

# **Nursing & Midwifery Council (NMC) report on the review of South West local supervising authority**



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Final version

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# 1 Executive summary

The Nursing & 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 purpose of this review has been to examine the function of the South West Local Supervising Authority (LSA). The review aims to be both formative (an aid to development) and summative (a check that required standards are being met). The South West LSA was identified for review after its annual report was risk assessed and although there was a low risk score of only 38 points, some concerns were identified requiring further clarification.

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 West 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 the health and wellbeing of women, their babies and their families. We conclude that the South West LSA is carrying out its statutory functions, having met 52 of the 53 standards set by the NMC. Recommendations are given below to ensure that all the standards are met as well as providing continued development in accordance with the aims of the review.

This report will be published on the NMC website [www.nmc-uk.org](http://www.nmc-uk.org). The South West LSA must submit an action plan related to the recommendation to meet the NMC standards, to the NMC within eight weeks of receiving this report. It will be published alongside this report. Actions concerning the recommendations related to supporting continued development should be detailed in the LSA annual report to the NMC.

### Recommendations in relation to meeting the NMC standards.

#### The LSA is recommended to:

- Provide full time designated administrative support to ensure the local supervising authority midwifery officer (LSAMO) can carry out her statutory role effectively and efficiently.

## **Recommendations to the LSA to support continued development**

### **The LSA is recommended to:**

#### **Guidance**

- Establish a mechanism that ensures supervisors of midwives (SoMs) are aware of guidance available to support them in their role and how to access the guidance.

#### **Framework for Supervision**

- Establish a contact supervisor of midwives forum across the LSA to strengthen networks and to contribute to consistency of approach to supervision across the LSA.
- Monitor the provision of protected time for SoMs by the LSA and, where deficient, to support SoMs in achieving appropriate time.
- When concerns are raised about a midwife's fitness to practice then a supervisory investigation should be conducted as soon as possible after the event as recommended in the NMC *standards for supervised practice of midwives*.
- Strengthen communication between self employed midwives and SoMs by hosting an annual event for SoMs and self employed midwives to discuss supervisory issues and midwifery practice.

#### **Women's choice and evidence based practice**

- Supervisors of midwives to support midwives in challenging practice to ensure it is evidence based

#### **Leadership and training**

- Ensure SoMs are equipped with the skills to function in their role as professional leaders through programmes of leadership development.
- Implement workshops on conducting supervisory investigations to support SoMs in their role.

#### **Rule 16 LSA annual report**

- Documentary evidence submitted to the NMC via the LSA annual report should be more explicit about how the requirements of rule 16 are met.

#### **Acknowledgements**

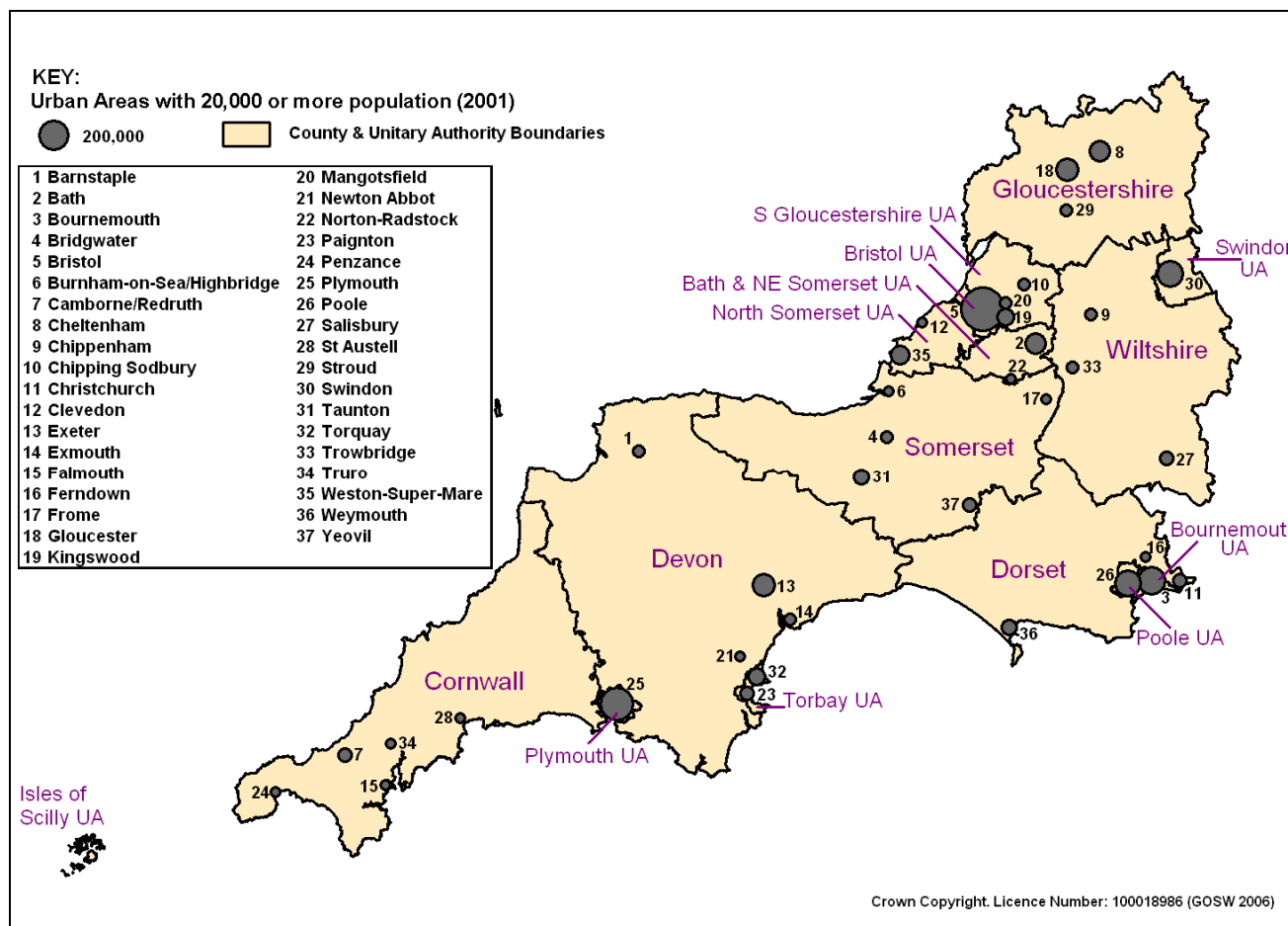
The NMC would like to thank everyone who participated in the review.

