



# **Local Supervising Authorities Supervision Taskforce (England)**

## **Terms of reference**

<b>Document filename: LSA Supervision Taskforce (England) Terms of reference</b>			
<b>Directorate / programme</b>	Nursing	<b>Project</b>	LSA Supervision Taskforce (England)
<b>Document reference</b>		Terms of reference	
<b>Project manager</b>	Charlotte Bourke	<b>Status</b>	Draft
<b>Owner</b>	Charlotte Bourke	<b>Version</b>	V0.4
<b>Author</b>	Charlotte Bourke	<b>Version issue date</b>	08/02/2016

# LSA Supervision Taskforce (England)

## Terms of reference

# Document management

## Revision history

Version	Date	Summary of changes
V0.1	16.11.2015	First draft circulated for comments
V0.2	21.12.2015	2 <sup>nd</sup> draft circulated to JDB for comments and wider circulation
V0.3	04.01.2016	3 <sup>rd</sup> draft shared with Taskforce Group for comments
V0.4	08.02.2016	4 <sup>th</sup> draft circulated for ratification at next taskforce meeting
VO.4	22 .03.2016	Ratified

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Jacqueline Dunkley-Bent	Head of Maternity	04.01.2016	V0.3
		08.02.2016	V0.4

## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Hilary Garratt on behalf of Jane Cummings		Director of Nursing – Nursing Division, Nursing Directorate, NHS England	08.02.2016	V0.4

## Related documents

Title	Owner	Location

## Document control

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# 1 Introduction

This document sets out the terms of reference for the Local Supervising Authorities (LSA) England Supervision Taskforce, established in January 2016.

The taskforce has been established to oversee the development of a model and framework of midwifery supervision in preparation for when the recommended legislative changes to remove the regulatory aspect are enacted.

The terms of reference will be reviewed on a quarterly basis.

## 1.1 Background

The development of a future model of midwifery supervision in the UK is required following the publication of 'Midwifery supervision and regulation: recommendations for change' (PHSO 2013) and 'Midwifery regulation in the United Kingdom' (The King's Fund 2015).

The two key principles identified in the reports were accepted by the Nursing and Midwifery Council (NMC) and agreed by the Secretary of State. These are:

1. Midwifery supervision and regulation should be separated
2. The NMC should be in direct control of regulatory activity

To implement these principles, the NMC requires legislative change. It is estimated that the new law will be enacted by spring 2017. Until this time, statutory supervision of midwives must continue and responsibility for this sits with NHS England as the LSA for England.

To date, NHS England has taken part in discussions hosted by the Department of Health (DH) with the four UK Chief Nursing Officers (CNOs) and Local Supervising Authority Midwifery Officers (LSAMO) representatives on the future arrangements of supervision which have informed a ministerial briefing in preparation for the section 60 order (a statutory instrument used to amend existing law).

The taskforce will oversee the development of the future model of supervision for England and will continue to work in collaboration and partnership with the other three countries to ensure consistency for midwives working across the UK.

The taskforce will ensure system readiness to implement a new model of supervision and will oversee implementation on behalf of the CNO for England.

The Taskforce will adopt the Triple Aim methodology to ensure that the health needs of the population are aligned with patient and staff experience to deliver the required changes, whilst making best use of available resources.

This work is aligned with the vision of 'Better Births: Improving outcomes of maternity services in England' published by the National Maternity Review in February 2016.

The National Maternity Review's vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred round their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

## 2 General responsibilities

The taskforce is responsible for the overall direction and management of the project, specifically to:

- Provide oversight, guidance and direction for the project and the proposed work streams
- Share work programmes and good practice when relevant with the remaining UK countries.
- Recognise synergies and avoid duplication within the system to maximise co-design and co-delivery wherever possible
- Provide the resources and funds necessary for the successful completion of the project
- Oversee risks and mitigations and provide guidance, escalating as appropriate to the NHS England National Maternity Programme Board
- Oversee progress against the programme plan, ensuring the success of the project in terms of the business, user and supplier interests
- Support effective communication within the project team and with external stakeholders

