

Nursing and Midwifery Council (NMC) report on the South East Scotland Consortia local supervising authority

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1 Executive summary

The Nursing and Midwifery Council exists to safeguard the health and wellbeing of the public.

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

The South East Scotland Consortia LSA was identified for review after its annual report was risk assessed and found to have a low risk score. It was therefore included to test the NMC framework. The risk-based approach to reviewing LSAs has been approved by the NMC Midwifery Committee and is in line with the NMC risk framework and the Regulators compliance code.¹

1.1 Overview and key recommendations

The NMC has reviewed the performance of the South East Scotland Consortia LSA against key standards set within the Midwives rules and standards (2004). Our review of the LSA has focused on the supervision of midwives and the safeguarding of health and wellbeing of women, their babies and their families. We conclude that the South East Scotland LSA consortia is carrying out its statutory functions and have identified some areas requiring strengthening across the LSA, having met all of the 53 standards set by the NMC. Recommendations are given below in order to support continued development in accordance with the aims of the review.

This report will be published on the NMC website at www.nmc-uk.org. Actions concerning the recommendations related to supporting continued development should be detailed in the LSA annual report to the NMC.

Recommendations

There are no recommendations in relation to meeting the NMC standards.

¹http://www.cabinetoffice.gov.uk/REGULATION/reform/enforcement_concordat/compliance_code.asp

Recommendations to the consortia to support continued development

The LSA is recommended to:

Guidance

- Continue to ensure that all SoMs use a consistent equitable approach that incorporates the adopted national and South East Scotland guidance into their everyday supervisory practice

Supportive framework for supervision

- Ensure that there is a clear assessment and appraisal process for all SoMs and that it is applied consistently and effectively across the four LSA's.
- Continue to develop clear strategies for 'talent spotting' any midwives who may wish to become SoMs. The LSAMO should ensure that her contact details are available for midwives considering undertaking the preparation programme so that they can contact her directly.
- Continue to support an effective model for supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance in all LSAs of the consortia (will not normally exceed 1:15)
- Ensure that that SoMs continue to get protected time for supervision and when they are unable to do this there must be clear reporting mechanisms for SoMs to alert the LSA
- Continue to celebrate SoM successes and identify and act on challenges for supervision

Leadership

- Promote and enhance the leadership skills of SoMs through leadership development programmes

Birth Trends

- Continue to monitor the midwife to birth ratio and provide advice to the Health Boards about maternity workforce plans

Acknowledgements

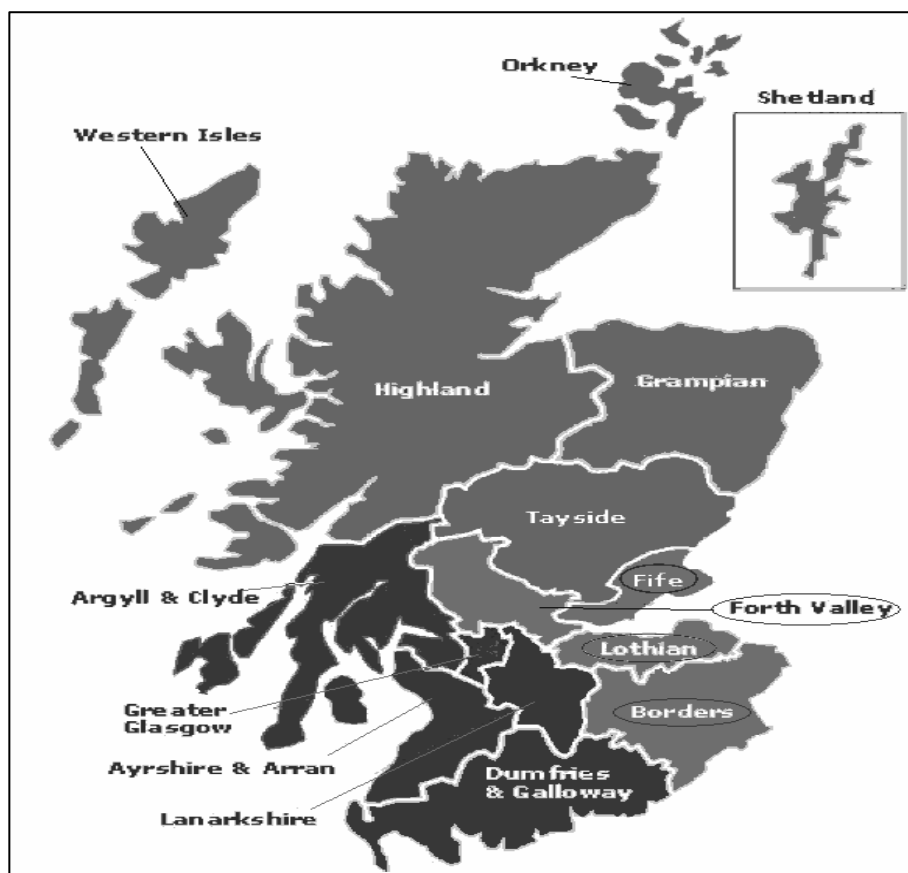
The NMC would like to thank everyone who participated in the review.