## 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)<sup>2</sup>.

The NMC has responsibility under The Order for setting the Rules and standards related to how LSAs (appendix 1) carry out their function<sup>3</sup>. 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 West LSA.

### 2.1 The South West LSA



The South West Strategic Health Authority, which is the host organisation for the LSA, has the largest area of the ten English Strategic Health Authorities at 23,837 sq km. This is more than 18% of the land mass in England. The South West peninsula extends over 350 km from the south

<sup>2</sup> The Nursing and Midwifery Order 2001, SI 2002 N0 253

<sup>3</sup> The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43

western tip of Cornwall to the northern border of Gloucestershire and the eastern borders of Dorset and Wiltshire and has extremely varied geology and topography. It is of note that it takes an hour less to travel by car from the north of the region to Scotland than it does to travel from the north of the region to the tip of Cornwall. This gives a picture of the land mass in the area and the associated complexities in delivering equitable services.

The South West has a population of just over 5 million which is approximately 10% of the England total. 56% of the population live in rural districts which is higher than any other England region. According to the Office of National Statistics projections the population of the South West is expected to grow by almost half a million people between 2003 and 2018 and a further 325,000 by 2028.

The South West is the healthiest place to live in England however there are inequalities in health across the region with wide socio economic variations between neighbouring communities.

The LSA Team:

Sir Ian Carruthers OBE – Chief Executive  
Liz Redfern - Director of Patient Care and Nursing  
Val Beale – LSAMO  
Sue Axe – secretary (part time)

## **2.2 Profile of the South West LSA**

The LSA sits within the South West Strategic Health Authority (SHA). Under special contractual arrangements, the States of Jersey and States of Guernsey also form part of the NHS South West LSA. The LSA therefore provides statutory supervision for all practising midwives in the South West and the two States of Jersey and Guernsey. There were 2,712 midwives who notified their intention to practise in the LSA in 2007-2008. Of these midwives 15 notified their intention to practise as self employed midwives. There were 220 designated supervisors of midwives in the practice year which gives a ratio of 1:12 supervisor to midwives across the LSA.

There is one LSA Midwifery Officer (LSAMO) in the LSA and she represents the LSA in the LSAMO forum UK and also the NMC UK-wide LSAMO strategic reference group meetings. These meetings aim to promote the consistency of the standard of supervision of midwifery practice across the UK.

Despite the large geographical area of the LSA, which brings its own complexities, the LSAMO has an active role across the LSA. She has links with the heads of midwifery and meets with them on a quarterly basis. The LSAMO also has firm links with the three lead midwives for education in the three universities within the region; these are Bournemouth University, the University of Plymouth and the University of West of England. The expertise of the LSAMO is used in curriculum development and teaching on programmes. She is also a member of a heads of service forum in Bournemouth University and attends this forum to give advice from the perspective of statutory supervision of midwives.

The Director of Patient Care and Nursing of NHS South West SHA holds meetings with the directors of nursing across NHS South West and the LSAMO regularly attends these meetings. The LSAMO advises the directors of nursing on any issues pertaining to the statutory supervision of midwives or matters concerning safety of maternity services.

The Chief Executive uses the LSA annual report to the NMC as a tool to validate that governance structures within the maternity services are effective. This is achieved by determining how the LSA fares against the NMC standards and also to review any significant practice issues that occurred in the reporting year. The report is also used to identify if there are any issues impacting on service delivery and if so these would contribute to the NHS South West business plans in the forthcoming year.

## 2.3 Maternity services in the South West LSA

There are 19 acute service maternity units and 14 stand alone midwifery led units in the South West. There is a thrust on promotion of normality in the South West and this is reflected in the home birth rate which is 7%. The home birth rate varies between 3-12% according to location. There is a 4% water birth rate across the area with 68% of women commencing breast feeding.

