

## **Nursing and Midwifery Council report on the Yorkshire and the Humber Local Supervising Authority**

**Date of review:** 25 to 27 June 2012

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## Document information

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# **1 Executive summary**

## **1.1 Reason for review**

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

Yorkshire and the Humber Local Supervising Authority was identified for review following consideration of the LSA annual report, quarterly quality monitoring reports and the date of the previous LSA review. Other areas such as Fitness to Practise (FtP) referrals and concerns raised by other regulators and the members of the public will also be considered.

## **1.2 Review findings**

The review team identified that there were no public protection issues relating to the statutory supervision of midwifery practice and identified that Yorkshire and the Humber Local Supervising Authority fully met all but one of the 52 standards. However, the standard relating to LSA audit visits has been partially met as it requires some action to ensure continued development as set out in the NMC Midwives rules and standards (2004).

## **1.3 Recommendations**

To ensure the continued development of the LSA is supported the review team would like to highlight the recommendations detailed below and request that an action plan, agreed for the LSA and signed by the chief executive must be submitted to the NMC within eight weeks of receiving this report. We will publish this plan alongside this report.

### **LSA annual audits**

The LSA is recommended to review the LSA annual audit processes and strengthen reporting mechanisms

- The LSAMO is advised to continue to review the LSA audit process and reporting template to ensure it only focuses on statutory supervision and not specific service needs. This would reduce the content of the reports and may aid the local supervising authority midwifery officer (LSAMO) in producing the reports in a timely manner. This would be beneficial to both the LSA and the LSAMO as it will enable action plans to be implemented earlier.
- The conclusions and recommendations from the audit team members should be integrated into a single set of key recommendations which are focused and reflective of the relevant standards.
- Any evidence presented in the appendices that relates to achievement of standards needs to be brought into the main report in a succinct and analytical way.

- We would recommend a reporting format that sets out context, performance against standards, discussion, conclusions and recommendations.

#### **Lay auditors:**

- We would recommend that the Yorkshire and the Humber Local Supervising Authority review the lay auditor role. Consideration should be given to focusing lay auditor input on the role of supervision of midwives and in particular supervisions contribution towards delivering women focused care.

#### **Records:**

- We would recommend that the LSA undertakes the planned review of policies and guidelines to consolidate local guidelines and remove inconsistencies.

#### **Suggestions to ensure ongoing effective supervision of midwives**

##### **SoMs and SoM to midwife ratio:**

- Continues to escalate when the SoM to midwife ratio no longer reflects local need and circumstances (will not normally exceed 1:15).
- Continues to escalate when SoMs do not get identified and protected (designated) time for supervision.
- Ensure SoMs who have not had the opportunity to present local LSA reports, are further supported to present local LSA reports at trust board and commissioner level.

## **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).<sup>1</sup>

The NMC has responsibility under the order for setting the rules and standards related to how LSAs carry out their function<sup>2</sup>. An overview of these LSA functions, along with a description and overview of the Yorkshire and the Humber Local Supervising Authority can be found in annexe 1.

### **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 attend. Additionally, the review team were presented with ample evidence to undertake a robust and detailed review. (This was very 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 Yorkshire and the Humber LSA**

#### **3.1 Reason for review**

The purpose of this review (annexe 2) has been to examine the function of Yorkshire and the Humber Local Supervising Authority (LSA). The NMC has a responsibility to assess that all the requirements regarding supervision of midwives are in place and monitored by the LSA.

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

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

## **4 Review findings**

The review team met with LSA stakeholders such as the Chair of NHS North of England, Associate Director of Nursing for NHS North of England, supervisors of midwives, LSA lay auditors, trust directors of nursing and heads of midwifery. The range of midwives present included: contact SoMs, managers, mentors, midwives, link SoMs, students and lecturers. The full list and programme for the days can be found in annexes 4 and 5.

The review team were able to verify that the LSA fully met all but one of the LSA standards. The review team were able to confirm that the self assessment completed by the LSA was an accurate reflection of the current position.

### **Records**

This standard was fully met by the use of LSAMO Forum UK guideline B. However additional local guidelines exist, some of which do not appear to have been reviewed in light of the introduction of the national guidelines and one particular guideline was clearly out of date. The review team received assurance from the LSAMO that a formal review of guidelines is planned to consolidate guidelines and remove inconsistencies.

### **Leadership**

The LSA and LSAMO in particular have a strong presence and strategic influence across the region. The review team consistently heard how the LSAMO is considered to be a highly visible and approachable leader. Evidence of how HoMs, commissioners and DoNs use the advice and support of the LSA to strengthen midwifery practice within their services was presented to the review team by these stakeholders over the course of the review.

The LSAMO should be commended for her very open and transparent approach, she is clearly supporting teams of SoMs to become more effective and develop the skills required to promote and deliver effective statutory supervision of midwives.

Furthermore this was verified through discussions with midwives, which highlighted that SoMs are seen as role models with good leadership skills.

### **Contact SoM development**

The contact SoMs spoke very highly of the professional development sessions that were also provided as part of the regular contact SoM role. They highlighted the value of development skills for charing meetings, strengthening their leadership capacity and challenging difficult behaviours.



## **Examples of effective supervisory practice**

SoMs are working effectively across the Yorkshire and the Humber Local Supervising Authority with many good examples of networking, transfer of good practice, sharing resources and learning from others.

### **Communication**

There was evidence of efficient and effective communication at all levels. This was consistently highlighted through engagement with all the stakeholders. SoMs and midwives particularly found the monthly LSA Briefing newsletter an extremely informative and valuable communication. The review team felt the LSA Briefing to be an exemplary communication tool which may be considered by other LSAs.

### **Information governance**

There was evidence of an effective and efficient LSA administration team with detailed and robust records and spreadsheets held. The information provided to the NMC prior to the LSA visit was comprehensive and provided excellent information for verification by the review team.

