

Supervision, support and safety

Report of the quality assurance of the local
supervising authorities (LSAs) 2011-2012

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Executive Summary

This report provides detail on the NMC quality assurance of the local supervising authorities (LSAs) and is divided into two sections as follows:

- **Section one** provides an overview on how we, as the regulator, monitor and quality assure that LSAs meet the standards for the statutory supervision of midwives.
- **Section two** provides the detailed analysis of the LSA annual reports. This section contains both quantitative and qualitative information and evidence.

All LSA reports have provided information detailing their compliance with rule 16 of the *Midwives rules and standards* (NMC,2004) during the practice year 2011-2012. LSA reports have provided assurance that supervisory frameworks and mechanisms are in place for the statutory supervision of midwives across the United Kingdom (UK). While there remains some variation in the level of detail and analysis of these reports, it has been noted for this reporting period that a more consistent approach exists across the UK. This may be indicative of the LSA Midwifery Officers (LSAMOs) working in closer collaboration through the LSAMO Forum UK, which promotes a UK wide consistent approach to the statutory supervision of midwives.

The LSAs responsibility for safeguarding and protecting the public is a primary aspect of their function. This is demonstrated when poor practice is identified, and actions are taken with individuals and services to support improvement.

Progress on recommendations

The previous report, *Supervision, support and safety: NMC quality assurance of the LSAs 2010-2011*, outlined various recommendations for the LSAs and the NMC, below is a summary of the progress on these recommendations.

For LSAs

<p>1 LSAs should continue to work closely with chief executive officers (CEOs), directors of nursing (DoN) and heads of midwifery (HoMs) to influence executive boards within trusts and boards to seriously consider how statutory supervision of midwives can contribute and add value to the governance agenda and how supervisors of midwives (SoMs) can enhance protection of women and their babies.</p>	<p>Evidence presented within the LSA reports demonstrated whilst progress was achieved in some areas, variation exists across the UK and in individual maternity trusts and boards so there is not a consistent improvement profile across the UK.</p>
<p>2 Within the wider political agenda LSAs should continue to be instrumental in raising the profile of statutory supervision and highlighting what supervision has to offer in relation to promoting safe, evidence based care and protecting the health and wellbeing of women and their babies.</p>	<p>Evidence provided within the LSA annual reports suggest that LSAMOs are seen as strategic leaders and continue to provide representation at national and local levels to promote</p>

	and raise the profile of statutory supervision; however this work needs to continue particularly in light of the changing national strategic agendas particularly in England.
3 LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.	This was achieved by all LSAs providing completed reporting templates in a timely manner and undertaking quarterly telephone discussions with NMC officers.
4 LSAs should, under the LSAMO Forum UK, work to demonstrate the effectiveness of statutory supervision of midwives across the UK.	This recommendation is ongoing. The LSAMO Forum UK has published their Strategic Direction for 2012-2015. This is available on their website.
5 Those LSAs who have not yet reviewed and updated their websites in the last reporting year are required to do so during this reporting year and details of this should be clearly reported in next year's report	Remains an ongoing action for the LSAs.

For the NMC

<p>1. The NMC will advise LSAs on the content of their annual report for the practice year 2011-2012 by 31 January 2012.</p>	<p>This was completed within the expected time frame.</p>
<p>2. The NMC will monitor complaints made against LSAs, their staff and the supervisory function. We will use the learning from the investigation of such complaints to inform future policy and standards development.</p>	<p>Information has been submitted and a summary is provided in this report.</p>
<p>3. The NMC will implement and evaluate the actions arising from the recommendations of the internal audit of the NMC LSA review process, including the introduction of the quarterly quality monitoring in 2011.</p>	<p>This was introduced in January 2011 and reports were provided to the Midwifery Committee and Council during this reporting year.</p>
<p>4. The NMC will continue to review the record keeping advice and develop a robust standard for record keeping which will outline and include analytical decision making, care planning and documentation which will be addressed through this work.</p>	<p>A date for the review of the guidance on record keeping will be considered as part of the standards development review and a prioritisation exercise which will be undertaken in January 2013.</p>
<p>5. The NMC will complete the review of the <i>Midwives rules and standards</i> and be ready to publish in 2012.</p>	<p>The new <i>Midwives rules and standards</i> were made and approved by Council in 2012 and came into force on January 1 2013. The publication is available to view and download from the NMC website.</p>

Our key findings: Supervisory function

The statutory supervision of midwives is a framework for supporting midwives and safeguarding mothers and their babies and in some organisations appears to be making a difference. Our annual reviews of the LSAs for this reporting year produced some evidence of how statutory supervision interfaces well with clinical governance arrangements at a local level.

Birth rates – staffing challenges and complexity of births

- All reports continue to highlight the continuing complexity of births. Although a reduction in home births has been attributed to women having better access to midwifery led units, it is often women with complex pregnancies - and against medical advice who are increasingly wishing to birth at home. SoMs are increasingly called upon to offer support to both women and midwives in these difficult situations.
- In response to this, and through the supervisory framework, LSAs are working collaboratively with SoMs, approved education institutions (AEIs) and employers to ensure all midwives continue to have the necessary skills to deliver safe and effective care. This is evident through local post registration education and training for midwives, for example, regular skills and drills practice, high dependency midwifery care and within training curricula for pre-registration midwives, particularly in caring for women with complicated and high risk pregnancies.

Governance and risk management processes

- There were examples of statutory supervision of midwives interfacing with trust or board governance and risk management processes. In some trusts and boards it was demonstrated that the profile of statutory supervision of midwives has been escalated to executive board level and is well understood. However in other trusts and boards some of the soft evidence would suggest that executive boards have limited understanding of the value of midwifery supervision.

Investigations and outcomes

- The role of the LSA and SoMs continue to have a key focus in safeguarding women and their babies by investigating midwives' practice. The reports clearly demonstrate that supervision can make a valuable contribution to monitoring safe practice. Themes highlighted through supervisory investigations remain similar to previous annual reports. There is some evidence provided to demonstrate that effective statutory supervision of midwives can successfully rehabilitate those midwives who have been supported through a period of supervised practice put in place by the LSAs.

LSA annual audits

- All annual reports contained detailed information on how LSAs continue to undertake annual audits of the statutory supervision of midwives within their maternity services. The annual audit is an essential part of assessing quality measures and providing assurance that the LSA standards for the statutory supervision of midwives are being met in individual trusts and boards. While the majority of LSAs described the increased involvement of maternity service users

in monitoring the statutory requirements for supervision, including annual audits, recruitment of service users remains a challenge for some LSAs.

Recruitment of SoMs

- One of the main challenges for LSAs across the UK is the recruitment of SoMs to meet the recommended SoM to midwife ratio of 1:15. Although this continues to prove difficult against a back drop of midwife retirements, resignations and requests for leave of absence from the role, LSAs described their commitment, innovative approaches and robust strategies for recruiting midwives onto the approved preparation of supervisor of midwives (PoSoM) programmes.

Our key findings: Good practice across the UK

The analysis of the LSA annual reports identified the following good practice in the supervision of midwives across the UK.

