Lanarkshire last year to 5177 women. This is an increase of 214 births from the previous year.

NHS Lanarkshire covers a wide geographical area covering rural areas and densely populated towns. There are high levels of deprivation in this area. There are high levels of deprivation and high levels of substance misuse. Census information has revealed that there is a higher than average proportion of women aged 15-44 years in Lanarkshire within the most deprived groups and that the incidence of low birth weight and preterm births are higher in Lanarkshire.

There are maternity units in each of the NHS Boards and the hospitals providing maternity services are:

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Maternity Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>Princess Royal Maternity Unit</td>
</tr>
<tr>
<td></td>
<td>Southern General Hospital</td>
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<tr>
<td></td>
<td>Royal Alexandra Hospital</td>
</tr>
<tr>
<td></td>
<td>Inverclyde Community Maternity Unit</td>
</tr>
<tr>
<td></td>
<td>Vale Of Leven Community Maternity Unit</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Wishaw General Hospital</td>
</tr>
<tr>
<td>Ayrshire and Arran</td>
<td>Ayrshire Maternity Unit Crosshouse Hospital</td>
</tr>
<tr>
<td></td>
<td>Arran War Memorial</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>Cresswell Maternity Unit</td>
</tr>
<tr>
<td></td>
<td>Clennoch Community Maternity Unit</td>
</tr>
</tbody>
</table>

There are four community maternity units across the region, one is on an island, two are within a 20 mile radius from the main obstetric unit and one is 76 miles away from the main obstetric maternity unit. There are guidelines and protocols in place in relation to the transfer of women to the main obstetric unit when and if required. Two of the main obstetric units have midwifery led units on site. There are pathways to support midwives in practice throughout Scotland through the strategy Keeping Childbirth Natural and Dynamic (KCND) and there are consultant midwives in post in each NHS Board to promote this work.

Birth Trends

The LSA office has collated clinical data for three years and the birth trends are outlined in the table below. There has been a slight increase in the number of women giving birth in two of the NHS Boards during the last reporting year.

Table Birth Rate Trends - Number of women giving birth
### West of Scotland Maternity Group

There is a regional group in the West of Scotland that brings together NHS Board midwifery, neonatology and obstetrics leads, staff organisation representatives together with Scottish Government, NHS Education for Scotland (NES) and the director of Regional Workforce Planning. The LSAMO is a member of this group. Over the last year the group has coordinated the implementation of the neonatal workload measurement tool; ensured good communication is in place around the changes in maternity provision within Glasgow and considered the report from the National Review of Neonatology Services led by Dr Phil Booth. Representatives of the group also sit on the National Maternity Services Action Group (MSAG) and the group has contributed both to the review of the national work plan for this group and also the emerging quality strategy.

The group has also played a key role in the development of the new neonatology regional network and recruitment is now underway to both the regional clinical lead post and the network manager. The group also provides ongoing input to the planning and
design of the NHS Education for Scotland (NES) programme of training for maternity services.
3 The NMC review of the West of Scotland LSAs

3.1 Reason for review

The West of Scotland LSAs (Ayrshire and Arran LSA, Dumfries and Galloway LSA Greater Glasgow and Clyde LSA & Lanarkshire LSA) were considered ‘low risk’ after the annual report to the NMC was risk scored. The decision for the review was based on the fact that the LSAs have not been reviewed since the NMC pilot reviews in 2007.

The risk analysis showed that the LSAs risk scores for the West of Scotland as 12.

Ayrshire and Arran LSA = 0

Dumfries and Galloway LSA = 12
(SoM: midwife ratios greater than the NMC recommended level of 1:15)

Greater Glasgow and Clyde LSA = 12
(SoM: midwife ratios greater than the NMC recommended level of 1:15)

Lanarkshire LSA = 0
4 Review findings

The purpose of this review has been to assess the function of the LSA. The review took place over two days, 23 -24 June 2010 (the programme for the review is in annexe five).

Everyone we met has been open and helpful during the review and has provided us with all the information we asked for without hesitation. The LSAMO has gone to considerable trouble to provide us with a full review programme which was supported by comprehensive documentation. The review team met with key people including:

- LSA CEO or their representative for each of the LSAs
- LSAMO
- Risk managers and clinical governance leads
- Link supervisors of midwives
- Supervisors of midwives
- Consultant midwives
- Heads of midwifery
- Independent midwives
- Approved education institution (AEI) representatives (lead midwives for education and midwifery lecturers)
- Clinical mentors
- Service users
- Midwives
- Student midwives
5 Conclusion

The review team would like to commend the LSAMO and her team for all the hard work they have undertaken to ensure this review ran smoothly.