2 Introduction

The NMC is the statutory body for the regulation of nurses and midwives. We exist to safeguard the health and wellbeing of the public. We do this by maintaining a register of nurses and midwives, setting standards for education, practice and statutory supervision, and giving guidance and advice to the professions. We aim to inspire confidence by ensuring that the nurses and midwives on our register are fit to practise and by dealing swiftly and fairly with those who are not. The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001 (the order).²

The NMC has responsibility under the order for setting the rules and standards related to how LSAs (appendix 1) carry out their function³. The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would be where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students. The purpose of this review (appendix 2) has been to examine the function of the South East Scotland Consortia LSA.

2.1 The South East Scotland Consortia LSA



² The Nursing and Midwifery Order 2001, SI 2002 NO 253

³ The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43

The South East of Scotland LSA region includes NHS Fife (host board), NHS Lothian, NHS Forth Valley and NHS Borders.

The Chief Executive of the host board, NHS Fife is Mr. George Brechin.

The remaining boards Chief Executives are:

- NHS Lothian – Professor James Barbour
- NHS Forth Valley – Miss. Fiona McKenzie
- NHS Borders – Mr. John Glennie.

The LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard and this is delegated to the Local Supervising Authority Midwifery Officer (LSAMO) Yvonne Bronsky.

Included in these responsibilities of the LSA is :

- To monitor maternity services interface with clinical governance structures and to identify trends and provide a framework for continuous improvement
- To monitor service developments and reconfiguration to ensure that safety and quality is assured
- To monitor staffing levels, workforce planning and professional development to ensure women are able to access services which are fit for purpose
- To contribute to education to ensure that curriculum planning and development reflects the needs of a modern maternity service.

2.2 Profile of the South East Scotland Consortia LSA

	Borders	Fife	Forth Valley	Lothian	Total
Population	112,430	361,185	290,047	817,727	1,581,389
Area Size Sq Meters	4,732	1,325	2,633	1,760	10,450
Women Age 15 -44	19,562	71,475	58,842	185,269	335,148

Source: South East Scotland LSA Annual Report to NMC 2008-2009 and LSAMO presentation to review team

We were informed that 1021 Intention to Practice (ItP) forms had been received during 2008-2009 and that there were 75 supervisors of midwives(SoMs) giving a ratio of 1: 13 across the consortia.

2.3 Maternity services in the South East Scotland Consortia LSA

There are five consultant led maternity units located within the LSA region which includes one midwifery led unit sited adjacent to an obstetric led labour suite. The geographical area within all the Health Boards comprises of a mixture of both urban and

rural settings. An increased ethnic minority population is evident throughout the LSA as is the increase in number of teenage pregnancies. Further work is planned to look at the effect of teenage pregnancies and the services provided to care for this client group. Social deprivation is mirrored throughout the LSA as are the challenges to provide a maternity service which is equitable and fit for purpose.

Projected births by NHS board area (Source: GROS 2004-based, 2007-2012)					
	2007-2008	2008-2009	2009-210	2010-2011	2011-2012
Borders	1,045	1,051	1,060	1,070	1,083
Forth Valley	2,899	2,887	2,876	2,876	2,869
Fife	3,672	3,693	3,718	3,751	3,787
Lothian	8,669	8,739	8,813	8,900	8,993

Actual births 2008					
	Borders	Fife	Forth Valley	Lothian	Total
Birth Rate	1197	3706	3405	10,043	18,351

Source: LSAMO presentation to review team

The actual births for 2008 shows quite clearly the rising birth rate, especially in NHS Forth Valley and NHS Lothian, with both already having exceeded their projections for 2011-2012.