### **Clinical governance and patient safety**

There was evidence of a strong and robust interface with clinical governance and patient safety at local and strategic level, and the LSAMO or SoMs represented on the relevant groups.

### **Publications and sharing good practice**

There was outstanding evidence of SoMs whose work, innovation and contribution to practice that had been recognised through local and national awards. The LSAMO and SoMs within the LSA had also been successful in publishing a number of journal articles and making presentations at local and national conferences.

### **Local annual reports**

There were some high quality local SoM reports which have a clear strategic plan and objectives for local development.

**There were a range of examples of good practice which included:**

### **CPD opportunities**

There was evidence of CPD opportunities for all SoMs.

Quarterly workshops for contact SoMs provided further opportunity for some outcome focused CPD in relation to report writing, conflict resolution skills and undertaking supervisory investigations.

## **Supervisory investigations**

Much time and effort has been invested in developing a strategy for introducing an objective framework for undertaking supervisory investigations. This has involved promoting a process that enables all supervisory investigations to be undertaken by an external SoM. The LSA clearly demonstrated the benefits of this approach. Continued monitoring further evaluation and development of the approach based on lessons identified will ensure that the approach continues to be fully supported across the region. This good practice has been shared with other LSAs and within the LSAMO Forum UK. The LSA should be commended for its innovative approach to supervisory investigations.

## **Mentorship**

The long-standing practice within Yorkshire and the Humber local supervising authority has been to offer external mentorship to student and prospective SoMs. It aims to broaden prospective SoMs' perspectives by providing exposure to different supervisory and midwifery practice, within different organisations. This initiative evaluates well.

## **Raising awareness of supervision of midwives**

Contact SoMs have highlighted some innovative methods of engaging with midwives and promoting supervision-in action to midwives and service users. Examples included:

- SoM walkabouts
- Wearing brightly coloured tunics when on-call as a SoM
- Having SoM working for one week at a time
- It was highlighted that there was a good process in place for ensuring the allocation of midwives to SoMs.

This was further verified through discussion with midwives, which also highlighted that SoMs are seen as good role models and through a selection of SoM team annual reports that the review team had the opportunity to review.

Whilst the average SoM to midwife ratio is 1:14, there is a small percentage of trusts with individual SoM to midwife ratios of up to 1:25. The review team were assured that ongoing succession planning was in place, which included letters to individual chief executives reiterating the LSA recommendations.

## **LSA annual audits**

The LSAMO has openly acknowledged the challenges which she has faced in relation to the LSA audits prior to an LSA midwife being appointed again, thus this standard requires some action to ensure continued development. Whilst assurance was provided that LSA audits of all trusts within the LSA had been undertaken, unfortunately at the time of the review a number of reports remained outstanding. The review team have been informed that these reports have now been published.

At the time of the review, the review team were informed that verbal feedback was given at the end of each audit and a follow-up email was sent within 24 hours detailing key findings and recommendations to the HoM. This was to provide the trust with clear recommendations to inform action plans prior to receiving the completed report. However during the review it was highlighted that in some circumstances completed reports had not been available for up to eight months after the date of the review. It is clear that there has been discussion and debate within the audit working group and the LSA in relation to how this problem could be resolved and the increased LSA resource with the appointment of an LSA Midwife will prevent this from reoccurring. In mitigation the loss of an LSA Midwife secondment and therefore the increased workload for the LSAMO was clearly a major contributory factor in the delay with completing the local LSA audit reports.

A rationale and justification for both the content and in-depth nature of data presented in the audit reports was given. However the untimely receipt of reports by SoM teams and therefore their inability to formally present audit findings at a trust executive level minimises the hard work that goes into the completion of the reports.

The review team noted that the LSA Midwife post is pivotal in assisting the LSAMO to ensure NMC reviews are fully achieved and as such would encourage consideration to be made to continue with this resource.

### **The role of lay auditors:**

Yorkshire and the Humber should be commended as an early adopter of lay involvement in LSA audits. Lay auditors have received training and have the opportunity to access ongoing support for their roles. However their role in the audit process is currently confined to gathering feedback from service users, reviewing the birth environment and accessibility of information on supervision to women.

There is an opportunity to expand their role further and make it more focused on an assessment of how supervision supports women focused care. We suggest that lay auditors themselves are invited to consider how the lay auditor process might be strengthened and that the LSA reviews approaches more recently adopted in other regions.

## 5 Recommendations

To ensure the continued development of the LSA is supported the review team would like to highlight the following recommendations to Yorkshire and the Humber LSA and an action plan, agreed for the LSA and signed by the chief executive must be submitted to the NMC within eight weeks of receiving this report. We will publish this plan alongside this report.

### **LSA annual Audits**

The LSA is recommended to review annual audit processes and strengthen the reporting mechanisms

The LSAMO is advised to continue to review the audit process and reporting template to ensure it only focuses on statutory supervision and not specific service needs. This would reduce the content of the reports and may aid the LSAMO in producing the reports in a timely manner. This would be beneficial to both the LSA and the LSAMO as it will enable action plans to be implemented earlier.

The conclusions and recommendations from the audit team members should be integrated into a single set of key recommendations which are focused and reflective of the relevant standards.

Any evidence presented in the appendices that relates to achievement of standards needs to be brought into the main report in a succinct and analytical way.

We would recommend a reporting format that sets out context, performance against standards, discussion, conclusions and recommendations  
Consider the following possible recommendations to strengthen the reporting process:

### **Lay auditors:**

- We would recommend that the Yorkshire and the Humber LSA review the lay auditor role. Consideration should be given to focusing lay auditor input on the role of supervision of midwives and in particular supervisions contribution towards delivering women focused care.

### **Records:**

- We would recommend that the LSA undertakes the planned review of policies and guidelines to consolidate local guidelines and remove inconsistencies.

