

## **Nursing and Midwifery Council report on the South East Coast local supervising authority**

**Date of review:** 18 July 2010 to 20 July 2010

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## Document information

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## Contents

1	Executive summary .....	4
2	Introduction .....	7
3	The NMC review of South East Coast LSA .....	7
4	Review findings.....	8
5	Recommendations.....	8
6	Evidence of standards being met or unmet.....	9

Annexe 1 The local supervising authority

Annexe 2 The NMC and its framework for reviewing LSAs

Annexe 3 The review team

Annexe 4 Key people met during the review

Annexe 5 Programme for the review

Annexe 6 Evidence viewed

# 1 Executive summary

## 1.1 Introduction

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We set standards for education and maintain the register of nurses and midwives. We have fair processes to investigate and deal with those whose fitness to practise is called into question.

## 1.2 Reason for review

The purpose of this review has been to examine the function of the South East Coast local supervising authority (SEC LSA) (Annex 1). The South East Coast LSA was identified for review after its annual report was risk assessed and found to have a low risk score of 0. It was therefore included to test the NMC framework (Annex 2). 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.<sup>1</sup>

## 1.3 Review findings

The purpose of this review has been to assess the function of the LSA and the function of the statutory supervision of midwives in the South East Coast LSA. The review team (Annex 3) has made their assessment from the information provided to them by the South East Coast LSA and by meeting with key stakeholders (Annex 4). Included in the meetings were two site visits to Ashford and St Peter's Hospitals NHS Trust and Surrey and Sussex Healthcare NHS Trust's maternity units.

The programme of events is detailed in Annex 5, and documentary evidence is identified in Annexes 6 and 7.

### 1.3.1 Positive elements identified in the review

- Fresh eyes – maternal death review of 12 cases between 2007 and 2008. This multi-professional review with midwife and obstetrician authors made recommendations that were disseminated through workshops for over 650 multi-professional staff
- SEC LSA's supervised practice template has been adapted and adopted as the LSA Forum UK template
- The promotion of normalising births and reducing caesarean section rates utilising the Pathways to Success Toolkit ([www.institute.nhs.uk](http://www.institute.nhs.uk))
- Maternity Matters has facilitated change
- Root cause analysis master classes have led to an improved standard of supervisory investigation

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1 <http://www.berr.gov.uk/files/file45019.pdf>

- 56 senior midwives have taken part in the Royal College of Midwives leadership programme
- There is active support of Return to Practice (RTP) course
- Clinical Practice Educators are employed in all 11 Trusts
- Audit work around:
  - On-call response times of SoMs
  - monthly audit of supervision calls and subsequent training
  - Collection of data from the LSA annual audits of maternity services that enhances
  - The monitoring of birth trends, supervision of midwives and the impact on services
- Court room skills training - excellent legal training course opportunities for SoMs
- Laptops dedicated for use by SoMs
- Supervisor of Midwives resource pack made available to each SoM
- Funded places for SoMs from each Trust at the LSA bi-annual national conference
- Newsletter promoting the role and function of supervision
- SoMs feel supported in their role
- Widespread recognition that the LSAMO is a very effective and approachable leader who is driving supervision forward in a collaborative, enthusiastic and organised way
- Statutory supervision of midwives is understood and valued in the LSA
- Good links established between the LSAMO and the HEIs
- Setting up best practice database on LSA website.

### **1.3.2 Work in progress**

- Adapting the SEC developmental practice work as a national template
- Monitoring the rise in the birthrate
- Monitoring the midwife to birth ratio
- Building on the good work of 'Fresh Eyes' and 'Normalising Birth'
- Monitoring record keeping

## **1.4 Recommendations**

We will publish this report on the NMC website at [www.nmc-uk.org](http://www.nmc-uk.org). The South East Coast has met the required NMC standards; therefore there are no recommendations in relation to meeting the LSA standards.

To support continued development of the supervision of midwives, the LSA is recommended to:

### **Training**

- Ensure that all SoMs are aware that if they fail to get protected time for supervision there are clear pathways for them to inform the LSA
- Continue to promote and enhance the continuing professional development of SoMs
- Promote the best practice database on the LSA website.

### **Supervisory records**

- Continue to monitor the birth statistics and provide advice to the SHA about maternity workforce
- Continue to develop the SoMs use of the LSA database.

### **Support framework for Supervision**

- Ensure that there is a clear assessment and appraisal process for all SOMs and that it is applied consistently across the LSA.
- Disseminate nationally and continue to build locally on the excellent work carried out through the 'Fresh Eyes' and 'Normalising Birth' initiatives.
- Continue to 'succession plan' for appointment of SoMs in light of the LSA knowledge of the age of the SoMs in SEC and maintaining the NMC ratio.

## **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>2</sup>

The NMC has responsibility under the order for setting the rules and standards related to how LSAs carry out their function<sup>3</sup>. An overview of these LSA functions, along with a description and overview of the South East Coast LSA can be found in Annex 1.

The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would be where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students. The purpose of this review (Annex 2) has been to examine the function of the South East Coast LSA.

### **2.1 Acknowledgements**

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

## **3 The NMC review of South East Coast LSA**

### **3.1 Reason for review**

The South East Coast LSA was considered low risk after the 2008-2009 annual report to the NMC was risk scored.

In 2007-2008 the risk score was 27.

In 2008-2009 the NMC analysis of the SE Coast LSA annual report 2008-2009 gave a risk score of **0**.

In addition this LSA had not been reviewed within the last three years. It was therefore included to test the NMC framework.

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2 The Nursing and Midwifery Order 2001, SI 2002 N0 253

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

## 4 Review findings

The NMC has reviewed the performance of the South East coast 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 Coast LSA is carrying out its statutory functions having met all of the 54 standards set by the NMC. The amber risk factors identified by the NMC analysis of the last LSA report to the NMC have been addressed.

Recommendations given below relate to continued support to aid continued development of supervision of midwives in accordance with the aims of the review.