3 The NMC review of South East Scotland Consortia LSA

3.1 Decision for review

The South East Scotland Consortia LSA was given a risk score of 0 after the annual report to the NMC was risk scored. Further details regarding the NMC risk framework for reviewing LSAs can be found on the NMC website, www.nmc-uk.org

The risk analysis showed:

RED SCORES

- Nil

AMBER SCORES

- Nil

GREEN SCORES

- Nil

4 Review findings

The purpose of this review has been to assess the function of the LSA and the function of statutory supervision of midwives in the South East Scotland Consortia LSA. The review team (appendix three) has made their assessment from information provided to them by the South East Scotland Consortia LSA and by meeting with key stakeholders (appendix 4). The programme of events is detailed in appendix five, and documentary evidence is identified in appendix six.

4.1 Positive elements identified in the review include:

- Monthly activity sheets for SoMs
- Newsletters and posters promoting the role and function of supervision
- Structured reflection tool
- SoMs accompanying the LSAMO when the LSA annual report was presented to the board
- SoMs feel supported in their role
- The contact SoMs are clear in their roles and ensure that the business of supervision is clearly on the agenda
- Widespread recognition that the LSAMO is a very effective and approachable leader who is driving supervision forward in a collaborative, enthusiastic and structured way.
- The collegiate way of working across the four LSAs within the consortium to promote consistency
- The opportunity for SoMs to shadow the LSAMO
- SoM sign off of midwifery guidelines
- Statutory supervision of midwives is understood and valued in the Health Boards
- Firm links were identified between LSAMO and the Higher Education Institutions:
 1. ensuring the preparation programme for SoMs equips them for their role
 2. influencing practice through relevant forums
- Collection of data from the LSA annual audits of maternity services that enables the monitoring of how birth trends are impacting on services

4.2 Work in progress

- Supervision bookmark

- Documentation tool
- Accountability tool

4.3 Challenges to the LSA

- The ratio of SoMs to midwives in two LSAs is greater than the recommended 1:15
- Getting protected time for supervision as clinical activity rises and the demands on SoMs increases
- Maintaining and developing the supervisory skill set amongst SoMs
- Sustaining a robust recruitment strategy across the region
- The birth rate in the region is rising. Ensuring that by effective data collection and trend analysis such information relating to local birth and workforce statistics informs the LSAs and Health Boards' workforce and service plans across the region
- Raising the profile of Statutory Supervision throughout NHS Scotland
- Developing close links with NHS Quality Improvement Scotland (QIS) regarding governance and patient safety agendas

5 Conclusion

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

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

The review team identified that there were no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. It has been identified that the South East Scotland Consortia LSA meets all the standards for the LSA as set out in the NMC Midwives rules and standards (2004). There are no recommendations in relation to meeting the NMC standards.

It was also identified that the LSAMO and the function of statutory supervision of midwives was valued throughout the region. Some themes were identified in the review for further development in the LSA 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 annual report to the NMC.

This report will be published on the NMC website.

6 Evidence of standards being met / 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	South East Region website www.midwiferysupervision.scot.nhs.uk LSAMO National Forum website www.midwife.org Guideline K “Guidelines for completion of the Intention to Practise form by a registered midwife Viewed email sent to all SoMs
1.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	South East Region website LSAMO National Forum website Guideline K “Guidelines for completion of the Intention to Practise form by a registered midwife Viewed email sent to all SoMs
1.3 Ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year.	Standard met	South East Region website LSAMO National Forum website Guideline K “Guidelines for completion of the Intention to Practise form by a registered midwife Confirmed by NMC
1.4 Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month.	Standard met	Viewed upload email Viewed NMC export compliance
Review team commentary		
We have received verbal and electronic evidence to say that this standard has been met.		
Recommendations 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:

Standard	Judgement	Evidence source
2.1 Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Standard met	LSAMO National Forum website Guideline L "Guideline for an investigation of a midwife's fitness to practise by a SOM on behalf of the LSA" Accessible via South East Region web site
2.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	LSAMO National Forum website Guideline I "Guidance for Supervisors of midwives on Suspension from practice"
2.3 Publish the process for appeal against any decision.	Standard met	LSAMO National Forum website Guideline L "Guideline for an investigation of a midwife's fitness to practise by a SOM on behalf of the LSA" Guideline I "Guidance for Supervisors of midwives on Suspension from practice" Accessible via South East Region web site Verbal evidence given
2.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	LSAMO National Forum website Guideline L "Guideline for an investigation of a midwife's fitness to practise by a SOM on behalf of the LSA" Guideline I "Guidance for Supervisors of midwives on Suspension from practice" Accessible via South East Region web site Electronic evidence seen

Review team commentary

We have received verbal and electronic evidence to say that this standard has been met.

Recommendations 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:

Standard	Judgement	Evidence source
3.1 Publish local procedures for the transfer of midwifery records from self-employed midwives.	Standard met	LSAMO National Forum website Guideline H “Procedure for the transfer of midwifery records from self-employed midwives” Accessible via South East Region web site
3.2 Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Standard met	LSAMO National Forum website Guideline B “Guidance for retention and transfer of records relating to statutory supervision” Accessible via South East Region web site Use of national database enhances secured environment
3.3 Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard met	LSAMO National Forum website Guideline B “Guidance for retention and transfer of records relating to statutory supervision” Accessible via South East Region web site Use of national database enhances secured environment Verbal evidence that paper records are kept in a secure cabinet
3.4 Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Standard met	Verbal confirmation that electronic records stored centrally by LSAMO. Hard copies scanned onto electronic system. Verbal confirmation that all correspondence to and from SoMs and LSAMO is via password protected email addresses
3.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	LSAMO National Forum website Guideline B “Guidance for retention and transfer of records relating to statutory supervision” Accessible via South East Region web site

Review team commentary

We have received verbal and electronic evidence to say that this standard has been met.

Recommendations 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:

Standard	Judgement	Evidence source
4.1 Publish their policy for the appointment of any new supervisor of midwives in their area.	Standard met	LSAMO National Forum website Guideline C “Guideline for the nomination and, selection and appointment of SoMs South East Region Guideline website
4.2 Maintain a current list of supervisors of midwives.	Standard met	Available via national database Verbal evidence that this is updated following SoM deselection or retirement and when an SoM moves on
4.3 Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.	Standard met	LSA Annual Report Conference Events published on South East Region website Verbal evidence that all SoMs receive 15 hours in each registration period Confirmed by SoMs at review

Review team commentary

The review team noted that there was no system to review SoMs competency against the published NMC standards.

Recommendations to support continued development.

- ensure that there is a clear assessment and appraisal process for all SoMs and that it is applied consistently and effectively across the four LSAs.

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
5.1 Publish the local mechanism for confirming any midwife's eligibility to practise.	Standard met	LSAMO National Forum website Guideline J Confirming Midwives Eligibility to Practise Accessible via South East Region web site
5.2 Implement the NMC's rules and standards for supervision of midwives.	Standard met	LSA Audit LSA Annual Report LSA Regional Guidelines as developed by Supervisors Quality Improvement Group (SQIG) Accessible via South East Region web site
5.3 Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard met	LSA meets the ratio as a region. However two boards currently exceeding the ratio. Recruitment initiatives in place Viewed recruitment posters Spoke to student SoMs from three board areas
5.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	LSAMO attendance at National Forum UK meetings, feedback as standing agenda item at local SoM meetings – viewed minutes Regular Contact SoMs meetings, feedback as standing agenda item at local SoM meetings-viewed minutes Regular SQIG meetings, feedback as standing agenda item at local SoM meetings- viewed minutes Verbal evidence that local audit team consists of LSAMO, 3 contact SoMs, a service user and a student SoM.
5.5 Enable timely distribution of information to all supervisors of midwives.	Standard met	Contact SoM meetings - viewed minutes Direct communication distributions from LSAMO to all SoMs across South East Region – viewed distribution list South East web site

<p>5.6 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>Electronic communication via e mails and South East web site Verbal confirmation that all SoMs have NHS email addresses Confirmed by SoMs present</p>
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Rule 12 – The supervision of midwives (continued)