### **Suggestions to ensure ongoing effective supervision of midwives**

#### **SoMs and SoM to midwife ratio:**

- Continues to escalate when SoM to midwife ratio no longer reflects local need and circumstances (will not normally exceed 1:15).

- Continues to escalate when SoMs do not get identified and protected (designated) time for supervision.
- Ensure SoMs who have not had the opportunity to present local LSA reports, are further supported to present local LSA reports at trust board and commissioner level.

## 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 Yorkshire and the Humber LSA fully met all but one of the 52 standards (as set out in the *NMC Midwives rules and standards - 2004*). Whilst Standard 6.5 was partially met at the time of the review, however the review team have been informed that these reports are now completed and have been published.

Statutory supervision of midwives in Yorkshire and the Humber Strategic Health Authority has a high profile and is well supported. The LSAMO is seen as a strong and visible leader and her strategic position within the LSA clearly promotes effective statutory supervision.

Statutory supervision provides assurances to the chair of NHS North of England and directors of nursing in relation to the safety of maternity services and is invaluable in providing ongoing expert advice regarding protection of the public.

Some themes were identified in the review for further development in the LSA and these are identified throughout the report. The LSA is required to draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSA will implement the actions and have processes in place to monitor and review the outcomes of the report. Actions concerning the recommendations related to supporting continued development should be detailed in the LSA's annual report to the NMC.

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

## 7 Evidence of standards being met or unmet

### 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:

Standard	Judgement	Evidence Source
1.1 publish annually the name and address of the person to whom the notice must be sent	Standard met	This was evidenced through the LSA annual report, LSA Briefing and in 'footer' documentation on all formal correspondence. Evidenced that the LSA follow Forum UK guideline K
1.2 publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met,	As above
1.3 ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year	Standard met	This was verified on visit by the LSAMO reviewer using the LSA database  Electronic transfer by LSA office and verification by NMC  LSAMO Forum (UK) guideline for completion of the Intention to Practise form.
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,	As above in 1.3  Electronic transfer by the LSA office via <a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a> and verification by the NMC on a daily basis

## Rule 4 – Notifications by local supervising authority

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

Standard	Judgement	Evidence Source
<p><b>Review team commentary</b></p> <p>We have received written, verbal and electronic evidence to demonstrate the standards in this rule have been met.</p> <p>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 efficient and led to improved efficacy and quality.</p> <p>All LSAMO Forum (UK) guidelines are available on <a href="http://www.midwife.org">www.midwife.org</a>.</p>		
<p><b>Recommendations for rule 4</b></p> <p>No recommendations for the LSA</p>		



## 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:

Standard	Judgement	Evidence source
<p><b>2.1</b> publish how it will investigate any alleged impairment of a midwife's fitness to practise</p>	<p>Standard met,</p>	<p>National guidelines on LSAMO Forum (UK) website:            Supervisory investigation decision tool kit            Guideline for investigation of midwife's fitness to practise.            (Guideline L)            Guideline on suspension of midwives from practice.   <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></p>
<p><b>2.2</b> publish how it will determine whether or not to suspend a midwife from practice</p>	<p>Standard met,</p>	<p>The use of LSAMO Forum UK guideline I and L             Verified on the LSA website</p>
<p><b>2.3</b> publish the process for appeal against any decision</p>	<p>Standard met,</p>	<p>Verification of supervisory letters and reports as per guideline L and local guideline 3 and 20 - the information for midwives in guideline 20. This was well evaluated by midwives.</p>
<p><b>2.4</b> ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.</p>	<p>Standard met,</p>	<p>As 2.3 – section in this letter which informs the midwife of the appeal process, this was triangulated when SoMs confirmed this guideline and letter templates are used.             Verified by LSA Forum UK guideline L and local guideline 10 and 20. Whilst there have been no local appeals, any complaint received would be handled by an external investigator.</p>

## Rule 5 – Suspension from practice by a local supervising authority

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**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:

Standard	Judgement	Evidence source
<p><b>Review team commentary</b></p> <p>A combination of written, verbal and electronic evidence demonstrates 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.</p>		
<p><b>Recommendations for rule 5</b></p> <p>No recommendation for the LSA</p>		

## 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:

Standard	Judgement	Evidence source
<p><b>3.1</b> publish local procedures for the transfer of midwifery records from self-employed midwives</p>	<p>Standard met,</p>	<p>National guidance from LSAMO Forum UK guideline B and H and local Yorkshire and the Humber LSA guideline 16  <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></p>
<p><b>3.2</b> agree local systems to ensure supervisors of midwives maintain records of their supervisory activity</p>	<p>Standard met,</p>	<p>National guidance LSAMO Forum UK Guideline B  <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></p> <p>Further verification in rich discussion with contact SoMs</p>
<p><b>3.3</b> ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years</p>	<p>Standard met,</p>	<p>National guidance LSAMO Forum UK</p> <p>Guideline B Clear evidence was presented to verify the LSA database is used as the central storage for the SoM records</p> <p>Annual reviews by SoMs are kept on the LSA database – these are therefore securely stored – verified by discussions with contact SoMs</p>

## 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:

Standard	Judgement	Evidence source
<p><b>3.4</b> arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years</p>	<p>Standard met,</p>	<p>LSAMO Forum UK guideline for Information governance including confidential information relating to statutory supervision.</p> <p>Verified through the database – records are uploaded to database but in addition there is an internal mechanism.</p> <p>Further verification through discussion with contact SoMs</p>
<p><b>3.5</b> publish local procedures for retention and transfer of records relating to statutory supervision.</p>	<p>Standard met,</p>	<p>National guidance from LSAMO Forum UK</p> <p>Guideline B however in addition there are local guidelines 3, 12, 14 and 21 (there was some recognition that many of the local guidelines are historical and some have been superseded by the LSA national guidelines. Some of the local guidelines will be removed once a formal review has taken place)</p>