The LSAMO receives an annual report from each unit; this report includes statistical information relating to birth trends. This enables the LSAMO to monitor any trends that may impact on the safety of maternity services. It has been identified from the reports that during the reporting year the total midwifery care for women with normal pregnancies and births has increased slightly from 57% in 2006-07 to 63% in 2007-08. Accelerated labours have decreased from 17% in 2006-07 to 12% in 2007-08 whilst instrumental deliveries have remained at a constant level, although there has been a reduction in the forceps rate with a mirrored increase in ventouse deliveries from 6% to 7% in 2007-08. There has also been a slight reduction in episiotomy rates from 7% to 6% in the same years. It has been considered that this reduction may be associated with the increase in ventouse rates.

The caesarean section rate has reduced by 1% in 2007-08 from the previous year and the trends demonstrate that there has been a minor decrease in planned caesarean sections from 10% in the same period and a minor increase in emergency caesarean sections from 10% to 11%. It has been reported that many of the units in the South West are using the guidance from the NHS Institute for Innovation and Improvement as a method to promote a reduction in caesarean section rates which is evidence of the promotion of best practice.

Between 2007 and 2008 there were 56,000 births within the region. Anecdotally there have been reports of a significant rise in the current birth rate but this is not evidenced by birth figures over the previous couple of years. The birth rate has increased very slightly by 2% from 2006-07 with some of the acute units reporting a rise of from 12% to 27% in 2006-07 to 2007-08.

It was reported by the LSAMO in the LSA annual report that the overall complexity of cases has had a significant impact on service delivery. Larger numbers of women are requiring high dependency care and this has resulted in additional high dependency areas and additional training for midwives delivering this complex care. This has impacted on the throughput of cases on delivery suites.

Historically in the South West maternity units have been able to manage the activity including the well known peaks and troughs of maternity services. In 2007-08 some of the maternity units have had to close due to escalating activity levels and, or staffing issues. This has resulted in the implementation of closure plans enabling units to invoke the closure plans when necessary.

There are three areas within the South West rated as red by the teenage support unit and two of the areas are amongst the 21 worst areas for teenage pregnancies in England. Both of these units have received visits from the Teenage Pregnancy National Support Team.

Mental health services are reported as being very poor with no mother and baby facilities. Development of mental health services for women and their families has been incorporated into the SHA business plan.

There are a number of examples of good practice and new developments in the South West to support the complexities in the services. These include:

- Health led parenting projects
- Continued use of Birth rate plus workforce tool
- Development of maternity support workers



- Systems to ensure midwives are the first point of contact
- Antenatal drop in facilities in Sainsbury's, Boots and ASDA
- Work to reduce teenage pregnancies
- Single point referral for teenagers
- Support for pregnant asylum seekers and those who misuse substances.
- Development of groups to assist migrants from Poland and Portugal.

### **3 The NMC review of South West LSA**

#### **3.1 Decision for review**

The South West LSA was given a risk score of 38 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](http://www.nmc-uk.org). The risk analysis showed:

##### **Red scores**

- Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.

##### **Amber scores**

- Chief executive did not sign the annual report and no indication that it had been viewed by him so NMC not assured of active engagement of LSA host organisation with matters relating to statutory supervision.
- LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.

## 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 West LSA. The review team (appendix 3) has made their assessment from information provided to them by the South West LSA and by meeting with key stakeholders (appendix 4). The programmes of events are detailed in appendix 5, and documentary evidence viewed is identified in appendix 6.

### Positive elements identified in the review included:

- The CEO uses the LSA report to provide him with the assurance that statutory supervision provides an effective framework to demonstrate the safety of maternity services. Any issues that arise from the annual report are used to inform the business plan for the forthcoming year.
- Statutory supervision of midwives is understood and valued by the SHA.
- The LSAMO is used proactively by a variety of departments in the SHA to enhance the provision of maternity services for women and their babies.
- Evidence of a new website that will enable the LSA function to be more visible to the public.
- Firm links were identified between the LSAMO and the higher education institutions (HEIs) in ensuring the preparation programme for supervisors of midwives equips them for their role, that there is a safe clinical learning environment for student midwives and that practice is influenced through relevant forums.
- Demonstration of an ability to sustain a ratio of 1:15 supervisor to midwife across the LSA.
- Collection of data from the LSA annual audits of maternity services that enables the monitoring of how birth trends are impacting on services.

### Challenges to the LSA

- The large geographical area brings its own complexities for the LSAMO in ensuring an effective and equitable framework of statutory supervision of midwives is in place. This is demonstrated by the impression that the review team had that the LSA appears to be divided into 3 distinct cross boundary areas. This may facilitate ease of access for SoMs to meet on a regular basis, but the review team felt it important that the contact supervisors across the LSA should meet on a more regular basis to enhance equity of provision.
- The large geographical area requires the LSAMO to be away from her base much of the time. It is therefore essential to have sufficient and effective administrative support to support the LSAMO in her role. We understand a post for full time admin support has been advertised recently.

## 5 Conclusion

The review team would like to thank 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 meeting with the key stake holders.

The review team identified that there were no public protection issues relating to statutory supervision of midwives that require immediate attention. It has been identified that the South West LSA meets all the standards for the LSA as set out in the NMC Midwives rules and standards (2004). It was also identified that the LSAMO and the function of statutory supervision of midwives was valued throughout the South West region. Some themes were identified in the review for further development in the LSA. These are identified throughout the report and 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.

