Nursing and Midwifery Council report on the North of Scotland LSA Consortium

(The North of Scotland Consortium comprises Grampian, Highland, Orkney Shetland, Tayside, and Western Isles LSAs)

**Date of review:** 5 July 2011 to 8 July 2011

**Date of report:** September 2011
Document information

Document purpose Information

Title NMC report on the review of the North of Scotland Local Supervising Authority Consortium

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Publication date November 2011

Circulation list

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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 of Scotland local supervising authorities (LSAs): Grampian LSA, Highland LSA, Orkney LSA, Shetland LSA, Tayside LSA and Western Isles LSA. The LSAs were identified for review because it is three years since the last NMC review of some of them in 2008 and because the NMC has a process of routinely reviewing all LSAs on a regular basis. The LSAs in the North of Scotland work as a consortium with a single local supervising authority midwifery officer (LSAMO) coordinating and managing activities; this person is funded by all six LSAs and is hosted and managed within the Highland LSA structures.

1.3 Overview and key recommendations

The role of the NMC review of the six LSAs has been to confirm that they are meeting the standards as set within the Midwives rules and standards (NMC 2004). The review team are able to confirm that the LSAs meet 53 out of the 54 standards.

The NMC also reviewed recommendations made in 2008 following reviews of Grampian and Western Isles LSAs. The recommendations have been effectively addressed. This was clearly evidenced at this review with examples of ongoing activities and initiatives to further strengthen the supervision of midwives. We have also seen evidence of the improved processes, procedures and practices across all of the LSAs. Examples being that the LSAs:

- Have fully adopted the UK wide guidelines from the National LSAMO Forum (UK)
- Have developed and implemented local procedures and policies to support these guidelines and enhance the role of supervision
- Have implemented the LSA database to record supervisory activities, demonstrate adherence to statutory requirements and enable the effective and timely transfer of data to the NMC
- Can demonstrate that all six LSAs meet the required supervisor to midwife ratio of 1:15
- Are working effectively across the consortium with many examples of networking, sharing good practice, sharing of resources, for example within the on call arrangements, and learning from others
Can demonstrate the raised profile and impact of supervision within the clinical and managerial arenas; this includes

Clear evidence of the way supervisors are promoting women centred care

Increased and visible user involvement, but there are still some LSAs and maternity units where the degree of user involvement in support of the LSA and supervisory audits could be improved

Improved arrangements for study days, development of supervisory skills and communication between supervisors

Significant involvement of supervisors of midwives in clinical governance and risk management fora and in strategic groups looking at, for example, service redesign

A clear and demonstrable commitment to the supervision of midwifery with supervisors involved in audits, surveys and related activities to monitor inputs and evaluate the benefits, impact and outcomes arising from supervision

Are undertaking regular audits of the supervision of midwives and midwifery practice in the six LSAs in the consortium

Have improved the way the SoMs are investigating midwifery practice when concerns are raised

The review team would like to commend the LSAs on their approach in utilising a single LSAMO post for the six LSAs across the consortium and for the way that they have enabled that role to significantly improve the impact of midwifery supervision in the North of Scotland. The LSAMO has developed the framework necessary to ensure effective, visible, statutory supervision of midwives is in place for all of the LSAs.

This progress has been achieved within the context of the vast geography and sparse population of the North of Scotland LSAs. We recognise the contribution from the supervisors of midwives from across the LSAs, to the continued provision of high quality, women centred services.

We support the LSAs as they continue to provide effective statutory supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance (will not normally exceed 1:15).

The LSAs’ support of the development programmes to promote and enhance the leadership skills of SoMs is commended.

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 six LSAs and an action plan, agreed for each LSA and signed by each chief executive must be submitted to the NMC within eight weeks of receiving this report. We will publish this plan alongside this report.
The LSAs should address the following issues. Each LSA should, with regard to:

Supervisor of midwives role, workload and administrative support

- Ensure that SoMs continue to get identified and protected (designated) time for supervision. If they are unable to do this ensure there are clear reporting mechanisms for SoMs and that these are used to alert the LSAMO.
- Monitor and audit the arrangements for 24 hours availability of a SoM for midwives and women.
- Ensure that the SoM to midwife ratio reflects local need and circumstances (will not normally exceed 1:15).

Investigations and reporting of incidents

- Ensure all supervisors are appropriately trained, prepared and supported for their role in a supervisory investigation.
- Ensure their incident reporting and recording systems and procedures include a process to inform the LSAMO if the issue has the potential to result in a SoM investigation.
- Ensure that all the SoMs monitor and audit the requirements of rule 7.1, (reporting of serious incidents). Using the national LSAMO Forum (UK) guideline and the local procedures that are in place and the LSA database (as appropriate) as part of this process.

User involvement

- Further develop the mechanisms for involving service users in all LSA audits, local supervisory audits and the procedures for the preparation of SoMs.
- Further develop the mechanisms for informing service users and the public about statutory supervision.

Promotion and sharing of best practice

- Ensure widespread promotion and attendance on the leadership development programmes to enhance the leadership skills of all SoMs.
- Explore further opportunities to promote and share the evidence of its improved and innovative practices across the consortium, at professional networking events in Scotland and at conferences across the UK.

The NMC is recommended to:

- Monitor the progress of the LSAs actions in response to this report and use the quarterly monitoring system and annual report to ensure that the rules and standards are being met.
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 function². An overview of these LSA functions, along with a description and overview of the North of Scotland LSA Consortium can be found in annexe 1.

The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would be where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students. The purpose of this review (Annexe 3) has been to examine the function of the six LSAs which form the North of Scotland LSA Consortium.

2.1 Acknowledgements

The NMC would like to thank all those who contributed to and participated in the review. We recognise that people travelled some distance to appear in person and others took time out of busy schedules to participate via video link. This was much appreciated.

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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
3 The NMC review of the North of Scotland LSA Consortium

3.1 Reason for review

The review of the North of Scotland LSA Consortium is part of a regular rolling programme of reviews across all LSAs in the UK. It follows on from two separate reviews carried out in 2008, The Western Isles and Grampian LSAs.

The recommendations from these two reviews identified areas where the standards were not being fully met and identified the challenge of working within a service which covers a wide geographical area and at times, is remote from central support.

The NMC has previously used a risk assessment matrix to identify areas of priority for reviews; this has now changed to a qualitative monitoring system.

There are a number of means by which the NMC formally audit the effectiveness of the activities relating to statutory supervision. All LSAs provide the NMC with an annual report, there is a system of quarterly, quality monitoring and the cycle of LSA reviews.

Additionally the LSAs undertake local LSA audits and have local systems to ensure the monitoring of supervisory activities.

There is thereby a wealth of regular and current information to enable the NMC to effectively monitor the quality of midwifery supervision and direct resources for LSA reviews.