## Rule 9 – Records

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

Standard	Judgement	Evidence source
<p><b>Review team commentary</b></p> <p>We have received written, verbal and electronic evidence to say that the standards in this rule have been met.</p> <ul style="list-style-type: none"><li>• SoMs are now making consistent use of the LSA database</li><li>• We are assured that the SoMs were using the database for individual annual reviews although note that some continue to keep paper copies</li></ul> <p>Records:</p> <ul style="list-style-type: none"><li>• This standard was fully met by the use of LSAMO Forum UK guideline B. However additional local guidelines exist, some of which do not appear to have been reviewed in light of the introduction of the national guidelines and one particular guideline was clearly out of date. The review team received assurance from the LSAMO that a formal review of guidelines is planned to consolidate guidelines and remove inconsistencies</li></ul>		
<p><b>Recommendations for rule 9</b></p> <ul style="list-style-type: none"><li>• The planned formal review of guidelines should be undertaken to consolidate guidelines and remove inconsistencies</li></ul>		

## 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:

Standard	Judgement	Evidence source
<p><b>4.1</b> publish their policy for the appointment of any new supervisor of midwives in their area</p>	<p>Standard met,</p>	<p>National guidance from LSAMO Forum UK Guideline C. Further verification provided through discussion with the PoSoM lead</p> <p>Further verification provided with discussion with the student SoMs</p>
<p><b>4.2</b> maintain a current list of supervisors of midwives</p>	<p>Standard met,</p>	<p>Verified on the LSA database in addition to a internal spreadsheet of SoMs</p> <p>Further verification through discussion with the contact SoMs</p>
<p><b>4.3</b> demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.</p>	<p>Standard met,</p>	<p>Verified through the LSA database. This has been met with a robust detailed range of CPD opportunities – they also have a robust follow-up every 6 months to ensure NMC compliance</p> <p>Whilst the training needs analysis is in place its utility informing the CPD programmes sit along other strategies for CPD – with time this may become a more effective use of this robust system.</p>

## Rule 11 – Eligibility for appointment as a supervisor of midwives

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

Standard	Judgement	Evidence source
<p><b>Review team commentary</b></p> <p>All LSAMO Forum UK guidelines are available on <a href="http://www.lsamoforumuk.scot.nhs.uk/">http://www.lsamoforumuk.scot.nhs.uk/</a>. This LSA database is available on <a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a>. Whilst the LSA have a robust range of CPD opportunities and the training needs analysis is in place, in time this could be strengthened and become a more effective use of this robust system.</p>		
<p><b>Recommendations for rule 11</b></p> <p>The LSA should continue to develop the training needs analysis and ensure an effective use of this robust system.</p>		

## 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:

Standard	Judgement	Evidence source
<p><b>5.1</b> publish the local mechanism for confirming any midwife's eligibility to practise</p>	<p>Standard met,</p>	<p>LSAMO Forum UK guideline on confirming midwives eligibility to practise. Through the LSA database The annual review process National LSA standard 2 Confirmed at the review</p>
<p><b>5.2</b> implement the NMC's rules and standards for supervision of midwives</p>	<p>Standard met,</p>	<p>LSAMO Forum UK guidelines Yorkshire and the Humber LSA Audits (whilst this was verified by the evidence produced of some of the LSA audits, not all audit reports were available during this review National LSA standards</p>
<p><b>5.3</b> ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)</p>	<p>Standard met,</p>	<p>LSA database; reviewer checked on the day and the ratio was 1:14 for the LSA Yorkshire and the Humber LSA audits Preparation of supervisor of midwives programme National LSA standard 2 Yorkshire and the Humber LSA annual reports Some individual units exceeded the ratio of 1:15 – Action plans are in place Succession plans include highlighting poor ratios to individual chief executives</p>



## 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:

Standard	Judgement	Evidence source
<p><b>5.4</b> set up systems to facilitate communication links between and across local supervising authority boundaries</p>	<p>Standard met,</p>	<p>LSAMO attendance at the LSAMO Forum UK meetings            Email communication between all UK LSAMOs            LSAMO “cluster meetings”            Use of LSA database            Quarterly contact SoM workshops and contact SoM CPD opportunities            Monthly electronic LSA briefing produced and circulated            Consistency of approach and advice by LSA midwife (secondment) and Link SoMs</p>
<p><b>5.5</b> enable timely distribution of information to all supervisors of midwives</p>	<p>Standard met,</p>	<p>Monthly electronic LSA briefing produced. Quarterly contact supervisor meetings held            Regular LSA events and working groups; LSA circulation lists for contact SoMs, all SoMs and Heads of Midwifery (HoMs). On LSA web page as per Yorkshire and the Humber guidelines 3 and 5</p>
<p><b>5.6</b> provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer</p>	<p>Standard met,</p>	<p>Email communication between LSAMO and all SoMs            LSA circulation lists for all SoMs. LSAMO contact details on every email ‘footer’ and in every monthly electronic LSA Briefing. All contacts with the LSAMO are recorded within file notes</p>

## 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:

Standard	Judgement	Evidence source
<p><b>5.7</b> 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</p>	<p>Standard met,</p>	<p>Strong educational and supervisory links exist.</p> <p>There are good mechanisms for developing strategies for developing key areas of practice – demonstrated in individual strategies and articulated in their annual reports</p> <p>Yorkshire and the Humber LSA conferences and study days</p>
<p><b>5.8</b> monitor the provision of protected time and administrative support for supervisors of midwives</p>	<p>Standard met,</p>	<p>Contact SoM, link SoM and SoM role there seems to be a commitment to protect time for supervisory roles</p> <p>There clearly is a local escalation mechanism when supervisory protected time is not available.</p> <p>Protected time talk about how this will be escalated – initiative practices – SoM for the week etc some designated som – look at support for evaluating this practices</p>