## 5 Recommendations

While there are no recommendations in relation to meeting the LSA standards, to support continued development of the supervision of midwives, the LSA should:

### Training

- Ensure that all SoMs get protected time for supervision and when they are unable to do this there must be clear pathways for the SoMs to inform the LSA
- Continue to promote and enhance the continuing professional development of SOMs
- Promote the best practice database on the LSA website

### Supervisory records

- Continue to monitor the birth statistics and provide advice to the SHA about maternity workforce
- Continue to develop the SoMs use of the LSA database

### Support for framework for Supervision

- Ensure that there is a clear assessment and appraisal process for all SoMs and that it is applied consistently across the LSA.
- Disseminate nationally and continue to build locally on the excellent work carried out through the 'Fresh Eyes' and 'Normalising Birth' initiatives.
- Continue to 'succession plan' for SOMs in light of the LSA knowledge of the age of the SoMs in SEC and maintaining the NMC ratio.



## 6 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	Comment
1.1 publish annually the name and address of the person to whom the notice must be sent	Standard met	Guideline K <a href="http://www.midwife.org.uk/">http://www.midwife.org.uk/</a> <i>Annual Report</i> <u>LSA Annual Report 208.2009..15.9.03.doc</u>	
1.2 publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<i>Letter</i> <u>ItP Letter Jan 2010.doc</u> <i>Guideline K</i> <a href="http://www.midwife.org.uk/">http://www.midwife.org.uk/</a>	LSAMO – contact SoMs regarding ITP deadline
1.3 ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year	Standard met	<i>Letter to CSOMs</i> <u>ItP Letter Jan 2010.doc</u> <i>NMC Export Report</i> <u>..\Required</u> <u>Documentation\NMC ItP Export Report 2010-2011.htm</u> <i>Minutes of CSOM meeting</i> <u>CSOM meeting Finalised noted Feb 2010.doc</u>	Any identified as lapsed are followed up daily  Verified  Reminder to contact SoM

## 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	Comment
<p><b>1.4</b> ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the twentieth of each month.</p>	<p>Standard met</p>	<p><i>LSA Database</i>  <a href="http://www.midwife.org">www.midwife.org</a>  <i>Guideline K</i>  <a href="http://www.midwife.org.uk/NMC%20Export%20Report%202010-2011.htm">http://www.midwife.org.uk/NMC Export Report            ..\Required            Documentation\NMC ItP Export            Report 2010-2011.htm</a></p>	<p>Register and updates on LSA database</p> <p>Automatic reply from NMC noted for uploads</p>
<p><b>Review team commentary</b></p> <p>Standard met</p>			
<p><b>Recommendations for rule 4</b></p> <p>No recommendations</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	Comment
<b>2.1</b> publish how it will investigate any alleged impairment of a midwife's fitness to practise	Standard met	<i>National Guideline I and L</i> <a href="http://www.midwife.org">www.midwife.org</a>	
<b>2.2</b> publish how it will determine whether or not to suspend a midwife from practice	Standard met	<i>National Guideline I and L</i> <a href="http://www.midwife.org">www.midwife.org</a>	
<b>2.3</b> publish the process for appeal against any decision	Standard met	<i>National Guideline I and L</i> <a href="http://www.midwife.org">www.midwife.org</a>	

## 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	Comment
<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><i>National Guideline I and L</i>  <a href="http://www.midwife.org">www.midwife.org</a>  <i>Letter ref publication of appeal process</i>  <u>..\Required documentation\Letter ref Standard 2.4 Publication of appeal process.doc</u></p>	
<p><b>Review team commentary</b></p> <p>Standard met</p>			
<p><b>Recommendations for rule 5</b></p> <p>No recommendations</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	Comment
<b>3.1</b> publish local procedures for the transfer of midwifery records from self-employed midwives	Standard met	<i>National Guideline H</i> <a href="http://www.midwife.org">www.midwife.org</a>	
<b>3.2</b> agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	Standard met	<i>National Guideline B</i> <a href="http://www.midwife.org">www.midwife.org</a>	
<b>3.3</b> ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	Standard met	<i>National Guideline B</i> <a href="http://www.midwife.org">www.midwife.org</a> <i>LSA Audits</i> <i>Brighton &amp; Sussex University Hospitals NHS Trust Audit Report p33:</i> <a href="#">Hyperlink to Formal Report</a>	
<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	Standard met	<i>National Guideline B and L</i> <a href="http://www.midwife.org">www.midwife.org</a> <i>LSA Audits</i> <i>Brighton &amp; Sussex University Hospitals NHS Trust Audit Report p33:</i> <a href="#">Hyperlink to Formal Report</a>	

## 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	Comment
<b>3.5</b> publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	<i>National Guideline B</i> www.midwife.org	
<b>Review team commentary</b> Standard met			
<b>Recommendations for rule 9</b> 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	Comment
4.1 publish their policy for the appointment of any new supervisors of midwives in their area	Standard met	<i>National Guideline C</i> www.midwife.org	
4.2 maintain a current list of supervisors of midwives	Standard met	LSA Database www.midwife.org	Looked at LSA database for SEC LSA
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	<i>LSA Conference November 2009 – Flyer</i> <u>..\Required documentation/Conference Flyer.doc</u> <i>RCM Leadership Courses 2009/2010</i> <u>..\Required documentation\SECSHA Midwifery Leadership Development Evaluation Jan 2010.pdf</u> <i>Court room skills training Courses 2009 &amp; 2010 – Health Records And Report Writing</i>	<u>..\Required documentation\Bond Report Writing and healthcare Records.pdf</u> <i>“Fresh Eyes” Maternal Death Report Workshops</i> <u>..\Required documentation/Material Death Workshops Flyer.doc</u> <i>Supervised Practise Manual Training Workshops</i> <i>11 LSA funded places to National LSA Conference</i>