This review team’s conclusions and recommendations are based on the documentary evidence presented at the event and our meeting with key stakeholders.

The review team identified that there were no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. It has been identified that each of the West of Scotland LSAs (Ayrshire and Arran LSA, Dumfries and Galloway LSA Greater Glasgow and Clyde LSA & Lanarkshire LSA) has met 53 out of 54 standards for the LSA as set out in the NMC *Midwives rules and standards* (2004). The LSAs are aware that standard 6.4, relating to designated time and administrative support for the LSAMO, was only partially met.

It was also identified that the LSAMO and the function of statutory supervision of midwives was valued throughout the region. Some themes were identified in the review for further development in the LSA. These are identified throughout the report and the LSA is required to draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSA will implement the actions and have processes in place to monitor and review the outcomes of the report.

This report will be published on the NMC website. Within eight weeks of receiving this report the LSA must submit the action plan to the NMC addressing the recommendations made by the review team. The action plan will be published alongside this report.
# 6 Evidence of standards

## BENCHMARK 1

### 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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1.1 | Met | Met | National Forum UK Guideline (K) for the completion of the Intention to Practise (ItP) form by a registered midwife  
Annually an email is sent to all the link SoMs giving guidance to all SoMs of the date that all ItPs have to be submitted to LSA. From this year the date to be entered onto the LSA database. Evidence file or electronic evidence. |
| 1.2 | Met | Met | National Forum UK Guideline (K) for the completion of the Intention to Practise form by a registered midwife  
Evidence file or electronic evidence. |
<table>
<thead>
<tr>
<th></th>
<th>Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20 April each year.</th>
<th>Met</th>
<th>Met</th>
<th>National Forum UK Guideline (K) for the completion of the Intention to Practise form by a registered midwife See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and National Guidelines and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. Electronic transfer by LSA office and verification by NMC. LSA database.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 3</td>
<td>Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month.</td>
<td>Met</td>
<td>Met</td>
<td>National Forum UK Guideline (K) for the completion of the Intention to Practise form by a registered midwife See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and National Guidelines and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. Monthly electronic transfer by LSA Office and verification by NMC extra electronic transfer weekly if necessary. LSA database.</td>
</tr>
</tbody>
</table>
BENCHMARK 2

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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Publish how it will investigate any alleged impairment of a midwife’s fitness to practise.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>2.2</td>
<td>Publish how it will determine whether or not to suspend a midwife from practice.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>2.3</td>
<td>Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>2.4</td>
<td>Publish the process for appeal against any decision.</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>
## BENCHMARK 3

### 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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Met</td>
<td>Met</td>
<td>Each SoM maintains files on caseload of supervisees. This year WoS have adopted the national LSA database and it is anticipated that records will be maintained electronically by all SoMs by end of recording year. LSA audit.</td>
</tr>
<tr>
<td>3.3</td>
<td>Met</td>
<td>Met</td>
<td>Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years. National Forum UK Guidance (B) for the retention and transfer of records relating to statutory supervision. See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. LSA database. LSA audit.</td>
</tr>
<tr>
<td>3.4</td>
<td>Met</td>
<td>Met</td>
<td>Arrange for supervision records relating to an investigation of a</td>
</tr>
</tbody>
</table>
|   | clinical incident to be kept for a minimum of 25 years. |   |   |   |   | www.midwiferysupervision-woslsa.scot.nhs.uk
Each area has its own system for storing records centrally. The LSA also stores investigations electronically and by file. The LSA database is now in place and it is anticipated that all records will be stored on this in the future.

| 3.5 | Publish local procedures for retention and transfer of records relating to statutory supervision. | Met | Met | National Forum UK Guidance (B) for the retention and transfer of records relating to statutory supervision. See www.midwife.org.uk and www.midwiferysupervision-woslsa.scot.nhs.ukk LSA database. LSA audit. |
BENCHMARK 4: LEADERSHIP

