



# **Local Supervising Authorities**

## **Single Operating Model (England)**

# OFFICIAL

NHS England INFORMATION READER BOX		
<b>Directorate</b>		
Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		
<b>Publications Gateway Reference:</b>		<b>04731</b>
<b>Document Purpose</b>	Other (see Description)	
<b>Document Name</b>	Local Supervising Authorities Single Operating Model (England)	
<b>Author</b>	NHS England/Nursing Directorate/ Maternity	
<b>Publication Date</b>	23 February 2016	
<b>Target Audience</b>	CCG Clinical Leaders, CCG Accountable Officers, Foundation Trust CEs , Medical Directors, Directors of Nursing, Local Authority CEs, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of HR, Directors of Finance, Communications Leads, NHS Trust CEs, Directors of Midwifery, Local Supervising Authority Midwifery Officers Forum UK, midwives of all levels (including student midwives), patient organisations, patient safety collaboratives. Health Education institutions, Trade Unions, NMC, RCM.	
<b>Additional Circulation List</b>		
<b>Description</b>	<p>The single operating model and good practice guide have been developed to address the variation identified across England and to set a consistent minimum standard for delivery of the function nationally.</p> <p>The documents are part of NHSE's multi-stakeholder work to develop a future model of midwifery supervision in the UK.</p>	
<b>Cross Reference</b>	Local Supervising Authorities Midwifery Supervision Audit Good Practice Guide (England)	
<b>Superseded Docs</b> (if applicable)	N/A	
<b>Action Required</b>	N/A	
<b>Timing / Deadlines</b> (if applicable)	N/A	
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<b>Document Status</b>		
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**Document Title: Local Supervising Authorities**

**Subtitle: Single Operating Model (England)**

Version number: V 0.1

First published: February 2016

Updated: (only if this is applicable)

Prepared by: Charlotte Bourke

Classification: OFFICIAL

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## 1 Introduction

Local Supervising Authorities (LSA) are organisations within geographical areas responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards (2012).

NHS England is the LSA for England and has the statutory responsibility for midwives practicing within England. In Wales, the LSA is Healthcare Inspectorate Wales, in Scotland it lies with the Health Boards and in Northern Ireland the LSA is the Public Health Agency.

Each LSA appoints a practicing midwife known as the Local Supervising Authority Midwifery Officer (LSAMO) who has responsibility for carrying out the statutory functions within the LSA area. Statutory supervision applies to all registered midwives including those who work outside of the NHS.

Supervisors of midwives (SoM) are experienced, practicing midwives who have undergone education and training in the knowledge and skills needed to supervise midwives. They are appointed by the LSA and they are accountable in their role to the LSAMO.

SoMs act as an impartial monitor of the safety of midwives' practice and encourage midwives to develop their skills and knowledge. SoMs are also a source of support for users of maternity services, including providing support for women who encounter problems accessing care or in their care choices for example, place of birth.

The purpose of supervision of midwives is to protect women and babies by actively promoting safe standards of midwifery practice. Supervision is a statutory responsibility that provides a mechanism for support and guidance to every midwife practicing in the UK and the supportive role afforded by supervision is valued by service users, midwives and employers of midwives<sup>1</sup>.

The NMC sets LSA reporting requirements which include: Annual Report; LSA annual audits undertaken to monitor standards of supervision and midwifery practice.

The purpose of this document is to outline the arrangements for the LSA function across England. Based on recognised best practice this Single Operating Model will set out a common set of tools, processes and guidance that will ensure that the standards of statutory supervision of midwives and midwifery practice required by the NMC are met with consistency and transparency.

In keeping with the recommendations of the national maternity review, this document aims to support leadership in midwifery practice, to embed a safety culture within and across maternity providers (NHS England 2016)<sup>2</sup>.

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<sup>1</sup> Baird et al, Midwifery regulation in the United Kingdom, The King's Fund (2015)

<sup>2</sup> NHS England, National Maternity review: Better Births Improving Outcomes of maternity services in England A five year forward view of Maternity Care NHS England 2016

The national maternity review recommends that maternity provider boards should routinely monitor information about quality and safety; and take necessary action to improve this (NHS England 2016)<sup>3</sup>.