Raising the profile of statutory supervision

- LSAs continue to work closely with trusts and boards to raise the profile of the statutory supervision of midwives. There is evidence of robust and effective recruitment strategies and the majority of LSAs saw an increase in the number of midwives coming forward to become SoMs. In individual trusts and boards where SoMs caseloads exceed the recommended ratio of 1:15, SoMs are using a variety of strategies to encourage midwives to become SoMs which include:
 - LSAs and SoMs continue to talent spot midwives interested in undertaking the preparation of supervisors of midwives programme (PoSoM).
 - In trusts and boards that are struggling to recruit and provide statutory supervision of midwives, the appointment of a full time SoM supported by the LSA has been introduced. This is for a fixed term and will be monitored and evaluated during that time.
 - The introduction of SoM road shows has provided an opportunity to raise the profile of the SoM role and give midwives a better insight into their role. This has proved successful in attracting midwives to become SoMs.
- The provision of bespoke leadership courses by the LSAs is proving beneficial in developing SoMs as clinical leaders and continues to be well evaluated.

Promoting normality in childbirth

- There continues to be a commitment across the UK to promote normality in childbirth and reduce rates of intervention thus promoting the health and wellbeing of women. SoMs often take the lead or support midwives with these initiatives.

Improving the quality of midwifery care

- SoMs are continually involved in undertaking regular audit programmes; for example, record keeping and the development of action plans, which improve the delivery and quality of midwifery care.

Contributing to multidisciplinary education and training

- SoMs contribute to the education and training updates for midwives and other members of the multidisciplinary team thus raising the profile of the statutory supervision of midwives.
- SoMs work collaboratively with clinical governance and risk managers to strengthen the interface between clinical governance and statutory supervision to improve the safety and quality of care provided to women and their babies.

Introduction

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We are required by the Nursing and Midwifery Order 2001 (the order) to establish and maintain a register of all qualified nurses and midwives eligible to practise within the UK (article 5(1)), and to set standards for their education, training and conduct, and performance. These standards are considered necessary for safe and effective practice (article 5(2)(a)).

The order also requires us to set rules and standards for midwives and the local supervising authorities (LSAs) responsible for the statutory supervision of midwives, and these are contained in *Midwives rules and standards* (NMC, 2004). Following the completion of the review and consultation the new Midwives rules and standards were made and approved by Council in 2012 and came into force on January 1 2013. The publication is available to view and download from the NMC website.

Under rule 16 of the *Midwives rules and standards* (NMC, 2004) every LSA is required to submit a written annual report containing specific information that we request by the date specified each year (NMC circular 01/2011). The annual report provides the opportunity for each LSA in the UK to inform both the NMC and the public of the activities relating to statutory supervision of midwives, while highlighting key issues or challenges.

The information contained in this report is for the practice year 1 April 2011 to 31 March 2012 and includes the following:

- **Section one** – an overview of how, as the UK regulator for nurses and midwives, we continue to monitor and quality assure the LSAs. This report outlines how we provide assurance that the LSAs are meeting the current LSA standards for the statutory supervision of midwives.
- **Section two** – provides detailed information in relation to the analysis of the LSA annual reports submitted to the NMC. It includes the quantitative and qualitative evidence provided by all the LSAs and aims to demonstrate that the standards for statutory supervision of midwives have been met for this reporting year.

Section one: NMC quality assurance of the LSAs 2011–2012

Role of the LSA in protecting the public

The supervision of midwives is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the UK, both for those midwives who are employed, mainly within the NHS and for those midwives who are self-employed.

The purpose of supervision is to protect women and babies by actively promoting a safe standard of midwifery practice. Supervision is also a means of promoting excellence in midwifery care, by supporting midwives to practise with confidence, therefore preventing poor practice.

Supervision is also a role in advising and supporting women who use midwifery services; advocating for the right of all women to make informed choices and providing additional advice to women who are experiencing difficulty in achieving care choices and supporting women in influencing the development of maternity services.

With the establishment and increased profile and responsibilities of risk management and governance systems within health boards and trusts; the contribution of the statutory supervision of midwives to these processes ensures the delivery of safe evidence based care to women and their babies. Where the profile of statutory supervision of midwives has been effectively raised to executive level within trusts and boards, it is recognised by many as a valuable resource to employers and midwives and contributes to the protection of the public.

Under the order we make the LSA rules and set standards for the statutory supervision of midwives. For this reporting year these are set out in the *Midwives rules and standards* (NMC, 2004).

LSAs sit within strategic health organisations and the type of organisation varies in each country of the UK. The chief executive of the strategic organisation is responsible for the LSA. In England, the LSAs sit within the Strategic Health Authority (SHA) although reconfiguration of the SHAs in this reporting year has resulted in the LSAs being merged into regional clusters (as detailed in table 1); in Wales the LSA sits within Healthcare Inspectorate Wales; and in Northern Ireland, it is the Public Health Agency. In Scotland, the functions of the LSAs are provided by the health boards which are arranged into two regions: North of Scotland Region and South East and West of Scotland Region.

As of 1 April 2011 there were 26 LSAs across the UK, (however because Scotland is arranged into two regions this equates to 14 LSAs) with 15 appointed local supervising authority midwifery officers (LSAMOs) (see table 1).

Table 1: UK local supervising authorities 2011

<p>England</p>	<p>NHS Midlands and East of England Cluster East of England SHA East Midlands SHA West Midlands SHA</p> <p>NHS London Cluster NHS London SHA</p> <p>NHS North of England Cluster North East SHA North West SHA (also oversees supervision in the Isle of Man) Yorkshire and the Humber SHA</p> <p>NHS South of England Cluster South Central SHA South East Coast SHA South West SHA (also oversees supervision in Guernsey and Jersey)</p>
<p>Northern Ireland</p>	<p>Public Health Agency</p>
<p>Scotland</p>	<p>North of Scotland region NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Western Isles</p> <p>South East and West of Scotland region includes: South East of Scotland NHS Borders NHS Fife NHS Forth Valley NHS Lothian</p> <p>West of Scotland NHS Ayrshire and Arran NHS Dumfries and Galloway NHS Greater Glasgow and Clyde NHS Lanarkshire</p>
<p>Wales</p>	<p>Healthcare Inspectorate Wales</p>

For the purpose of this report, 'strategic health organisations' refers to the host of the LSA in each of the four countries.

As set out in the order, each LSA has a duty to appoint a practising midwife to the role of a LSAMO. We set the statutory requirements for the role of the LSAMO, and

these requirements cannot and must not be delegated to any other person or role. The LSA devolves the responsibility to the LSAMO for exercising its statutory function in relation to the supervision of all midwives.

The role of the LSAMO is pivotal in ensuring there is an effective interface between clinical governance frameworks and the statutory supervision of midwives and midwifery practice which in turn meets the requirements as set out in the order as part of public protection.

The LSAMO has a professional leadership role and discharges the LSAs responsibility for the protection of women and their babies by influencing both the quality of the local maternity service including the independent sector, and also influences the wider NHS agenda. Safety for mothers and babies can only be achieved if local trusts, health boards and health authorities are engaged with the supervision framework, and act on maternity matters brought to their attention by the LSAMO.

