



# **Local Supervising Authorities**

## **Midwifery Supervision Audit Process Good Practice Guide (England)**

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# 1 The LSA Audit Process Good Practice Guide

## 1.1 Rationale and objectives

The rationale for Local Supervising Authorities (LSAs) to undertake audits of the statutory function of supervision is to ensure that the requirements of the Nursing and Midwifery Council (NMC) are met.

In accordance with the Midwives rules and standards (2012) the LSA Midwifery Officer (LSAMO) is required to undertake the following:

- *Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.*
- *Monitor the practice of supervisors of midwives as part of maintaining and improving the quality of the provision of statutory supervision of midwives.*
- *Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives (Rule 7, NMC 2012)*

The LSA audit process is designed to meet the following objectives in relation to statutory supervision:

- Review the compliance of SoM teams against the standards for LSAs set by the NMC
- Identify any areas where the SoM team is not meeting the standards
- Identify any aspects of supervision which may require corrective or preventive action
- Identify aspects which may require review
- Provide advice to supervisors where national standards relating to supervision have not been achieved
- Identify aspects of good practice relating to supervision which could be shared more widely

## 1.2 Changes affecting midwifery supervision

The following changes need to be taken into consideration when planning a LSA audit<sup>1</sup>:

- Following the proposals outlined in the publication of the Parliamentary and Health Service Ombudsman (PHSO 2013) and the King's Fund (2015) reports the NMC accepted that the system of midwifery regulation should change so that midwifery supervision and regulation are separated, enabling the NMC to have direct control of regulatory activity (King's Fund, 2015)
- Legislative change is required to implement these principles. It is estimated that this process may not be complete until 2017. Until revised legislation comes into force (expected March 2017) the LSA function will continue
- Revalidation for midwives will become effective from April 2016.

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<sup>1</sup> Subject to NMC approval, the 2016/17 annual audit and subsequent actions will be for provider information only because the statutory element of supervision and NMC reporting will cease once the law is enacted

### 1.3 Arrangements for a LSA audit visit

- The LSAMO/LSA support midwife will lead the LSA audit, coordinating audit activities with the contact supervisor of midwives ahead of the day.
- On completion of the report copies will be sent to: the trust Chief Executive, trust and Clinical Commissioning Group Directors of Nursing, trust Head of Midwifery, Contact Supervisor of Midwives and the Regional Chief Nurse. Please see figure 1 below for further information.
- The audit report will contain an overview of the compliance with the standards for supervision as set out in the NMC Midwives rules and standards (2012) and full recommendations. It is expected that the SoM team will use the audit recommendations to populate an action plan for the year ahead.
- If any serious concerns regarding supervision are identified either in advance or during the audit visit this will be escalated via an exception report to the NMC and NHS England regional and national teams.

### 1.4 Provision of evidence

- The contact supervisor will have the responsibility for collating the evidence submitted to the LSA audit team. The evidence should be submitted at least 2 weeks in advance of the agreed assessment date to allow the LSA team sufficient time to review and assess the documentation provided.
- The audit criteria are available in The LSA Audit Tool (2015) appended to this document.

### 1.5 The LSA Audit Team

The LSA Audit team will be led by the LSAMO (who may wish to delegate the lead role to an LSA support midwife whilst retaining overall responsibility for the audit process and final report sign-off), the LSA Midwife (where available), a maximum of two Supervisors of Midwives and a Lay Representative. Midwives undertaking the Preparation of Supervisors of Midwives Programme may also shadow an audit for learning purposes. On the audit day, there will be opportunities for the team members to engage with the SOM team and their activities, and meet with representative groups which will include midwives, student midwives and service users.

When arranging to undertake a LSA audit or an investigation following an incident the LSA will ensure that they have identified and appropriately managed conflicts of interest. Conflict of interest means any connection which might give cause to question a reviewer's credibility or the objectivity of his/her judgment. This precludes a reviewer acting in any maternity service provider at which he/she delivers midwifery services.

#### 1.5.1 Lay Representative

The lay auditors will focus their efforts on evidencing compliance with the requirement that *“Supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging”*. (Rule 7 NMC 2012)

## 1.5.2 Invited Guests

The host Trust should be invited to extend an invitation to Trust Executives, the Clinical Director, General Managers, Commissioners and Lay Representatives as applicable, to join the showcasing opening session.