Supervision of midwifery should be an integral part of this process and should be deployed in keeping with local governance arrangements, supporting a culture of openness and learning.

Opportunities for collaborative working with NHS Improvement should be sought to ensure system wide learning is maximised. The LSAMO's should take an active role in achieving this.

The LSAMOs are also committed to ensuring that all supervisory processes are underpinned by wide stakeholder engagement and the involvement of maternity service users, whose participation is central to supervision.

Following the proposals outlined in the publication of the Parliamentary and Health Service Ombudsman (PHSO 2013<sup>4</sup>) and the King's Fund (2015<sup>5</sup>) 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.

## 2 Key principles

Each LSA geographical area in England will work within a single operating model, adopting a pragmatic approach dependent on local circumstances.

Safety and quality will be the overriding principle. The model will focus on safety of the public by supporting midwives to practice with competence and confidence.

Learning from the supervisory process and investigations should inform governance at maternity provider board level (NHS England 2016).

In line with the NMC's approach<sup>6</sup> a 'right-touch' approach to statutory supervision will be adopted. The Professional Standards Authority (PSA) defines right touch regulation as 'proportionate, consistent, targeted, transparent, accountable and agile'.

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<sup>3</sup> NHS England, National Maternity review: Better Births Improving Outcomes of maternity services in England A five year forward view of Maternity Care NHS England 2016

<sup>4</sup> Parliamentary and Health Service Ombudsman (2013): Midwifery supervision and regulation: recommendations for change. The Stationery Office, London.

<sup>5</sup> The King's Fund (2015): Midwifery regulation in the United Kingdom. The King's Fund, London.

<sup>6</sup> Quality Assurance Framework NMC (2015)

### 3 Responsibilities

In accordance with the Midwives rules and standards (2012<sup>7</sup>) the LSAs in England will:

- Deliver the full range of functions as set out in the Nursing and Midwifery Order 2001, article 43 and the Midwives rules and standards (2012)
- Submit annual and quarterly quality monitoring reports to the NMC, informed by annual audits of midwifery supervision<sup>8</sup>
- Investigate and if required recommend a local action plan to be assured of practice or an LSA practice programme if recovery of practice is required in accordance with Rule 10 of the Midwives rules and standards (2012).
- If necessary refer a midwife whose fitness to practice has been found not to be meeting the Standard 17 of the Pre-Registration Standards for Midwives
- Ensure supervisors and midwives meet annually to review practice and the development needs of the midwife, with the expectation that midwives on maternity leave, long term sick leave or special leave may have circumstances that prevent them from having an annual review with their named SoM
- Provide midwives with 24 hour access to a supervisor
- Appoint supervisors of midwives who meet the NMC standards

### 4 Accountability and governance

The LSA in England is formally accountable to NHS England. As a public body they are also accountable to their local population.