This report will be published on the NMC website. Within 8 weeks of receiving this report the LSA must submit the action plan to the NMC addressing the recommendations made by the review team. The action plan will be published alongside this report.

## 6 Evidence of standards being met / partially met/ not met.

It must be noted that during the two days the review team met with a small group of people, therefore the review team has had a small snapshot view of the LSA and this may not be representative of the whole of South West LSA.

<b>Rule 4 – Notifications by Local Supervising Authority</b>		
Local supervising authority standards - In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:		
<b>Standard</b>	<b>Judgement</b>	<b>Evidence source</b>
1.1 Publish annually the name and address of the person to whom the notice must be sent.	Standard met	<p>LSA National Forum (UK) Guideline K Intention to Practise form by registered midwife</p> <p>Local guidance: standards and guidance for SoMs in the South West</p> <p>The electronic link to this guidance is identified in the Standards and guidance for supervisors of midwives in the south of England and can be accessed on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and <a href="http://www.southwest.nhs.uk">www.southwest.nhs.uk</a> websites.</p> <p>Verbally advised document has been circulated electronically to SoMs</p> <p>A letter is sent annually by email to all contact supervisors of midwives and copied to heads of service giving guidance to all supervisors of midwives the date that all ITPs have to be submitted and be entered on the LSA data base.</p> <p>Viewed email of letter circulated this year</p>
1.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<p>LSA National Forum (UK) Guideline K Intention to Practise form by registered midwife</p> <p>Viewed email of letter circulated to contact SoMs and heads of service</p>
1.3 Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year.	Standard met	<p>LSA database export to NMC weekly and NMC report logged onto LSA database</p> <p>Examples of export viewed on LSA Database</p>
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	<p>Intention to Practise forms exported weekly on LSA database</p> <p>Electronic evidence of export viewed and also evidence of error report from NMC</p>
<b>Review team commentary</b>		
We have received verbal and written evidence to say that this standard has been met.		

There was difficulty navigating the LSA website to access LSAMO Forum UK Guidance and not all SoMs were aware where to access the guidance. We were advised that the web site is in the process of being updated and will be available in the next few weeks.

We are aware that currently much of the work around checking the data from the database is done by the LSAMO which is time consuming especially with limited administrative support. We heard at the review that administrative support to the LSAMO is being addressed and a full time PA is being advertised.

#### **Recommendations to support continued development**

- Establish a mechanism that ensures SoMs are aware of guidance available to support them in their role and how to access the guidance.

## 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	LSA National Forum (UK) Guideline L Guideline and process for investigation into a midwife's fitness to practise by a supervisor of midwives on behalf of the Local Supervising Authority published on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and electronic link can be found in the document Standards and guidance for supervisors of midwives in the South of England.  Verbally advised document has been circulated electronically to SoMs
2.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	LSA National Forum (UK) Guideline I, Guidance for Supervisors on Suspension of Midwives from Practice. Also electronic link published in the document Standards and guidance for supervisors of midwives in the South of England
2.3 Publish the process for appeal against any decision.	Standard met	LSA National Forum (UK) Guideline L Guideline and process for investigation into a midwife's fitness to practise by a supervisor of midwives on behalf of the Local Supervising Authority published on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and electronic link can be found in the document Standards and guidance for supervisors of midwives in the South of England.
2.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	Evidence seen electronically and in paper format

### Review team commentary

There have been a number of investigations over the past year, some being quite complex requiring experienced SoMs to undertake them. We are also aware that a few of these involved self-employed midwives and required a lot of support from the LSA, again due to their complexities. The LSA has taken steps to up skill a small group of experienced supervisors to support these particular types of investigations as well as to mentor others to develop experience.

We were informed that the LSAMO meets with self-employed midwives and in general there is a good working relationship with self-employed and NHS employed midwives. Some SoMs felt they could better enhance this relationship by improving communication between all parties. This would include ensuring that the self-employed midwife meets with the NHS midwife who may need to continue care of the women if she came into hospital, or was required to attend the home.

Some SoMs identified it would be helpful to have further training in conducting a supervisory investigation.

The review team found the opportunity to speak with a midwife who had undergone supervised practice, and talk about its benefits, a valuable contribution to the evidence gathering. The midwife was clearly supported through the framework for statutory supervision of midwives.

We heard during the review that in some cases the decision for a supervisory investigation only took place following recommendations from a management investigation that this should happen. A supervisory investigation should run parallel with any management investigation where it relates to a midwife's fitness to practise, to ensure there is no delay in the process.

### **Recommendations for continued development**

- When concerns are raised about a midwife's fitness to practice then a supervisory investigation should be conducted as soon as possible after the event as recommended in the NMC *standards for supervised practice of midwives*.
- Establish clear guidance on when to commence a supervisory investigation.
- Implement workshops on conducting supervisory investigations to support SoMs in their role. This would also support the LSA by having further group of skilled SoMs across a large geographical area.
- Strengthen communication between self employed midwives and SoMs by hosting an annual event for SoMs and self employed midwives to discuss supervisory issues and midwifery practice.