**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	Comment
		<p><u>..\Required documentation/National LSA Conference – emails to CSOMs.htm</u>  <i>Provision of “Supervisors of Midwives” Resource Packs Funding of LSA Dedicated laptops to each Trust</i>  <u>..\Required documentation\Laptops Email.htm</u>  <i>Meetings with CSoMS x 4 pa</i>  <u>..\Required documentation\LSA Meeting Schedule 2010.doc</u></p>	
<p><b>Review team commentary</b></p> <p>Standard met</p>			
<p><b>Recommendations for rule 11</b></p> <p>No recommendations</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	Comment
5.1 publish the local mechanism for confirming any midwife's eligibility to practise	Standard met	<i>LSA Database</i> <i>National guideline J –</i> <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> <i>Contact SoM Meeting Minutes 4</i> <i>February</i> <i>2010</i> <a href="#">CSOM meeting Finalised</a> <a href="#">notes.Feb2010.doc</a>	

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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	Comment
<p>5.2 implement the NMC's rules and standards for supervision of midwives</p>	<p>Standard met</p>	<p><i>Annual Report</i>  <u>LSA Annual Report 2008.2009</u>  <u>15.9.09.doc</u>  <i>Investigation Report</i>  <u>..\Required documentation\</u>  <u>Supervisory-Investigation-Report</u>  <u>LE.doc</u>  <i>Trust Annual Reports</i>  <u>Annual Trust Supervision Reports</u>  <i>ASPH Audit Report ref Group</i>  <i>Supervision p 25</i>  <u>..\Required documentation\Informal</u>  <u>Report Ashford and St Peter 2008</u>  <u>Published 11.3.10.docm</u>  <i>Maidstone &amp; Tunbridge Wells</i>  <i>NHS Trust Audit Report ref.</i>  <i>Recruitment pack p 7</i>  <u>..\Required documentation\MTW</u>  <u>Informal Report 2009 13.5.10.doc</u>  <i>Letter notifying suspension</i>  <u>..\Required documentation\Letter</u>  <u>TG Final 5.3.10.doc</u>  <i>LSA National Forum (UK)</i>  <i>Guidelines</i>  <u>www.midwife.org.uk</u></p>	<p>Formal letter suspending and referring - very detailed.</p> <p>Checked</p>

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Standard	Judgement	Evidence source	Comment
<b>5.3</b> ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)	Standard met	<i>LSA Database</i> <i>LSA Audits</i> <i>LSA Risk Assessment:</i> <u>SEC LSA Risk Review Template.doc</u>	Action plan in place to meet ratio which was 1:15
<b>5.4</b> set up systems to facilitate communication links between and across local supervising authority boundaries	Standard met	<i>Various Standard Methods: 7 x Meetings a year, email, telephone</i> <u>LSAMO Forum Agenda March 2010.doc</u> <i>National Guideline M</i> <u>www.midwife.org.uk</u>	M = Role of contact SoM
<b>5.5</b> enable timely distribution of information to all supervisors of midwives	Standard met	<i>Email/meetings x 3 a year/ Newsletter</i> <i>NHS SEC website</i> <a href="http://www.southeastcoast.nhs.uk/">http://www.southeastcoast.nhs.uk/</a> <i>Bi monthly newsletter</i> <u>April Newsletter.pdf</u>	Newsletters seen in hard copy as well verified with contact SoMs

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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	Comment
5.6 provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	Standard met	<i>Letter of appointment to newly Appointed SoMs</i> <u>..\Required documentation/Appointment Letter template.doc</u>	Email address given in LSAMO letterhead
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	<i>7 x supervision meetings a year, LSA audits. CSOM Meeting notes.</i> <u>CSOM meeting Finalised notes Feb 2010.doc</u> <i>LSA Meeting Schedule</i> <u>..\Required documentation/LSA Meetings Schedule 2010.doc</u>	Detailed schedule of meetings for link, contact reps, contact SoMs  LSA annual conference, SSAFA SoMs Meeting (April 2010 in Nottingham)
5.8 monitor the provision of protected time and administrative support for supervisors of midwives	Standard met	<i>LSA Annual Audit/Annual Report</i> <u>LSA Annual Report 2008.2009 15.9.09.doc</u> <i>LSA Risk Assessment</i> <u>SEC LSA Risk Review Template.doc</u>	Mixed response confirmed by HoMs Group

## 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	Comment
<p><b>5.9</b> promote woman-centred, evidenced-based midwifery practice</p>	<p>Standard met</p>	<p><i>LSA Annual Audit/Annual Report</i>  <u><i>LSA Annual Report 2008.2009</i></u>  <u><i>15.9.09.doc</i></u>  <i>LSA Audit Reports: Royal Surrey County Hospital NHS Trust; Medway NHS Foundation Trust; East Kent Hospitals University NHS Foundation Trust</i>  <u><i>..\Required documentation/Royal Surrey audit Report 10.3.10 doc</i></u>  <u><i>..\Required documentation/Medway Informal Report 2009 published 9.12.03.doc</i></u>  <u><i>..\Required documentation\EKHT Formal Report 2009.doc</i></u></p>	<p>Consultants/midwives – evidence base care leadership role</p> <p>LSA Group development of good practice database</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><i>LSA Annual Audit/Annual Report</i>  <u><i>LSA Annual Report 2008.2009</i></u>  <u><i>15.9.09.doc</i></u>  <i>LSA Database</i></p>	

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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	Comment
<p><b>5.11</b> ensure supervisors of midwives are available to offer guidance and support to women accessing maternity services</p>	<p>Standard met</p>	<p><i>LSA Annual Audit/Annual Report</i>  <u><a href="#">LSA Annual Report 2008.2009 15.9.09.doc</a></u>  <u><a href="#">Port 2008.2009 15.9.2009.doc</a></u></p> <p><i>Royal Surrey Audit Report</i>  <u><a href="#">..\Required documentation/Royal Surrey audit Report 10.3.10.docm</a></u>  <i>Pm Ca;; Audit</i>  <u><a href="#">..\Required documentation/On call audit www.southeastcoast.nhs.uk/lisa</a></u></p>	
<p><b>5.12</b> ensure supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice</p>	<p>Standard met</p>	<p><u><a href="#">Plans of Care</a></u>  <i>Brighton &amp; Sussex University Hospitals NHS Trust website</i>  <a href="http://www.mypregnancy.org.uk">www.mypregnancy.org.uk</a>  <i>Brighton &amp; Sussex University Hospitals NHS Trust Audit Report</i>  <u><a href="#">..\Required documentation/BSUH Formal Report Template 2009 Final 4.5.10.doc</a></u></p>	