The most recent local audits and reports have identified some issues within some of the hospitals within the North of Scotland LSAs. These include:

- protected time not always being available for supervisors to carry out their role
- some limitations on administrative support for supervisors
- variations in the leadership development programmes available to supervisors
- variations in the systems by which serious incidents are reported to the LSAMO

These findings are from five formal audits and eight informal audits carried out in 2010/2011 as part of a structured and regular audit programme across the 26 sites which provide maternity services within the six LSAs.

The LSA quarterly, quality monitoring reports returned to the NMC for the period January to March 2011 identified the following issues:
• in some areas access to PreP for midwives is proving difficult (particularly for bank midwives and midwives practicing as specialist community public health nurse (SCPHN))

• access to supervisors within individual LSAs can be a problem for some midwives

In addition it was noted that:

• the courses to prepare SoMs have historically been geographically distant for some staff, this has been somewhat improved with the provision of a preparation of supervisor of midwives (PoSoM) course in Aberdeen

• in some LSAs the age profile and projected turnover of SoMs will lead to a need to recruit additional supervisors if the supervisor to midwife ratio is to be kept below 1:15.

Examples of good practice identified within the audits included:

• development of new policies and procedures, sharing across LSAs and providing North of Scotland consistency

• supervisors working across LSAs to support colleagues

• the recent provision of contact SoMs

• provision of a new PoSoM course at Robert Gordon University in Aberdeen

• increased use of video links to facilitate cross LSA training, networking and communication and reduce travel time and costs

• increased use of online IT based programmes to help provide improved training access for SoMs and midwives.
4 Review findings

The review team were able to confirm that the self assessment completed by the LSAs was an accurate reflection of the current position. We have found however, that Standard 7.1 for the LSA to ‘develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents’ was only partially met.

We have found a significant improvement in the profile of midwifery supervision over the last three to four years and significant actions have been taken to address recommendations from the previous reviews in the North of Scotland.

We have found that:

- LSAs have implemented and are using the LSA database to record supervisory activities, demonstrate adherence to statutory requirements and enable the effective and timely transfer of data to the NMC.
- The North of Scotland LSA website has been developed enabling instant access to up to date guidance and policies for all who wish to access it including information for midwives and the public.
- LSAs can demonstrate that they each meet the required supervisor to midwife ratio of 1:15.
- LSA audits have taken place regularly and consistently in all six LSAs.
- SoMs are working effectively across the consortium with many examples of good networking, transfer of good practice, sharing of resources and learning from others, for example:
  - sharing of good practice from Tayside as in the strategy for supervision adopted by other LSAs
  - the establishment of one contact SoM for the three island LSAs, partite supervisors forum across the islands and an intention to operate across LSAs for on call rotas
  - agreement for SoMs from other LSAs to carry out supervisory investigations as and when required in the island LSAs
  - SoMs show a clear and demonstrable commitment to their role with involvement in audits, surveys and related activities.
  - Evidence was shown that demonstrated how SoMs monitor inputs, evaluate the benefits, impact and outcomes arising from supervisory activities.
SoM availability and on call rotas are utilised in all six LSAs with Tayside having audited the effectiveness of, and demands for, this provision.

SoMs can demonstrate the raised profile and impact of supervision within the clinical and managerial arenas.  

There is clear evidence of the way SoMs are promoting women centred care and women’s choice within the service demands and constraints therefore balancing the need for safe practice and women’s choice.  

There is increased and visible user involvement including support for audits, wide ranging questionnaires and surveys and contribution to development of the new PoSoM course. This increased level of user involvement is commendable. The LSAs should ensure that this level of activity is maintained consistently across all geographical areas as there are still some LSAs and maternity units where the degree of user involvement in support of LSA and supervisory audits could be improved.

Publications, posters, leaflets and information for users are much improved.

Highland and Orkney are using a generic email address to elicit comments from users; these comments are dealt with on a weekly basis.

There is significant involvement of supervisors of midwives in the health board’s clinical governance and risk management fora with Grampian having an approach that utilises joint investigation arrangements.

There is significant involvement of supervisors of midwives in the health board’s working groups looking at, for example, service redesign as demonstrated in Shetland, Orkney and Grampian.

Attendance of directors of nursing and chief executives at SoM fora across all six LSAs.

Regular presentations to health boards of SoM reports and audit findings.

National recognition of Tayside midwifery services from Royal College of Midwives and British Journal of Midwifery awards.

Dashboards are being used to manage quality and risk in Highland and Orkney; these include elements of midwifery supervision in their indicators.

Training programmes to improve the skills of SoMs to carry out investigations have taken place and the way the SoMs are investigating midwifery practice when concerns are raised has improved significantly.

There is evidence of good working relationships with approved education institutions (AEIs), which leads to a wide range of training and development opportunities for SoMs.
These improvements are testament to the commitment and professionalism of SoMs, the strong leadership and direction from the LSAs and LSAMO and the support of the service managers and general managers within the provider trusts. There are good working arrangements with educational institutions and an increasing role of the service users to support statutory supervision of midwives.

However there are some areas of supervision where issues still need to be addressed:

- The number of supervisory investigations carried out varies across the LSAs. LSAs are investing in training for SoMs and this coincides with increased numbers of supervisory investigations in some LSAs.

- Training in the investigation of incidents for all supervisors is ongoing. It is essential that a thorough, fair, and independent investigation is carried out by a SoM in the event that issues or concerns are identified which require a review. This is to ensure that midwifery practice is safe and woman centred, and that any fitness to practise issues are identified and appropriately managed. All supervisory investigations should meet the standard outlined in *NMC Standards for the supervised practice of midwives (2007)* and expanded upon in the LSAMO Forum (UK) Guideline L. *Guidelines for an Investigation of a Midwife’s Fitness to Practise by a SoM on behalf of the LSA.*

- Across the LSAs provision of administrative support for supervisors of midwives is variable, with some receiving no regular support.

- Protected time which is scheduled is not always able to be used and, in some cases, SoM work is being carried out in the supervisors’ own time. Differing LSAs have different approaches to this with some not providing dedicated or protected time at all.

- On call availability is rostered but only Tayside have monitored the effectiveness and demand for this provision. Other LSAs cannot evidence that practising midwives and or service users within its area have 24 hour access to SoM.

5 Recommendations

Each LSA should, with regard to the:

SoM role, workload and administrative support

- Ensure that SoMs continue to get identified and protected (designated) time for supervision. If they are unable to do this, ensure there are clear reporting mechanisms for SoMs and that these are used to alert the LSAMO.

- Monitor and audit the arrangements for 24 hour availability of a SoM for midwives and women.

- Ensure that the SoM to midwife ratio reflects local need and circumstances (will not normally exceed 1:15).
Investigations and reporting of incidents

- Ensure all supervisors are appropriately trained, prepared and supported for their role in a supervisory investigations.

- Ensure that all the SoMs monitor and audit the requirements of rule 7.1, (reporting of serious incidents). Using the national LSAMO Forum (UK) guideline and the local procedures that are in place and the LSA database (as appropriate) as part of this process.