## 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	LSA National Forum (UK) Guideline H Procedure for the transfer of records from self employed midwives. Published on LSA section of SHA website and link <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> sent to all SoMs through Standards and guidance for supervisors of midwives in the South of England
3.2 Agree local systems to ensure SoMs maintain records of their supervisory activity.	Standard met	LSA database is used to store records. SoMs gave evidence that some continue to use a locked cupboard in an office. LSAMO aims to have all SoMs completing electronic records by end of 2009-10 practice year
3.3 Ensure SoMs records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard met	Verbal evidence that records kept locally all SoMs to move to electronic records by end of year
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	LSA National Forum (UK) Guideline B Guidance for retention and transfer of records relating to statutory supervision. This is published on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and sent electronically to all SoMs through Standards and guidance for supervisors of midwives in the South of England
3.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standards met	LSA National Forum (UK) Guideline B Guidance for retention and transfer of records relating to statutory supervision. This is published on <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and sent electronically to all SoMs through Standards and guidance for supervisors of midwives in the South of England

### Review team commentary

The LSA is to require all SoMs to use the LSA database for record storage and will be auditing compliance during the next round of LSA audits.

### Recommendations Rule 9:

There are no recommendations for this section.

## Rule 11 - Eligibility for Appointment as a SoM

Local supervising authority standard- In order to ensure that SoMs 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 SoMs in their area.	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009 LSA National Forum (UK) Guideline C Guideline for the nomination selection and appointment of supervisors of midwives is available on website <a href="http://www.midwife.org.uk">www.midwife.org.uk</a> and can be seen how to access in the Standards and Guidance for supervisors of midwives in the South of England  Newly appointed SoM able to talk about the process of selection through to appointment
4.2 Maintain a current list of SoMs.	Standard met	Western Area Health Trust identifies SoMs in annual report to LSA June 2009, along with resignations St Michaels Hospital identifies SoMs in annual report 2009  LSA database current list of SoMs viewed
4.3 Demonstrate a commitment to providing continuing professional development and updating for all SoMs for a minimum of 15 hours in each registration period.	Standard met	Correspondence requesting ideas for future events LSA holds two day conferences on an annual basis.  Programme seen for Supervisors Conference Strictly Midwifery – Dancing to a new tune 22 April and 23 April 2008 The Grand Hotel Torquay LSMAO advised she is seeing each SoM this year on a 1 to 1 basis as part of SoM ongoing CPD

### Review team commentary –

The ratio is met within the LSA and the LSMAO is meeting individually with SoMs to discuss CPD as part of this years LSA audit process.

### Recommendations: Rule 11:

There are no recommendations for this section.

## 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 SoMs 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	Western Area Health Trust describes process in annual report to LSA June 2009 for annual supervisory reviews St Michaels Hospital identifies process in annual report 2009 – annual supervisory meeting. All SoMs agreed to use the database  LSA National Forum (UK) Guideline J Confirming midwives eligibility to practise
5.2 Implement the NMC's rules and standards for supervision of midwives.	Standard met	Confirmed that LSA audits of supervision within maternity services are undertaken in each area Verbal evidence given by SoMs, HoMs, LSAMO, LME's . Programme seen for 1 audit visit.
5.3 Ensure that the SoMs to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard met	LSA ratio is 1:12
5.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	Evidence of cross boundary working. It was evident that due to the size of the LSA SoMs tended to meet in one of three geographical regions across the South West.  LSAMO attends LSAMO Forum UK meeting and NMC LSAMO strategic reference group.  LSAMO has also developed guidance for SoMs with the LSAMOs in the LSAs of South Central and South East Coast
5.5 Enable timely distribution of information to all SoMs.	Standard met	Emails viewed sent to Contact SoM from LSAMO Verbal evidence from SoMs and lead midwives for education (LMEs)
5.6 Provide a direct communication link, which may be electronic, between each SoMs and the local supervising authority midwifery officer.	Standard met	Emails viewed sent to Contact SoM from LSAMO Verbal evidence from Contact SoM

## 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 SoMs 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 SoMs to give support and agree strategies for developing key areas of practice.	Standard met	Verbal evidence given by SoMs and LSAMO that LSAMO attends local meetings. Annual conference is planned around key areas of practice and to distribute new information or guidance
5.8 Monitor the provision of protected time and administrative support for SoMs.	Standard met	Examples of good practice cited in some areas where SoMs hold café for midwives where as other areas reported difficulties in taking their protected time.  CSoM identified that this is lacking in some areas and there is inconsistency across the LSA.
5.9 Promote woman-centred, evidenced-based midwifery practice.	Standard met	There are 14 stand alone midwife led units across the LSA. We visited one unit where evidence based midwifery practice was evident. However, when meeting with a group of student midwives some verbal examples of medicalised models of care were given, such as routine use of CTG
5.10 Ensure that SoMs maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	Standard met	LSA audit. LSAMO meeting with all SOMS in the practice year to ensure all activities will be recorded on LSA database

## Rule 12 - The Supervision of Midwives (continued)

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

Standard	Judgement	Evidence source
5.11 SoMs are available to offer guidance and support to women accessing maternity services.	Standard met	Verbal evidence from SoMs and midwives. Evidence given of a number of challenging situations where SoMs were able to support the midwife in facilitating choice for the woman
5.12 SoMs give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Standard met	Visit to Tiverton Birth Centre. Evidence that there are a high proportion of MLUs and birth centres, and pockets of high homebirth rates.  Evidence from students that they do not always see evidence based midwifery, particularly related to fetal monitoring and positions for birth
5.13 SoMs are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Standard met	LSA National Forum (UK) Guideline C Guideline For The Nomination, Selection and Appointment of Supervisors of Midwives  Verbal evidence from SoMs