Supervisors of midwives (SoMs) are experienced practising midwives who have completed additional education and training through an NMC approved preparation of supervisors of midwives programme (PoSoM). SoMs are appointed by the LSAMO for a specific LSA and are then accountable to the LSA for their supervisory activities, not their employer. The ultimate aim of statutory supervision of midwives is to increase public protection through the support that supervisors provide to ensure that the care that is provided by midwives is safe and appropriate for the mothers and babies in their care. This is facilitated by access to SoM providing support, advice and guidance to women and midwives, 24 hours a day.

Every practising midwife must have a named SoM who should offer guidance and support in developing their skills and expertise throughout their career. The SoM has a duty to bring to the attention of the LSA any practice or maternity service issue that may affect a midwives' ability to care for women and their babies, and which could directly impact on the safety and protection of the public.

Quality assurance of the LSAs

As the regulator, part of our remit is to monitor and quality assure the role and function of each LSA. They must demonstrate and provide evidence of assurance that an effective LSA exists to deliver statutory supervision of midwives.

A published quality assurance framework is used and includes a combination of the following:

- The submission of an annual report by the LSA.
- An analysis by the NMC of the LSA annual reports.
- A LSA review cycle so that each LSA is reviewed every three years.
- Extraordinary reviews.
- Quarterly quality monitoring reporting from each LSA during each year.

The annual report

Under rule 16 of the *Midwives rules and standards* (NMC, 2004), LSAs are required to produce and submit a written annual report to Council by a set date each year, containing information specified by us (see NMC circular 01/2011). The annual report is an opportunity for the LSA to inform both us and the public of its activities and highlight any key areas for concern.

The information contained in section two of this report is for the practice year 1 April 2011–31 March 2012, and contains a detailed analysis of all the LSA reports submitted by the set date under rule 16.

One of the key objectives of the LSA annual report is to critically analyse the data and trends highlighted and to monitor and provide assurance that each LSA is delivering effective statutory supervision of midwives, while meeting the standards set by us. All LSA annual reports for the year being reported will be made available on our website at www.nmc-uk.org

Annual review of the LSAs

To support our duty to verify that the standards set for LSAs are being met, an LSA review framework was approved by the Midwifery Committee in 2007. This currently includes reviewing each LSA on a three year cycle. A standardised review process exists to ensure equity and transparency when reviewing LSAs across the four UK countries. This is available on our website at www.nmc-uk.org

LSA reviewers are appointed to carry out the LSA reviews and the team includes a LSAMO, a midwife and a lay reviewer. A final written report is produced detailing compliance against the 53 NMC standards.

The review process uses a qualitative approach and includes reviewing documentary evidence submitted by the LSA prior to the review. During the review interviews and focus groups with key stakeholders assists with triangulation of evidence and assurance that standards are being met.

The LSA review is an opportunity for trusts and boards to provide evidence to demonstrate how statutory supervision of midwives is contributing to the development of midwifery practice and protecting women and their babies. It also provides an opportunity to share good practice and raise the profile of statutory supervision with executive stakeholders such as chief executive officers (CEOs), directors of nursing (DoNs) and heads of midwifery (HoMs).

Approximately six planned reviews are undertaken each year using the standard process; additional reviews may also be undertaken in response to concerns raised by a LSA, another regulator or the media.

During this reporting year the following LSAs were reviewed using this process and the reports are available on our website at www.nmc-uk.org

- North of Scotland Region LSAs
- South West LSA

- NHS London LSA
- North West LSA
- Health Inspectorate Wales LSA
- West Midlands LSA

The following issues were a consistent theme within the reviews undertaken during this reporting year:

- In some geographical areas the interface between clinical governance and statutory supervision of midwives is visible and effective; however this is an area that continues to present challenges in some trusts and boards.
- SoMs are working closely with the LSA to promote and raise the profile of statutory supervision with maternity service users and some innovative methods are being used, for example running supervision of midwives surgeries specifically for maternity service users for them to gain an understanding of how SoMs can ensure that they receive safe care.
- Some LSAs have managed to be influential in securing protected time for SoMs to undertake their supervisory duties, however this approach is not consistent across the UK and continues to require monitoring.
- Further work needs to be undertaken to raise the profile of the statutory supervision of midwives at executive board level within trusts and boards in order that the value of statutory supervision can be realised.
- LSAs must continue to monitor the SoM to midwife ratio in individual trusts and boards in order to provide assurances that effective statutory supervision is being delivered.
- Developing bespoke leadership programmes for SoMs needs to continue in order to ensure that SoMs can enhance their leadership role in order to become visible leaders within the organisation.
- There was some evidence of sharing information and good practice between SoMs within the LSAs. Essentially SoMs have the opportunity to network across the LSA and continual support and development for the role of the SoM was demonstrated in most areas.

Extraordinary reviews

When concerns are raised through other intelligence we are permitted under rule 10 of the *Midwives rules and standards* (NMC, 2004) to undertake extraordinary reviews. The purpose of such a review is to inspect and provide assurance that within that LSA a local framework exists to deliver effective statutory supervision, which meets with our standards. As these reviews are in addition to any planned reviews and in response to specific concerns raised, which may present a risk to the safety and wellbeing of mothers and their babies, the review may take place in the LSA or in a specified maternity unit within a trust or board.

The decision to undertake an extraordinary review may result from intelligence gained from a variety of sources, for example information shared between us and other regulators. We have memorandums of understanding with a number of regulators, for example the General Medical Council (GMC), Care Quality Commission (CQC) and Health Inspectorate Wales (HIW), which enables effective communication and sharing of information.

Extraordinary reviews can form part of a joint review carried out in collaboration with another regulator, for example the CQC. Such reviews have proven beneficial to both parties and we see a value in further collaborative work using this approach.

During this reporting year one joint extraordinary review was undertaken between the NMC and CQC of University Hospitals of Morecombe Bay NHS Foundation Trust. The report of this review was published in 2011 and is available on our website at www.nmc-uk.org.

Quarterly quality monitoring reporting framework

The quarterly quality monitoring framework was developed in direct response to the recommendations made by our external auditors PKF in 2009 for the introduction of regular monitoring reporting to us from the LSAs. Following collaboration with the LSAMOs this framework was introduced in January 2011 with the key objective of improving communication between the LSAs and us, and to ensure we received contemporaneous information on the supervision of midwives from the LSAs in a timely manner.

The purpose of the quarterly quality monitoring is to:

- 1** Identify good practice and share this with other LSAs, and to identify practice which needs development.
- 2** Demonstrate the effectiveness of the statutory supervision of midwives reporting from the LSAs on a quarterly basis in order to better monitor risk and provide more contemporaneous and up to date information. We also encourage the LSAs to proactively report any concerns outside the quarterly monitoring.
- 3** Promote triggers for more rapid reporting of significant events relating to statutory supervision, including:
 - 3.1** Maternity units put on special measures by other regulators.
 - 3.2** Significant changes in the SoM to midwife ratio.
 - 3.3** Specific identified threats to the maternity service.
 - 3.4** Maternity incidents that may have generated media interest.
- 4** Realise other benefits, including:
 - 4.1** Faster collation and publication of the annual report.