User involvement

- Further develop the mechanisms for involving service users in all LSA audits, local supervisory audits and the procedures for the preparation of SoMs.

- Further develop the mechanisms for informing service users and the public about statutory supervision.

Promotion and sharing of best practice

- Ensure widespread promotion and attendance on the leadership development programmes to enhance the leadership skills of all SoMs.

- Explore further opportunities to promote and share the evidence of its improved and innovative practices across the consortium, at professional networking events in Scotland and at conferences across the UK.

The NMC is recommended to:

- Monitor the progress of the LSAs’ actions in response to this report and use the quarterly monitoring systems and annual report to ensure that rules and standards are being met.

6 Conclusion

The review team have identified that there were no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. It has been identified that the North of Scotland LSAs meet 53 of the 54 standards (as set out in the NMC Midwives rules and standards - 2004) with one being partially met (Standard 7.1). Some themes were identified in the review for further development in the LSA and these are identified throughout the report. The LSAs are required to draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSAs will implement the actions and have processes in place to monitor and review the outcomes of the report. Actions concerning the recommendations related to supporting continued development should be detailed in the LSAs’ annual report to the NMC.

The review team would like to commend the LSAs, the LSAMO, the SoMs and all those involved for 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 meetings with key stakeholders.

This report will be published on the NMC website.
## 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:

<table>
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<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence Source</th>
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</table>
| **1.1** publish annually the name and address of the person to whom the notice must be sent | Standard met | **LSA Forum (UK) Guideline (K) - Guideline for the completion of the Intention to Practise form by a registered midwife**  
- [www.midwife.org.uk](http://www.midwife.org.uk) – the LSA Forum (UK) national guidelines  
Guidance for midwives re the submission of ItPs is posted on the LSA website  
- [http://www.midwiferysupervision-noslsa.scot.nhs.uk/ITP.htm](http://www.midwiferysupervision-noslsa.scot.nhs.uk/ITP.htm)  
Annually an email is sent to all the SoMs giving guidance of the date that all ItP’s have to be submitted to LSA and from this year the date to be entered onto the national LSA database (www.midwife2.org.uk). |
| **1.2** publish annually the date by which it must receive intention to practise forms from midwives in its area | Standard met | As above for 1.1 |

**Evidence file and electronic evidence**
Rule 4 – Notifications by local supervising authority

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<tr>
<td>1.3 ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year</td>
<td>Standard met</td>
<td>Electronic transfer via the national LSA database and verification by NMC Error reports checked by LSAMO &amp; LSAMO's PA LSAMO or her PA email SoMs to ensure corrections are made on time LSAMO checks ItP reports on national LSA database (report 11. No ITP for selected year but did submit ITP in previous year) and communicates directly with relevant SoM to confirm if the midwife does intend to submit an ITP for the relevant practice year. National LSA database and emails Timeliness of processes verified by NMC</td>
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**Evidence file and electronic evidence**

| 1.4 ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the twentieth of each month. | Standard met | Immediate electronic transfer via national LSA database as and when an ItP is uploaded. Verification of receipt of ItP confirmed by NMC by email National LSA database Emails from NMC |

**Evidence file and electronic evidence**
Rule 4 – Notifications by local supervising authority

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Review team commentary

We have received written, verbal and electronic evidence to say that the standards in this rule have been met. The systems and procedures in place are working effectively and ensure compliance with these standards. The use of the LSA database has made these tasks more effective and led to improved efficiency and quality.

Recommendations for rule 4

No recommendations
**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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| 2.1 publish how it will investigate any alleged impairment of a midwife’s fitness to practise | Standard met | LSA Forum (UK) Guideline (L) Guideline and process for investigation into a midwife’s fitness to practise by a supervisor of midwives on behalf of the local supervising authority.  
LSAMO Forum (UK)Guideline (I) Guidance for Supervisors on Suspension of Midwives from Practice  
Electronic evidence |
| 2.2 publish how it will determine whether or not to suspend a midwife from practice | Standard met | LSA Forum (UK) Guideline (I) Guidance for Supervisors on Suspension of Midwives from Practice  
Electronic evidence |
### 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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| 2.3 **publish the process for appeal against any decision** | Standard met | *North of Scotland Guideline: Process of Appeal In Relation to LSA National Forum UK Guideline L*  
http://www.midwiferysupervision-noslsa.scot.nhs.uk/standards_guidance_advice.htm  
Individual correspondence to each midwife  
Examples in evidence file or electronically  
Evidence file and electronic evidence |
| 2.4 **ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.** | Standard met | *North of Scotland Guideline: Process of Appeal In Relation to LSA National Forum UK Guideline L*  
http://www.midwiferysupervision-noslsa.scot.nhs.uk/standards_guidance_advice.htm  
LSA Forum (UK) Guideline (I) Guidance for Supervisors on Suspension of Midwives from Practice  
Evidence file, electronic evidence and interviews with LSAMO |
Rule 5 – Suspension from practice by a local supervising authority

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<tr>
<td>Review team commentary</td>
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We have received written, verbal and electronic evidence to say that the standards in this rule have been met. The LSAMO ensures that midwives are informed of the outcomes of any investigation by organising training for SoMs, maintaining a confidential database of activities relating to investigations and monitoring and quality assuring the outputs and processes.

Recommendations for rule 5

No recommendations
**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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| 3.1 publish local procedures for the transfer of midwifery records from self-employed midwives | Standard met | *LSA Forum (UK) Guidance (H) Procedure for the transfer of Midwifery records from self employed midwives*
| 3.2 agree local systems to ensure supervisors of midwives maintain records of their supervisory activity | Standard met | Each SoM maintains files on caseload of supervisees.  
NoS LSA Consortium has been using the national LSA database for 2 ½ years and records are maintained electronically by SoMs.  
National LSA database  
LSA audit reports  
**Evidence file and electronic evidence** |
Rule 9 – Records

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<tbody>
<tr>
<td>3.3 ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years</td>
<td>Standard met</td>
<td>LSA Forum (UK) Guidance (B) Information Governance Including the Transfer of Confidential Information Relating to Statutory Supervision <a href="http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm">http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm</a> National LSA database and LSA audit reports Evidence file and electronic evidence</td>
</tr>
<tr>
<td>3.4 arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years</td>
<td>Standard met</td>
<td>LSA Forum (UK) Guidance (B) Information Governance Including the Transfer of Confidential Information relating to statutory supervision <a href="http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm">http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm</a> The LSAMO stores paper and electronic records of all supervisory investigations Sample of investigations and electronic files Evidence file and electronic evidence</td>
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**Rule 9 – Records**

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<td>3.5</td>
<td>Standard met</td>
<td><strong>LSAMO Forum (UK) Guidance (B) Information Governance Including the Transfer of Confidential Information Relating to Statutory Supervision</strong>&lt;br&gt;<a href="http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm">http://www.midwiferysupervision-noslsa.scot.nhs.uk/information_for_supervisors_of_midwives.htm</a>&lt;br&gt;&lt;br&gt;<strong>Electronic evidence</strong></td>
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**Review team commentary**