## 3 Key objectives of the taskforce

1. Ensure that work of the Taskforce is focused on delivering quality of care for women and babies.
2. Develop the model of clinical supervision to be implemented for midwives working in clinical practice and a peer supervision model for roles where there is no clinical practice.
3. Consider educational requirements for the new model of supervision of midwives and explore whether this can be delivered across the four countries.
4. Seek opportunities to advise Higher Education Institutes on a programme of education that will prepare a SoM (or equivalent title) regardless of where he/she works in this role in the UK.
5. Maximise opportunities for collaboration across the four UK countries, under the leadership of the DH; identifying synergies, challenges and natural alignment.
6. Secure commissioning advice from NHS England to ensure future arrangements are consistent with high quality commissioning values.
7. Identify how supervision for midwives is integrated with the revalidation process for NMC registrants.
8. Provide advice regarding the Supervisor of Midwives (SoMs):midwife ratio.
9. NHS England as the employer of SoMs must oversee the development of iterative plans for the transitioning from a statutory model of supervision to an employer led, professional model including relevant HR processes for role dissolution in conjunction with the regions as employers of the LSAMO's and with providers as employers of the SoMs.
10. Oversee the development of guidance for employers on functions undertaken by SoMs.
11. Consider opportunities to collaborate across the four countries on the development of guidance for employers.
12. Support and influence the development of operational guidance required for independent midwives about the transfer of records as part of an operational transfer plan.
13. Agree a process of how local, regional and national intelligence about midwifery will be gathered and used when LSA midwifery services discontinue.
14. Explore and agree whether there is a requirement for levers for ensuring

midwifery expertise is used appropriately in the care of women and babies in the antenatal and postnatal periods.

15. Inform plans for evaluating the new model of supervision.
16. Keep the NMC informed, asking them to note the proposed approach and progress of preparing for the legislative change.
17. Oversee development of strategies for ensuring that the LSA Midwifery Services continue until midwifery supervision and regulation are separated.
18. Undertake an impact assessment of supervision prior to the legislative change, including risks and interdependencies.
19. Contribute to the development of a robust communications and stakeholder engagement plan.

## 4 Key considerations

Consideration and subsequent action should be given regarding non statutory risk as outlined in the proposal for change (Foster 2015):

- Lack of development opportunities and support for self-employed midwives and agency midwives
- A vacuum being left regarding provision of professional midwifery advice regionally
- Potentially closing down of the UK wide LSA database with a loss of knowledge, information, data and the capacity to share data
- That no audits of maternity supervision will be conducted resulting in a lack of benchmarking against national standards
- That no annual reports will go to the NMC resulting in reduction in information sharing with key stakeholders with a consequent reduction in the available expertise in providing advocacy for women and complex care planning
- That removal of the LSA function will result in a reduction of support for Heads of Midwifery and commissioners
- Whether midwifery supervisors should be remunerated or not
- Options for the development of a system where there are networks of representative midwives who have access to the midwifery government advisors and replace the national LSAMO forums, with consideration as to whether this could be delivered across the four countries

## 5 Stakeholder Engagement

Members of the taskforce are made up of key stakeholders: DH, RCM, NMC, TDA, Monitor, User Groups, CNO group, the LSAMO Forum, the LME forum, HEE and supervisors of midwives.

The taskforce will oversee the development and implementation of a robust communications and stakeholder engagement plan, to support regular updates via the NHS England website and will use social media channels to signpost all internal and external stakeholders to these updates.

## 6 Equality and Diversity

An equalities impact assessment will be undertaken for this programme.

## 7 Programme Delivery

This is a complex programme of work with a number of key areas where significant change will need to be achieved. Separate work streams will be established operating under the guidance of the Taskforce Group and will be commissioned to focus on one of the key areas identified and progress the work between taskforce group meetings.

Support for the work streams will be provided by the Taskforce programme manager, who will work closely with each of the work stream Chairs and their sub-groups. The Programme Manager will ensure alignment between the work streams to ensure best use of resources and benefits realisation.