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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	Comment
<p><b>5.13</b> ensure 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><i>South of England LSA Guidelines</i>  <u>LSA Guidelines</u>  <i>National Guideline D</i>  <u>www.midwife.org</u>  <i>SOM appointment letter</i>  <u>..\Required documentation/Appointment Letter template.doc</u>  <i>Investigation Report for SOM SR</i>  <u>..\Required documentation/RS Investigation Report.doc</u>  <i>Trust Annual Reports</i>  <u>Annual Trust Supervision Reports</u></p>	

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Standard	Judgement	Evidence source	Comment
<p><b>5.14</b> ensure supervisors of midwives provide professional leadership</p>	<p>Standard met</p>	<p><i>RCM Leadership Evaluation</i>  <i>RCM Strategic leadership Evaluation 2010.pdf</i>  <i>Maidstone &amp; Tunbridge Wells NHS Trust Audit Report</i>  <i>..\Required documentation/MTW Informal Report 2009 13.5.10.doc</i>  <i>Trust Annual Reports</i>  <i>Annual Trust Supervision Reports</i>  <i>Trust Audit Reports</i>  <i>MTW Informal Report 2009 13.5.10.doc</i></p>	
<p><b>5.15</b> ensure supervisors of midwives are approachable and accessible to midwives to support them in their practice.</p>	<p>Standard met</p>	<p><i>Annual Trust Supervision Reports</i>  <i>Royal Surrey County Hospital NHS Trust Audit Report – Peer Feedback p. 41-43</i>  <i>..\Required documentation/Royal Surrey audit Report 10.3.10.docm</i>  <i>Trust Annual Reports</i>  <i>Annual Trust Supervision Reports</i>  <i>Trust Audit Reports</i>  <i>MTW Informal Report 2009 13.5.10.doc</i></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	Comment
<b>Review team commentary</b>  Standard met			
<b>Recommendations for rule 12</b>  No recommendations			

## 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	Comment
6.1 use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met	<u>JD LSAMO 01.12.09.doc</u>	JD seen. LSAMO seconded into Consultant Midwife role at SEC SHA 1 day week. Secondment finishing soon.
6.2 involve an NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	<i>Interview letter to HOD</i> <u>..\Required documentation/HOD Interview letter.pdf</u>	Midwife from Department of Health was NMC Rep
6.3 manage the performance of the appointed local supervising authority midwifery officer	Standard met	<i>Meetings with Sue Webb, Director, Clinical and Workforce, NHS SEC</i> <i>Appraisal and Regular 1: 1s</i> <i>Appraisal Dates:</i> <i>2.7.08</i> <i>4.1.10 (Mid year review)</i> <i>24.5.10</i>	Regular appraisals – diary checked

## 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	Comment
6.4 provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met	<i>Full Time Administrator Support</i> <u>JD LSA Administrator.doc</u>	Band 5
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	<i>All LSA Audits completed. LSA Audit Visits schedule</i> <u>LSA UK Audit Visits 2009.doc</u> <u>LSA UK Audit Visits 2010(3) 14.5.10.doc</u>	Annual audits planned and ongoing during remainder of 2010.
<b>Review team commentary</b>			
Standard met			
<b>Recommendations Rule 13</b>			
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	Comment
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	<i>SHA SUI Reporting Policy</i> <a href="#"><u>SHA SUI Reporting Guidance Nov 09.pdf</u></a> <a href="#"><u>SUI Database</u></a>	
7.2 publish the investigative procedure	Standard met	<i>LSA Annual Report. National Guideline I and L</i> <a href="#"><u>LSA Annual Report 2008.2009..15.9.09.doc</u></a>	