We have received written, verbal and electronic evidence to say that the standards in this rule have been met. Currently there are no self employed midwives based in the NoS LSA Consortium, however the review team received evidence that the guidance was in place and the other procedures in standard 3 had been applied correctly during the past two years

**Recommendations for rule 9**

No recommendations.
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:

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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 Forum (UK) Guidance (C) Guideline for the nomination, selection and appointment of supervisors of midwives</td>
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<td></td>
<td>Electronic evidence</td>
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<tr>
<td>4.2 maintain a current list of supervisors of midwives</td>
<td>Standard met</td>
<td>All SoMs appointed in the NoS LSA Consortium are entered onto the National LSA Database which is directly linked to the NMC Register.</td>
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<td>In addition a local database has been developed which keeps a record of SoM appointments, resignations, deselection and the completion of the self assessment audit tool</td>
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<td>Student SoMs are included in this database</td>
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<td>National LSA database and NoS LSA Consortium SoM database</td>
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<tr>
<td></td>
<td></td>
<td>Electronic evidence and evidence files</td>
</tr>
</tbody>
</table>
**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>Judgement</th>
<th>Evidence source</th>
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<tbody>
<tr>
<td>4.3</td>
<td>Standard met</td>
<td>Workshops held annually by LSAMO to provide SoMs with six hours of relevant study per annum. These workshops are attended by the majority of SoMs in the NoS LSA Consortium.</td>
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<td>LSAMO also holds master classes and workshops in undertaking supervisory investigations</td>
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<td>Annual report to NMC</td>
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<td>Copies of programmes</td>
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<td>Feedback from workshops</td>
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<td><strong>Evidence file and electronic evidence</strong></td>
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</tbody>
</table>

**Review team commentary**

We have received written, verbal and electronic evidence to say that the standards in this rule have been met. The review team note the consistent use of the LSA database across the LSAs in the consortium.

**Recommendations for rule 11**

No recommendations
## 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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</table>
| 5.1  publish the local mechanism for confirming any midwife’s eligibility to practise | Standard met | *LSA Forum (UK) Guidance (J) Confirming Midwives Eligibility to Practise*
| | | National LSA database  LSA audit reports |
| | | **Electronic evidence** |
| 5.2  implement the NMC’s rules and standards for supervision of midwives | Standard met | LSA audit undertaken annually to assess 54 standards |
| | | Supervisory investigations |
| | | Annual supervisory reviews |
| | | Implementation of contact SoMs to ensure consistency of approach across the NoS LSA Consortium |
| | | LSA audit reports |
| | | Sample of supervisory investigations |
| | | Minutes for contact SoM forum |
| | | **Interviews and evidence file** |
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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</table>
| 5.3 ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15) | Standard met | Each LSA in the NoS LSA Consortium meets the standard however; a few individual SoMs in Grampian, Highland and Tayside have a ratio greater than 1:15.  
NoS LSA Consortium profile  
National LSA database  
Details of RGU POSOM course  
Evidence file and electronic 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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| **5.4** set up systems to facilitate communication links between and across local supervising authority boundaries | Standard met | LSAMO National Forum UK  
LSAMO National Forum UK Bi-Annual conference  
NMC LSAMO SRG 4 monthly  
NoS LSA Consortium SoM Forums  
Supervisors quality improvement group (SQIG)  
Contact SoM meetings scheduled every month, and notes from these meetings  
Workshops for SoMs  
Email system  
Minutes of meetings  
Workshop programmes  
Emails  
Evidence file, electronic evidence and interviews with SoMs |
**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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| **5.5 enable timely distribution of information to all supervisors of midwives** | Standard met | LSAMO communicates directly with each SoM via email.  
Contact SoMs have recently been introduced to help ensure all SoMs are kept informed of developments as per national LSA Forum (UK) guidance (M)  
Guideline on the Role of the Contact Supervisor of Midwives  
Minutes of meetings and Emails  
**Evidence file and electronic evidence** |
| **5.6 provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer** | Standard met | All SoMs have contact details of the LSAMO and her PA  
SoMs either telephone, email or text the LSAMO directly when they need to make contact, seek advice or guidance  
Contact details are shown on the NOS LSA Consortium website  
http://www.midwiferysupervision-noslsa.scot.nhs.uk/contact_us.htm  
**Evidence file and electronic evidence** |
Rule 12 – The supervision of midwives

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<tr>
<td>5.7</td>
<td>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>
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<td>5.8</td>
<td>monitor the provision of protected time and administrative support for supervisors of midwives</td>
<td>Standard met—<strong>but see comments below</strong></td>
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| 5.9 promote woman-centred, evidenced-based midwifery practice          | Standard met      | Evidence of woman centred, evidence based practice is seen during the annual LSA Audits  
SoMs are well represented on local guidance/policy development forums.  
Implementation of keeping childbirth natural and dynamic (KCND) across the NoS LSA Consortium  
LSA audit reports  
Minutes  
KCND pathways for maternity care  
**Evidence file, electronic evidence and interviews with LSAMO, SoMs, users** |
| 5.10 ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise | Standard met      | Annual LSA audits monitor this process  
Entries made on national LSA database  
LSA audit reports  
National LSA database  
Sample of anonymised annual reviews  
**Evidence file, electronic evidence and interviews with LSAMO, SoMs** |
**Rule 12 – The supervision of midwives**

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<tr>
<td>5.11 supervisors of midwives are available to offer guidance and support to women accessing maternity services</td>
<td>Standard met</td>
<td>NoS LSA Consortium website contains information on statutory supervision for women, for example how to contact a SoM and information on maternity services across the North of Scotland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NoS LSA Consortium leaflet on statutory supervision given to women during pregnancy.</td>
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<tr>
<td></td>
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<td>NMC information leaflets on supervision also available to women</td>
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<td>Posters on statutory supervision for women available in units</td>
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<td></td>
<td>On call or availability SoMs rotas in each unit but limited auditing and monitoring of effectiveness of these arrangements</td>
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<td>During the annual LSA audit, questionnaires are sent out to women to gain their feedback</td>
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<td>In addition, for some audits, a lay auditor meets with service users to discuss their experience of the maternity service and statutory supervision</td>
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<td>NoS LSA Consortium website</td>
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<td>LSA audit reports</td>
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<td>Posters</td>
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<td>Leaflets</td>
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<td></td>
<td><strong>Evidence file, electronic evidence and interviews with LSAMO, SoMs</strong></td>
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</table>
| 5.12 supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice | Standard met | Annual LSA audits monitor this process  
Information leaflets for women  
Implementation of KCND across the NoS LSA Consortium  
Examples of contacts with LSAMO to discuss cases  
Anonymised examples of advice and support given  
KCND pathways for maternity care  
**Evidence file, electronic evidence and interviews with LSAMO, SoMs, midwives and users** |
**Rule 12 – The supervision of midwives**