## 1.6 Format for a LSA audit visit

A typical audit visit should include a pre-visit briefing which may be conducted face to face, via a telephone conference call or electronically. The aims of the briefing are:

- To introduce all members of the audit team
- To enable the LSAMO to provide the team with an accurate overview of supervision at the trust
- To initiate discussions and enable any potential areas of concern to be highlighted prior to the audit visit

This will ensure that all members of the audit team are aware of their roles and responsibility for the audit visit.

## 1.7 Example Programme: Annual LSA Audits of Maternity Services

Time	Activity	People
08:45	LSA Audit Team meet at Maternity Venue	LSA Audit Team
09:00	Coffee and welcome with the SoM Team	LSA Audit Team/SoM Team & Head of Midwifery
09:15	Presentations to LSA Audit Team & invited guests to include: <ul style="list-style-type: none"> <li>• Service Context</li> <li>• Meeting the Midwives Rules and Standards 2012 and Domains. (Self-Assessment).</li> <li>• Actions following previous Audit</li> <li>• Preparing Supervisors of Midwives and Midwives for Revalidation.</li> <li>• How Supervisory Teams are preparing Midwives for Practice without Supervision</li> <li>• Trust learning from the Kirkup Inquiry</li> <li>• Platforming Excellence</li> </ul>	LSA Audit Team SoM Team Academic Partner Invited guests
11:30	Coffee with Questions and Discussions	All
12:00	Meeting with Midwives	LSAMO/LSA Rep/SoM Team
12:00	Meeting with Student Midwives	LSA Midwife
12:00	Lay Auditor meets with service users	Lay Auditor/ Service users
13:00	Lunch	All
14:00	Review any outstanding evidence, discussion with SoM team regarding evidence submitted. Prepare feedback for SoM team	LSA Audit Team SoM team
15:00	Meeting with SoM Team to give Feedback and to present Update on Regulation issues for Midwives	LSA Audit Team / SoM Team with Director of Nursing and Head of Midwifery
16:00	Close of Day	

## 1.8 Feedback, written report and follow-up of action plans

Initial, informal, verbal feedback should be given to the SoM team at the end of the audit visit.