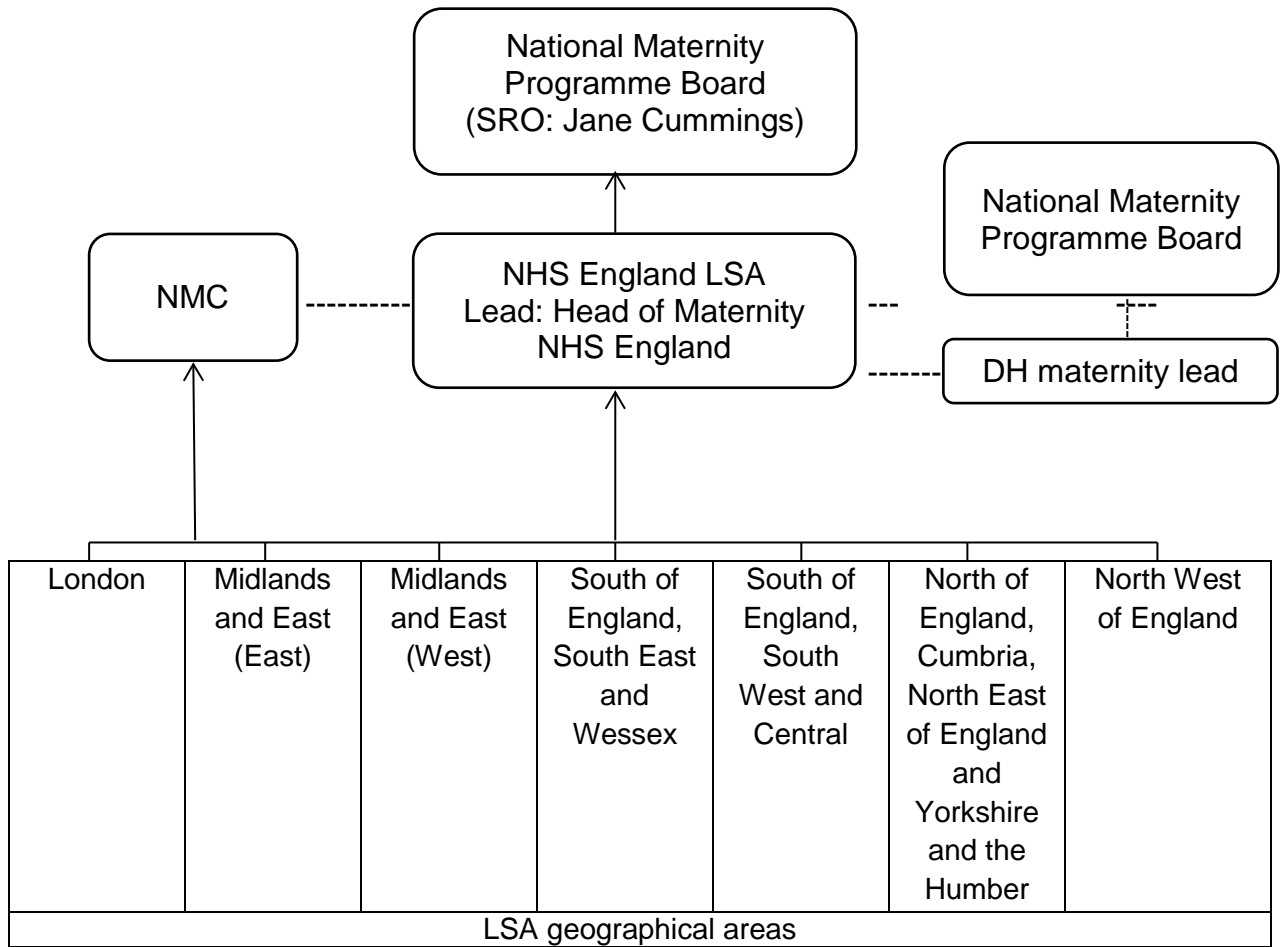
LSA accountability in England will be assured through the following arrangements as illustrated in figure 1 below:

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<sup>7</sup> Midwives rules and standards Nursing and Midwifery Council (2012)

<sup>8</sup> These submissions are subject to change and are currently under review by the NMC for 2016/17, in preparation for the law change in spring 2017

