



Local Supervising Authorities
of England



The LSA Audit and Monitoring Process for Statutory Supervision of Midwives In South Yorkshire

Introduction

The LSA audit and monitoring process for the statutory supervision of midwives is based on the NMC Midwives Rules and Standards (2004). These rules and standards are the framework and the LSA Midwifery Officers for England have developed standards for statutory supervision that reflect and interpret the rules. This audit tool is made up of criteria that contributes to the achievement of these standards.

Audit Process

The process for the audit will take a self/peer review approach, as in the previous year. Verification of evidence by the LSA Midwifery Officer and others will be by employing a targeted sampling technique. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power creating awareness of personal accountability^{1[2]2[3]3[4]}.

Ideally the evidence in support of achievement of the LSA standards should be continually updated and stored in box files available for verification by the LSA officer at any time

The audit team will consist of the LSA Midwifery Officer, a user representative from the MSLC, and an experienced supervisor of midwives.

^{1[2]} Cheyne H., Niven C. & Mc Ginley M. 2003 The peer project: a model of peer review. British Journal of Midwifery. 11 (4) 227-232.

^{2[3]} Malkin K.F. (1994) A standard for professional development: the use of self and peer review; learning contracts and reflection in clinical practice. Journal of Nursing management. 2 (3) 143-148.

^{3[4]} Ackerman N. (1991) Effective peer review. Journal of Nursing Management. 22 (8) 48A-49D.

The audit outcomes of all maternity services will be collated to provide the NMC with evidence of achievement of their standards for LSA.

Preparation

1. Using the response columns of the standards supervisors should document their achievement or otherwise to each criterion and record the nature of the evidence in support of achievement. This evidence could, for example, take the form of minutes of meetings; membership and terms of reference of various committees; diary of time spent on supervisory activities; audit outcomes; reports. Evidence should be collated against the criteria of the standards and stored in box files or similar. It is important that the evidence presented is contemporary to that audit year.
2. Prepare a presentation to be made to the LSAMO and others on the audit visit day, of the current strategy for supervision to include highlights of achievements and an action plan based on the out come of the self/peer review of LSA standards.
3. Arrangements should be made with managers to release a cross section of midwives to meet with the audit team to elicit midwives' views of supervision. The views of midwives will form part of the triangulation process.
4. On the day of the audit visit the boxed evidence and the completed assessment need to be available for the audit team to target sample. This will take the form of examination of evidence related to randomly selected criteria from each of the five standards. Discrepancies between the local assessment and the verification exercise will lead to additional criteria being validated.
5. A programme for the actual visit should consist of a two hour meeting with supervisors to review the self assessment and evidence. The visiting team should meet with groups of service users and midwives, (separately). It is desirable but not essential that the Executive Director of Nursing and the Clinical Director are also available to meet with.
6. The programme for day should commence at 9.30 am, unless a different time has been agreed.
7. The programme should conclude with a meeting between the supervisory and audit teams when verbal feedback will be provided by the team.

A written report will be sent to the contact supervisor within four weeks and the supervisory team should then revise their strategy and action plan for the following year thus completing the audit cycle.

Women Focused Maternity Services

Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.

Criteria	Yes	No	Part.	Supporting Evidence	Comments/Recommendations
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.					
1.2 Information is available to women including local arrangements for statutory supervision.					
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.					
1.4 Supervisors support midwives to promote informed decision making about care for					

women and families.					
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.					

Supervisory Systems

Standard 2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.

Criteria	Yes	No	Part.	Supporting Evidence	Comments/Recommendations
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.					
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.					
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.					
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.					

2.5 LSA guidelines and policies are accessible to midwives and the public.					
2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database, within the agreed time frames.					
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.					
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.					
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the					

proceedings are recorded.					
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.					
2.11 There is a local strategy for supervision and an action plan is developed following audit.					
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.					
2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.					
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.					
2.15 Secretarial support is provided for Supervisors of					

Midwives in their administrative role.					
2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.					

Leadership

Standard 3. Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria	Yes	No	Part.	Supporting Evidence	Comments/Recommendations
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.					
3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.					
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.					
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to					

enable their development as leaders.					
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.					
3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.					

Equity of Access to Statutory Supervision of Midwives

Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.

Criteria	Yes	No	Part.	Supporting Evidence	Comments/Recommendations
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.					
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.					
4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed.					

<p>4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.</p>					
<p>4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.</p>					
<p>4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.</p>					
<p>4.7 Student midwives are supported by the supervisory framework</p>					

Midwifery Practice

Standard 5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Criteria	Yes	No	Part.	Supporting Evidence	Comments/Recommendations
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.					
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.					
5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.					
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.					

5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.					
5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.					
5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.					
5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.					
5.9 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a					

programme is completed.					
5.10 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.					
5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.					
5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.					
5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.					
5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.					

5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules & standards and the Code of professional conduct are adhered to.					
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