## 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:

Standard	Judgement	Evidence source
<p><b>5.9</b> promote woman-centred, evidenced-based midwifery practice</p>	<p>Standard met,</p>	<p>Met using paper evidence and although this was triangulated by talking to some midwives this was limited to availability. However both qualified midwives and student midwives provided very positive feedback through discussions particularly in relation to woman centred, evidence based midwifery practice</p> <p>This was very well evidenced by the three independent midwives</p> <p>In an incident – excellent</p> <p>There is lot of strategic evidence in work to promote evidence based midwifery care, for example exploring contributory factors to the regions stillbirth rate and subsequent support and training and promotion of accurate fundal height measurement</p>
<p><b>5.10</b> ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise</p>	<p>Standard met,</p>	<p>Verified through LSA database</p>

## 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:

Standard	Judgement	Evidence source
<p><b>5.11</b> supervisors of midwives are available to offer guidance and support to women accessing maternity services</p>	<p>Standard met,</p>	<p>Verified through LSA database Whilst it was noted that the local guideline 14 was out of date for review, evidence was provided through minutes of meetings that the review of this had only been deferred as it was anticipated it would be replaced with guideline 20.</p>
<p><b>5.12</b> supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice</p>	<p>Standard met,</p>	<p>As per 5.11 National LSA standard 1 Yorkshire and the Humber audits LSA annual reports</p>
<p><b>5.13</b> supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives</p>	<p>Standard met,</p>	<p>Information on appointment National LSA standards Yorkshire and the Humber Audits Local supervision annual reports Link SoM role</p>

## 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:

Standard	Judgement	Evidence source
<p><b>5.14</b> supervisors of midwives provide professional leadership</p>	<p>Standard met,</p>	<p>National LSA Standard 3            Local supervision annual reports            Examples of good practice            Further verification through discussions with the LME's</p> <p>Contact SoMs have highlighted very innovative methods of engaging with midwives and promoting supervision to midwives for example</p> <p>SoM walkabouts            Wearing brightly coloured tunics when on-call as a SoM</p> <p>Having SoM working for one week at a time etc</p> <p>This was further verified through discussion with midwives and how SoMs are good role models</p> <p>It was highlighted that there was good matching of SoM to midwives.</p>

## 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:

Standard	Judgement	Evidence source
<p><b>5.15</b> supervisors of midwives are approachable and accessible to midwives to support them in their practice.</p>	<p>Standard met,</p>	<p>Yorkshire and the Humber LSA Audits            LSAMO Forum UK Guideline on the process for the notification and management of complaints against a supervisor of midwives            National LSA Standard 4            LSA investigations</p> <p>Discussions with contact SoMs verified that SoMs are approachable and accessible to midwives to support them in their practice</p> <p>Demonstrated that leadership skills are developed</p>

## Rule 12 – The supervision of midwives

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**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:

Standard	Judgement	Evidence source
<p><b>Review team commentary</b></p> <p>All LSAMO Forum UK guidelines are available on <a href="http://www.lsamoforumuk.scot.nhs.uk/">http://www.lsamoforumuk.scot.nhs.uk/</a> . The LSA database is available on <a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a>. Whilst this standard is met there are some areas of note:</p> <ul style="list-style-type: none"><li>• The review team acknowledge that the SoM to midwife ratio is disproportionate in some trusts, however evidence provided demonstrates that the LSA does highlight this at executive level.</li><li>• Some local guidelines exist in addition to the National guidelines, and whilst this may be necessary in some instances the review team acknowledge some are no longer required and one was out of date for review. Further evidence was provided to demonstrate that these guidelines are being reviewed but this has been delayed to provide the opportunity of only retaining those local guidelines which are required in light of the national guidelines.</li><li>• The review team acknowledge some good practices and innovative practices in relation to SoMs promoting statutory supervision of midwives and engaging with midwives, for example:<ul style="list-style-type: none"><li>• SoMs walking the floor in their specific role as a SoM</li><li>• SoMs wearing brightly coloured tunics to identify they are the on-call SoM</li><li>• An identified SoM working for one week rotations as a dedicated SoM.</li></ul></li></ul> <p>This was verified through discussions with both midwives and student midwives. Further more SoMs were seen as good role models.</p>		

## Rule 12 – The supervision of midwives

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**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:

Standard	Judgement	Evidence source
<p><b>Recommendations for rule 12</b></p> <p>5.3 The LSA should continue to monitor maternity units where there is a shortfall of SoMs and action plans should be monitored regularly.</p> <p>The LSA are recommended to review the local guidelines and remove any which are not longer required at the earliest opportunity.</p>		



## 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:

Standard	Judgement	Evidence source
<b>6.1</b> use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met,	Current LSAMO appointed as per the NMC standards
<b>6.2</b> involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met,	SHA system in place. Current LSAMO appointed as per NMC standards
<b>6.3</b> manage the performance of the appointed local supervising authority midwifery officer	Standard met,	LSAMO performance outlined within the annual LSA report  Verification with line manager
<b>6.4</b> provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met,	SHA employment systems in place for LSAMO and LSA midwife. LSA midwife currently in post. Link SoMs also in post and act as a resource for the LSAMO. Whilst Link SoMs are clearly a valuable and positive contribution to the functioning of supervision in the region, the LSAMO wish to review the accountability mechanism of these roles

## 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:

Standard	Judgement	Evidence source
<p><b>6.5</b> 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.</p>	<p>Partially met,</p>	<p>Assurances were given that all annual LSA audits had been completed however not all reports were available at the review. The review team were assured they were in draft and that all HoMs, a trust and a PCT executive member received feedback at the end of the audit and in addition received an email within 24 hours outlining any key issues or actions to be implemented. This was verified by the directors of nursing and HoMs during the review. From further discussions the review team acknowledged that the delay in completing the reports could on occasions be eight or more months and this was largely due to pressure of other commitments.</p>
<p><b>Review team commentary</b></p> <p>Whilst standard 6.5 was partially met at the time of the review, the review team have been informed that these reports have now been published, therefore this standard is now fully met.</p>		
<p><b>Recommendations Rule 13</b></p> <p>The LSAMO should review her workload priorities so as to ensure the core business of her statutory role is achieved in a timely way.</p>		