**Fig 1: LSA England accountability structure**

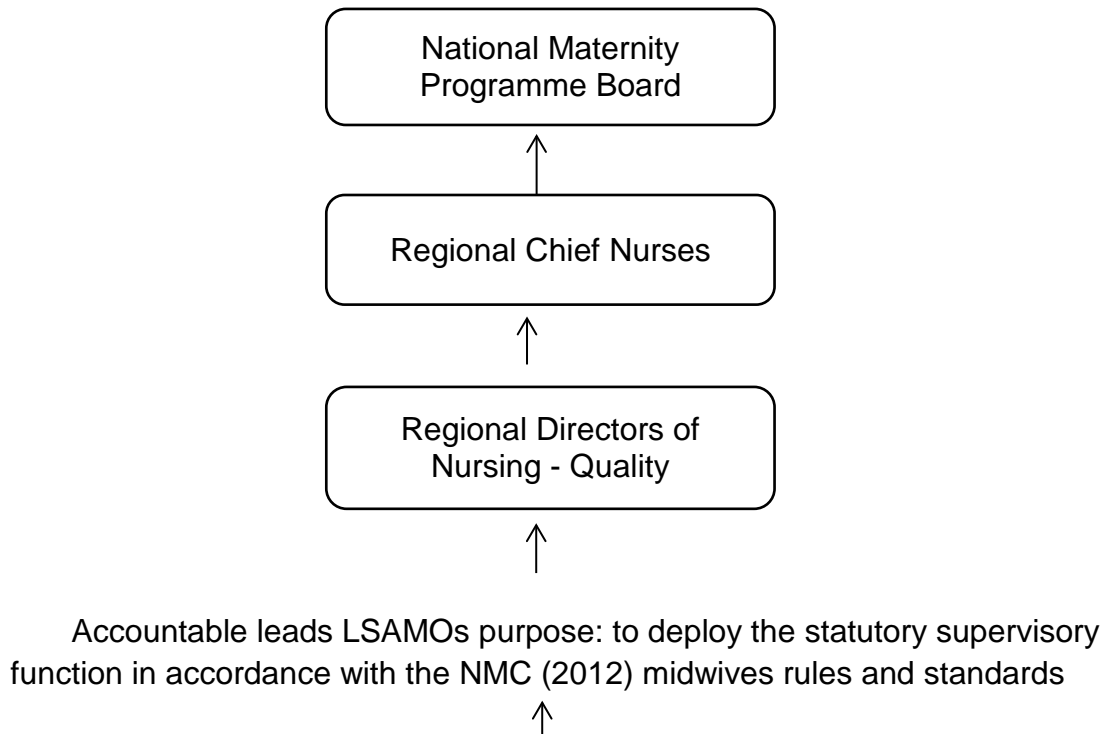


Key: ---- denotes interface

Figure 2 illustrates the NHS England LSA governance structure.



**Fig 2: LSA England governance structure**



London	Midlands and East of England	Midlands and East (West)	South of England, South East and Wessex	South of England, South West and Central	North of England, Cumbria, North East of England and Yorkshire and the Humber	North West of England
LSA geographical areas						

The LSA via regional governance processes and accountability lines is to notify/submit to the national maternity programme board:

- LSA related concerns that negatively influence the LSA function
- The LSA Annual report to the NMC

and exception reporting only, from the:

- quarterly quality monitoring reports and associated teleconference with Mott MacDonald<sup>9</sup>
- NMC audit review reports
- NMC extra-ordinary reports
- any other relevant items

<sup>9</sup> Mott MacDonald deliver quality assurance on behalf of the NMC

## 5 Managing and reporting risk

Risks are identified within each of the geographical areas and are held on a risk register locally. In addition to reporting mechanisms to the NMC, these will be reported through the regional governance mechanisms to the Regional Chief Nurse and mitigating actions implemented. The chief nurse will escalate any high probability-high impact risks to the NHS England LSA National team.

Consistency in reporting will be achieved through the use of a standard exception reporting template to be developed by the LSAMO Forum.

## 6 Operating arrangements

The LSA function in England is provided via the following seven LSA geographical areas:

- London
- Midlands and East (East)
- Midlands and East (West)
- North of England, Cumbria, North East of England and Yorkshire and the Humber
- North West of England
- South of England, South East and Wessex
- South of England, South West and Central

Each LSA is required by the NMC under article 43(3) of the Order to appoint a Midwifery Officer (LSAMO) to be responsible for exercising its functions in relation to the supervision of midwives practicing in its area.

The LSAMO must be a practicing midwife and the role cannot be delegated. Given the statutory function of the role a system of prospective and emergency cover during annual leave or periods of sickness for LSAMOs is required.

The LSAMO is professionally responsible to the Nursing and Midwifery Council and line managed by the relevant regional Chief Nurse.

Supervisors of midwives are appointed by the LSA and are accountable in their role to the LSAMO. When acting in their capacity as a supervisor of midwives, they are independent of their employers, investigating and reporting directly to the LSAMO when there are concerns about safe practice. However, sharing of intelligence regarding lessons learned and an appropriate framework for undertaking this should be locally agreed.

Their role is different to a midwifery manager who is responsible to the employer for making sure that maternity services run safely and effectively. All midwives have a named supervisor whom they are required to meet with at least once a year.

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The Local Supervising Authority Midwifery Officers National Forum UK (the Forum) consists of the eleven LSAMOs from across the United Kingdom. The purpose of the Forum is to facilitate the LSAMOs to work collaboratively, both as a professional group and with key stakeholders, ensuring that a consistent and equitable UK wide approach is applied to achieving the standards set by the NMC. The Forum's Terms of Reference can be seen at appendix 1.