- 4.2 The ability for us to share good practice between LSAs in a more timely manner.
- 4.3 The development of more proactive relationships between us and the LSAs.
- 4.4 The collation of evidence to demonstrate the effectiveness of statutory supervision of midwives.

As the quarterly quality monitoring process has now been in place since January 2011, this report reflects its first reporting year. During this time the reporting template has been refined in collaboration with the LSAMOs to ensure continuing fitness for purpose and an electronic version has now been produced. Emerging trends and themes have been monitored and evaluated and presented in reports to both the Midwifery Committee and Council. These papers are available on our website at www.nmc-uk.org

The introduction of the quarterly, quality monitoring process has enabled us to receive up to date information in a timely and continuous basis which enables us to act on this information as appropriate to ensure that women and their babies are protected.

Issues and trends highlighted through the quarterly quality monitoring across the four UK countries include:

- Identification of the challenge in consistently achieving the recommended ratio of SoMs to midwives. This gave us the opportunity to discuss the impact of this on the safety of women and their babies and how this was being addressed both at LSA level and in local maternity units.
- Identification of maternity units facing scrutiny from other regulators. This enabled us to take appropriate action in a timely, proportionate and proactive manner in accordance with right touch regulation.
- Following a joint review by the NMC and the CQC of University Hospitals of Morecombe Bay NHS Foundation Trust and the subsequent release of the Care Quality Commission and Nursing and Midwifery Council reports in 2011, each LSA undertook a benchmarking exercise with a specific focus on statutory supervision of midwives. This resulted in LSAs developing local action plans which will continue to be monitored and evaluated throughout 2012-2013. These are normally available on the respective LSA websites.
- The quarterly discussions has enabled us to keep abreast of the numbers of supervisory investigations being undertaken at a local level, together with any specific concerns identified during the investigations together with the outcome including successful rehabilitation of the midwife or a referral to the NMC Fitness to Practise directorate.

Section 2: Analysis of the LSA annual reports to the NMC

As described in section one of this report we require assurance from each LSA across the UK that they have implemented the required framework and mechanisms to discharge their statutory function for the supervision of midwives. This section of the report will outline in detail our analysis of the 14 LSA annual reports and how statutory supervision operates across the UK.

Under rule 16, each LSA provides detail in their annual reports of how they meet the following standards:

LSA standard 2: Each LSA will ensure their report is made available to the public

Guidance

Please provide details of how and when your LSA makes the report available and accessible to the general public and key organisations.

What we found

Each LSA continue to make their annual report available in both electronic and hard copy versions. In general LSAs identified that their report is made available on the SHA or Health Board website in addition to a dedicated LSA website.

Some LSA sites publish comprehensive information for the public regarding the help they can provide, and clearly signpost how to contact the LSAMO or a SoM. Some also continue to place their report on the websites of the approved education institutions (AEIs) who deliver the Preparation of Supervisor of Midwives programme (PoSoM).

In addition the LSAs indicated that their annual reports will be published on the NMC website at www.nmc-uk.org

Examples of good practice

- Locally developed leaflets are published to provide information regarding the statutory supervision of midwives and these include information relating to the LSA annual report.

Our judgment

Although LSAs continue to make their reports available electronically and through a wider distribution, the available evidence suggests there has been no increase in the public requesting copies of the report. Direct contact to the LSA or SoMs from the women and their families continues to be directly in response to or following an adverse clinical incident. The majority of LSA reports described, despite the introduction of new initiatives, raising the profile of supervision of midwifery with women and their families remains difficult to achieve. LSAs continue to develop and update dedicated websites which is commended.

While key stakeholder groups are used to promote statutory supervision of midwives with maternity service users and the general public, challenges remain in relation to engaging with the women and their families who are 'hard to reach'.

Key recommendation

- To continue to monitor how women who use the maternity services engage with the supervision of midwives and the LSAs.

LSA standard 3(a): Numbers of supervisors of midwives appointments, resignations and removals

Guidance

Please include data for the preceding three years, and provide a summary of any trends and actions plans if any risks have been identified (and mitigated against).

- Total number of supervisors working in your LSA
- Total number of midwives working in your LSA
- New appointments
- Resignations
- Removals
- Ratio of midwives to SoMs across your LSA
- Ratio of midwives to supervisors for each maternity service as of 31 March 2010
- Information about your recruitment strategy to ensure you have sufficient and sustainable numbers for the future
- SoMs who are suspended from their role for any period
- SoMs removed from their role
- Reasons for suspensions or removals

What we found

In recent years LSAs have highlighted the challenges that exist with continuing to recruit optimum numbers of SoMs to ensure the recommended ratio of 1:15 midwives is achieved. Detailed information provided by LSAs describe the existence of robust recruitment strategies, and these are supported by the LSAMO Forum UK recruitment and selection of SoMs guidelines. However, the constant resignations and retirements of SoMs from the role pose a threat to achieving and sustaining optimum numbers of SoMs. The wider context of contemporary maternity care delivery can also impact on recruitment to the SoM role as a result of increasing flexible working and changes to workforce planning and skill mix.