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</table>
| **5.13 supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives** | Standard met | LSAMO is responsible for the selection, appointment, deselection and performance review of all the SoMs in the NoS LSA Consortium.  
*LSA Forum (UK) Guidance (C) Guideline for the nomination, selection and appointment of supervisors of midwives*  
*LSA Forum (UK) Guidance (D) Guideline for the management of the performance and conduct of supervisors of midwives and the process for managing impaired fitness to practise as a supervisor of midwives*  
Selection process  
PoSoM course for SoMs  
Appointment letters and emails  
National LSA database  
SoM self assessment tool and LSAMO action to ensure compliance  
NoS LSA Consortium SoM database  
**Evidence file, electronic evidence and interviews with LSAMO, SoMs** |
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</thead>
<tbody>
<tr>
<td>5.14 supervisors of midwives provide professional leadership</td>
<td>Standard met</td>
<td>Annual LSA audits show evidence that SoMs are seen as a support mechanism for midwives in practise.</td>
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<tr>
<td></td>
<td></td>
<td>• LSA audit reports</td>
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<tr>
<td></td>
<td></td>
<td>Evidence file, electronic evidence and interviews with LSAMO, SoMs and midwives</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>Annual LSA audit of midwives views and experience of statutory supervision undertaken</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• LSA audit reports</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</thead>
<tbody>
<tr>
<td>Review team commentary: We have received written, verbal and electronic evidence to say that the majority of the standards in this rule have been met.</td>
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</table>

The six LSAs meet the ratio of 1:15 midwives to SoMs. However the team noted that the individual ratios for SoMs varied with some SoMs having 22 supervisees. It recognises that the LSAs need to continue to use workforce profile and planning methods to ensure that the 1:15 ratio continues to be met across all sites.

The review team also noted that whilst protected time was provided in some LSAs, the SoMs present highlighted that some of their supervisory work was in fact carried out in their own time. The need for protected time may become more prevalent as the demands on SoMs increases. We note that some LSAs do not have arrangements for identifying specific protected time, it is not appropriate for this review team to suggest how LSAs should deal with this, but the NMC will need consistent and regular assurance from each LSA that this standard is being met.

The team recognised that the administrative support for SoMs is limited or non existent in some LSAs (as highlighted in the LSA annual report and audits).

LSAs have on call rotas or availability lists but we heard evidence that sometimes the SoMs listed are not always contactable 24 hours. This issue needs to be monitored and audited in each LSA to ensure the arrangements in place are fit for purpose and meet the NMC standards. We note that each LSA has different arrangements for the on call availability rotas which also emphasised the differing approaches to remuneration for the role – this leads some SoMs to question whether their role is valued by the LSA.

The review team identified that SoMs are clear in their roles and ensure that the business of midwifery supervision is clearly identified on the agenda. The presentations to the review team detailed the high standard of supervision across the LSAs.

There was evidence of strong leadership skills by the LSAMO in supporting, coaching and guiding SoMs across the LSAs. The LSAMO is considered to be instrumental and the driving force for taking midwifery supervision forward in a collaborative and structured way. SoMs are able to seek advice and support directly from the LSAMO.

Midwives were clear that leadership was an important role of SoM and that this was evident in the North of Scotland SoMs. They also identified that support was available from SoMs whenever required.

Presentations and interviews show SoMs having a leadership role in the midwifery service and contributing to wider management and leadership agendas in working groups such as risk management, service redesign and clinical governance. LSAs should continue to provide leadership development opportunities for SoMs.

We note that there are still some areas where the degree of user involvement in support of the LSA and supervisory audits could be improved.
**Rule 12 – The supervision of midwives**

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<tbody>
<tr>
<td><strong>Recommendations for rule 12</strong></td>
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<tr>
<td>● Continue to support an effective model for statutory supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance (will not normally exceed 1:15)</td>
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<td>● Ensure that SoMs continue to get identified and protected (designated) time for supervision and when they are unable to do this ensure there are clear reporting mechanisms for SoMs to alert the LSAMO</td>
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<td>● Monitor and audit the arrangements for 24 hours availability of contact to an SoM for midwives and women</td>
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<td>● And, in order to maintain good practice and help ensure consistency across all geographical areas:</td>
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<td>● Continue to promote and enhance the leadership skills of SoMs through leadership development programmes</td>
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<td>● Further develop the mechanisms for informing service users and the public about statutory supervision</td>
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<tr>
<td>● Further develop the mechanisms for involving service users in LSA and supervisory audits</td>
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</table>
**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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| 6.1 use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer | Standard met     | NMC core criteria and person specification were used at the appointment of the current LSAMO  
JD is currently under review  
**Evidence file**                                                           |
| 6.2 involve a NMC nominated and appropriately experienced midwife in the selection and appointment process | Standard met     | A member of the NMC was on the selection panel for appointment in 2007  
**Evidence file**                                                          |
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| **6.3** manage the performance of the appointed local supervising authority midwifery officer | Standard met | Director of nursing NHS Highland, is the line manager for the LSAMO and carries out annual performance reviews on behalf of the NoS LSA Consortium  
Monthly 1:1 meetings with line manager  
Annual objectives agreed and signed off by all of the DoNs for the North of Scotland  
- LSAMO objectives | Evidence file |
| **6.4** provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function | Standard met | Confirmed by LSAMO  
Confirmed by administrative officer  
PA to LSAMO provides 2.5 days a week within NHS Highland | Evidence file, electronic evidence and interview with LSAMO |
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<tr>
<td>6.5 arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.</td>
<td>Standard met</td>
<td>LSA audits undertaken in each LSA on an annual basis.</td>
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<td></td>
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<td>• LSA audit reports for last three years available</td>
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<td></td>
<td></td>
<td>Evidence file, electronic evidence and interviews with LSAMO and SoMs</td>
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</table>

**Review team commentary**

We have received written, verbal and electronic evidence to say that the standards in this rule have been met. The review team noted the improvements in the LSA audits that have occurred since the last reviews. The review team also noted that there were service users on the audit team and they felt that this was to be seen as best practice for carrying out local audits.