## 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	Comment
<p>7.3 liaise with key stakeholders to enhance clinical governance systems</p>	<p>Standard met</p>	<p><i>CQC, NPSA, NMC, RCM, SHA Trusts, PCTs, Kings Fund, NHS LA, CEMACE</i>  <i>CSOM Meeting Minutes – Feb CSOM meeting Finalised notes Feb 2010.doc</i>  <i>CSOM Meeting Minutes - May LSA Newsletter</i>  <i>April Newsletter.pdf</i>  <i>Maternal Death Report and Presentation to:</i>  <i>Clinical Risk Review Group</i>  <i>Clinical Quality Patient Safety Committee 13.4.10</i>  <i>..\Required documentation/Start The Week.pdf</i>  <i>..\Required documentation/Fresh Eyes Maternal Death Report SEC Final.pdf</i>  <i>..\Required documentation/Fresh Eyes' presentation maternal Death workshops 21.4.10 (SEC).ppt</i></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	Comment
<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><i>SHA Human Resource Policies in place</i>  <i>National Guideline G</i>  <i>SHA Disciplinary Policy</i>  <u>..\Required documentation/</u>  <u>Disciplinary Policy and Procedure.doc</u></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><i>SHA Individual Performance Policy</i>  <u>..\Required documentation/</u>  <u>Performance Policy.doc</u>  <i>SHA Disciplinary Policy</i>  <u>..\Required documentation/</u>  <u>Disciplinary Policy and Procedure.doc</u>  <i>National Guideline D</i></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	Comment
<p><b>7.6</b> publish the process for appeal against the decision to remove:</p> <ul style="list-style-type: none"> <li>- a supervisor of midwives</li> <li>- a local supervising authority midwifery officer</li> </ul>	Standard met	<p><i>National Guideline G</i>  <i>SHA Individual Performance Policy</i>  <u>..\Required documentation/Individual Performance Policy.doc</u>  <i>SHA Disciplinary Policy</i>  <u>..\Required documentation/Disciplinary Policy And Procedure.doc</u>    <i>National Guideline G</i></p>	
<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><i>National Guideline D, G, and L</i>  <i>SHA Disciplinary Policy</i>  <u>..\Required documentation/Disciplinary Policy And Procedure.doc</u></p>	
<p><b>7.8</b> consult the NMC for advice and guidance in such matters</p>	Standard Met	<p><i>Notes of meeting – LH - C</i>  <u>..\Required documentation/Notes Meeting 12.3.10 LHC.doc</u></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	Comment
<b>Review team commentary</b>  Standard met			
<b>Recommendations for rule 15</b>  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	Comment
8.1 numbers of supervisor of midwives appointments, resignations and removals	Standard met	LSA Annual Report <u>LSA Annual Report 2008.2009 15.9.09.doc</u> LSA Database <a href="http://www.midwife.org.uk/">http://www.midwife.org.uk/</a>	
8.2 details of how midwives are provided with continuous access to a supervisor of midwives	Standard met	LSA Annual Report <u>LSA Annual Report 2008.2009 15.9.09.doc</u> <i>On Call Audit/Diary Card</i> <u>..\Required documentation/On call audit</u>	
8.3 details of how the practice of midwifery is supervised	Standard met	LSA Annual Report <u>LSA Annual Report 2008.2009 15.9.09.doc</u> <a href="http://www.southeastcoast.nhs.uk/lisa">www.southeastcoast.nhs.uk/lisa</a> <i>LSA Forum (UK) National Guidelines</i> <a href="http://www.midwife.org">www.midwife.org</a>	

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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	Comment
<p><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</p>	<p>Standard met</p>	<p><i>LSA Annual Report</i>  <a href="#">LSA UK Audit Visits 2009.doc</a>  <a href="#">..\..\Audits/Audits 2010/LSA UK Audit Visits 2010(3) 12.7.10.doc</a>  <i>MSLC Networking Event Agenda</i>  <a href="#">MSLC Agenda March.2010.doc</a>  <a href="#">MSLC chairs prog 20092.doc</a>  <a href="#">MSLC Voices Sample Letter of Invitation.doc</a></p>	<p>Confirmed by HoMs group</p> <p>There are challenges around payment for SoMs as it varies across the LSA and it is paid by the PCT</p>

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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	Comment
<b>8.5</b> evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	Standard met	<i>LSA Annual Report</i> <u><a href="#">LSA Annual Report 20089.2009.15.9.08.doc</a></u> <u><a href="#">AI Report 2008.2009..15.9.08.doc</a></u> <i>HOM Meeting notes</i> <u><a href="#">HOMs Meeting notes Dec 2009.doc</a></u> <i>LSA Meeting Schedule</i> <u><a href="#">LSA Meeting Schedule 2010.doc</a></u> <i>Supervised Practice Programme</i> <u><a href="#">Supervised Practice Programme Final 15.3.10.doc</a></u>	SoMs included in curriculum developed
<b>8.6</b> details of any new policies related to the supervision of midwives	Standard met	<i>LSA Annual Report</i> <u><a href="#">LSA Annual Report 20089.2009.15.9.08.doc</a></u> <u><a href="http://www.southeastcoast.nhs.uk/lisa">www.southeastcoast.nhs.uk/lisa</a></u>	Discussion with LSAMO about local guidelines for example on surrogacy

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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	Comment
8.7 evidence of developing trends affecting midwifery practice in the local supervising authority	Standard met	<i>LSA Annual Report</i> <u><a href="#">LSA Annual Report 20089.2009.15.9.08.doc</a></u> <i>See Presentation Midwifery Practice Audit</i> <u><a href="#">Midwifery Practice Audit Template 2010.xls</a></u>	
8.8 details of the number of complaints regarding the discharge of the supervisory function	Standard met	<i>LSA Annual Report</i> <u><a href="#">LSA Annual Report 20089.2009.15.9.08.doc</a></u>	
8.9 reports on all local supervising authority investigations undertaken during the year	Standard met	<i>LSA Annual Report</i> <u><a href="#">LSA Annual Report 20089.2009.15.9.08.doc</a></u> <i>LSA Database</i> <a href="http://www.midwife.org.uk/">http://www.midwife.org.uk/</a> <u><a href="#">Investigation Spreadsheet</a></u>	

## Rule 16 – Annual report

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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	Comment
<b>Review team commentary</b>  Standard met			
<b>Recommendations for rule 16</b>  No recommendations			