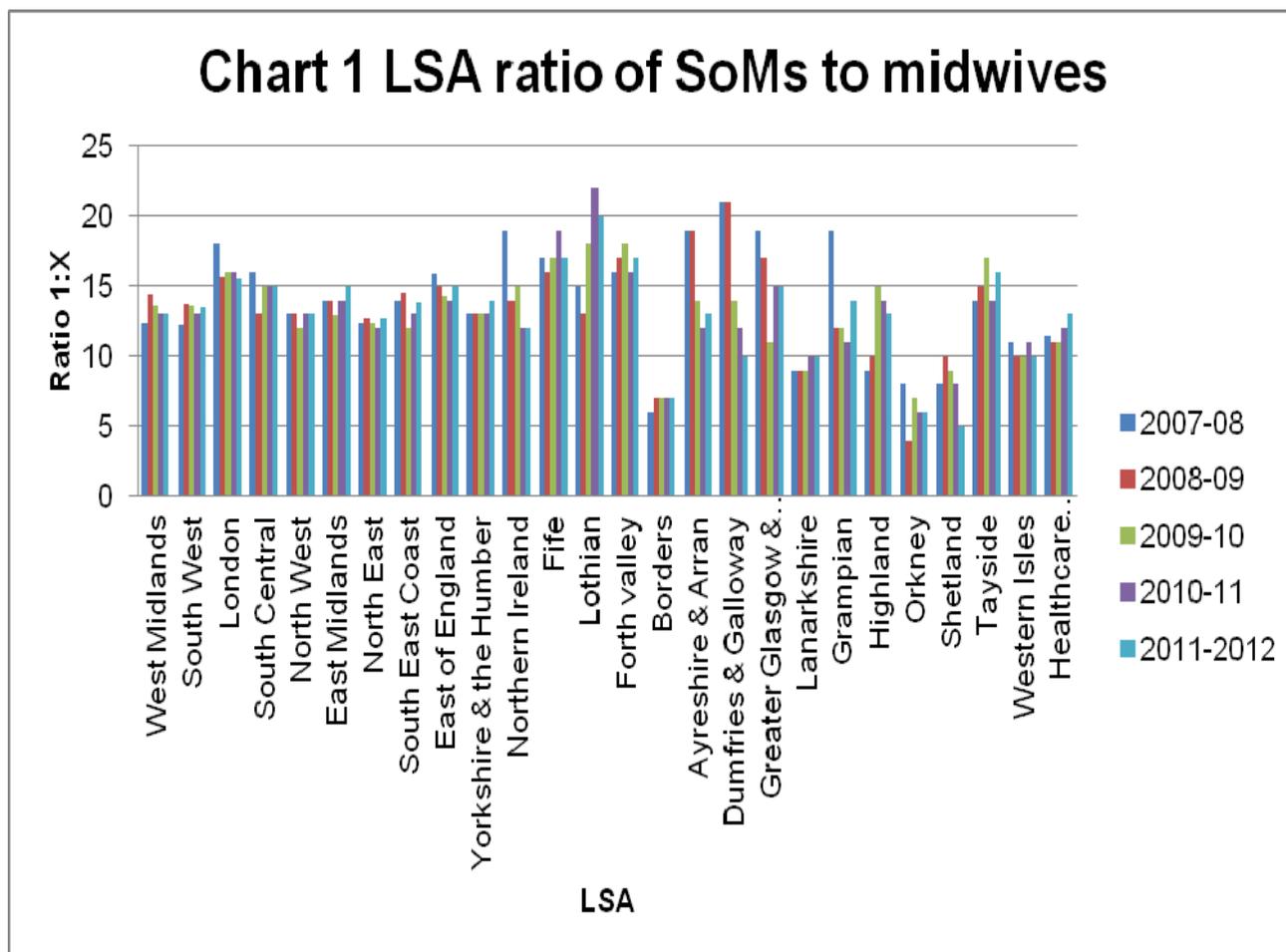
Although some LSA reports described no problems with the recruitment of midwives to undertake the role, others continue to find that the lack of dedicated time and a perceived lack of value of the role at executive board level can be a barrier which deters midwives from putting themselves forward for selection.

Each LSA annual report provided detailed information regarding the number of SoMs working in their LSA for the period 1 April 2011 to 31 March 2012. This included

information in relation to new appointments, resignations, leave of absence and removals, and the SoM to midwife ratios as detailed below.

SoM to midwife ratios

SoM to midwife ratios were provided in all LSA reports (the NMC recommended ratio is 1 SoM to 15 midwives). At the end of March 2012, 23 of 26 LSAs met or exceeded the minimum recommended ratio. Of the three LSAs that did not meet the minimum recommended ratio, the highest was 1:20 which is an improvement from the last reporting year.



Although 23 of the 26 LSAs have a ratio of 1:15 or less, it is clearly reflected in the reports that many individual trusts or boards continue to experience challenges in recruiting sufficient new SoMs to replace those retiring or resigning. It was noted that across the UK there continues to be a marked increase in the numbers of midwives working flexibly or on a part-time basis which continues to impact on the workload of the SoMs. While this varying pattern continues in individual trusts and boards across the UK, many trusts and boards have seen an improvement in their ratios for this reporting year. This is reflected in one trust reducing their ratio from 1:34 to 1:24 which shows improvement although we encourage this positive trend to continue downwards to 1:15 in the next year.

Some LSAs took creative and innovative measures to address the problems related to high ratios of SoMs to midwives, such as employing a full time SoM which will be monitored and evaluated over the agreed period of one year. Others have employed

retired SoMs who have continued to maintain their NMC registration, to support the SoM team and LSAs have been supporting individual trusts with undertaking supervisory investigations. It is encouraging from this year's reports that LSAs are working proactively and collaboratively with both Directors of Nursing and Heads of Midwifery to continue to address this issue.

Supervision of midwives is an important governance function within trusts and boards. With each midwife having a named SoM, the LSA ensures that support, advice and guidance is available for midwives and women 24 hours a day to ensure the safety of women and their babies.

Chart 2 Number of SOMs by country

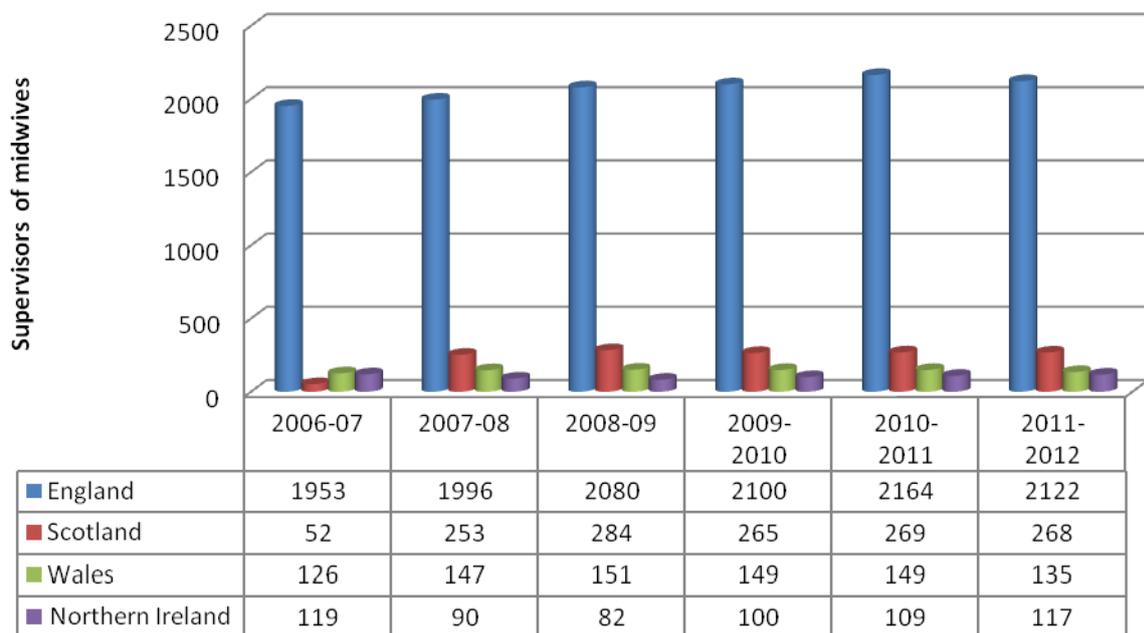
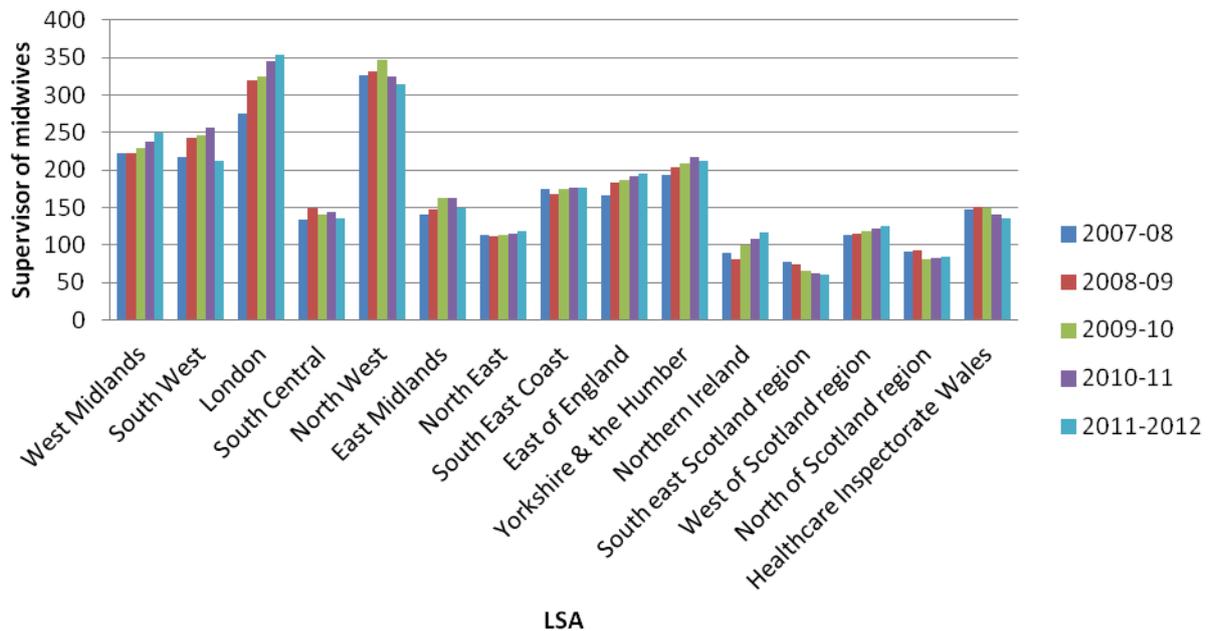