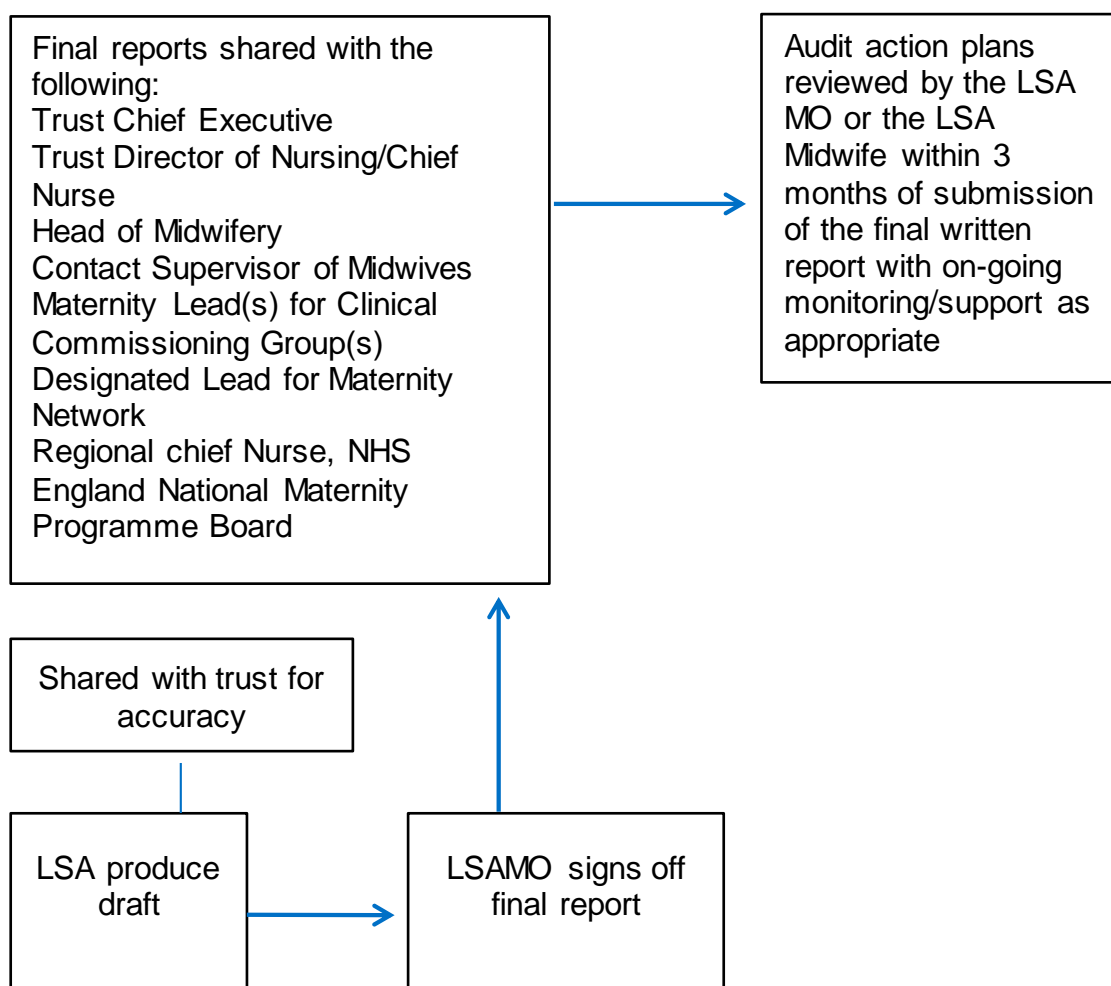
The formal written report should be submitted, no longer than 8 weeks following the completion of the audit, to the following people:

- Trust Chief Executive
- Trust Director of Nursing/Chief Nurse
- Head of Midwifery
- Contact Supervisor
- Maternity Lead(s) for Clinical Commission Group(s)
- Designated lead for Maternity Network

A review of action plans should be undertaken by the LSAMO or the LSA support midwife within 3 months of submission of the final written report with on-going monitoring/support as appropriate

All final written audit reports must be signed off by an LSAMO.

Figure 1: Assurance and sign off process for the LSA Audits (England)





## 2 The LSA Audit tool

The Nursing and Midwifery Council (NMC) sets out the standards for midwifery supervision in the Midwives rules and standards (2012). Each Local Supervising Authority (LSA) is required to ensure that an annual audit of supervision of midwives is carried out against the NMC standards for the area which they serve.

The Local Supervising Authority Midwifery Officer (LSAMO) UK forum has published guidance for undertaking a supervisory audit. However a variety of audit tools are used across the LSAs.

The intention of this guide is to provide a consistent approach to the evaluation of compliance to the standards for supervision as set out in the NMC Midwives rules and standards (2012) whilst supporting a pragmatic approach to local variation in the audit tool used. The evidence of compliance required for each standard set out in this guide is based on those set by Mott MacDonald<sup>2, 3</sup> in the NMC LSA review plan 2015-16.

## 3 The Audit data sample

For LSA annual audits a 'snapshot' sample will be sufficient. The pragmatic guideline for selecting a snapshot audit sample size is that sufficient evidence is collated that will allow the auditor to confidently form an opinion whilst small enough to allow rapid data collection.

For audits requested by LSAs from SoM teams, where greater accuracy in the results is required, a sample size should be calculated that is representative of the whole audit population.

## 4 The Audit interviewees sample

The standard for the *minimum* cohort of interviewees during an audit is as follows:

- **Service users** – dependent on the Trust's maternity clinical activity a minimum of 4 service users should be interviewed. In addition the lay auditor should: contact the Chair of the local Maternity Services Liaison Committee for further local intelligence, evidence the accessibility of the SoM on-call by adopting a 'secret shopper' approach.
- **Midwives and student midwives** – a minimum of 4 midwives and 4 student midwives should be interviewed. If fewer than 4 staff in a given cohort are available for interview (e.g. due to clinical acuity on the day of the audit visit) assurance of full compliance cannot be established and the final written report should indicate that the auditor has gained an 'impression' of compliance. The findings should then be triangulated against other sources of evidence before the auditor forms a final opinion on compliance with a given standard

## 5 Using the audit tool

The approved lean audit tool at appendix 1 is to be used for the 2016/17 audit cycle.