## Rule 12 - The Supervision of Midwives (continued)

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

Standard	Judgement	Evidence source
5.14 SoMs provide professional leadership.	Standard met	<p>St Michaels Hospital identifies process in annual report 2009 – SoMs take lead on all multidisciplinary working parties and key to developing guidelines, good practice achievements, SoMs holding a SoM café.</p> <p>Midwives identified SoM easily accessible to provide advice and support when involved in critical incident</p> <p>Verbal evidence given by SoMs of how they took on role of SoM to influence practice and this was often after seeing evidence of effective supervision in action</p> <p>The Director of Patient Care and Nursing informed the team that the SHA is working with the Royal College of Midwives to develop a leadership programme for midwives</p>
5.15 SoMs are approachable and accessible to midwives to support them in their practice.	Standard met	<p>Only met with a few midwives, but they confirmed that SoMs are accessible to midwives. 24hr on call systems for SoM available.</p> <p>Evidence given of SoMs being available to discuss difficult cases and support midwives in practice. SoMs gave evidence of strategies to try and raise the profile of the supervision within trusts.</p>

### Review team commentary

#### Role of contact SoM

The contact SoMs currently do not meet across the LSA. This is primarily due to travel and time commitments. However the team thought that links could be strengthened across the LSA by re-establishing a Contact SoM Forum across the South West. This would promote consistency in the role and in the supervision of midwives and also the sharing of best practice.

#### Protected time

Some SoMs reported that they sometimes had difficulty taking protected time for supervision. SoMs need to be able to negotiate protected time.

#### Evidence based practice

There were examples given of evidence based practice and some examples where there have been challenges in supporting women's choice. Midwives should be empowered through supervision to challenge practice where appropriate. SoMs need skills to support midwives in challenging practice. The review team also heard examples where evidence base care was not being implemented especially related to continuous fetal monitoring and birth positions. This tended to be more related to acute maternity services.

#### Recommendations to support continued development

- Ensure SoMs are equipped with the skills to function in their role as professional leaders

through programmes of leadership development.

- SoMs to support midwives in challenging practice to ensure practice is evidence based.
- Establish a contact supervisors of midwives forum across the LSA to strengthen networks and to contribute to consistency of approach to supervision across the LSA.
- The LSA to monitor the provision of protected time for SoMs and where deficient to support SoMs in achieving appropriate time.

## 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	Confirmed by NMC
6.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	LSAMO has been in post for a number of years. If post needed to be filled criteria would be followed for future appointments
6.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	The LSAMO is line managed by Director for Patient Care and Nursing and accesses CEO as necessary if fitness to practise (FtP) or service issues of concern.  Local SHA guidance
6.4 Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard not met	The review team were made aware that due to the geographical area of the LSA the LSAMO is required to be away from her base for a large proportion of the time. There is little administrative input to support the LSAMO in her role while away from her base.  The team were made aware that a full time administrative post is due to be advertised.
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	Evidence submitted as part of LSA audit process identified these had been done. Verbal evidence from SoMs , HoMs and LMEs  We were reassured that these were taking place and have a better understanding of the process.



<b>Review team commentary</b>		
<p>The large geographical area impacts on time available to meet across the LSA, so consideration should be given to other modes of communication such as video conferencing.</p> <p>The review team were reassured that a robust process was in place to audit the LSA and have a better understanding of this following the visit. This process needs to be reflected in the annual report</p> <p>It was evident to the team that at the time of the review the LSAMO was undertaking a lot of administrative support herself, which could have easily been delegated if the support had been available. We were made aware that consideration is being given to advertise for a full time administrator to support the work of the LSAMO. As this was not in place at the time of the review, this standard was not met.</p>		
<b>Recommendations for Rule 13:</b>		
<ul style="list-style-type: none"><li>• Provide designated administrative support to ensure the LSAMO can carry out her statutory role effectively and efficiently.</li></ul>		
<b>Developmental recommendations Rule 13:</b>		
<ul style="list-style-type: none"><li>• Documentary evidence submitted to the NMC via the LSA annual report should be more explicit about how the requirements of rule 16 are met.</li></ul>		

## 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	<p>St Michaels Hospital identified in their supervisory annual report 2009 to the LSA the serious incidents that took place.</p> <p>Email from Guernsey maternity services to LSAMO re SUI and action taken (24 Feb 09).</p> <p>Verbal evidence from SoMs, HoMs and LSAMO that LSAMO advised of incidents</p> <p>The LSA has a robust data collection sheet that requires SoMs to complete as part of their supervisory report.</p>
7.2 Publish the investigative procedure.	Standard met	LSA National Forum (UK) Guideline G Process for the Notification and management of complaints against a SoM or an LSAMO including appeals, identified in the document Standards and guidance for the supervision of midwives in the South of England and web access <a href="http://www.midwife.org.uk">www.midwife.org.uk</a>
7.3 Liaise with key stakeholders to enhance clinical governance systems.	Standard met	<p>LSAMO is the Midwifery Advisor for CEMACH, now known as CMACE</p> <p>LSAMO used proactively within the SHA to support developments to enhance care for women and their babies and is currently contributing to developing the mental health strategy for pregnant women and their families</p>
7.4 Publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - SoMs	Standard met	LSA National Forum (UK) Guideline G Process for the Notification of complaints against a SoM or an LSAMO including appeals, identified in the document Standards and guidance for the supervision of midwives in the South of England and web access <a href="http://www.midwife.org.uk">www.midwife.org.uk</a>
7.5. Publish the process for removing from appointment a: -SoMs -local supervising authority midwifery officer	Standard met	<p>LSA National Forum (UK) Guideline D Guidance for poor performance and deselection of supervisors of midwives, identified in the document Standards and guidance for the supervision of midwives in the South of England and web access <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></p> <p>SHA HR policy for LSAMO</p>