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>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Publish their policy for the appointment of any new supervisor of midwives in their area.</td>
<td>Met</td>
<td>Met</td>
<td>National Forum UK Guidance (C) Guideline for the nomination, selection and appointment of supervisors of midwives. See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>.</td>
</tr>
<tr>
<td>4.2 Maintain a current list of supervisors of midwives.</td>
<td>Met</td>
<td>Met</td>
<td>LSA database now in place. Prior to this all appointments, resignations, deselections and periods of absence recorded and stored electronically on spread sheets.</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 six hours a year</td>
<td>Met</td>
<td>Met</td>
<td>Conference held annually in WoS by LSAMO and attended by majority of SoMs. LSAMO also holds work shops on conducting supervisory investigations. Evidence in LSA annual report. Copies of programmes in evidence files or electronically.</td>
</tr>
</tbody>
</table>
BENCHMARK 5

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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2</td>
<td>Met</td>
<td>Met</td>
<td>LSA audit undertaken annually to assess 54 standards. See LSA audit reports in evidence files. Supervisory investigations. Annual supervisory reviews. Regular meetings with link SoMs to ensure consistency of approach across WoS. Adoption of LSA National Forum Guidance to ensure consistency of approach across WoS in line with the rest of the UK.</td>
</tr>
<tr>
<td>5.3</td>
<td>Met across WoS but two LSAs have a ratio at 1:17 - there are student SoMs in training at present</td>
<td>Met June 2010</td>
<td>National Forum UK Guidance (C) Guideline for the nomination, selection and appointment of supervisors of midwives. See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and</td>
</tr>
<tr>
<td>circumstances (will not normally exceed 1:15).</td>
<td></td>
<td></td>
<td><a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. Regular cycle of recruitment in place in March of each year, interviews in May for preparation programme in University of West Scotland (UWS) September of each year.</td>
</tr>
</tbody>
</table>
BENCHMARK 5 (CONTINUED)

Rule 12 - The Supervision of Midwives

Local supervising authority standard
To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 5.4 | Set up systems to facilitate communication links between and across local supervising authority boundaries. | Met             | Met               | LSAMO National Forum  
Email system  
WoS link SoM meeting every 4 months  
Learning opportunities for SoMs  
SoM meetings  
LSAMO meetings with UWS SoMs  
NMC/LSAMO/SRG 4 monthly  
Annual conferences. |
| 5.5 | Enable timely distribution of information to all supervisors of midwives. | Met             | Met               | National Forum UK Guidance (M) Guideline for the Role of the Contact Supervisor See  
www.midwife.org.uk. Known as link in WoS.  
LSA link SoM e-mail system  
Local SoM meetings. |
| 5.6 | Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer. | Met             | Met               | All SoMs have contact details both telephone and email of the LSAMO and LSA Office  
Joy.payne@aaaht.scot.nhs.uk.  
SoMs either ring or email when need to make contact. |
| 5.7 | 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. | Met | Met | LSAMO holds WoS link SoM forum 4 monthly, this was convened to implement a strategic approach to supervision across WoS. LSAMO attends local meetings as often as possible and has chaired NHS GGC meetings. These are due to be chaired by one of the link SoMs as from May 2010. Learning opportunities e.g change management forum by facilitator for GGC SoMs to prepare for organisational change. Annual WoS SoM conference. Time out sessions with SoMs as required. |
BENCHMARK 5 (CONTINUED)

Rule 12 - The Supervision of Midwives

Local supervising authority standard
To ensure there is support for the supervision of midwives the local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 5.8      | Met            | Met              | LSA audit.  
SoMs monitoring time at local level. They advise LSAMO if any issues in LSA audit or in meetings.  
Local SoM meetings. |
| 5.9      | Met            | Met              | LSA audit.  
Local SoM meetings.  
SoMs are represented on local guidance development forums.  
Keeping Childbirth Natural and Dynamic pathways implemented across Scotland supported by all SoMs. |
| 5.10     | Met            | Met              | LSA audit  
SoMs now maintaining records in files. It is anticipated that this will be superseded by maintaining records on LSA database by end of this year. |
BENCHMARK 5 (CONTINUED)

Rule 12 - The Supervision of Midwives

Local supervising authority standard

A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Supervisors of midwives are available to offer guidance and support to women accessing maternity services.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>5.1 4</td>
<td>Supervisors of midwives provide professional leadership.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>5.1 5</td>
<td>Supervisors of midwives are approachable and accessible to midwives to support them in their practice.</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>
### BENCHMARK 6