## **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 a 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.

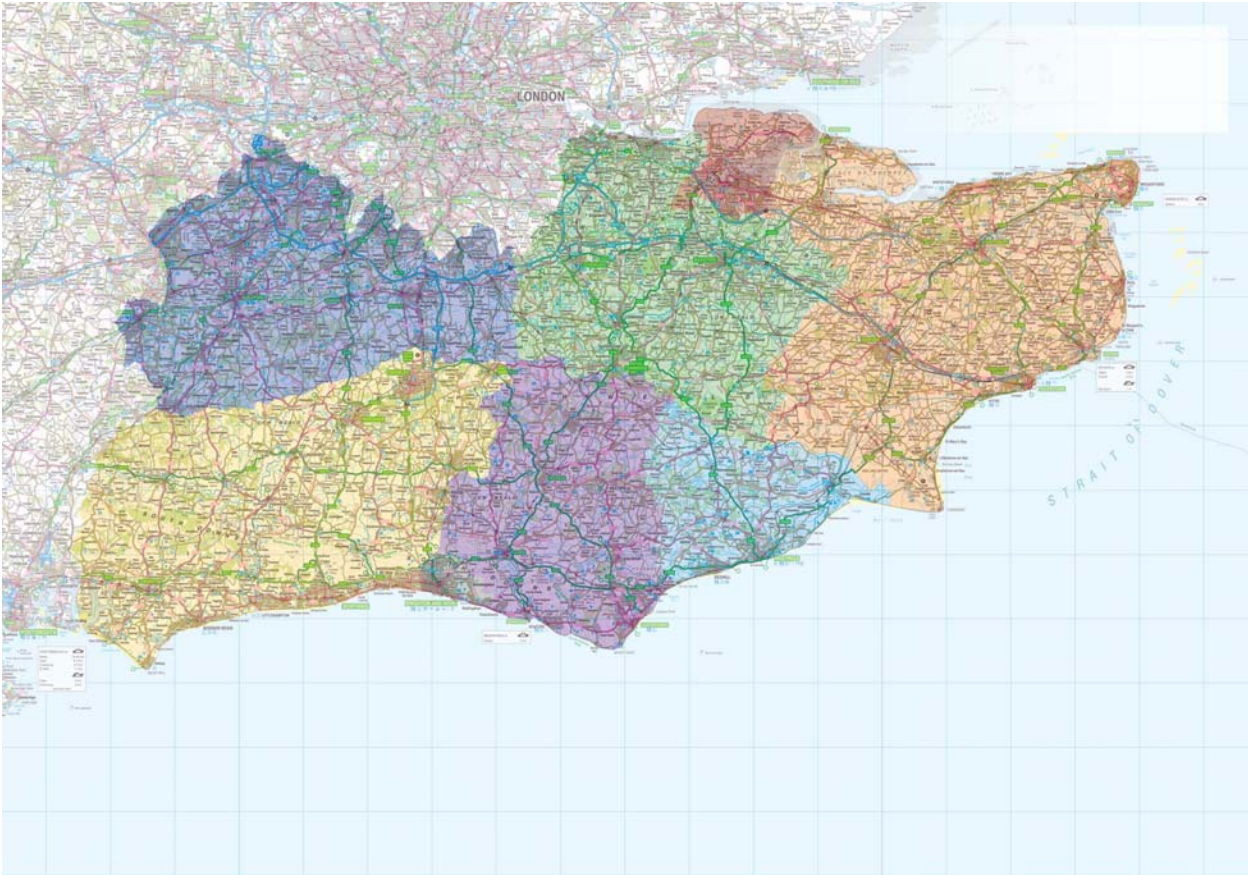
The chief executive of the organisation is responsible for the function of the LSA.

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 South East Coast LSA



NHS South East Coast serves a population of 4.2 million people and covers a large geographical area of 3,600 square miles where the demographics vary considerably from 80% rural and 20% urban. There is widespread affluence and high educational and professional achievement. There are also significant pockets of deprivation in coastal areas, isolated rural areas and among travellers, transient workers and asylum seekers. Hastings in East Sussex is one of the most deprived communities in England.

Within NHS South East Coast there are 8 primary care Trusts, 12 acute Trusts (11 provide maternity services), 4 mental health / community Trusts and 1 ambulance Trust.

Health infrastructure needs to adapt to changing needs and the population forecasts for the South East Coast region, as indicated by regeneration and the planned construction of around 58,000 new homes in West Sussex by 2026 and the development of the North Thames Gateway in the next 15 years.

The SHA works with the local NHS on the strategic direction for healthcare in the region. There are 98,000 NHS staff in Kent, Surrey and Sussex working in local NHS organisations, such as PCTs, NHS trusts (which provide hospital, mental health and learning disability services) an ambulance trust, GP surgeries, dental practices and optician services.

The PCTs work with local people to improve equality, the quality of services, responsiveness, innovation, efficiency and affordability. They are responsible for leading local health systems and developing effective partnerships with practice-based

commissioners, local authorities and with the various types of service providers. They also hold organisations that provide health and social care services to account through commissioning and contracting, and are accountable to their local population through the local authority overview and scrutiny committees and to the SHA.

Two acute trusts in West Sussex – Worthing and Southlands and Royal West Sussex – have merged into a new centrally managed organisation from April 2009 – Western Sussex Hospitals NHS Trust.

The SHA is working closely with all its trusts to prepare them for foundation trust status, which gives greater freedom and flexibility in how they operate.

Prior to 2008/09, there were two local NHS foundation trusts - Queen Victoria Hospital NHS Trust, East Grinstead, and Frimley Park Hospital NHS Trust. During 2008/09, four further Trusts were licensed to operate as Foundation Trusts: Medway NHS Foundation Trust (from 1 April 2008), Surrey and Borders Partnership NHS Foundation Trust (from 1 May 2008), Sussex Partnership NHS Foundation Trust (from 1 August 2008), and East Kent Hospitals University NHS Foundation Trust (from 1 March 2009).

The SHA oversees the assurance process for aspirant foundation trusts and the remaining 11 trusts hope to achieve FT status by 2010.

## **Profile of the South East Coast LSA**

The 4.2 million people living in the South East Coast represent 8.4% of the population of England. Predictions are that overall the population will increase by 18% by 2030.

The health of people in the South East and NHS South East Coast area is generally better than the average for England. Levels of deprivation are low and life expectancy is the second highest in England at 78.5 years for men and 82.4 years for women.

Although health is generally good in the South East, there are areas with marked deprivation, particularly in the coastal areas of the region leading to inequalities in health. For example, the health of people in Hastings, Thanet and Brighton and Hove is generally worse than the national average. In contrast, the health of those from more affluent areas such as Epsom and Ewell, Wealden and Sevenoaks appears better than average. All-cause mortality rate in the most deprived 20% of the population is nearly two thirds higher than in the least deprived 20%, and this gap has remained largely constant since 2001.

The South East deprived populations show significantly higher mortality rates for circulatory diseases, cancers and respiratory disease. These are also the commonest causes of mortality in the rest of the population, but disability and death occur earlier and on a larger scale among the most deprived groups.