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
5.7 Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.	Standard met	Minutes of meetings of local SoMs reflecting LSAMO attendance – viewed minutes SQIG meetings chaired by LSAMO – viewed minutes Contact SoMs meetings chaired by LSAMO – viewed minutes
5.8 Monitor the provision of protected time and administrative support for supervisors of midwives.	Standard met	LSA Audits Monthly Activity Sheets accessible via South East Region web site
5.9 Promote woman-centred, evidenced-based midwifery practice.	Standard met	LSA Audit SoMs contribution to guideline development and mandatory SoM sign off prior to implementation – viewed ‘Bed sharing’ policy SoM contribution and lead in Keeping Childbirth Natural and Dynamic (KCND) programme – viewed KCND national group minutes and confirmed LSAMO as lead
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	LSA Audit - viewed Monthly SoM activity sheets - viewed Use of National Database - viewed

<p>5.11 Supervisors of midwives are available to offer guidance and support to women accessing maternity services.</p>	<p>Standard met</p>	<p>Information leaflet distributed to all women booking for maternity care within the South East Region, confirmed by service users – in the process of being replaced with book mark, with translation work in progress NMC leaflet on order Posters developed and sited in all clinical areas in all maternity units – viewed on visit to clinic and ward area Information accessed via South East region web site Statutory Supervision notice boards located in all maternity clinical areas in Forth Valley and at least one notice board in all other maternity units – seen on ward visit</p>
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Rule 12 – The supervision of midwives (continued)

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

Standard	Judgement	Evidence source
5.12 Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Standard met	LSA Audit SoMs contribution to guideline development and mandatory SoM sign off prior to implementation – ‘Bed Sharing’ policy seen SoM contribution and lead in KCND programme - viewed KCND national group minutes and confirmed LSAMO as lead Confirmed by SoMs at review
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 National Forum website Guideline C “Guideline for the nomination and, selection and appointment of SoMs South East Region website
5.14 Supervisors of midwives provide professional leadership.	Standard met	LSA Audit Viewed audit questionnaires demonstrating views of midwives, supervisors of midwives and student midwives South East Region website Confirmed by SoMs at review Not confirmed by midwives
5.15 Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Standard met	LSA Audits, copies of on call rotas available at audit visits. Process verified by review team during audit period. Confirmed by midwives in clinic and on wards

Review team commentary

The review team identified that the contact SoMs are clear in their roles and ensure that the business of midwifery supervision is clearly on the agenda. There is also a work plan in place with SQIG in order to take midwifery supervision forward.

The LSAMO is considered, by everyone, to be a very approachable and effective leader 'driving' midwifery supervision forward in a collaborative enthusiastic and structured way. SoMs are able to seek advice and support directly from the LSAMO.

However the ratio of SoMs to midwives in 2 LSAs is greater than the recommended 1:15. The review team also noted that whilst protected time was monitored, the SoMs present highlighted that some of their supervisory work was in fact carried out in their own time. This may become more prevalent as the clinical activity rises and the demands on SoMs increases.

The review team also noted that not all midwives recognised that SoMs provided professional leadership and furthermore some SoMs also did not recognise their clinical leadership role. However service users clearly identified SoMs as leaders.

Recommendations to support continued development

- Continue to develop clear strategies for 'talent spotting' any midwives who may wish to become SoMs. The LSAMO should ensure that her contact details are available for midwives considering undertaking the preparation programme so that they can contact her directly
- Continue to support an effective model for supervision of midwives by ensuring that the SoM to midwife ratio reflects local need and circumstance (will not normally exceed 1:15)
- Ensure that that SoMs continue to get protected time for supervision and when they are unable to do this there must be clear reporting mechanisms for SoMs to alert the LSA
- Continue to promote and enhance the leadership skills of SoMs through leadership development programmes
- Continue to ensure that all SoMs use a consistent equitable approach that incorporates the adopted national and South East Scotland guidance into their everyday supervisory practice

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
6.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met	Current LSAMO appointed as per NMC Standards Confirmed by NMC
6.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	Current LSAMO appointed as per NMC Standards Confirmed by NMC
6.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	Directly accountable to CEOs in each of Board areas Performance managed by Nurse Director of host Board NHS Fife. System outlined within LSA Annual Report
6.4 Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met	LSA resource reported within LSA Annual Report Confirmed by LSAMO
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.	Standard met	Annual Audits undertaken in all Health Boards Viewed audits