**Recommendations Rule 13**

- All LSAs to continue to promote and extend the use of service users in the audit processes in order to promote consistent and regular involvement across all six LSAs.
**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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| 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 | Partially met | SUIs and supervisory investigations notified via email, telephone and the national LSA database

Processes developed and agreed for identifying, investigation and notifying SUIs practice issues to the LSAMO

Ensuring prompt notification of incidents to the LSAMO will become part of the remit of the newly appointed contact SoMs

National LSA database

Examples of LSA processes for the identification of SUIs

Terms of reference of contact SoM Forum

**Evidence file, electronic evidence and interview with LSAMO shows this is still work in progress**
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| 7.2 publish the investigative procedure | Standard met      | LSA Forum (UK) Guideline (L) Guideline and process for investigation into a midwife’s fitness to practise by a Supervisor of Midwives on behalf of the local supervising authority  
NMC Standards for Supervised Practice (2007)  
Electronic evidence |
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| 7.3 liaise with key stakeholders to enhance clinical governance systems | Standard met | Examples of the groups/individuals the LSAMO liaises with to enhance clinical governance systems include:  
- LSAMO Forum UK  
- Scottish Government Health Department  
- Maternity service action group  
- NMC LSA strategic reference group  
- Healthcare improvement Scotland  
- NHS education Scotland  
- RCM lead midwives group  
- North of Scotland maternity services group  
- Local intelligence networks for controlled drugs  
- Regular meetings with DoNs, HOMs, LMEs  
- Minutes of meetings  
- Annual report to NMC  
**Evidence file, electronic evidence, presentations and interviews with SoMs and LSAMO** |
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| 7.6 publish the process for appeal against the decision to remove: - a supervisor of midwives - a local supervising authority midwifery officer | Standard met | **NHS Highland employment policies and LSA Forum (UK) Guidance (D) Guideline for the Management of the Performance and Conduct of Supervisors of Midwives and the Process for Managing Impaired Fitness to Practise as a Supervisor of Midwives (Including Removal From the Role)**  
Evidence file and electronic evidence |
| 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. | Standard met | **LSA Forum (UK) Guidance (L) Guideline for an Investigation of a Midwife’s Fitness to Practise by a SoM on behalf of the LSA**  
Evidence file and electronic evidence |
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</table>
| 7.8 Consult the NMC for advice and guidance in such matters. | Standard met | Communication with NMC as required by the LSAMO or any other party – confirmed by NMC adviser.  
LSA Forum (UK) Guideline L Guideline for an Investigation of a Midwife’s Fitness to Practise by a SoM on behalf of the LSA  

Review team commentary

We have received written, verbal and electronic evidence to say that the majority of the standards in this rule have been met. However with regard to standard 7.1 there are instances where incidents occur and the LSAMO is not informed of them. Procedures and processes are in place to ensure this happens, and clinical governance systems capture and record incidents but the consistent and regular application of this rule is not always evident across the six LSAs.

Recommendations for rule 15

- All LSAs should ensure their incident reporting and recording systems and procedures include a step to inform the LSAMO if the issue has the potential to result in a SoM investigation
- All SoMs should ensure they are familiar with the requirements of rule 7.1, and the local procedures that are in place and then ensure they comply with the rule and procedures
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
<th>Evidence source</th>
</tr>
</thead>
</table>
| 8.1 numbers of supervisor of midwives appointments, resignations and removals | Standard met | Annual Report to the NMC  
National LSA database  
NoS LSA Consortium SoM database  
NoS LSA Consortium profile  
**Evidence file and electronic evidence** |
| 8.2 details of how midwives are provided with continuous access to a supervisor of midwives | Standard met | Annual report to the NMC  
Quarterly monitoring reports  
**Evidence file and electronic evidence** |
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.)

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<th>Evidence source</th>
</tr>
</thead>
</table>
| 8.3 details of how the practice of midwifery is supervised | Standard met | Annual report to the NMC  
Quarterly monitoring reports  
National LSA database  
National LSAMO Forum UK Guidelines  
Evidence file and electronic evidence |
| 8.4 evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits | Standard met | Annual report to the NMC  
Annual LSA reports  
Opportunity to speak to lay auditors  
Evidence file and electronic evidence interviews with Users, SoMs and LSAMO |
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.)

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<th>Evidence source</th>
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</thead>
</table>
| **8.5** evidence of engagement with higher education institutions in relation to supervisory input into midwifery education | Standard met | LSA annual report to the NMC  
Minutes of meetings with higher education institutions  
Interviews with AEI staff  
Evidence file and electronic evidence |
| **8.6** details of any new policies related to the supervision of midwives | Standard met | LSA annual report to the NMC  
Quarterly monitoring report to the NMC  
National LSAMO Forum UK Guidelines  
NOS LSA website  
LSA national forum minutes  
Emails  
Evidence file and electronic evidence |
**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.)

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<th>Judgement</th>
<th>Evidence source</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.7 evidence of developing trends affecting midwifery practice in the local supervising authority</td>
<td>Standard met</td>
<td>LSA annual report to the NMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly monitoring report to the NMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evidence file</td>
</tr>
<tr>
<td>8.8 details of the number of complaints regarding the discharge of the supervisory function</td>
<td>Standard met</td>
<td><strong>Complaints are dealt with according to the LSA Forum UK guideline (G) Process for the notification and management of complaints against a SoM or an LSAMO including appeals</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSA annual report to the NMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evidence file and electronic evidence</td>
</tr>
<tr>
<td>8.9 reports on all local supervising authority investigations undertaken during the year</td>
<td>Standard met</td>
<td>LSA annual report to the NMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evidence file</td>
</tr>
</tbody>
</table>
Rule 16 – Annual report

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</tr>
</thead>
<tbody>
<tr>
<td>Review team commentary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have received written, verbal and electronic evidence to say that the standards in this rule have been met. Available on the NoS LSA website at <a href="http://www.midwiferysupervision-noslrsa.scot.nhs.uk/about_us.htm">http://www.midwiferysupervision-noslrsa.scot.nhs.uk/about_us.htm</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations for rule 15

No recommendations
The local supervising authorities

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 Board
- 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 of Scotland LSA Consortium

In Scotland, the function of the LSAs is provided by the health boards, which are arranged into three regions: the South East of Scotland, the West of Scotland and the North of Scotland. The North of Scotland LSA Consortium which was formed in December 2007 with the appointment of a regional LSAMO is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. The Consortium covers an area of about 20,870 square miles, and is approximately 66% of the Scottish land mass and 22% of the UK land mass.

Western Isles
1,120 square miles
Population = 26,350
Births = 227

Highland
12,500 square miles
Population = 306,700
Births = 3189

Grampian
3,400 square miles
Population = 529,890
Births = 6433

Orkney
380 square miles
Population = 19,770
Births = 199

Shetland
570 square miles
Population = 21,880
Births = 273

Tayside
2,900 square miles
Population = 391,680
Births = 4358

Birth data from Register General Data 28.01.2011

The LSAMO, for the North of Scotland LSA Consortium, is hosted by NHS Highland. The LSAMO is professionally accountable to the chief executives of the health boards within the consortium and she is line managed on behalf of the consortium by the director of nursing Highland.
Maternity services in the North of Scotland

Women living in the North of Scotland have access to the following maternity services