## 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:

Standard	Judgement	Evidence source
<p><b>7.1</b> develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents</p>	<p>Standard met,</p>	<p>The Yorkshire and the Humber LSA guidance            The Yorkshire and the Humber SHA serious untoward incident policy (SoM complete details of SoM investigations and Sis onto the LSA database)            LSAMO Forum UK guideline for investigation of a midwife’s fitness to practise</p>
<p><b>7.2</b> publish the investigative procedure</p>	<p>Standard met,</p>	<p>The Yorkshire and the Humber guidance.            LSAMO Forum UK Guideline for investigation of a midwife’s fitness to practise            LSAMO Forum UK Guideline on suspension of midwives from practice            Verified via the LSA local website</p>
<p><b>7.3</b> liaise with key stakeholders to enhance clinical governance systems</p>	<p>Standard met,</p>	<p>Robust evidence provided            Yorkshire and the Humber LSA Audits            LSA National Forum UK standard 5            Local meetings with SoMs and other trust personnel as required            Trust clinical governance and risk management midwives are SoMs</p> <p>A number of stakeholders expressed their concern at a time of change – cluster arrangement affecting change; however, this may be an opportunity for the LSA to revisit their core work plan</p>

## 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:

Standard	Judgement	Evidence source
<p><b>7.4</b> publish the process for the notification and management of complaints against any:</p> <ul style="list-style-type: none"> <li>- local supervising authority midwifery officer</li> <li>- supervisor of midwives</li> </ul>	Standard met,	<p>The Yorkshire and the Humber LSA website SHA systems in place LSAMO Forum UK guideline on the process for the notification and management of complaints against a supervisor of midwives or an LSAMO</p>
<p><b>7.5</b> publish the process for removing from appointment a:</p> <ul style="list-style-type: none"> <li>- supervisor of midwives</li> <li>- local supervising authority midwifery officer</li> </ul>	Standard met,	<p>LSAMO Forum UK guideline D  The Yorkshire and the Humber LSA web page  SHA systems in place</p>
<p><b>7.6</b> publish the process for appeal against the decision to remove:</p> <ul style="list-style-type: none"> <li>- an officer</li> <li>- a supervisor of midwives</li> <li>- a local supervising authority midwifery officer</li> </ul>	Standard met,	<p>The Yorkshire and the Humber LSA web page. LSAMO Forum UK guideline G</p>

## Rule 15 – Publication of local supervising authority procedures

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**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:

Standard	Judgement	Evidence source
<p><b>7.7</b> ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion:</p> <ul style="list-style-type: none"><li>- local supervising authority midwifery officer</li><li>- Supervisor of midwives.</li></ul>	Standard met,	<p>LSAMO Forum UK guideline on the process for the notification and management of complaints against a SoM or an LSAMO</p> <p>SHA employment systems in place</p>
<p><b>Review team commentary</b></p> <p>All LSAMO Forum UK guidelines are available on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a>. The LSA database is available on <a href="http://www.midwife2.org.uk">www.midwife2.org.uk</a>.</p>		
<p><b>Recommendations for rule 15</b></p> <p>No recommendation for the LSA.</p>		

## 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:

Standard	Judgement	Evidence source
8.1 numbers of supervisor of midwives appointments, resignations and removals	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA web page
8.2 details of how midwives are provided with continuous access to a supervisor of midwives	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA website National LSA standard 4 Local supervision reports
8.3 details of how the practice of midwifery is supervised	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA website Local supervision reports National LSA standards

## 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:

Standard	Judgement	Evidence source
<b>8.4</b> 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,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database Minutes of the LSA audit working group Service users are members of the LSA audit working group National LSA standard 1
<b>8.5</b> evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database Minutes of meetings with LMEs and triangulation through discussions with LMEs National LSA Standard 3
<b>8.6</b> details of any new policies related to the supervision of midwives	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database National and local guidance for SoMs

## 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:

Standard	Judgement	Evidence source
<b>8.7</b> evidence of developing trends affecting midwifery practice in the local supervising authority	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database Discussion with the Yorkshire and the Humber SoMs Quarterly quality monitoring tool
<b>8.8</b> details of the number of complaints regarding the discharge of the supervisory function	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database Quarterly quality monitoring tool
<b>8.9</b> reports on all local supervising authority investigations undertaken during the year	Standard met,	The Yorkshire and the Humber annual reports and verification by NMC The Yorkshire and the Humber LSA database The Yorkshire and the Humber LSA files National LSA standard 5 Quarterly quality monitoring tool



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**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:

Standard	Judgement	Evidence source
<b>Review team commentary</b>		
<b>Recommendations for rule 16</b> No recommendation for the LSA		

## The local supervising authority

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

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

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

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

Each LSA must appoint a practising midwife to the role of LSAMO. The statutory requirements for this person and role are also set by the NMC which are available at [www.nmc-uk.org](http://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 safely 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 NHS Yorkshire and the Humber in context**

The Yorkshire and the Humber is the fourth largest Strategic Health Authority (SHA) in the United Kingdom. The geographical area of the SHA is 15, 000 square miles covering all areas of high and low income and deprivation categories.



The geographical boundaries of Yorkshire and the Humber LSA are West Yorkshire, South Yorkshire and North and East Yorkshire and Northern Lincolnshire (<http://www.yorksandhumber.nhs.uk/>). Bassetlaw moved into this LSA from April 2011 and will feature in next year's report. Maternity services in Yorkshire and the Humber are commissioned by fourteen PCTs and provided by ten NHS Foundation and four NHS trusts. Fourteen midwives indicated Independent / Self employed midwife status as either their "Main place of work" (7) or "Part time place of work" (7).