The Forum Chair will be a core member of the NHS England Maternity Programme Board and will submit all LASMO Forum UK policies and guidelines to the Maternity Programme Board for ratification.

The LSA has a pivotal role in clinical governance and a responsibility to ensure that an equitable, consistent and effective approach is applied to the statutory supervision for all midwives delivered through a transparent framework underpinned by The Code<sup>10</sup>(NMC), the Midwives rules and standards<sup>11</sup> and the LSAMO Forum UK policies and guidelines<sup>12</sup>.

Each year, the NMC will inform the LSA of the information required for the quarterly quality monitoring and annual reports.

The annual report and other methods of reporting should demonstrate how each LSA is meeting the standards set by the NMC for the delivery of the statutory supervision of midwives as set out in Midwives rules and standards (NMC, 2012).

To ensure consistency in reporting styles the LSAMOs need to review the templates available on the LSAMO Forum website and adjust for consistency, validity and reliability. By adopting a consistent approach in the content and level of detail contained in Annual and Exception reports, LSAMOs will facilitate meaningful comparisons and benchmarking to be performed by stakeholder organisations.

LSAMOs will proactively self-report concerns as they arise by the submission of an exception report to the Regional Chief Nurse, the NMC and the Head of Maternity Services at NHS England.

The NMC expects the following information to be contained in each exceptional self-report:

- A description of the risk
- Any immediate actions/steps that have been taken
- An outline of individual and shared responsibility of the risk and planned actions
- Additional support mechanisms planned or in place.

All LSA annual, exception and extra-ordinary reports, must be presented at a regional level and regional governance processes prior to being signed off by the regional Chief Nurse and LSAMO.

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<sup>10</sup> The Code, Professional standards of practice and behaviours for nurses and midwives, NMC (2015)

<sup>11</sup> Ibid (n3)

<sup>12</sup> Available at [www.lsamoforum.scot.nhs.uk](http://www.lsamoforum.scot.nhs.uk)

## 7 Conflict of interest

In developing this single operating model it is important to describe conflict of interest within the context of midwifery supervision.

Conflict of interest means any connection which might give cause to question a reviewer's credibility or the objectivity of his/her judgment.

The LSA team must adhere to the good practice standard as defined in the Code (NMC)<sup>13</sup> and the Midwifery Rules and Standards (2012)<sup>14</sup> when undertaking a LSA audit or an investigation following an incident.

In order to avoid a conflict of interest, the reviewer (SoM) must not act in any maternity service provider at which he/she delivers midwifery services or has long standing relationships. The LSAMO must ensure that they have identified and appropriately managed any conflicts of interest.

The same also applies to conflicts that exist for the LSAMO and in this case it would be the responsibility of the regional LSA lead to identify and manage the conflict appropriately.

## 8 Quality Assurance

The LSA function protects women and babies by actively promoting safe standards of midwifery practice by:

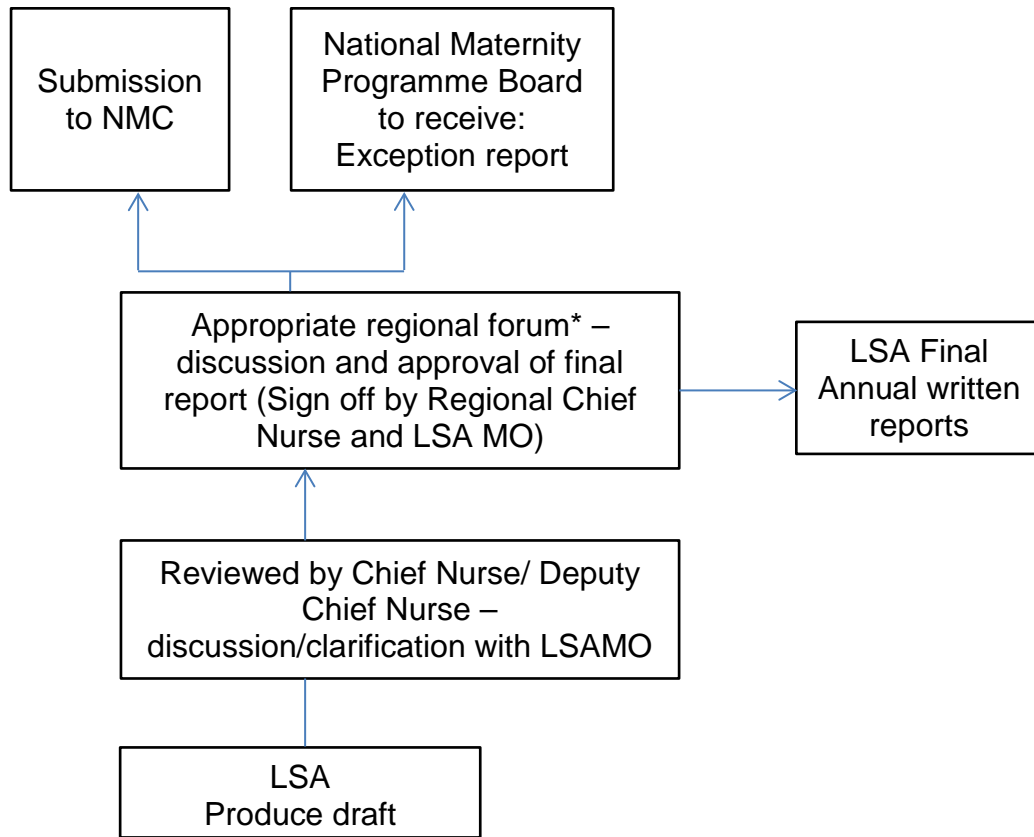
- providing a framework of support for supervisory and midwifery practice
- receiving intention to practice data for every midwife practicing in that LSA
- ensuring that each midwife meets the statutory requirements for practice
- accessing initial and continuing education and training for supervisors
- leading the development of standards and audit of supervision
- determining whether to suspend a midwife from practice, in accordance with Rule 14 of the Midwives rules and standards (NMC 2012)
- investigating cases of alleged misconduct or lack of competence
- being available to women if they wish to discuss any aspect of their midwifery care that they do not feel had been addressed through other channels
- completing an annual audit of the supervision of midwives within its area
- submitting quarterly quality monitoring reports to the NMC
- Extra-ordinary and exceptional pro-active reporting to the NMC and NHS England
- Each LSAMO will compile an annual report for the NMC, in accordance with Rule 13 of the Midwives rules and standards (NMC 2012), which outlines supervisory activities over the past year, key issues, audit outcomes and emerging trends affecting maternity services.

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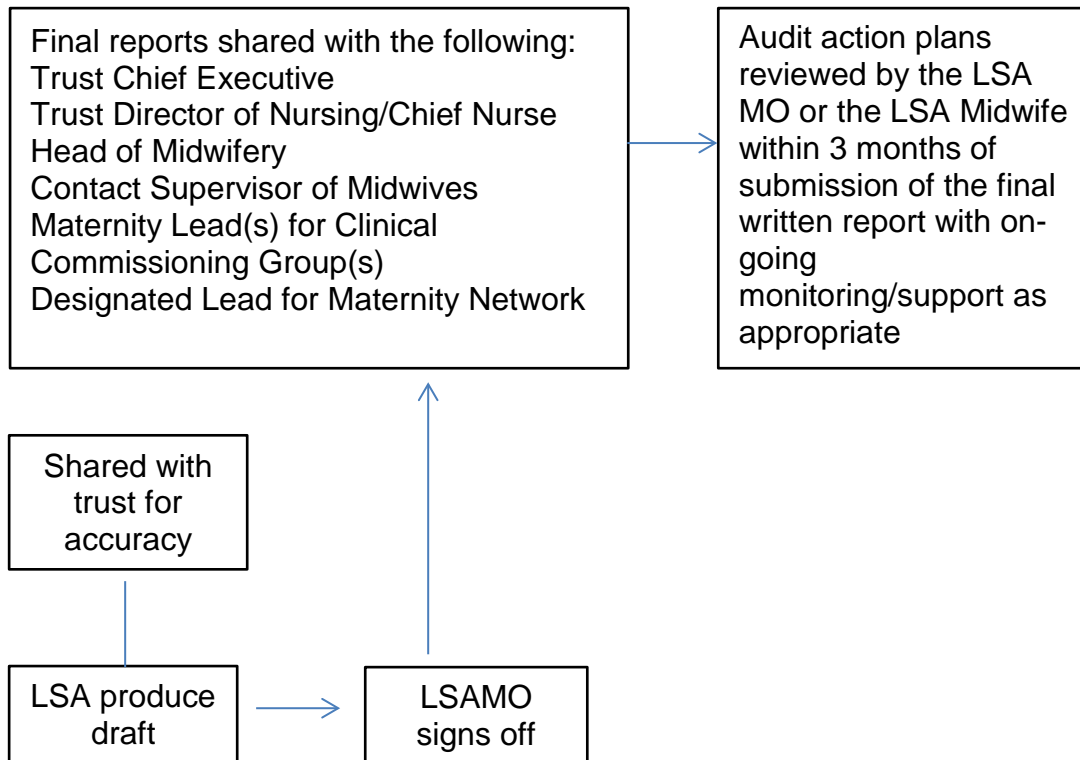
<sup>13</sup> The Code, Professional standards of practice and behaviours for nurses and midwives, NMC (2015)