Review team commentary

The review team noted that there were contact SoMs from the other Health Boards and 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

No recommendations

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
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.	Standard met	South East Region website LSAMO National Forum website Guideline L “ Guideline for an investigation of a midwife’s fitness to practise by a SOM on behalf of the LSA Confirmed by SoMs at review
7.2 Publish the investigative procedure.	Standard met	LSAMO National Forum website Guideline L “ Guideline for an investigation of a midwife’s fitness to practise by a SOM on behalf of the LSA Guideline
7.3 Liaise with key stakeholders to enhance clinical governance systems.	Standard met	Attendance of LSAMO at Clinical Governance meetings – viewed minutes Confirmed by director of nursing (DNS) at review Direct communication links with Quality Improvement Scotland (QIS) – viewed minutes LSAMO chair of lead midwives group – viewed minutes
7.4 Publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - supervisor of midwives	Standard met	LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” South East Region web
7.5. Publish the process for removing from appointment a: -supervisor of midwives -local supervising authority midwifery officer	Standard met	Host Health Boards HR Policies- viewed on NHS Fife website LSAMO National Forum website Guideline D “Guidance for Poor Performance South East Region web site

Rule 15 – Publication of local supervising authority procedures (continued)

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
7.6 Publish the process for appeal against the decision to remove a: - officer - supervisor of midwives - local supervising authority midwifery	Standard met	Host Health Boards HR Policies- viewed on NHS Fife website LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” South East Region website
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	Host health board’s HR Policies- viewed on NHS Fife website LSAMO National Forum website Guideline G “Process for the notification and management of complaints against a SoM or an LSAMO including appeals” South East Region website
7.8 Consult the NMC for advice and guidance in such matters	Standard met	Situation not arisen to date although advice on this matter would be taken in the same manner as general advice sought to date Confirmed by LSAMO that this would take place by telephone, email and face to face contact Verified by NMC Midwifery Advisor

Review team commentary

We have received verbal and electronic evidence to say that this standard has been met.

Recommendations rule 15

No recommendations

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	LSA Annual Report LSA Annual Audits
8.2 Details of how midwives are provided with continuous access to a supervisor of midwives.	Standard met	LSA Annual Report LSA Annual Audits
8.3 Details of how the practice of midwifery is supervised.	Standard met	LSA Annual Report LSA Annual Audits
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	LSA Annual Report LSA Annual Audits Confirmed by service users
8.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	Standard met	LSA Annual Report LSA Annual Audits LSAMO involved in development of Preparation for Supervisors of Midwives Programme – minutes of scrutiny panel Napier University viewed SoMs undertaking lecturer roles at pre and post registration modules – confirmed by SoMs SoMs and LSAMO participation in revalidation of preregistration midwifery programmes – invite email viewed

Rule 16 – Annual report (continued)

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
8.6 Details of any new policies related to the supervision of midwives.	Standard met	SQIG guideline development and implementation accessible via South East Region website
8.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.	Standard met	LSA Annual Report
8.8 Details of the number of complaints regarding the discharge of the supervisory function.	Standard met	LSA Annual Report
8.9 Reports on all local supervising authority investigations undertaken during the year.	Standard met	LSA Annual Report

Review team commentary

The review team felt that the sign off of all policies by a SoM should be recognised as best practice. It is also evident that the LSAMO is involved in higher education and influences and promotes midwifery supervision with in this arena. Furthermore there is a vibrant and effective use of service users within the LSA.

The review team noted that the midwife to birth ratio is increasing in two of the LSAs.

Recommendations to support continued development rule 16

- continue to monitor the midwife to birth ratio and provide advice to the health boards about maternity workforce plans.

Appendix 1 – The local supervising authority (LSA)

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 a NHS authority, and this varies in each country of the United Kingdom:

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

Appendix 2 - The NMC framework for reviewing LSAs

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

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

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

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

The review team should:

- verify that the Midwives rules and standards are being met
- explore key themes identified by the NMC
- visit one or more maternity services if deemed appropriate due to the reasons for the review
- meet with stakeholder groups including the LSAMO, midwives, supervisors of midwives, users of maternity services, lay organisations and representatives, directors and heads of midwifery, directors of nursing, chief executive of the Health Board and LSA
- observe evidence of examples of best practice within the function of the LSA
- explore any other areas of concern or interest during the course of their visit.