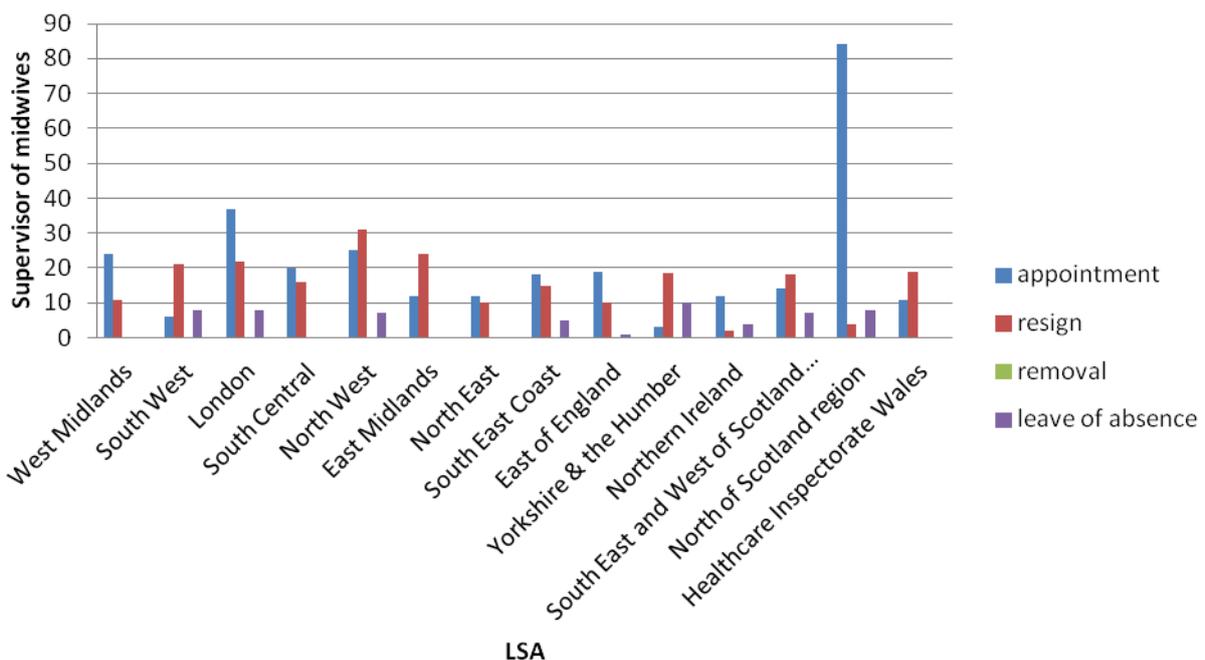
Chart 3 Number of SoMs by LSA



Please note that in chart 3 LSAs in Scotland are presented in three regions: North of Scotland, West of Scotland and South East of Scotland, however the Southeast and West of Scotland are now one region and this will be reflected in future reports.

Appointments, resignations, leaves of absence and removals per LSA for 2010-2011

Chart 4 The number of SoMs appointed, resigned, taken leave of absence or removed from their role as of 31 March 2012



There is evidence from the data provided that LSAs have shown an increase in the numbers of SoMs recruited for this reporting year. There were 297 SoMs appointed during 2011-2012, an increase from the previous reporting year which saw 258 appointments. However the numbers of resignations and leaves of absence continues to impact on achieving sustained benefits in SoM numbers across the UK. During this year, 279 SoMs resigned or had a period of time out which is a marked increase from the previous reporting year. The majority of these were mainly due to SoMs reaching retirement age and the demographics provided in the reports suggest this is going to be an ever increasing challenge in coming years.

Although newly qualified SoMs account for the majority of appointments, some LSAs reported a number of SoMs being reappointed either after relocation or returning to supervision after a period of time out. SoM preceptorship packages exist, which aim to offer support to newly qualified SoMs in their role. The expectation of the SoM role continues to increase with improved interface with the governance systems in trusts and boards. However there still remains inconsistency with individual employers and the recognition of the value of statutory supervision remains variable across the UK.

Although there is guidance and recognition that the SoM role requires some dedicated and protected time to undertake the duties, this continues to present challenges for some SoMs across the four UK countries. In reality, SoMs are continuing to undertake their supervisory duties in their own time and in some cases without remuneration. This is identified by some LSAs as a key contributing factor in the rising resignations and requests for leaves of absence from the supervisory role. However in an attempt to address this ongoing problem most LSAs have introduced very good reporting systems relating to this and are quick to take action with individual trusts and board executive managers when problems arise.

Examples of good practice

- LSAs and SoMs continue to talent spot midwives interested in undertaking the Preparation of Supervisors of Midwives Programme (PoSoM).
- In trusts that are struggling to recruit and provide statutory supervision of midwives with the support of the LSA the appointment of a full time SoM has been introduced. This is for a fixed term and will be monitored and evaluated during that time.
- Bespoke leadership courses continue to be well evaluated and are proving beneficial in developing SoMs as clinical leaders.
- The introduction of SoM road shows has provided an opportunity to raise the profile of the SoM role and give midwives a better insight into their role. This has proved successful in attracting midwives to become SoMs.