Across Kent, Surrey and Sussex early deaths from cancer, heart disease and stroke are below the national average. Some parts of the region have a far higher proportion of older people than the national or regional average and as the proportion of older people is



projected to rise by 50% between 2007 and 2030, handling long-term conditions will be of high priority in healthcare and will require radical changes in the way such care is delivered in future

Regional priorities are: improving health and well-being, addressing the underlying causes of ill health in a sustainable way and reducing health inequalities.

Therefore equitable access to effective care at the right time for common conditions is an important measure of quality in the South East. This crosses all levels of health care offered, from that closest to home through to highly specialised care. It is important that coherent clinical pathways can address these health challenges.

NHS South East Coast has 26 local NHS organisations, 2,500 GPs in 700 surgeries, 2,000 consultant specialists and an NHS workforce of 98,000.

### **Maternity services in the South East Coast LSA**

South East Coast LSA covers Kent, Medway, Surrey & Sussex. Maternity services are provided by 11 Trusts and offer services from 24 units, hospital and birth centres in addition to home births.

The maternity units range in size and number per Trust. The smallest single site unit was at the Royal West Sussex NHS Trust, where in 2008/09 there were 2762 births, but this unit was merged on 1<sup>st</sup> April 2009. East Kent Hospitals University NHS Foundation Trust is the largest with 7373 births in 2008/09, with two units supported by maternity teams and two birth centres.

There are twenty-three midwives who are self-employed or practise independently mainly within the South East Coast region, some of whom work in small groups.

Statutory supervision covers all midwives practising within the Local Supervising Authority, which includes those employed in the NHS, those employed by agencies, the private sector, prisons and general practitioners and those in higher education and self-employed (independent practice).

Within this Local Supervising Authority the LSA Midwifery Officer maintains a Service Level Agreement with the British Forces (overseas) midwives in Germany, Gibraltar, Brunei, Cyprus and the Gibraltar Health Authority. There is an International on-call system in place to ensure all midwives working abroad have 24 hour access to Supervisors of Midwives.

<b>Trust</b>	<b>Maternity units</b>
Dartford & Gravesham NHS Trust	Darent Valley Hospital Alongside birth centre
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital Queen Elizabeth Queen Mother Hospital Dover family birthing centre Canterbury birth centre Singleton unit alongside birth centre
Maidstone & Tunbridge Wells NHS Trust	Pembury Hospital Maidstone Hospital
Medway NHS Foundation Trust	Medway Hospital
Ashford and St Peter's Hospitals NHS Trust	St. Peter's Hospital
Frimley Park Hospital NHS Foundation Trust	Frimley Park Hospital
Royal Surrey County Hospital NHS Trust	Royal Surrey Hospital Home from home rooms
Surrey & Sussex Healthcare NHS Trust	East Surrey Hospital Alongside Birth Centre
Brighton & Sussex University Hospitals NHS Trust	Princess Royal Hospital Royal Sussex County Hospital
East Sussex Hospitals NHS Trust	Eastbourne Hospital Conquest Hospital Crowborough birthing centre
Western Sussex Hospitals NHS Trust	Worthing Hospital Chichester Hospital Chichester birth centre
<b>TOTAL</b>	<b>24</b>

\* QEQM alongside birth centre opened in June 2010

Birth centres at the planning stage are:

- Maidstone & Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust
- Brighton & Sussex University Hospitals NHS Trust

At the end of March 2010 there were 174 Supervisors of Midwives giving an overall ratio of 1:13 which exceeds the NMC standard. 15 more midwives are undertaking the preparation course.

In 2009/2010 there were 53,615 births, a 1.4% increase on the previous year and a 13.4% rise since 2003/2004.

Homebirth rates in 10 of the 11 Trusts are higher than the national average of 2.6%. Brighton & Sussex are the highest within SEC at 5.5%.

Midwifery training is offered at 4 local universities which all work closely with maternity services. Currently Brighton University facilitates the Preparation of Supervisors course at degree and masters level.

The South East Coast's vision for maternity and newborn care describes its pledges for health and health care in a 10 year vision for health and healthcare across the region - *Healthier people, excellent care:*

**By 2010:**

- every woman will be able to make an informed choice about place of birth in the knowledge that the NHS will be able to meet her preference for a home birth, birth in midwife-led unit, or birth in a consultant-led unit.
- there will be a consultant present for at least 60 hours of every week on the labour ward in every consultant-led obstetric unit (with the expectation of units with fewer than 2,500 births a year where 40 hours will be the minimum).
- all women will be individually supported by a midwife through their labour and birth following confirmation of established labour.
- we will ensure that all mothers and babies receive high quality postnatal care, for example support with breastfeeding for at least 6 weeks.

**By 2011:**

- 90% of pregnant women will see a midwife within 12 weeks of confirmation of pregnancy to discuss their individual needs and preferences about how and where to give birth. We will focus in particular on making contact with women from vulnerable groups.
- all pregnant women and new mothers will be able to get the help they need with mental health problems.

## **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: Claire Bonnet  
Role in review team: Lay reviewer and Chair  
Other roles: Solicitor

Name: Helen Meehan  
Role in review team: Midwife reviewer  
Other roles: Senior Midwife Co-ordinator.