**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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</td>
<td>Met</td>
<td>Met</td>
<td>Core criteria within job descriptions NMC guidance 12/2007.</td>
</tr>
<tr>
<td>6.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process</td>
<td>Met</td>
<td>Met</td>
<td>Core criteria within job descriptions NMC guidance 12/2007. NMC Head of Midwifery on selection panel for appointment to the WoS LSAMO post in February 2006.</td>
</tr>
<tr>
<td>6.3 Manage the performance of the appointed local supervising authority midwifery officer</td>
<td>Met</td>
<td>Met</td>
<td>Performance managed by Executive Nurse line manager of host board, NHS Ayrshire and Arran, in compliance with local guidance. Annual review IPR/PDP. 1:1 meetings with line manager.</td>
</tr>
<tr>
<td>6.4 Provide designated time and administrative</td>
<td>Partially met in reporting</td>
<td>Partially met</td>
<td>LSA secretary on long term sick leave January –December 2009 part time band 3. Some</td>
</tr>
</tbody>
</table>
support for a local supervising authority midwifery officer to discharge the statutory supervisory function | year 2009-2010 | secretarial hours October –December 2009. Dedicated Secretarial support re commenced January 2010.

**BENCHMARK 6 (CONTINUED)**

Rule 13 - The Local Supervising Authority Midwifery Officer

<table>
<thead>
<tr>
<th>Standard</th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5</td>
<td>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>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>
**BENCHMARK 7**

**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:

<table>
<thead>
<tr>
<th>Standard</th>
<th></th>
<th>Self assessment</th>
<th>Verified on visit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>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>Met</td>
<td>Met</td>
<td>WoS Guidance for SoMs on reporting Serious Untoward Incidents’ found in guidance file and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. Supervisory Reporting Mechanisms Initial Contact Proforma to log incident investigation at LSA.</td>
</tr>
</tbody>
</table>
7.3 Liaise with key stakeholders to enhance clinical governance systems.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 15 - Publication of Local Supervising Authority Procedures</td>
<td></td>
</tr>
<tr>
<td>LSAMO Forum UK Stakeholders - NHS QIS SPSS, NHS NES NMC,RCM,NMC/LSA Strategic Reference Group</td>
<td></td>
</tr>
<tr>
<td>SoMs meetings</td>
<td>HoM/LSA meetings</td>
</tr>
<tr>
<td>Meetings with DNS and/or Associate nurse directors</td>
<td>Meeting with educationalist/SoMs UWS</td>
</tr>
<tr>
<td>LSAMOs attend Lead Midwives Scotland Group</td>
<td></td>
</tr>
</tbody>
</table>

BENCHMARK 7 (CONTINUED)

Local supervising authority standard
To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4 Publish the process for the notification and management of complaints against any:</td>
<td></td>
</tr>
<tr>
<td>local supervising authority midwifery officer</td>
<td>National Forum UK Guidance (G) process for the notification and management of complaints against a SoM or an LSAMO, including appeals. See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and <a href="http://www.midwiferysupervison-woslsa.scot.nhs.uk">www.midwiferysupervison-woslsa.scot.nhs.uk</a>.</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td><strong>7.5</strong> Publish the process for removing from appointment a:</td>
<td></td>
</tr>
<tr>
<td>Local supervising authority midwifery officer</td>
<td>Met</td>
</tr>
<tr>
<td>Supervisor of midwives</td>
<td>Met</td>
</tr>
<tr>
<td><strong>7.6</strong> Publish the process for appeal against the decision to remove a:</td>
<td></td>
</tr>
<tr>
<td>Local supervising authority midwifery officer</td>
<td>Met</td>
</tr>
</tbody>
</table>
Rule 15 - Publication of Local Supervising Authority Procedures

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7 Ensure that the following are informed of the outcome of any local</td>
<td></td>
<td>LSA Midwifery Officer – Host Board NHS Ayrshire and Arran employment policies.</td>
</tr>
<tr>
<td>supervisor of midwives</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>7.8 Consult the NMC for advice and guidance in such matters.</td>
<td>Met</td>
<td>Communication with NMC as required by LSAMO or any other party. National Forum UK guidance (D) Guidance for poor performance and deselection of supervisors of midwives. See <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>.</td>
</tr>
</tbody>
</table>
BENCHMARK 8

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 the 1st of June of each year.