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<sup>2</sup> Available at: [http://www.nmc.mottmac.com/Portals/0/documents/LSA\\_review\\_plan\\_2015-2016\\_FINAL.PDF](http://www.nmc.mottmac.com/Portals/0/documents/LSA_review_plan_2015-2016_FINAL.PDF)

<sup>3</sup> Mott MacDonald deliver quality assurance on behalf of the NMC

## Appendix 1: Approved Lean Audit Tool

Rule 4 Notifications by local supervising authority					
Rules					
<p>(1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish:</p> <p style="margin-left: 20px;">(a) the name and address of its midwifery officer to whom a notice under Rule 3(2) or (3) is to be submitted;</p> <p style="margin-left: 20px;">(b) the date by which a midwife must give notice under Rule 3(3).</p> <p>(1A) The local supervising authority in England must publish:</p> <p style="margin-left: 20px;">(a) the name and address of each of its midwifery officers to one of whom a notice under rule 3(2) or (3) is to be submitted;</p> <p style="margin-left: 20px;">(b) the date by which a midwife must give notice under rule 3(3).</p> <p>(2) Each local supervising authority must inform the Council, in such form and at such frequency as requested by the Council, of any notice given to it under Rule 3.</p>					
LSA standard					
<p>1 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority must ensure that:</p> <p style="margin-left: 20px;">1.1 Intention to practise notifications are sent to the NMC by the annual submission date specified by the Council.</p> <p style="margin-left: 20px;">1.2 Intention to practise notifications received after the annual submission date are sent to the NMC as soon as reasonably practicable.</p>					
LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31 <sup>st</sup> March 2015.		Every midwife has a current ITP		There are midwives who do not have a current ITP	

## Appendix 1: Approved Lean Audit Tool

<p>Midwives to be eligible to submit an ITP notification must have effective registration on the midwives' part of the NMC register and be intending to practise midwifery.</p>					
<p>Before the ITP is signed the named SoM must have carried out an assessment of the midwife's compliance with the NMC's requirements to maintain midwifery registration and must confirm that they are eligible to practise as a midwife. The named SoM must document the evidence they have reviewed for each midwife detailing how they meet the NMC PREP requirements of 35</p>		<p>Every eligible midwife has had an annual review in the last 12 months and it has been uploaded to the LSA database</p>		<p>There are midwives in the maternity unit whose annual reviews are out of date</p>	

## Appendix 1: Approved Lean Audit Tool

<p>hours learning activity (CPD) and 450 hours of registered practice in each 3 year Notification of Practice (NoP) cycle (this assessment can be done at the annual review). SoMs should use the NMC PREP standards for guidance</p>					
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### Rule 6 Records

#### Rules

- (1) A midwife must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are, following their discharge from that care:
- (a) transferred to the midwife's employer for safe storage; or
  - (b) stored safely by the midwife herself if she is self-employed: but if the midwife is unable to do this, transferred to the local supervising authority in respect of her main geographical area of practice for safe storage.
- (2) Where a midwife ceases to be registered with the Council, she must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are transferred for safe storage to the local supervising authority which was, prior to the cessation of her registration, the midwife's local supervising authority in respect of her main geographical area of practice.

#### LSA standard

## Appendix 1: Approved Lean Audit Tool

1 A local supervising authority must publish local guidelines for the transfer of midwifery records from self-employed midwives which should include:

- 1.1 When the records are to be transferred.
- 1.2 To whom the records are to be transferred.
- 1.3 Methods to ensure the safe transit of records.
- 1.4 Documentation to record such a transfer.

### Midwives standards

- 1 All records relating to the care of the woman or baby must be kept securely for 25 years. This includes work diaries if they contain clinical information.
- 2 Self-employed midwives should ensure women are able to access their records and should inform them of the location of their records if these are transferred to the local supervising authority.

LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries)		All records (including community midwives' diaries) are stored securely so that patient confidentiality is maintained	Records are stored but patient confidentiality may be breached due to accessibility of records.	Records are not stored securely and patient confidentiality is breached	
		There is an organisational records policy that includes direction on storage of records (including	There is an organisational records policy that includes direction on storage for 25 years but is not	There is an organisational records policy but it does not include direction on storage for 25 years or on	

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		community midwives' diaries) for 25 years	clear on types of record to be stored	types of records to be stored	
SoMs must advise midwives working in self-employed practice of when they should transfer records to the LSA and make them aware of the LSAMO Forum UK policy Transfer of midwifery records for self-employed midwives.		There is evidence that SOMs have communicated with self-employed midwives regarding records transfer either by letter or via their annual review documentation making reference to the LSAMO Forum UK policy	There is evidence that SOMs have communicated with self-employed midwives regarding records transfer either by letter or via their annual review documentation but no reference is made to the LSAMO Forum UK policy	There is no evidence that SOMs have communicated with self-employed midwives regarding records transfer	

## Appendix 1: Approved Lean Audit Tool

### Rule 7

#### The local supervising authority midwifery officer

##### Rules

(1) Each local supervising authority in Wales, Scotland or Northern Ireland must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint a midwifery officer who satisfies the relevant qualifications and who shall be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(1A) The local supervising authority in England must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint an adequate number of midwifery officers who satisfy the relevant qualifications and who are to be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(2) The relevant qualifications mentioned in paragraphs (1) and (1A) are that a midwifery officer must:

(a) be a practising midwife; and

(b) meet the requisite standards of experience and education for the role of a midwifery officer as set by the Council from time to time.

##### LSA standards

1 In order to discharge its supervisory function through the local supervising authority midwifery officer, the local supervising authority must:

1.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer.

1.2 Involve a NMC nominated person and an appropriately experienced midwife in the selection and appointment process.

1.3 Manage the performance of the appointed local supervising authority midwifery officer by regular (annual) appraisal and to ensure that they are exercising their role efficiently, effectively and in a way that secures the safety of midwifery practice in their area.

1.4 Provide sufficient resources to enable a local supervising authority midwifery officer to discharge the statutory supervisory function.

2 To ensure the requirements of the NMC are met, the local supervising authority must enable the local supervising authority midwifery officer to:

2.1 Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.

2.2 Monitor the practice of supervisors of midwives as part of maintaining and improving the quality of the provision of statutory supervision of midwives.

2.3 Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.

3 The role of the local supervising authority midwifery officer must not be delegated.

4 The local supervising authority midwifery officer must not act as a supervisor of midwives.

## Appendix 1: Approved Lean Audit Tool

### Guidance

1 The local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standards of supervision of midwives and midwifery practice meet those required by the NMC. Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the local supervising authority.

2 The local supervising authority midwifery officer should promote openness and transparency in exercising supervision over midwives. The role is impartial in that it does not represent the interests of any health service provider.

3 Women should be able to access the local supervising authority midwifery officer directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels.

4 The local supervising authority midwifery officer should ensure that supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging.

LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.		The team's action plan has been regularly reviewed and progress monitored.  Significant and measurable progress has been made in completion of the action plan.	The action plan has been occasionally reviewed and progress only intermittently monitored.  Fewer than half of tasks on the action plan have been completed.	The action plan has rarely been reviewed or progress monitored  Few or no actions have been completed.	
SoMs must involve and engage with		The SoM team uses a variety of	The SoM team have posters	The team are not well publicised in	



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<p>women who use the services of midwives in assuring the effectiveness of supervision of midwives.</p>		<p>ways to publicise the team and their contact methods, to women and their families</p> <p>SoMs are easy to find on the Trust web pages and have a range of welcoming information available to women including when to call, how to call and links to a variety of useful information</p> <p>There is a dedicated email and/or telephone number for contacting a SoM</p>	<p>displayed and some information on the Trust website.</p> <p>Web information is present but not necessarily easy to find and limited in content.</p> <p>Contact details are clearly displayed.</p>	<p>the unit.</p> <p>Information about services on the web is poor quality, limited and hard to find.</p> <p>There are no clear contact details.</p>	
<p>SoMs must be available to offer guidance and support to women accessing maternity services. These services should respond to the needs of-vulnerable</p>		<p>The SoM team can give multiple examples of engagement with women including vulnerable women who may find accessing care more challenging</p>	<p>Limited examples of engagement with women</p>	<p>The team have no examples of examples of engagement with women</p>	