Name: Verena Wallace  
Role in review team: LSAMO reviewer and report author  
Other roles: LSA Midwifery Officer

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

## Key people met during the review

At the LSA the NMC reviewers met:

LSA Midwifery Officer  
Link Supervisors  
Chief Executive  
Directors of Nursing  
Maternity Commissioners  
LSA team Head of Midwifery  
MSLC Chairs  
Contact Supervisors of Midwives  
Lead Midwives for Education  
Programme Lead for Preparation of Supervisors of Midwives Course  
Consultant Midwives  
LSA programme Midwives  
SoM Programme lead  
Trainee and newly appointed Supervisors of Midwives

Site visits at:

1. Ashford and St. Peter's Hospitals NHS Trust, Guildford Road, Chertsey, Surrey, KT16 0PZ
2. Surrey and Sussex Healthcare NHS Trust, East Surrey Hospital, Canada Avenue, Redhill, Surrey RH1 5RH

Onsite the NMC reviewers met:

Midwives  
Maternity Risk Manager  
Head of Midwifery  
Chief Executive  
Director of Nursing  
Service users  
Student midwives  
Mentors  
MSLC Chairs

## Programme for the review

### NMC Review Framework South East Coast LSA Monday 19 to Tuesday 20 July 2010



#### **Day 1 – Sunday, 18<sup>th</sup> July**

**Location:** Best Western Gatwick Moat House, Longbridge Roundabout, Gatwick, Horley, Surrey RH6 0AB

Directions: <http://www.bestwestern.co.uk/Hotels/Best-Western-Gatwick-Moat-House-83860/Map/Default.aspx>

<b>Time</b>	<b>Activity</b>	<b>Venue</b>
16.30	Premeet with LSAMO & review team	As above

**Please note that the time and venue of this meeting has been changed.**

#### **Day 2 – Monday, 19<sup>th</sup> July**

**Location:** The Boardroom, South East Coast Strategic Health Authority, York House, Massetts Road, Horley, Surrey RH6 7DE

Directions: <http://www.southeastcoast.nhs.uk/contactus/findus.asp>

<b>Time</b>	<b>Activity</b>	<b>Venue</b>
09.00	Welcome, arrival and coffee	Boardroom
09.15	Link Supervisors	Boardroom
09.45	Chief Executives and Directors of Nursing, Maternity Commissioners	Boardroom
10.30-11.30	Welcome and presentation to the NMC Review Team by the LSA team	Boardroom
11.30	Refreshment Break and in camera session	Boardroom
11.45	Heads of Midwifery	Boardroom
12.30	MSLC Chairs	Boardroom
13.00	Lunch	Boardroom
13.45	Contact Supervisors of Midwives	Boardroom
14.30	Lead Midwives for Education/Programme Lead for Preparation of Supervisors Course	Boardroom
15.15	Refreshment Break and in camera session	Boardroom
15.30	Consultant Midwives	Boardroom



16.15	Discussion with LSA Team	Boardroom
16.45	Meeting with LSA Midwifery Officer – any questions	Boardroom
17.00	Finish	Boardroom

### **Day 3 – Tuesday, 20th July**

#### **Location: a.m.**

The Review Team will split and visit:

*Ashford* and St. Peter's Hospitals NHS Trust, Guildford Road, Chertsey, Surrey, KT16 0PZ

Directions: <http://www.ashfordstpeters.nhs.uk/for-visitors/maps>

Or Surrey and Sussex Healthcare NHS Trust, East Surrey Hospital, Canada Avenue, Redhill, Surrey RH1 5RH

Directions: <http://www.surreyandsussex.nhs.uk/travel/maps.asp>

#### **p.m.**

Chichester Room, South East Coast Strategic Health Authority, York House, Massetts Road, Horley, Surrey RH6 7DE

<b>Time</b>	<b>Activity</b>	<b>Venue</b>
08.00	Travel to Trusts	
09.00	Welcome and Coffee	<i>either</i> Ashford and St. Peter's Hospitals NHS Trust <i>or</i> Surrey and Sussex Healthcare NHS Trust
09.15	Short presentation from the SOM team about involvement with SEC LSA.	<i>either</i> Ashford and St. Peter's Hospitals NHS Trust <i>or</i> Surrey and Sussex Healthcare NHS Trust
09.30	Meet Midwives, Maternity Risk Manager, Head of Midwifery, Chief Executive, Director of Nursing, service users, midwives, student midwives, mentors, MSLC Chairs.	<i>either</i> Ashford and St. Peter's Hospitals NHS Trust <i>or</i> Surrey and Sussex Healthcare NHS Trust
12.00	Return to NHS SEC	
13.00	Lunch at SHA	
13.45	"Fresh Eyes" Maternal Death Review	LSA Programme Midwife
14.00	National Supervised Practice Programme	LSA Programme Midwife
14.15	Normalising Birth	SoM Programme Lead
14.30	Trainee/newly appointed Supervisors	Chichester Room
15.15	Refreshment Break and in camera session	Chichester Room
15.30	Preliminary Feedback from NMC Review Team	Chichester Room
16.00	Finish	

## Evidence viewed

In addition to evidence already received and seen via IT systems, the following documents were reviewed by the NMC team during the review:

- Preparation of SoMs File
  - Database seen
- LSA Newsletters - November 2009 – June 2010
- Maternity Matters - Progress report July 09
- Normalising Birth
- Audit of On call Response Times for the Supervisors of Midwives On Call (Stage 1 November 2009)
- Audit of On call Response Times for the Supervisors of Midwives On Call (Stage 2 March 2010)
- 3 Month Audit of Supervision Calls November 2009-January 2010
- Maternity and neonatal workforce SEC Feb 2008, update 12/08
- Maternity workforce South East Coast – November 2009
- 'Fresh Eyes' – Maternal Death Review – November 2009
- "Fresh Eyes" Evaluation
- Introduction pack for newly appointed SoMs - 2010 (version 1)
- Midwifery Developmental Support Programme Template
- Standards and Guidance for SoMs in the South of England – S. West, S. Central and SE Coast – September 2008
- NHS South East Coast LSA - Annual Report to NMC 1 April 2008 – 31 March 2009 (at September 2009)
- South East Coast LSA – Annual Report to NMC 1 April 2007 – 31 March 2008 (at September 2008)
- SoMs – Resource Pack
- Leaflet – NMC Support for Parents – June 2009

- SEC LSA Supervised Practice Audit – January 2010 – including national supervised practice programme template
- Competencies of SoMs (within doc. Standards and guidance for SoMs in the South of England) – September 2008
- South East Coast LSA – Annual Report to LSA – 1 April 2007 – 31 March 2008 (Sept 2008)
- Large Blue Lever Arch File – Portfolio of Evidence from a Completed Supervised Practice Programme 2010