<sup>14</sup> Midwives rules and standards Nursing and Midwifery Council (2012)

**Fig 3: Assurance and sign off process for LSA annual, exception and extraordinary reports**



\*Regional Nursing and Midwifery Programme Board – NHS England North, NHS England South  
Regional Executive Meeting – NHS England Midlands and East  
Regional Quality Clinical Governance Group NHS England London

**Fig 4: Assurance and sign off process for LSA annual audit reports**

## 9 Clinical engagement and leadership

The LSAMO's role in supporting clinical engagement and leadership was recognised in *Maternity Matters*<sup>15</sup>(2007), the (then) Government document which remains a national driver for the safe provision of maternity services.

The LSAMO's role was set out as follows:

- Monitor maternity service interface with clinical governance structures and mechanisms, to identify trends and provide a framework for continuous improvement in both individual services and across networks
- Monitor service developments and reconfigurations to ensure that safety and quality is assured
- Monitor staffing levels, workforce planning and professional development to ensure that women are able to access services which are fit for purpose
- Contribute to education to ensure that curriculum development reflects the needs of a modern maternity service

<sup>15</sup> Maternity Matters: Choice, access and continuity of care in a safe service (DH 2007)

## 10 Service User focus

A strong service user focus will be incorporated into all aspects of supervision. This will be achieved via formal engagement processes with women and their families as part of the national, regional and local delivery of the LSA functions.

In accordance with the Midwives rules and standards (2012) lay reviewers and users of maternity services should be involved in the audits and inspections undertaken by the LSA.

The LSAMO will demonstrate a commitment in the facilitation of SoMs to meet the NMC<sup>16</sup> requirement to involve women who use the services of midwives to assure the effectiveness of the supervision of midwives.

## 11 Access to networks

Whilst acknowledging the regional differences regarding the functioning of maternity networks it is anticipated that the LSA will establish links with providers and commissioners to raise the profile of Statutory Supervision and ensure Statutory requirements within maternity services are incorporated into commissioning standards.

## 12 Revalidation

The LSA will work collaboratively with the NMC to ensure that all midwifery registrants are prepared for and supported through revalidation.

## 13 LSA Database

The LSA database's primary function is to inform the NMC of those midwives who have submitted an Intention to Practice form to a supervisor of midwives at the beginning of or during the practice year. This ensures they are eligible to practice and appear as such on the NMC Register.

It also acts as a repository for Fitness to Practice and annual review information which can be accessed by SOMs in their role of protecting the public. The management and governance of contract for this service is provided by NHS England on behalf of all four countries.

The LSA database management group is responsible to the LSAMO Forum UK.

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<sup>16</sup> Ibid (n3) Rule 7:2.3

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## Appendix 1: LSAMO (UK) Forum Terms of reference



### LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICERS FORUM UK (LSAMO Forum UK)

Forum meetings

TERMS OF REFERENCE

Date: August 2015  
Version: 3



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**1. Constitution**

**Membership of LSAMO Forum UK**

All Local Supervising Authority Midwifery Officers in the United Kingdom

**2. Quorum**

A quorum shall be at least 6 of the total number of the 11 group members.