## 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: - SoMs - local supervising authority midwifery officer	Standard met	LSA National Forum (UK) Guideline D Guidance for poor performance and deselection of supervisors of midwives, identified in the document Standards and guidance for the supervision of midwives in the South of England and web access <a href="http://www.midwife.org.uk">www.midwife.org.uk</a>  SHA human resources policy for LSAMO
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 - SoMs	Standard met	LSA National Forum (UK) Guideline G Process for the notification and management of complaints against a SoM or an LSAMO including appeals, identified in the document Standards and guidance for the supervision of midwives in the South of England and web access <a href="http://www.midwife.org.uk">www.midwife.org.uk</a>
7.8 Consult the NMC for advice and guidance in such matters	Standard met	Verified by NMC Midwifery Adviser

### Review team commentary

The review team received verbal and written evidence to support these standards.

### Recommendations Rule 15:

There are no recommendations related to these standards.

## Rule 16 - Annual Report –

Local supervising authority standard - Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 1<sup>st</sup> of June of 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 SoMs appointments, resignations and removals.	Standard met	Local LSA reports St Michaels Hospital identifies SoMs in annual report 2009 Bailiwick of Guernsey annual report 2009 identifies names of SoMs Presentation – refers to education process for interviews of SoMs LSA annual report LSA data base
8.2 Details of how midwives are provided with continuous access to a SoMs	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009 St Michaels Hospital identifies access in annual report 2009 – on call issues a standing agenda item, SoM cafe Bailiwick of Guernsey annual report 2009 gives brief summary Verbal evidence given by SoMs and midwives
8.3 Details of how the practice of midwifery is supervised.	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009
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	Western Area Health Trust describes process in annual report to LSA June 2009 – previously well attend maternity service forum has stalled and has proved difficult to reinstate. Community Manager is working to regenerate the group St Michaels Hospital annual report 2009 – the one service user who attended a few meetings no longer attends LSAMO reported that if no service user present for audit the day will be cancelled until service user available
8.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009 – one SoM actively involved in attending interviews. Attend feedback session given at the University. SoM sits on Midwifery Education Development Group across Bristol North Somerset South Gloucester St Michaels Hospital annual report 2009 give numerous examples Midwifery Forum Minutes, 11 December 2008 Verbal evidence from LMEs of engagement between the three HEIs and LSA
8.6 Details of any	Standard met	Western Area Health Trust describes process in annual

new policies related to the supervision of midwives.		report to LSA June 2009 – for example policy regarding free birthing
8.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009 – increase in births before arrival (BBA) v free birthing, being investigated St Michaels Hospital annual report 2009 – increasing complexity of cases South West SHA Maternity Services document – identifying issues around workforce planning, capacity and training needs Self employed midwives
8.8 Details of the number of complaints regarding the discharge of the supervisory function.	Standard met	Western Area Health Trust describes process in annual report to LSA June 2009 – suspension of homebirth service by SoM.
8.9 Reports on all local supervising authority investigations undertaken during the year.	Standard met	Verbal and documentary evidence given on LSA investigations. The reporting on LSA investigations was not clear in the content of the annual report
<p><b>Review team commentary</b></p> <p>The review team felt that clarity was not always present if some issues or investigations were under the auspices of statutory supervision or managerial processes. The review team were reassured that statutory supervision was active in its role of the protection of the public. It would be helpful to provide more detailed analysis in the annual report thus providing reassurance of the processes that are in place and also demonstrating clear distinctions between management and supervisory processes.</p>		
<p><b>Recommendations to support continued development</b></p> <p>Give clear guidance on when to conduct a supervisory investigation.</p> <ul style="list-style-type: none"> <li>• Provide details in the annual report on investigations.</li> </ul>		

## 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 a 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 the Welsh Assembly Government with devolved powers to 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](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 the 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](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 or strategic health authority 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: Vanessa Shand

Role in review team: Midwife reviewer and co chair

Other roles: Midwife and SoM

Name: Selina Nylander

Role in review team: Lay Reviewer

Other roles: Doula

Name: Joy Payne

Role in review team: LSAMO Reviewer and report author

Other roles: LSAMO

Name: Dr Susan Way

Role in review team: NMC Representative

Other roles: Midwifery Adviser NMC



## **Appendix 4 – Key people met during the review**

- CEO NHS South West SHA
- Director of Patient Care and Nursing South West SHA
- LSAMO
- Heads of Midwifery
- Patient Safety Lead SHA
- Director of Workforce SHA
- Maternity Services Programme lead SHA
- Contact SoMs
- SoMs
- Newly appointed SoMs
- Risk Managers
- Midwives
- Student Midwives
- LMEs
- Midwives at midwifery led unit in Tiverton
- Midwife who had undergone successful programme supervised practice
- Support SoMs to midwife who had undergone supervised practice
- Mentors