Our judgment

The evidence provided in all LSA reports is positive and demonstrates the commitment of the LSAs in addressing the ongoing challenge for recruiting new SoMs. Assurances are provided that LSAs are giving recruitment of new SoMs attention, including using innovative approaches to ensure statutory supervision is delivered and optimum levels of SoMs are in post. However, against the backdrop of the ageing workforce, challenges remain in ensuring that sufficient numbers of SoMs are trained, to provide the statutory function of supervision of midwives and achieve the recommended ratio of 1:15 midwives.

Key recommendation

LSAs are recommended to monitor what direct impact a ratio of SoM to midwives greater than 1:15 has on either the delivery of effective statutory supervision of midwives, or the protection of women and their babies. This should be reported on in the next reporting year and through the quarterly quality monitoring reporting.

LSA standard 3(b): Details of how midwives are provided with continuous access to supervisors of midwives

Guidance

- How do midwives contact their named SoM?
- How do midwives contact a SoM in an emergency?
- What are your contingencies if a SoM is not contactable?

Please provide evidence of how access to a SoM is audited in your LSA including:

- Continuous access to an SoM
- Response times from SoMs to requests for advice from midwives in challenging situations
- Response times from SoMs to requests for advice from women in challenging situations
- Outcomes and action plans resulting from these audits.

What we found

All midwives must have a named SoM regardless of their employment status and provision made for accessing a SoM at all times. The LSA reports described in detail their processes for achieving this, which indicated that when possible midwives are offered a choice of named SoM, with the exception of new starters or newly appointed midwives. In the first instance they are allocated a named SoM, but are later given the opportunity to change or choose a different named SoM.

Various methods are used to ensure midwives know how to contact their named SoM, including:

- Giving midwives specific contact numbers, or email addresses for their named SoM.
- Providing notice boards with the names, photos and profiles of the SoM team.
- Providing new starters or newly qualified midwives with written information in relation to their named SoM and how to contact them.

Processes for continuous access to a SoM are in place for every LSA across the UK and all reports confirmed contingency plans are in place should the named SoM be unavailable. The process is also referred to in LSA guidelines, which enhances the consistency of approach.

The majority of LSAs operate a 24-hour on-call rota system, and the rotas are easily accessible, displayed and available (at a minimum) in the labour ward and with the

switchboard of each trust or board. In addition some trusts and boards described having a list of which SoMs are available and their contact information.

Some LSAs are now using on-call diary logs and one LSA described the introduction of a supervisory call pad being used. Most LSAs confirmed that access to a SoM is an agenda item on the local SoM meeting, relevant LSA meetings and LSA audits, which gives the opportunity to discuss in detail the nature and frequency of the calls and actions taken. Calls can be themed into complex safeguarding concerns, capacity of the service to meet demand and unusual clinical incidents. Some LSAs are developing ways to log calls electronically, which will support clinical and information governance. Continuous access and the availability of SoMs are monitored in a number of ways including rota evidence, verifying with midwives and students at audit visits, and the LSA checking the effectiveness of the SoM on-call system.

No LSA described having to implement action plans as no concerns had been raised by LSAs regarding availability of a SoM and response times were generally within 5 to 30 minutes. The majority of LSAs continue to audit this as part of their local annual audits either through electronic surveys or discussions during site visits.

LSAs described the availability of information for women about supervision:

- On websites.
- In leaflets – both locally developed and using the leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009).
- In their maternal records.
- On customised bookmarks.

Although LSA reports describe using a variety of methods to provide information to women about statutory supervision of midwives and details of how to contact a SoM or the LSAMO, the evidence does not indicate any significant increase in women directly accessing a SoM in this reporting year.

As in previous reports, access to SoMs by self employed (independent) midwives was described by some LSAs. We commend the continued good practice to support communication, share practice challenges and identify named 'liaison' SoMs for self employed midwives.

Our judgment

Assurances have been provided that robust processes are in place to meet this standard. It was encouraging to note that every LSA continues to audit this in a variety of ways throughout the year and results from surveys and audits suggest that no midwife had difficulty in contacting a SoM. However, the available evidence suggests that women do not frequently contact SoMs directly. Despite the implementation of many good initiatives by LSAs and SoMs, for example the distribution of information leaflets or bookmarks with contact details, evidence from LSA user audits suggests raising the profile of statutory supervision with women and their families remains an ongoing challenge.

Key recommendation

That all LSAs continue to promote and publicise opportunities for women to have access to a SoM 24 hours a day, seven days a week and continue to report on initiatives, successes and challenges in this area.

LSA standard 3(c): Details of how the practice of midwives is supervised

Guidance

How does the supervisory function work and what processes are in place for the effective supervision of midwives? This includes:

- Methods of communication with SoMs
- Mechanisms to disseminate information
- Mechanisms to ensure consistency when carrying out supervisory functions
- Evidence about how your LSA has improved care to women, or enhanced and supported the practice of midwives
- Information on any challenges that impede effective supervision
- How these challenges are being addressed
- Progress towards an electronic method of storing supervision related data.

What we found

The evidence provided in the reports referred largely to the Nursing and Midwifery Order 2001 (the order), which makes provision for the practice of midwives to be supervised. The *Midwives rules and standards* (NMC, 2004) and LSA national and local guidelines provide the framework for statutory supervision. While there is a drive to achieve consistency across the UK, it is also essential for the rules, standards and guidelines to be applied at a local level to ensure effective statutory supervision of midwives meets local needs.

LSA annual audits of maternity services are one of the main ways in which data is gathered about the effectiveness of the supervisory function. Each LSA has a full time midwifery officer who is the designated lead for this work. While all LSAs provided assurance that they had audited every maternity service, different approaches were used, for example a combination of formal and informal audits, with some LSAs using themed audits which change each year depending on specific identified issues or concerns. When there have been adverse events reported by system regulators the specific actions taken and subsequent outcomes are monitored by the LSA.

As part of the LSA audit review of supervisory processes audits will often include a review of the:

- Annual notification of intention to practise (ItP) process.
- Annual supervisory review.

- Standard of record keeping.
- Investigation of a midwife's practice.

Given the nature of the SoM role all reports referred to the importance of effective communication between LSAs and SoMs, and a variety of methods are used including telephone, pagers, written, email and face to face contact. The role of the contact SoM continues to evolve and is effective in the distribution of information within local SoM teams. The majority of LSAs hold contact SoM meetings and the role of the contact SoM is outlined in the LSAMO Forum UK guidelines. The LSAs described how attendance at different groups including those at a strategic, national and local level have proved an effective way of communicating and providing up to date and relevant information to SoMs. Local audits, study days and LSA conferences are used to enable and facilitate effective communication.

The LSA database, which is a secure web-based tool and must comply with data protection standards, is now being used by all LSAs. All LSAs described progress made in effectively using the database, SoMs are using this to record their own personal development plans and the majority of SoMs are now utilising this effectively to store statutory supervisory records and other supervisory data, which is to be commended. The database is an asset in producing a variety of valuable information including the number of annual reviews undertaken, incident reporting, ItP notification, age profiles of midwives and SoMs, and the SoM to midwife ratio. Useful information regarding midwifery trends has been identified, and forms part of the supervisory audit process and data governance.