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women who may find accessing care more challenging.					
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### Rule 8

#### Supervisors of midwives

##### Rules

- (1) A local supervising authority must appoint what the Council considers to be an adequate number of supervisors of midwives to exercise supervision over midwives practising in its area.
- (2) A supervisor of midwives must:
  - (a) be a practising midwife; and
  - (b) meet the requisite standards of experience and education for the role of supervisor of midwives as set by the Council from time to time.
- (3) Following her appointment, a supervisor of midwives must complete such periods of relevant learning relating to the supervision of midwives as the Council shall from time to time require.

##### LSA standards

- 1 Supervisors of midwives are appointed by and are accountable to the local supervising authority for all matters relating to the statutory supervision of midwives. The local supervising authority must:
  - 1.1 Publish a policy setting out its criteria and procedures for the appointment of any new supervisor of midwives in its area.
  - 1.2 Maintain a current list of supervisors of midwives in its area.
  - 1.3 Ensure provision of a minimum of six hours continuing professional development per practice year.
- 2 To be appointed for the first time as a supervisor of midwives, a midwife must:
  - 2.1 Have a minimum of three years' experience as a practising midwife. At least one of which must have been in the two-year period immediately preceding the first date of appointment.
- 3 She must also have either:
  - 3.1 Successfully completed an approved programme of education for the preparation of supervisors of midwives within the three-year period immediately preceding the first date of appointment; or
  - 3.2 Where it is more than three but less than five years that have passed since she successfully completed an approved programme of education for the preparation of supervisors of midwives, complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
- 4 For any subsequent appointment as a supervisor of midwives, she must be a practising midwife and:

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<p>4.1 Have practised as a supervisor of midwives or a local supervising authority midwifery officer within the three-year period immediately preceding the subsequent date of appointment; or</p> <p>4.2 Where she has only practised as a supervisor of midwives or a local supervising authority midwifery officer within a period which is more than three years but less than five years immediately preceding the subsequent date of appointment, have also successfully complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.</p> <p>5 A supervisor of midwives must be capable of meeting the competencies set out in Standards for the preparation and practice of supervisors of midwives (NMC, 2006).</p>					
LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
Any midwives on the Preparation of Supervisors of Midwives (PoSoM) must have been through LSA selection processes.		Nomination, selection and appointment of future SoMs is always conducted in line with LSA guidance		Nomination, selection and appointment of future SoMs is not always conducted in line with LSA guidance	
Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of		Every SoM has completed the required PREP activities	Only some of the SoMs have completed the required PREP activities	None of the SoMs have completed the required PREP activities	
		Every SoM has self-assessed their competence to fulfil	Only some of the SoMs have self-assessed their	None of the SoMs have self-assessed their competence to	

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midwives.		the role and has a plan to address any learning needs	competence to fulfil the role and have a plan to address any learning needs	fulfil the role	
A current list of SoMs is available on the LSADB and will be reported in the LSA audit report.		All SoMs are listed on the LSADB and any resignations or leave of absences have been notified to the LSAMO and are reflected on the LSADB		There is an inaccurate list of SoMs on the LSADB because resignations or leave of absences have not been notified	

### Rule 9

#### Local supervising authority's responsibilities for supervision of midwives

##### Rule

A local supervising authority must ensure that:

- (a) each practising midwife within its area has a named supervisor of midwives from among the supervisors of midwives appointed by the local supervising authority in respect of her main geographical area of practice;
- (b) at least once a year, a supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her education needs;
- (c) all supervisors of midwives within its area maintain records of their supervisory activities, including any meeting with a midwife; and
- (d) all practising midwives within its area have 24-hour access to a supervisor of midwives whether that is the midwife's named supervisor or another supervisor of midwives.