The websites of the trusts providing maternity services are accessible at:

Airedale NHS Foundation Trust [www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)

Barnsley Hospital NHS Foundation Trust [www.bhnft.nhs.uk](http://www.bhnft.nhs.uk)

Bradford Teaching Hospitals NHS Foundation Trust [www.bradfordhospitals.nhs.uk](http://www.bradfordhospitals.nhs.uk)

Calderdale and Huddersfield NHS Foundation Trust [www.cht.nhs.uk](http://www.cht.nhs.uk)

Doncaster and Bassetlaw Hospitals NHS Foundation Trust [www.dbh.nhs.uk](http://www.dbh.nhs.uk)

Harrogate and District NHS Foundation Trust [www.hdft.nhs.uk](http://www.hdft.nhs.uk)

Hull and East Yorkshire Hospitals NHS Trust [www.hey.nhs.uk](http://www.hey.nhs.uk)

Leeds Teaching Hospitals NHS Trust [www.leedsth.nhs.uk](http://www.leedsth.nhs.uk)

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust [www.nlg.nhs.uk](http://www.nlg.nhs.uk)

Mid Yorkshire Hospitals NHS Trust [www.midyorks.nhs.uk](http://www.midyorks.nhs.uk)

Rotherham NHS Foundation Trust [www.rotherhamhospital.nhs.uk](http://www.rotherhamhospital.nhs.uk)

Scarborough and North East Yorkshire Healthcare NHS Trust [www.scarborough.nhs.uk](http://www.scarborough.nhs.uk)

Sheffield Teaching Hospitals NHS Foundation Trust [www.sth.nhs.uk](http://www.sth.nhs.uk)

York Hospitals NHS Foundation Trust [www.york.nhs.uk](http://www.york.nhs.uk)

The number of women giving birth using NHS services in Yorkshire and the Humber from 2010 - 2011 was 65,727, an increase of only 8 births since last year. The number of Intention to practise forms submitted from midwives by 31st March 2011 was 3085 (including secondary ITPs), an increase of 3.8%.

There may be a potential over-supply of midwives in Yorkshire and the Humber in the next 2 years, despite the 2011-12 planned commissions of midwifery education places decreasing marginally by 2%. The reasons include the productivity gain in the midwifery workforce due to a marked downward trend in sickness absence rates from 2007 – 2010 and the latent capacity of recent midwifery qualifiers working part time 11 (mainly half time), who have the potential to increase to full time when demand and funding permit. Added to this, the large increase in the 2009-10 commissions will mean a near doubling of the output of newly qualified midwives in summer /autumn 2013, with a similar large supply the following year (assuming attrition rates continue to decline). Student attrition from programmes has reduced from 30% to 20% with clear indications of a further fall to 15% over the next year.

Midwifery education is provided by the following Universities:

University of Bradford - [www.bradford.ac.uk](http://www.bradford.ac.uk)

\* Also provides Return to Midwifery practice module

University of Huddersfield – [www.huddersfield.ac.uk](http://www.huddersfield.ac.uk)

University of Hull – [www2.hull.ac.uk](http://www2.hull.ac.uk)

\* Also provides Return to Midwifery practice module

University of Leeds – [www.leeds.ac.uk](http://www.leeds.ac.uk)

\* Also provides the Preparation of SoMs module

The University of Sheffield – [www.sheffield.ac.uk](http://www.sheffield.ac.uk)

\* Also provides the Preparation of SoMs module

Sheffield Hallam University – [www.shu.ac.uk](http://www.shu.ac.uk)

\* Also provides Return to Midwifery practice module

The University of York – [www.york.ac.uk](http://www.york.ac.uk)

## The NMC and its framework for reviewing LSAs

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

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

The NMC sets the rules and standards for the function of the LSA which are detailed in the *Midwives rules and standards*. The NMC has a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the NMC framework for reviewing LSAs, available at [www.nmc-uk.org](http://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: Jane Suppiah  
Role in review team: Lay reviewer  
Other roles:

Name: Julie Richards  
Role in review team: LSAMO reviewer  
Other roles: LSAMO

Name: Monica Thompson  
Role in review team: Midwife reviewer  
Other roles: Midwife

Name: Colleen Begg  
Role in review team: NMC representative  
Other roles: NMC Midwifery Adviser

Name: Tanisha Watson  
Role in review team: Shadowed the team  
Other roles: NMC QA Coordinator, Supervision of Midwifery



## **Key people met during the review**

- Chair NHS North of England
- Associate Director of Nursing NHS North of England
- PCT Directors of Nursing
- Trust Directors of Nursing
- The LSAMO
- LSA midwifery team
- Heads of Midwifery
- Lead Midwives for education
- Consultant midwives
- Independent midwives
- Contact SoMs
- Link SoMs
- SoMs
- Midwives
- Student midwives
- Representatives of higher education institutions
- Service users
- LSA Lay Reviewers

## Programme for the review

### NMC review of Yorkshire and the Humber Local Supervising Authority

The LSA will meet on Monday 25<sup>th</sup> June 2012 with the NMC Review Team as part of the process

#### Day 1 – Tuesday 26 June 2012

**Location:** The Boardroom, Yorkshire and the Humber  
Strategic Health Authority, Blenheim House, West One,  
Duncombe Street, Leeds LS1 4PL

Directions to Blenheim House: [http://www.yorksandhumber.nhs.uk/contact\\_us/](http://www.yorksandhumber.nhs.uk/contact_us/)