Appendix 3 - The review team

Name: Suzie Cro
Role in review team: LSAMO Reviewer
Other roles: LSAMO South Central

Name: David Fisher
Role in review team: Lay Reviewer

Name: Vanessa Shand and report author
Role in review team: Midwife reviewer
Other roles: Midwife and SoM NHS Tayside

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

Appendix 4 - Key people met during the review

- CEOs - NHS Fife, NHS Forth Valley, NHS Lothian
- Executive Directors of Nursing – NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian
- LSAMO
- Heads of midwifery
- Clinical directors of maternity services
- Contact SoMs
- SoMs
- Midwives
- Student midwives
- Student SoMs
- LMEs
- Mentors-*unable to attend due to inclement weather
- Service users
- Clinical Governance leads
- Risk manager
- Independent midwives
- Consultant midwives
- Members of Supervisors Quality Improvement Group (SQIG)
- Representatives of universities providing midwifery training and SoM training

Appendix 5 – Programme for the review

NMC Review of South East Scotland LSAs programme

Day 1

Date: Wednesday 16 December 2009

Location: Edinburgh Royal Infirmary

Session

No.	Time	Activity
1	08:00	Arrival and coffee
2	08:30	Introduction from the NMC review team to the LSA and guests
3	08.50	Welcome and presentation to the NMC review team and guests by the LSA
4	09:20	Meeting with chief executives, directors of nursing
	10.20	Refreshment break and in camera session
5	10:40	Meeting with clinical directors and associate directors of nursing maternity services
6	11:10	Meeting with heads of midwifery
7	11:40	Meeting with contact supervisors of midwives and Supervisors Quality Improvement Group (invitation to remain for lunch)
	12:15	Lunch
8	13.15	Meeting with lead Midwives in education and preparation for the supervision of midwives course leaders
9	13:45	SoMs
10	14:15	Refreshment break and in camera session
11	14:45	Student Midwives
12	15:15	Meeting with LSA Midwifery Officer - any questions?
13	15:45	Finish day

NMC Review of South East Scotland LSAs programme

Day 2

Date: Thursday 17 December 2009

Location: Edinburgh Royal Infirmary

Session

No.	Time	Activity
1	09:00	Arrival and coffee
2	09:15	Mentors
3	09:45	Meeting with independent midwives
4	10:25	Risk managers and clinical governance leads
	11:00	Refreshment break in camera session
5	11.30	Student SoMs
6	12.00	User reps (invite to remain for lunch)
	13:00	Lunch
7	14:00	Consultant midwives
	14:30	Refreshment break in camera session
8	15:00	Feedback from review team to LSAs

Appendix 6 - Documentary evidence viewed

- Fife LSA Audit Feb 09
- Forth Valley LSA Audit August 08
- Forth Valley LSA Audit August 09
- Email correspondence to SoMs in respect of to whom notice must be sent and date for receipt
- www.midwiferysupervision.scot.nhs.uk for policies and links
- www.midwife.org for national guidelines
- NHS Fife website for HR policies
- Database upload email
- NMC export release for database
- Electronic encrypted storage for supervisory records
- Current list of SoMs
- SoMs recruitment posters
- SQIG minutes and agenda, October 2009 and December 2009
- NHS Forth Valley SoM minutes Dec 2008
- Contact SoM minutes July 2009 and agenda September 2009
- Protected time monthly sheet
- Information leaflet distributed to all women booking for maternity care
- NHS Fife Bed Sharing Policy
- Audit questionnaires
- On call rotas
- NHS Forth Valley and NHS Borders Clinical Governance Committee minutes and agenda October 2009
- Lead midwives group minutes January 2009
- KCND minutes Oct 2009
- Patient safety conference QIS December 2009

- Scrutiny group for Preparation of SoMs, Napier University, minutes October 2007
- Preparation and Practice of SoMs module, Napier University, September 2007
- Email for invite to lecture, February 2008
- Supervision poster