##### LSA standards

1 A local supervising authority must:

1.1 Ensure that a local framework exists to provide:

1.1.1 Equitable, effective supervision for all midwives working within the local supervising authority.

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1.1.2 Support for student midwives to enable them to have access to a supervisor of midwives.

1.2 Ensure the ratio of supervisor of midwives to midwives reflects local need and circumstances and does not compromise the safety of women. This ratio will not normally exceed 1:15.

1.3 Put in place a strategy to enable effective communication between all supervisors of midwives. This should include communication with supervisors in other local supervising authorities.

1.4 Monitor and ensure that adequate resources are provided to enable supervisors of midwives to fulfil their role.

1.5 Publish guidelines to ensure consistency in the approach taken by supervisors of midwives in their area to the annual review of a midwife's practice. These must include that the supervisor undertakes an assessment of the midwife's compliance with the requirements to maintain midwifery registration.

1.6 Ensure the availability of local systems to enable supervisors of midwives to maintain and securely store records of all their supervisory activities.

LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
There is a local framework for supervision		Women and midwives have 24 hour access to supervisory advice		Women and midwives do not have 24 hour access to supervisory advice	
		There is a minimum of 75% attendance at SoM team meetings over the year by each SoM	Attendance at SoM team meetings averages 50 – 75%	Attendance at SoM team meetings is sporadic by many team members. Meetings have been cancelled because of not being quorate	

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All student midwives must have access to a SoM and there should be local systems for this.		Student Midwives have a named SoM, have had a significant meeting or teaching session and are aware of how to contact both their own and an on-call supervisor if required	Student midwives have a named SoM, know who it is but have not had a significant meeting or teaching session with her/him, and are aware of how to contact a supervisor if required	Student midwives cannot identify their named SoM have not met with them, and are unclear about contacting a SoM	
Ratio 1:15 (adjusted if there is a full time SoM or additional time is given).		SoM to Midwife ratio of 1:15 or less		Ratio of SoM to midwife is > 1:15	
		Every midwife in the maternity unit has a named SoM		There are midwives who do not have a named SoM	
		All midwives are aware of the process for changing their named SoM	Some midwives are aware of the process for changing their named SoM	Very few or no midwives are aware of the process for changing their named SoM	
		There is equity in caseloads	Caseloads are unevenly spread	Caseloads show wide variation with no plan in place to improve equity	
The LSAMO will cascade information to all SoMs via CSoM. The CSoM will communicate any		There is a robust system in place for the cascade of information from the LSAMO to SoMs.	The cascade of information from the LSAMO is spasmodic and unreliable	SoMs do not receive any communication from the LSAMO.	

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team issues to the LSAMO directly.					
Resources for supervision should be reviewed at every SoM meeting and any concerns raised via CSoM to the LSAMO.		If there are concerns regarding resources for supervision, these have been adequately escalated to the LSAMO	There are concerns but these have not been consistently or fully escalated fully to the LSAMO	There are concerns but there is no evidence that SoMs have escalated them to the LSA	
Annual reviews are based on LSAMO Forum UK policy		All annual reviews undertaken in line with policy	Some annual reviews are compliant with policy but others are not	Annual reviews are not undertaken in line with the LSAMO forum policy	
Local systems have been developed to ensure that SoMs have safe storage systems of any supervisory records.		Supervisory records are either stored electronically on the LSADB or in a confidential locked facility that cannot be accessed by anyone other than a SoM.		Supervisory records are inconsistently stored either on the LSADB or in a confidential locked facility. The locked facilities may be accessed by non-SoMs.	
		All SOMs adhere to the locally agreed way of storing SOM information	There is an inconsistent approach to storage of SoM information and SoMs are unclear of the local process.	SoMs do not adhere to locally agreed processes for storage of SoM information	

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### Rule 10 Publication of local supervising authority procedures

**Rule**  
Each local supervising authority must publish its procedure for:

- (a) reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise against practising midwives within its area;
- (b) investigating any reports made under paragraph (a); and
- (c) dealing with complaints or allegations of impaired fitness to practise against its midwifery officer or supervisors of midwives within its area.