Time	Activity	Location
09:00	Welcome, arrival and coffee – LSA Team	Boardroom
09:30	Introduction from the NMC Review Team to the LSA and guests	Boardroom
09:45	LSA presentation to the NMC Review Team and guests	Boardroom
<b>Concurrent sessions</b>		
10:45	Review Team meeting with Ian Dalton, Chief Executive and Jane Cummings, Director of Nursing (30mins)	Room 2
10:45	Review Team meeting with SHA colleagues	Boardroom
<b>Concurrent sessions</b>		
11:15	Review Team meeting with Trust Chief Executives and Trust Directors of Nursing	Boardroom
11.15	Review Team meeting with PCT Chief Executives and PCT Directors of Nursing	Room 2
11:45	Refreshment break and in camera session	Room 2
<b>Concurrent sessions</b>		
12:00	Review Team meeting with Heads of Midwifery (45mins)	Boardroom
12:00	Clinical Directors and Governance members e.g. Risk Managers	Room 2
12:45	Lunch – Break out room for in camera session	Boardroom + Room 2

Time	Activity	Location
<b>Concurrent sessions</b>		
13:45	Review Team meeting with Consultant Midwives	Boardroom
13:45	Review Team meeting with Link Supervisors of midwives	Room 2
14:15	Review Team meeting with Supervisors of midwives	Boardroom
15:15	Refreshment break and in camera session	Room 2
15:30	Mentors Review Team meeting with Midwives, Self Employed Midwives	Boardroom
16:00	Review Team to view LSA Office systems and processes Catch up with LSAMO and Review Team	Boardroom
17:00	Close	

## NMC review of Yorkshire and the Humber Local Supervising Authority

**Day 2 – Wednesday 27 June 2012**

**Location:** The Boardroom, Yorkshire and the Humber  
Strategic Health Authority, Blenheim House, West One,  
Duncombe Street, Leeds LS1 4PL

**Directions to Blenheim House:** [http://www.yorksandhumber.nhs.uk/contact\\_us/](http://www.yorksandhumber.nhs.uk/contact_us/)

Time	Activity	Location
09:00	<b>In camera session</b>	Boardroom
09:30	Review Team meeting with Contact supervisors of midwives	Boardroom
10:30	Review Team meeting with Service users and MSLC members	Boardroom
11:00	Review Team meeting with LME's, Midwifery educationalists, Deans and PSoM leads	Boardroom
12:00	Lunch and possible telephone contact with attendees at the HIEC Regional Conference	
13:00	Review Team meeting with Student supervisors of midwives	Boardroom
13:30	Review Team meeting with Student midwives	Boardroom
14:00	<b>Refreshment break and in camera session</b>	Boardroom
14:15	NMC review team meet with LSAMO	Boardroom
14:30	In camera session report drafting NMC review team	Boardroom
16.30	Finish of NMC Review	

## Evidence viewed

- The completed self assessment prior to and evidence file available at the review, indicating how the LSA meets the NMC standards for the supervision of midwives
- LSA stand present in the SHA during the review
- Presentations prepared from the Chair of NHS North of England and presentation undertaken by LSAMO
- The LSA webpages at: [http://www.yorksandhumber.nhs.uk/what we do/local supervising authority midwifery/](http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority_midwifery/) and for the SHA is: <http://www.yorksandhumber.nhs.uk/>

- Selection of three Annual Trust supervision reports: Bradford Teaching Hospitals NHS Foundation Trust; Leeds Teaching Hospitals NHS Trust; Sheffield Teaching Hospitals NHS Foundation Trust
- Formal LSA Audit visit report to Harrogate District Hospital NHS Foundation Trust and email feedback on Good practice points and recommendations provided to the Contact SoM & Acting HoM on the evening of the Harrogate audit visit

Formal LSA Audit visit report to Mid Yorkshire Hospitals NHS Trust and email feedback on Good practice points and recommendations provided to the Contact SoM, HoM, Chief Nurse of Trust, PCT & SHA & SHA Maternity lead and Anne-Marie for purposes of ongoing support to the SoM team, the day after the Mid Yorkshire audit visit

- Selection of two informal LSA Audit visit reports to Hull and East Yorkshire NHS Foundation Trust and the follow up visit to Mid Yorkshire Hospitals NHS Trust; NB: The Service User and the AEI reports are contained within these and the previous LSA audit visit reports.
- Content and context information (e.g. geographical boundary, maternity units in the LSA) etc. between pages 10 and 12 in the 2011 LSA Annual report accessible at: [http://www.yorksandhumber.nhs.uk/what we do/local supervising authority midwifery/lisa annual reports/](http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority_midwifery/lisa_annual_reports/) Please let me know if you need this information separating from the Annual report
- LSA Risk register and risk meeting minutes i.e. “Enclosure 5” for the NHS Yorkshire and the Humber Patient Safety and Governance Committee held on the 13<sup>th</sup> March 2012
- LSA guidelines, accessible electronically at: [http://www.yorksandhumber.nhs.uk/what we do/local supervising authority midwifery/guidelines for supervisors of midwives/](http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority_midwifery/guidelines_for_supervisors_of_midwives/)

- Anonymised supervisory care plan
- Supervisory investigation workshop programme and training resources, including four fictitious cases
- Minutes of the LSA Strategy and Education group held on May, March and January 2012 attached
- Quarterly Contact SoM meeting minutes held on March 2012 and November and June 2011
- LSA Audit working group minutes held on December, November and September 2011 (Auditor training workshop),
- LSA Guidelines groups held on May and February 2012;
- Improving maternal and neonatal outcomes held on March and January 2012;
- Link SoM minutes held on March 2012 and September 2011;
- Planning meetings for 2<sup>nd</sup> National community midwifery conference held on February and January 2012
- 2012-2013 training needs analysis collated in March 2012
- Evidence of the LSA annual report presented to the board – Agenda (filename “untitled”) – item 15 and “Thank you” email to Director of Nursing / Sponsoring Executive Director Jane Cummings
- SHA serious incident guidance, Section 10, page 11 - relevant section of the role of the LSA
- Anonymised Supervisory report, HoM outcome summary and outcome letter to midwife
- Anonymised Complaint report against a SoM undertaken by another LSAMO; outcome letter to complainant, to respondent, to Chief Nurse of respondent and LSA follow up letter to complainant, copied to new Director of Nursing