## Appendix 5 - Programme for the review

### NMC Review Framework

#### South West LSA

Wednesday 16 September 2009

#### Programme day 1

Two rooms will be available to allow viewing of evidence or questioning of two groups simultaneously



Time	Activity – attendance list for each session is attached	Location	
09.00	Coffee and introduction from the Review Team to the LSA	Meeting Room 2 and 3, South West House, Blackbrook Park Avenue, Taunton, TA1 2PX	
09.30	Introduction to NHS South West LSA to the Review Team		
10.15	Meet with Contact Supervisors of Midwives And Risk Managers – two groups		
11.00	Refreshments		
11.15	In camera session NMC panel only		
11.30	Meet with Supervisors of Midwives and Heads of Midwifery – two groups		
12.30	In camera session NMC panel only		
12.45	Meet with Patient Safety Lead SHA, Director Workforce SHA and Maternity Services Programme lead SHA		
13.15	Packed lunch and travel to Tiverton Travel arrangements through the LSA		Tiverton Midwife-led Unit
13.45	Refreshments Tour of Midwife-led unit (Tiverton) – two groups Meet Users of service, Supervisors, Midwives, HOM and Lay representative Midwife who has recently completed a period of supervised practice		
15.15	Meet with LSA Midwifery Officer – review and questions		
16.15	Travel back to Taunton		
	Close of Day 1		

## NMC Review Framework

### South West LSA

**Thursday 17 September 2009**  
**Programme day 2**

Two rooms will be available to allow viewing of evidence or questioning of two groups simultaneously



<b>Time</b>	<b>Activity – attendance list for each session is attached</b>	<b>Location</b>
09.00	Coffee Meet with Chief Executive NHS South West and Director of Patient Care and Nursing, NHS South West	Meeting room 2, South West House, Blackbrook Park Avenue, Taunton, TA1 2PX  Liz Redfern's office also available throughout the day
10.15	Refreshments	
10.45	Meet with Midwife Principles and Lead Midwives for Education	
11.45	Meet with Student Midwives	
12.15	Meet with Chief Executive of Trust and Director of Nursing	
12.45	In camera session NMC panel only	
13.15	Lunch	
14.00	Meet with newly designated Supervisors of Midwives	
14.30	Meet with Mentor Assessors	
15.00	Refreshment break + In camera session NMC Panel only	
15.30	Feedback from Review Team to LSA	
16.00	Close of Day 2	

## Appendix 6 - Documentary evidence viewed

- Midwifery Forum Minutes, 11 December 2008
- Cornwall & Isle of Scilly Maternity Service Liaison Committee – development plan April 2009
- South West SHA Maternity Services document
- Strictly Midwifery – dancing to a new tune 22/23 April – call for subjects to be covered at future events
- Plymouth Health community
- Mission statement for SoM – Plymouth
- SoM meetings – Plymouth
- Wiltshire Community Health Services Maternity Service, Issue 6 Report on Undertaking Supervisory Annual Reviews, 1 August 09
- Record keeping audit Plymouth Hospital NHS Trust
- Letter of thanks for contribution to approval of BSC (Hons) pre registration (Shortened) Midwifery Postgraduate Diploma in Midwifery 22 April 2009
- LSA Audit visit Royal Bournemouth maternity Unit 23rd April 2009
- Plymouth 2009 LSA Audit Visit –Evidence to meet the 53 standards
- Cornwall LSA Audit Visit –Evidence to meet the 53 standards
- LSA Supervisory Investigation File C (1)
- LSA Supervisory Investigation File C (2)
- Documentation included letter on suspension from practice
- SUI Neonatal seizures 24 March 2009 Report by Patient Safety Midwife submitted for LSAMO review
- Supervisory Investigation 24 March 2009 Midwife now retired and registration lapsed letter advised will be referred if attempts to practise
- Rationale for Supported practice –supervised practice guidelines J. Hawkins, Joy Kirby and Glynnis Mayes October 2001
- Wiltshire supervisory investigation report NND 2 March 2009 Patient Safety midwife and Supervisory investigation
- Letter to midwife informing her she is suspended from practice with right to appeal on letter
- Programme for LSA audit for 18 September 2009 in Exeter
- Annual report to LSA for Weston Area Health trust
- Annual report to LSA for St Michaels Hospital Bristol
- Annual Report to the LSA for the Bailiwick of Guernsey
- The NHS South West LSA Annual report to the NMC
- *NHS South West, NHS South Central and NHS South East Coast Standards and guidance for supervisors of midwives in the South of England September 2008.* This is available electronically as well
- LSA database seen 17 September 2009 including;
- Example of weekly ItP submissions and example of weekly errors circulated back NMC
- List of current supervisors of midwives
- Examples of SoM Prep maintained on database by LSAMO
- Unit closures and child protection alerts
- South West SHA LSA web site – this is currently under review for upgrade
- Sample of email distribution lists from LSAMO to contact SoMs
- Sample of emails circulated
- Copy of letter sent to Contact SoMs copied to heads of service on submission of ItP forms to LSA