The following work streams are proposed:

- **New Model** – This work stream will develop a new model of supervision. Management, leadership, governance, appraisal and revalidation will be considered and integral to the new model. Cost will be explored.
- **Supervision standards** – Guidance will be sought from the NMC and RCM
- **Education** – This work stream will lead on the education required to prepare supervisors. A four country wide approach to a new education model will be sought to enable transferability for midwives that choose to work across borders
- **User groups** – This work stream will scope the views of users and contribute to the development of the new model

## 8 Governance

Governance for the progress of deliverables on this programme will be provided by the National Maternity Programme Board.

## 9 Accountability

The taskforce will be accountable to the National Maternity Programme Board via the CNO for England, as SRO.

NHS England currently has statutory responsibility for midwifery supervision and the deploying of the LSAMO function across England.

## 10 Senior responsible owner (SRO)

The SRO has the following agreed roles and responsibilities:

- be visible, engaged and active
- have **sufficient time, experience and the right skills** to carry the full responsibilities of the role
- put in place a **team**, with the right capabilities and capacity to manage and successfully deliver the project/ programme
- ensure that **the project delivers its agreed objectives and projected benefits**, including:
  - develop the project organisation structure and plan
  - monitor and take control of progress
  - create an **open, honest and positive** culture committed to delivering at pace
  - **champion the project/programme** - challenge senior officers and Ministers when appropriate and escalate quickly
  - ensure the **correct initiation processes**, business case approvals and required project/programme documentation are in place and regularly updated



- ensure **problem resolution** and referral processes are appropriate and effective
- ensure an **integrated assurance and approvals plan**, mandated and appropriate assurance and formal approval points are planned and carried out through the right channels and the outcomes reported and actioned
- manage **formal closure** processes to ensure correct handover to business as usual

## 11 Membership

Name	Organisation	Role
Jane Cummings	NHS England	CNO for England (SRO)
Hilary Garratt	NHS England	Director of Nursing, Nursing Directorate
Jacqueline Dunkley-Bent	NHS England	Head of Maternity
Charlotte Bourke	NHS England	Senior Programme Manager
Carmel Lloyd	Royal College of Midwives	Head of Education and Learning
Sue Hatton	Health Education England	Senior Nursing Policy Manager
Nicky Clarke	LME UK Executive Group	LME Rep (Chair of LME UK Exec Group)
Birte Harlev-Lam	NHS Improvement	Associate Nurse Director - Maternity
Caroline Alexander	NHS England	Chief Nurse, London Region
Sarah Elliott	NHS England	Chief Nurse, South Region
Lynne Wiggins	NHS England	Chief Nurse, Midlands and East Region
Margaret Kitching	NHS England	Chief Nurse, North Region
Jessica Read	NHS England	LSA Midwifery Officer, London Region
Patricia Bartlett	NHS England	Supervisor of Midwives, South Region
Katherine Hawes	NHS England	Supervisor of Midwives, Midlands and East Region
Neil Tomlin	NHS England	LSA Midwifery Officer, North Region
Elizabeth Duff	National Childbirth Trust	Senior Policy Advisor
Radhika Howarth	Hillingdon Clinical Commissioning Group	CCG Outreach Worker
Tracey Cooper	Rep. for RCM National Consultant Midwives Forum	Consultant Midwife and Supervisor of Midwives
Sascha Wells	Morecambe Bay NHS Trust	Deputy Director of Midwifery – Women’s and Children’s Services University Hospital
Joan Douglas	Homerton University Hospital	Head of Midwifery

## 12 Skills and attributes of members

Members should be able to:

- Understand high level project/programme plans and have the ability to monitor progress against them.
- Understand and act on those factors that affect the successful delivery of the programme and projects within it.
- Broker-relationships with stakeholders within and outside the sub-programme.
- Provide delegated authority, as required, to ensure the project/programme meets its objectives.
- Be aware of the broader perspective.

## 13 Frequency of meetings

The taskforce will meet on a bi-monthly basis.

## 14 Standing agenda

1. Review minutes and actions from the previous meeting
2. Member updates:
  - a. Project/programme status reporting including progress against plan risks/issues
  - b. Finance - project/programme budget review, actual versus budgeted expenditure
3. Any other business
4. Date of next meeting

## 15 Secretariat

The secretariat function will be provided by NHS England, via the Nursing Directorate Maternity, Children and Young People's team