**3. Frequency of Meetings**

The group shall meet on a two monthly basis for 2 full working days.

**4. Authority**

Under the framework of the Midwives rules and standards (NMC 2012) the group undertakes any activity within its terms of reference. In particular, it may seek advice from whatever source it deems to be appropriate in order to fulfil its function.

**5. Role and Responsibilities of the LSAMO Forum UK**

The main responsibilities of the LSAMO Forum UK are:

- Influence NMC and government policy, standards and guidance and provide expertise on the Statutory Supervision of Midwives
- Promote the supervisors of midwives' contribution to the development, delivery and evaluation of safe and effective women- centred services
- Give particular attention to the promotion of evidence for the evaluation of statutory supervision of midwives and its place within public protection
- Provide a forum for promoting statutory supervision of midwives
- To meet with the NMC as a strategic reference group
- Provide a conduit for information and innovation in regard to statutory supervision of midwives between LSAMO Forum UK and the wider midwifery community
- Encourage the pursuit of innovation in the development of safe and effective statutory supervision of midwives
- Communicate progress and developments in statutory supervision of midwives to the NMC and other stakeholders such as the LMEs the RCM, Chief Nurses and Government bodies such as the Department of Health and Healthcare Inspectorate Wales
- Work alongside the four countries strategic leads to input to and lead on the development of strategies that impact on the provision of safe, high quality midwifery practice.

## **6. Operational arrangements for meetings**

### **6.1 Administration of the LSAMO Forum UK**

- The Forum shall be supported administratively by whichever LSAMO is the Chair, aided by the /Vice Chair
- Arrangements for the notes to be taken will be made by the host LSAMO. Notes will be sent to the Chair within a fortnight of the meeting for amendment and distribution. The notes will then be circulated, listing topics discussed, actions agreed and individuals responsible for undertaking those actions
- Agenda items should be submitted to the Chair 10 days in advance of the meeting. He/she will agree the content of the agenda with the Vice Chair of the Forum prior to issue.
- Should an item need to be raised on the day, this can be covered under Any Other Business, subject to there being available time for discussion. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable the members to have the opportunity to read information in advance.

### **6.2 Joint duties of the Chair and Vice Chair**

- Preparation and issue of agenda.
- The Chair will issue the agenda/papers for the meeting approximately 7 days in advance of the meeting to facilitate their full consideration and discussion at the meeting.
- Ensuring appropriate arrangements are in place for the servicing of the LSAMO Forum including the taking of notes and keeping a record of matters arising and issues to be carried forward.
- To represent the views of the Forum when advising the NMC, Government bodies and other key stakeholders on pertinent issues.
- Following one year in office the Forum should consider that the Vice Chair take up the role of Chair and a new Vice Chair is nominated.

### **6.3 Conduct of meeting**

All questions arising and decisions taken will be decided by a simple majority of those present. It is intended that meetings will last for 2 full working days every two months.

Apologies to be sent as far in advance of the meeting as possible to ensure the forum is quorate. It is expected that each LSAMO will make every effort to attend.

### **7.0 Reporting**

The notes of the LSAMO Forum UK meetings shall be formally recorded and distributed to the members of the group for information and noting.

The meeting notes will be available on the LSAMO Forum UK website following ratification by the LSAMO Forum.



## LSA Midwifery Officers Forum UK

### **Ground Rules for the LSAMO Forum UK meetings**

- Full agenda for two day meeting with expectation that all members will attend both days or submit apologies
- Invited speakers: Host LSAMO will arrange for speakers to be accompanied into and on leaving the meeting room
- Guest speaker may be invited to join forum for lunch, agenda will be set to facilitate this.
- Majority rule applied during decision making process
- Reason for dissenting any decision will be minuted
- Standing Agenda Item will include a forum decision reflection time
- “Being in the Room”; Use of IT equip including mobile phones to be used for forum business only.
- Phone calls should be made and received during break times. Voicemail can be checked during breaks.
- All members to demonstrate respect for those speaking and not speak over others.
- Respect to be given when raising a point - requests to speak must be directed through the Chair at all times
- Note taker role to be agreed with host LSAMO