**Reporting adverse incidents, complaints or concerns relating to midwifery practice**  
**LSA standard**  
1 Local supervising authorities must develop a system with employers of midwives and self-employed midwives to ensure that a local supervising authority midwifery officer is notified of all adverse incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife.

**Supervisory investigations**  
**LSA standard**  
1 Local supervising authorities must publish guidelines for investigating incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife. These guidelines must:

- 1.1 Provide for an open, transparent, fair and timely approach, which demonstrates robust decision making processes that stand up to external scrutiny.
- 1.2 Provide opportunity for the midwife to participate in the investigation.
- 1.3 Set out the required actions and possible outcomes following an investigation.
- 1.4 Provide for an appeals process.

LSA Expectation	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	



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<p>There should be a record of all investigations undertaken, their outcomes and the time taken for them to be completed. There should be evidence of a regular review of the investigations and any emerging themes in midwifery practice.</p>	<p>There is a robust system for keeping track of investigations. This system is up-to-date and consistently used by all SoMs.</p>	<p>There is a system for keeping track of investigations but this is not maintained consistently.</p>	<p>There is no system for keeping track of investigations.</p>	
	<p>100% of SoM investigations have been completed within 60 days.</p>	<p>Less than 100% of SoM investigations have been completed in 60 days</p>	<p>Fewer than 50% of SoM investigations have been completed in 60 days</p>	
	<p>The LSADB has been maintained by each SoM involved a SoM investigation</p>	<p>50% of all SoM investigations over the last year have been inputted on to LSADB</p>	<p>Fewer than 50% of all SoM investigations over the last year have been inputted on to the LSADB</p>	
	<p>Investigations are fairly allocated amongst the SoM team</p>	<p>SoM investigations tend to be allocated to the same few SOMs</p>	<p>A small proportion of the team are undertaking all SoM investigations</p>	
	<p>All supervisory investigation findings are regularly discussed at SOM meetings,</p>	<p>There is some evidence that supervisory investigation findings are</p>	<p>There is no evidence that supervisory investigation findings are</p>	

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		trends identified and any learning implemented through practice changes and action planning	discussed at SOM meetings and any learning implemented. Trends may be identified but there is little action on practice improvement	discussed at SOM meetings and any learning implemented	
		Outcomes of remediation activities such as LSAPP, LAP are entered onto the LSADB	Some outcomes of remediation activities such as LSAPP, LAP are entered onto the LSADB	No outcomes of remediation activities such as LSAPP, LAP are entered onto the LSADB	
Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.		There is evidence that all systems or governance issues identified through investigations have been followed up with management	There is evidence that some systems or governance issues identified through investigations have been followed up with management	There is no evidence that any systems or governance issues identified through investigations have been followed up with management	
The supervisory team are aware of all incidents and complaints which highlight concerns regarding midwifery practice occurring within the service. Serious Incidents are		There is a clear process for SoM team to review all incidents and complaints which highlight concerns regarding midwifery practice and this process is	There is a process for SoM team to review all incidents and complaints regarding midwifery practice but this process is not consistently followed.	There is no process for SoM team to review incidents and complaints regarding midwifery practice	

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reported to the LSA. There is evidence of a systematic review of midwifery practice when required.		consistently followed.			
		A decision making tool is completed and uploaded to the LSADB for each Serious Incident reported to ascertain if there are any midwifery practice issues.	A decision making tool is completed and uploaded to the LSADB for some serious but the process is inconsistent with no real process for review	There are no decision making tools completed and uploaded to the LSADB for Serious Incident.	
There should be an effective, shared and transparent interface between supervision and clinical governance.		SoM representation demonstrated at 75 -100% of all clinical governance meetings	SoM representation demonstrated at 50-74% of all clinical governance meetings	SoM representation demonstrated at less than 50% of all clinical governance meetings	
		There is a clear process for joint working between SoMs and governance.  The interface between risk management and supervision of midwives is accurately described in the	There is a process for working with governance but this is not clear.  The interface between risk management and Supervision of midwives is mentioned in the maternity risk management	SoMs do not work with governance or do so only inconsistently and in ad hoc fashion.  The interface between risk management and Supervision of midwives does not featured in the maternity risk	

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		maternity risk management strategy.	strategy but not correctly described	management strategy	
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