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Maternity Services</th>
</tr>
</thead>
</table>
| NHS Grampian     | • a tertiary centre in Aberdeen Maternity Hospital (AMH), which services Grampian, Orkney and Shetland; in addition to providing acute services for the region  
                    • a Midwife led Unit in AMH for women in and around Aberdeen  
                    • Consultant led maternity service in Dr Grays District General Hospital, Elgin  
                    • a CMU in Peterhead, small CMUs in Aboyne, Banff & Fraserburgh (these small CMUs discharge women home approximately 6 hours after the birth of the baby as there is no capacity for women to stay longer as the unit is not staffed on a 24 hour basis)  
                    • home birth service                                                                                                                                  |
| NHS Highland     | • Consultant led maternity service in Raigmore Hospital Inverness  
                    • Low risk consultant led maternity service in Caithness Hospital, Wick  
                    • small CMUs located in Skye, Fort William, Oban, Dunoon, Rothesay, Lochgilphead and Campbeltown  
                    • home birth service                                                                                                                                  |
| NHS Orkney       | • a midwife led and GP supported CMU located in the Balfour Hospital  
                    • home birth service                                                                                                                                 |
| NHS Shetland     | • a midwife led and GP supported CMU located in the Gilbert Bain Hospital in Shetland  
                    • home birth service                                                                                                                                 |
| NHS Tayside      | • Consultant led maternity service in Ninewells Hospital Dundee  
                    • Community Maternity Units (CMU) in Dundee, Perth, Montrose and Arbroath  
                    • home birth service                                                                                                                                 |
| NHS Western Isles| • Consultant led maternity service in the Western Isles Hospital Stornoway.  
                    • home birth service                                                                                                                                 |
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 and report writer  
Other roles: University and health mentor

Name: Helen Meehan  
Role in review team: Registrant reviewer  
Other roles: Midwife, Supervisor of Midwives

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

Name: Verena Wallace  
Role in review team: Chair and LSAMO reviewer  
Other roles: LSAMO PHA Northern Ireland
Key people met during the review

- Senior General Managers from the LSAs
- The LSAMO
- Directors of nursing from the LSAs
- Heads of midwifery
- Service heads
- Midwifery leads
- Consultant midwives
- Contact SoMs
- SoMs
- Student SoMs
- Midwives
- Student midwives
- Lead midwives for education
- Representatives of higher education institutions
- Service users and lay members
Programme for the Review

North of Scotland LSA Consortium
(Grampian, Highland, Orkney, Shetland, Tayside, Western Isles)
Review hosted at John Dewar Building Inverness
05/07/2011 - 8/07/2011

Programme

Pre meeting of the review team - 05/07/2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00</td>
<td>Review Team Arrival</td>
<td>Thistle Hotel</td>
</tr>
<tr>
<td>9.00 – 12.30</td>
<td>Agree chair for the review, Reminder re: terms of reference and responsibilities of the review team, Discuss documentation and determine: Questions/ further information for LSAMO, Approach and fact finding for the 2 days</td>
<td>Thistle Hotel</td>
</tr>
<tr>
<td>13.00 – 14.30</td>
<td>Meeting with Mary Vance LSAMO</td>
<td>Thistle Hotel</td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td>Finalise approach for the 3 days</td>
<td>Thistle Hotel</td>
</tr>
</tbody>
</table>
### 1st Day of Review - 06/07/2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 - 9.15</td>
<td>Welcome and introductions from Review Team</td>
<td>Board Room John Dewar Building</td>
</tr>
<tr>
<td>09.15 - 9.45</td>
<td>Presentation from Mary Vance LSAMO * (time for questions included)</td>
<td>Board Room John Dewar Building</td>
</tr>
<tr>
<td>09.45 - 10.45</td>
<td>Presentation from Highland LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building</td>
</tr>
<tr>
<td>10.45 - 11.15</td>
<td>time for Review Team in Camera/ coffee &amp; tea available</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>11.15 - 12.15</td>
<td>Presentation from Tayside LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building</td>
</tr>
<tr>
<td>12.15 - 13.00</td>
<td>Lunch/ time for Review Team in Camera</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>13.00 - 13.45</td>
<td>Presentation from Shetland LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building /? by VC</td>
</tr>
<tr>
<td>13.45 - 14.45</td>
<td>Presentation from Grampian LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building</td>
</tr>
<tr>
<td>14.45 - 15.00</td>
<td>comfort break/ coffee &amp; tea available</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>15.00 - 15.45</td>
<td>Presentation from Orkney LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building /? by VC</td>
</tr>
<tr>
<td>15.45 - 16.30</td>
<td>Presentation from Western Isles LSA ** (time for questions included)</td>
<td>Board Room John Dewar Building /? by VC</td>
</tr>
<tr>
<td>16.30 - 17.00</td>
<td>time for Review Team in Camera/ coffee &amp; tea available</td>
<td>Anteroom John Dewar Building</td>
</tr>
</tbody>
</table>

* Presentation from LSAMO setting the context of the North of Scotland LSA Consortium

** Presentation from CEO/ Director of Nursing and SoMs of the relevant LSA on how the LSA meets the NMC standards
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 - 10.00</td>
<td>Meeting with midwives</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>10.00 - 10.30</td>
<td>Meeting with student midwives</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>10.30 - 10.45</td>
<td>comfort break/ coffee &amp; tea available</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>10.45 - 11.45</td>
<td>Meeting with Lead Midwives for Education &amp; Course Leaders for POSOM Course</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>11.45 - 12.30</td>
<td>Meeting with service users/ lay representatives</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>12.30 - 13.30</td>
<td>Lunch/ time for Review Team in Camera</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>13.30 - 14.30</td>
<td>Meeting with contact supervisors of midwives/ supervisors of midwives/ student supervisors of midwives</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>14.30 - 15.30</td>
<td>Meeting with Heads of Midwifery/ lead midwives/ service leads</td>
<td>Board Room John Dewar Building in person &amp; by Video conference</td>
</tr>
<tr>
<td>15.30 - 16.00</td>
<td>time for Review Team in camera</td>
<td>Anteroom John Dewar Building</td>
</tr>
<tr>
<td>16.00 - 17.00</td>
<td>Meeting with LSAMO</td>
<td>Board Room John Dewar Building</td>
</tr>
</tbody>
</table>
### 3rd Day of Review - 07/07/2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
</table>
| 09.00 - 12.30 | time for Review Team in camera to review evidence  
|             | coffee & tea available                                                   | Anteroom John Dewar Building            |
|             | Mary Vance LSAMO & Carole Saich PA to LSAMO available as required        |                                         |
| 12.30 - 13.00 | Feedback at conclusion of Review                                         | Anteroom John Dewar Building            |
Evidence used in this review

Notes from presentations, interviews and discussions with groups and individuals as identified in annexes 4 and 5

The North of Scotland LSA consortium evidence file for NMC review:

This file contained all the paper records referred to in the self assessment and evaluated under section 7 of this report

Additional documentary evidence provided by the consortium while on site including:

- Report following a supervisory review of midwifery practice
- Report following a review of the midwifery obstetric records pertaining to woman xxx
- Report following a review of midwifery obstetric records
- Examples of anonymised reports used in the supervisory investigation workshops
- Supervisors information - competency self assessment for supervisors
- Evaluation of Aberdeenshire Birth Units and Community Maternity Units Final Report Jan 2010
- NHS Scotland hand held pregnancy records mother and baby
- NHS Scotland the Healthcare quality strategy for NHS Scotland May 2010
- Midwives and NHS Education for Scotland Midwives and Medicines 2 Edition March
- Robert Gordon Professional Vision for midwifery education in the North of Scotland
- Supervisors of midwives resource pack 2010 Birmingham City University and Manchester University
- NHS Quality Improvement Scotland pathways for maternity care March 2009
- A refreshed framework for maternity care in Scotland maternity services action January 2011 Scottish Government
- Scottish emergency maternity care course for non maternity professionals
- Nursing and midwifery workload and workforce planning project, maternity workload portfolio, information pack updated 28 April 2011
- Scottish core obstetric teaching and training in emergencies course
- Scottish maternity REACTS course, excellent training for midwives to care for the recognition and management of the critically ill obstetric patient
- Supervisory investigation reports, summary reports and recommendations
- Evidence files from each of the six LSAs as identified on the next six pages
Grampian LSA evidence for NMC review

Formal presentation to the review team on day one

Strategy for supervision

Supervisory forum

- Terms of reference
- Agendas
- Minutes
- Work plan
- Process for SoMs to raise concerns
- Illustration of SoM responsibilities

On call rota and telephone advice sheet; SoM on call reporting sheets
Letters to management re supervisory arrangements
Example of letters to midwives including choice of SoM

LSA audits for last three years and action plans

Clinical governance notes and SoM involvement
Local intelligence network (LIN) for controlled drugs
Maternity strategy
Maternity services review: leadership group membership

Spring day report

Minutes evidencing supervisory involvement in:

- obstetrics, gynaecology and neonatology management team meeting agenda and minutes
- maternity services strategic review leadership group
- Moray MSLC

Guidelines
- Management Escalation Guideline
- Role description for doulas
• Volunteer checklist

Transferring postnatal care to the community

Risk Management
• Reports neonatal risk management meeting

Process for identifying and dealing with SUIs; copy of process and flowchart

Record keeping audits
• audits undertaken and action plans

Material designed by LSA to raise the profile of statutory supervision for example
• posters and leaflets; newsletters

Supervisory case study review

Anonymised examples of annual reviews with midwives advice and support given to women
Highland LSA evidence for NMC review

Formal presentation to the review team on day one

Strategy for supervision (for each of the 3 CHPs and Raigmore)

Philosophy for supervision

Supervisory forum

- Terms of reference
- Agendas
- Minutes
- Work plan

LSA audits for last three years and action plans

Minutes evidencing supervisory involvement in

- Clinical governance
- LIN group for controlled drugs
- Risk management
- Guideline and policy development
- Service redesign
- LSAMO report to the board

Policies and guidelines

Risk management

- Anonymised examples of critical incident reviews

Copy of maternity services dashboard

Process for identifying and dealing with SUIs

- Copy of process and flowchart
- Anonymised reviews of notes and incidents using Guideline La that did not result in a supervisory investigation
- Anonymised action plans

Record keeping audits
- audits undertaken
- action plans

Material designed by LSA to raise the profile of statutory supervision for example:
- posters
- leaflets
- generic mailbox

Anonymised examples of
- annual reviews with midwives
- advice and support given to women
- SoM on call reporting sheets
- SoM activity record
Orkney LSA evidence for NMC review

Formal presentation to the review team on day one

Strategy for supervision adapted from the Tayside strategy

Supervisory forum

- Minutes
- Timetable of meetings with LSAMO
- On call rota

LSA Audits for last three years and action plans

NHS Orkney quality strategy and dashboard

Clinical governance

Guide for when presented with a pregnant woman/ new mother (when no midwife or GP available)

Service redesign

Workforce planning

Midwifery activity

Process for identifying and dealing with SUIs

- Anonymised reviews of notes and incidents using Guideline L that did not result in a supervisory investigation

Record keeping audits

- audits undertaken
- action plans
- list of issues to feedback to midwives

Material designed by LSA to raise the profile of statutory supervision for example

- posters
- leaflets
- labels to go in hand held notes giving contact details for SoMs
Minutes of maternity ward meetings

Anonymised examples of

- annual reviews with midwives
- advice and support given to women – including SoM actions and plans
Shetland LSA evidence for NMC review

Formal presentation to the review team on day one

Strategy for supervision (draft only)

Supervisory forum

- Agenda
- Minutes
- SoM activity sheet
- Timetable of meetings with LSAMO

LSA audits for last three years and action plans

LSA reports to clinical governance presentation and plan

Risk management

- Supervision and risk management strategy
- minutes of risk management meetings

Process for identifying and dealing with SUIs

- Copy of process and flowchart
- Supervisory investigation outcome summary report

Record Keeping Audits

- audits undertaken
- action plans

Anonymised annual reviews

Material designed by LSA to raise the profile of statutory supervision for example

- posters
- leaflets

Integrated midwifery service – PowerPoint presentation

Maternity Audit 200
Tayside LSA evidence for the NMC review

Formal presentation to the review team on day one

Strategy for supervision

Supervisory forum

- Terms of reference
- Minutes
- Work plan
- Process for SoMs to raise concerns
- Illustration of SoM responsibilities

On call rota and on call audit

Telephone advice sheet

Letters to management re supervisory arrangements including allocation of secretarial time for SoMs

LSA audits for last three years and action plans

Clinical governance committee papers

LIN for controlled drugs

- email inviting LSAMO to be a member
- Terms of reference
- Information sharing protocol

Minutes evidencing supervisory involvement in

- Professional Midwife Forum
- Women & Reproductive Health: Practice Review Quality Improvement Group
- Women & Child Health: Antenatal Forum
- Women & Child Health : Multi-Disciplinary Intrapartum Forum
- Women & Child Health: Postnatal Forum

Guidelines
• Place of Birth - local policy
• Sexual Abuse – Scotland wide policy

Process for identifying and dealing with SUIs and copy of process and flowchart
trigger list and review form checklist

Record keeping
• The 12 principles of good record keeping
• Documentation audit

Administration of controlled drug audit

Material designed by LSA to raise the profile of statutory supervision for example
• Information sheet - Who are Supervisors of Midwives - inserted in hand held case notes
• Information re on call SoMs for midwives
• Review of pregnancy care plan

Anonymised copies of annual reviews
Western Isles LSA evidence for NMC review

Formal presentation to the review team on day one

Strategy for supervision – Draft

Supervisory forum

• Agendas
• Minutes

LSA audits for last three years

Action plans

Strategic planning group minutes evidencing supervisory involvement in

• Clinical governance
• Risk management
• Guideline and policy development
• Service redesign
• Workforce planning

Risk Management

• anonymised examples of critical incident reviews

Process for identifying and dealing with SUIs

• Copy of process and flowchart
• Anonymised reviews of notes/ incidents using Guideline LA that did not result in a supervisory investigation

Record Keeping Audits

• audits undertaken
• action plans
• evidence of issues to feedback to midwives
Material designed by LSA to raise the profile of statutory supervision for example

- posters
- leaflets

Self review forms for midwives

Copies of quarterly reports to LSAMO

Breastfeeding policy