Each local supervising authority will ensure their report is made available to the public.

The report will include but not necessarily be limited to:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.1</strong></td>
<td>Numbers of supervisor of midwives appointments, resignations and removals.</td>
</tr>
<tr>
<td>Self assessment</td>
<td>Verified on visit</td>
</tr>
<tr>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>WoS LSA Annual Report to the NMC and individual reports for NHS Boards. See NMC website and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. LSA database from this year. NMC verification.</td>
<td></td>
</tr>
<tr>
<td><strong>8.2</strong></td>
<td>Details of how midwives are provided with continuous access to a supervisor of midwives.</td>
</tr>
<tr>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>WoS LSA Annual Report to the NMC. See NMC website and individual reports for NHS Boards and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. LSA National Guidelines and WoS Guidance</td>
<td></td>
</tr>
<tr>
<td><strong>8.3</strong></td>
<td>Details of how the practice of midwifery is supervised.</td>
</tr>
<tr>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>WoS LSA Annual Report to the NMC and individual reports for NHS Boards found on NMC website and <a href="http://www.midwiferysupervision-woslsa.scot.nhs.uk">www.midwiferysupervision-woslsa.scot.nhs.uk</a>. LSA Annual Report.</td>
<td></td>
</tr>
<tr>
<td><strong>8.4</strong></td>
<td>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>
</tr>
</tbody>
</table>

**BENCHMARK 8 (CONTINUED)**

**Rule 16 - Annual Report**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.5</strong> Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.</td>
<td>Self assessment</td>
<td>Verified on visit</td>
</tr>
<tr>
<td><strong>8.6</strong> Details of any new policies related to the supervision of midwives.</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td></td>
<td>8.7</td>
<td>Evidence of developing trends affecting midwifery practice in the local supervising authority.</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>8.8</td>
<td>Details of the number of complaints regarding the discharge of the supervisory function.</td>
</tr>
<tr>
<td></td>
<td>8.9</td>
<td>Reports on all local supervising authority investigations undertaken during the year.</td>
</tr>
</tbody>
</table>
The local supervising authority

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 a LSA is to safeguard the health and wellbeing of women and their families.

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

- 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 Health 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 (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 her/his intention to practise (ITP) to this LSA each practice year. A practice year runs from the 1 April to the 31 March.
The NMC framework for reviewing LSAs

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” (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 (Chair)
Role in review team: lay reviewer

Name: Helen Meehan
Role in review team: midwife reviewer

Name: Suzie Cro (Report writer)
Role in review team: LSAMO reviewer

Name: Jane Kennedy
Role in review team: NMC Representative
Other roles: Midwifery Adviser NMC

Name: Colleen Begg
Role in review team: Observer (NMC Representative)
Other roles: Midwifery Adviser NMC
Key people met during the review

Attendance lists of key people met West of Scotland LSAs review

23 June 2010

Paul Wilson-Executive Nurse Director, Nurses, Midwives and Allied health Professionals, Lanarkshire Health Board

10.30 Heads of Midwifery (4)
Susan Stewart-NHS Lanarkshire
Eleanor Stenhouse-NHS Greater Glasgow and Clyde
Angela Cunningham-NHS Ayrshire & Arran
Joyce Reekie-Senior midwifery manager (acting head of midwifery) NHS Dumfries & Galloway

10.30 Consultant Midwives (5)
Karen King-NHS Dumfries & Galloway (D&G)
Lesley Darrech-NHS Ayrshire & Arran (A&A)
Ann Holmes-NHS Greater Glasgow & Clyde (GGC)
Sheona Brown-NHS Greater Glasgow & Clyde(GGC)
Geraldine Butcher- NHS Ayrshire & Arran (A&A)

11.30 Link SoMs (8)
Margaret Leonard- GGC
Lyn Clyde-Lanarkshire
Lucy Powls-GGC
Gillian Burdge-GGC
Madge Russell-University West of Scotland
Catriona Thomson-acting link SoM-D&G
Laura Muir-ex link SoM-A&A
Elaine Pirrie-A&A

11.30 Newly appointed SoMs & Student SoMs (13)
Pauline Sutcliffe-Wishaw General Hospital (WGH)Lanarkshire
Ann Kennedy-Southern General
Jane Kelly-GGC
Liz Miller-Lanarkshire
Gwen Barr-Princess Royal GGC
Angela Duffy-Lanarkshire
Kimberley Ovenden- D&G
Melanie McLean-D&G
Elaine Mitchell D&G
Patricia McCracken-GG&C
Julie Wretham Vale of Leven CMU
Hilary Patrick University of West of Scotland
Jacqueline McMaster Lanarkshire
13.30 Supervisors of Midwives (15)-none from D&G
Veronica Gordon Lanarkshire
Margaret Wilson Lanarkshire
Michelle Walsh Lanarkshire
Geraldine Morgan Lanarkshire
Elaine Moore Ayrshire
Gail Elliot Ayrshire
Veronica McArthur GGC
Linda Lang GGC
Helen Devlin GGC
Caroline Kane GGC
Isabella Kirk Lanarkshire
Carole Burns Lanarkshire
Christine Mackay Lanarkshire
Shona Muir Lanarkshire
Karen Creer Lanarkshire

15.30 Risk Managers and practice development midwives (7)
Amanda Kennett (PD) Lanarkshire
Carol McGhee Lanarkshire
Josie Darcob Lanarkshire
Karen Darling A&A
Rosanna Ralston A&A
Margaret Young Princess Royal GGC
Julie Gillies Southern General GGC

24 June 2010

09.00 LMEs & lecturers (10)
Eleanor Forrest Glasgow Caledonian University (GCU)
Catriona McHendry (for Marian McKendry-Prog lead/LME)-GCU
Maria Pollard UWS
Liz Howie UWS
Angela Dow UWS
Jean Watson UWS
Ann Fagan Wishaw General Lanarkshire
Kirsteen Hyslop Wishaw General Lanarkshire Jan Neil Wishaw General Lanarkshire
Jean Rankin LME UWE & SoM A&A

10.00-10.30 Student Midwives-placements from all LSAs represented. (11)-1st, 2nd &3rd year)
Adele Johnstone- University West of Scotland (UWS)-Hamilton
Gillian Walker- UWS-Hamilton
Shelley Keenan-UWS-Hamilton
Fiona Robertson-Glasgow Caledonian (GCU)
Joanne Kirk-GCU
Julia Wykes GCU
Lindsay Scott- GCU
Linzi Steel UWS-Paisley
Clare Robertson-UWS-Paisley
Kate Connolly UWS-Paisley
Jane McDonald UWS-Paisley
# Programme for the review

**Day 1-23 June 2010**  
**Location NHS Lanarkshire**  
**Wishaw General Hospital**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.45 - 9.00</td>
<td>Arrival of NMC team - coffee and tea</td>
<td>Wishaw General Hospital - Ronald Miller Suite - Lecture Theatre</td>
</tr>
<tr>
<td>09.00 - 09.20</td>
<td>Introduction from the NMC review team to the LSA and invited guests</td>
<td></td>
</tr>
<tr>
<td>09.20 - 10.15</td>
<td>Welcome and presentation to the NMC Review Team and invited guests by the LSA</td>
<td></td>
</tr>
<tr>
<td>10.15 - 10.30</td>
<td>Refreshments</td>
<td></td>
</tr>
<tr>
<td>10.30 - 11.30</td>
<td>HoMs, Consultant Midwives (2 groups review team)</td>
<td>Ronald Miller Suite Syndicate rooms 2 &amp; 3</td>
</tr>
<tr>
<td>11.30 - 12.30</td>
<td>SoMs, Newly Appointed SoMs/ Student SoMs (2 groups review team)</td>
<td></td>
</tr>
<tr>
<td>12.30 - 13.00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13.00 - 13.15</td>
<td>In camera session NMC Review team</td>
<td></td>
</tr>
<tr>
<td>13.15 - 14.00</td>
<td>Clinical Directors Review evidence (2 groups review team)</td>
<td></td>
</tr>
<tr>
<td>14.00 - 15.00</td>
<td>Midwives</td>
<td></td>
</tr>
<tr>
<td>15.00 - 15.15</td>
<td>Refreshments</td>
<td></td>
</tr>
<tr>
<td>15.15 - 16.15</td>
<td>Risk managers / clinical risk managers / Practice Development Midwives/Link SoM’s (2 groups review team)</td>
<td></td>
</tr>
<tr>
<td>16.15 - 17.00</td>
<td>Review evidence LSAMO available</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Location</td>
</tr>
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<td>------------</td>
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<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09.00-10.00</td>
<td>LMEs, Midwife teachers Mentor Assessors (2 groups review team)</td>
<td>Wishaw General Hospital Ronald Miller Suite - Lecture Theatre and Syndicate rooms 2 &amp; 3</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>Student Midwives Review evidence (2 groups review team)</td>
<td></td>
</tr>
<tr>
<td>10.30-10.45</td>
<td>Refreshments</td>
<td></td>
</tr>
<tr>
<td>10.45-11.45</td>
<td>Chief Executives and Executive Nurse Directors Telephone conference can be arranged</td>
<td>Syndicate Rooms 2&amp;3</td>
</tr>
<tr>
<td>11.45-12.45</td>
<td>Service users</td>
<td>As Above</td>
</tr>
<tr>
<td>12.45-13.00</td>
<td>In camera session NMC Review team</td>
<td>As Above</td>
</tr>
<tr>
<td>13.00-13.30</td>
<td>Lunch</td>
<td>As Above</td>
</tr>
<tr>
<td>13.30-14.15</td>
<td>Self employed midwives</td>
<td>As Above</td>
</tr>
<tr>
<td>14.15-15.00</td>
<td>Midwifery Managers / Lead Midwives Tour of unit available (2 groups review team)</td>
<td>As Above</td>
</tr>
<tr>
<td>15.00-15.30</td>
<td>In camera session review team Refreshments</td>
<td>As Above</td>
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<tr>
<td>15.30-15.45</td>
<td>Feedback to LSA Review Team Depart</td>
<td>As Above</td>
</tr>
</tbody>
</table>
Documentary evidence viewed

- LSA investigation reports
- LSA audit reports
- Annual LSA report and individual reports
- LSA database
- National LSA guidance
- WoS LSA guidance
Feedback given at the review

NMC LSA review feedback 23 and 24 June 2010
David Fisher (Chair)

Introduction

Firstly I would just like to reiterate that this was a review of the four LSA’s.

As a member of the NMC review team I would like to thank you for facilitating this review of the four LSAs in the West of Scotland region (Lanarkshire, Greater Glasgow and Clyde, Ayrshire and Arran and Dumfries and Galloway).

The risk score for the four LSAs in the West of Scotland region in 2008-2009 was low at 12. The last on site review of any of the LSAs in the region was in 2007 (2 of the pilot reviews for the NMC review framework) which is why we have returned now.

Feedback

The aim and purpose of this feedback today is not to provide you with the recommendations for the LSA as they will be within the report but to share with you the areas that we feel have been real exemplars and then go on to share some of the headline concerns.

There have been no new concerns and all of concerns have been identified and highlighted openly by the LSAMO. We are pleased to say that we have been reassured that the LSA as an organisation appears to be functioning.

Supervision appears to be very much valued. The LSAMO and Link SoMs have identified the challenges within the LSA areas and has an action plan to deal with them.

The Link SoMs are clear in their roles and ensure that the business of supervision is clearly on the agenda. There is a strategic vision and work plan in place. Supervisors of midwives are able to seek advice and support directly from the LSAMO. The LSAMO is considered by the SoMs we have met to be a very effective approachable leader who has driven supervision forward in a passionate and enthusiastic way.

Exemplars and areas of good practice

- Most importantly SoMs feel supported in their role. Very valuable link SoM role
- Improved SoM to midwife ratio across the region 1:13 (A&A 1:14; D& G 1:11; Lanarkshire 1:9.9; & GGC 1:14)
- Profile of supervision raised across the region
- Increased networking across the region
Challenges identified

The LSA has identified challenges including

- Some aspects of the supervisory investigation processes
- Encouraging greater, sustainable user involvement and awareness
- Maintaining the effectiveness of function of supervision of midwifery across the region after the current LSAMO leaves her post (June 2010)

To end this feedback

Thank you so much for making us welcome and for making sure that all are needs have been met to make this a successful review.

On a personal note the review team would like to wish Joy Payne well as she takes up her new post in Birmingham.