The LSAMO Forum UK has been instrumental in achieving a consistent approach to all statutory supervisory functions across the UK including the development of national guidelines. These are easily accessible via the website at <http://www.lsamoforumuk.scot.nhs.uk/>

In addition LSAs also develop local standards and guidelines which ensure consistency at local level in response to specific trends and requirements.

LSAs continue to present valuable evidence demonstrating the SoMs involvement in promoting normality in childbirth and reducing obstetric interventions, both of which impact on the quality and safety of maternity care. There is commitment to promoting women's choice and supporting normal birth projects. SoMs are showing commitment to actively supporting and advising both women and midwives in relation to this. SoMs continue to take the lead or work as part of a team to set up vaginal birth after caesarean (VBAC) delivery, which promotes normal birth following a previous caesarean delivery.

Throughout the reports, reference was made as to how SoMs are supporting women by proactively managing risk. It is evident that SoMs are invited as members on risk management and governance groups within trusts and boards, and regularly contribute to the quality and safety agendas, however further work needs to be undertaken to ensure SoMs are not in attendance at meeting in a dual role (for example the Head of Midwifery who is a SoM should not be in attendance representing both roles). Through the supervisory framework, SoMs are able to identify concerns regarding a midwife's practice, and using the supervisory processes such as supervisory investigation, can effectively highlight and address any issues. This may include the use of structured reflection, further training and developmental support

and, in certain situations, supervised practice. All LSAMOs should be informed of any supervisory investigation being undertaken.

A number of reports described SoMs supporting midwives returning to practice, which in some areas remains part of midwifery recruitment plans. However the provision and uptake of these programmes remains variable across the UK.

The challenges which continue to impede effective supervision, and have been mentioned in previous reports include:

- The role of the SoM continues to develop and expectations from the role increase year on year.
- The competing demands on SoMs which prevent them securing the allocated time to undertake supervisory activities.
- The high SoM to midwife ratio in some maternity units.
- The ability to raise the profile of supervision with women and increase their level of engagement.
- The variation in recognition of the value and benefits of supervision within individual trusts and boards at the executive board level.

LSAs have highlighted a number of strategies to address these challenges. These include the following:

- LSA discussions with SoMs and CEOs to highlight where there are concerns regarding the requirements for the supervision of midwives to ensure safety for women and their families, and support for individual SoM teams.
- Comprehensive recruitment and retention strategies for SoMs to ensure minimum recommended SoM to midwife ratios are maintained. This includes recruitment road shows, and LSAs identifying inequities in remuneration packages across the region which are believed to negatively impact on recruitment and retention.
- LSAs are using a variety of methods to increase maternity service user engagement with supervision.

Examples of good practice

- LSAs continue to use robust systems for monitoring protected time for supervisory activities and reporting non-compliance to the LSAMO.
- All LSAs have provided evidence to demonstrate their commitment to providing training and development for SoMs to meet both their Prep requirements and effectively undertake the role of the SoM. This includes encouraging SoMs to enter their personal development plans onto the LSA database.
- Bespoke leadership programmes continue to be commissioned by LSAs to ensure SoMs are developed appropriately and adequately equipped for the role.

Our judgment

The evidence provided in the LSA reports demonstrates the statutory supervisory framework is evident in supervising the practice of midwives. Some LSAs highlighted models where statutory supervision of midwives effectively interfaces with governance and how SoMs are involved in risk management and governance processes, which enable them to highlight and intervene when poor practice is identified. However other LSAs failed to clearly demonstrate how statutory supervision plays a role in informing and interfacing with risk management and governance.

LSA reports described the involvement of SoMs in auditing midwifery practice and making recommendations to ensure evidence based practice is implemented. Examples were given of SoMs being proactive in auditing record keeping and a number of LSAs have implemented innovative strategies to address poor record keeping, for example, use of record keeping workbooks or peer auditing of records.

Through the annual supervisory review SoMs are able to guide and support midwives in their personal and professional development as well as developing additional skills and expertise specific to their role. Many SoMs are involved with the development and delivery of mandatory training for midwives within the trusts and boards, which can be beneficial in promoting statutory supervision of midwives, particularly in multidisciplinary settings.

Key recommendations

- LSAs should continue to support SoMs in strengthening the profile of midwifery supervision particularly in those trusts and boards where it has been found to be weaker and impacts on the ability of SoMs to deliver effective supervision.
- LSAs should develop guidelines for the annual review of a midwife's practice to ensure that the review undertaken by SoMs is consistent and equitable.

LSA standard 3(d): Evidence that service users have been involved in monitoring supervision of midwives and assisting the LSAMO with the annual audits

Guidance

- Service user involvement in the supervision of midwives.
- Progress against action plans to improve service user involvement.
- Evidence of service users assisting with the annual audits of practice.
- Training provided to service users involved in the supervision process.

What we found

The majority of LSAs have made excellent progress with ensuring service user/lay auditor involvement with local annual audits of maternity services. However for some this remains a challenge with the poor uptake of service users to assist the LSA with supervisory audits. There is a wide variation in the numbers of service users/lay auditors recruited with one LSA recruiting as many as nine service user auditors, while others only have one. One LSA described in detail, despite having only one lay auditor, how her role has developed over the years and what an essential role she now plays in collecting and presenting the service user views. It was reassuring to note that even those who have difficulty in recruiting permanent service users did manage to ensure a service user was present at all annual audits for this reporting year.

Despite some of the challenges that exist LSAs are using very innovative ways of ensuring service user presence at audits, for example by contacting individual maternity services and collecting names and contact details of any user who would be interested in attending an audit. The lay auditor focus for maternity service audits should be to collect and report on the user perspective. Where appropriate this includes interviewing women on the maternity wards or undertaking satisfaction surveys and service user/lay auditors are involved in designing such surveys.

The LSAs described the processes in place for training new and existing lay reviewers, which involved many attending formal training workshops or one to one training provided by the LSAMO. The reports described how valuable the contribution of services users/lay auditors continues to be and a variety of recruitment strategies, including posters, leaflets and adverts are used to attract them onto relevant groups.

SoMs continue to represent supervision on maternity service user forums, for example on maternity service liaison committees (MSLCs) or their equivalent. It is common practice for both service users and SoMs to provide representation on groups such as labour ward forums, birth centre working groups and service redesign groups. These offer an opportunity for service users to be exposed to, and understand, the SoM role and how they can be influential in these areas. The remit of the service user on such groups is to provide a user focus on, for example, service development or redesign, monitoring of complaints, reviewing maternity statistical data or commenting on relevant guidelines and user information.

LSAs inform women about supervision in a number of ways, including local and national websites, public notice boards within trusts and boards, contact information in women's notes, information in bedside directories, a service user blog and specific information leaflets about supervision.

All LSAs detailed how service users form part of the selection panel for midwives wishing to undertake the PoSoM course, using particular observational skills to identify candidates' communication and team working skills. This year's reports have seen an increase in service users/lay auditors being invited to speak at LSA and National conferences with the key focus on presenting the user perspective and these have been very well evaluated.

Examples of good practice

- One LSA described recruiting a lay auditor from more vulnerable groups which brings a different focus to the maternity service user perspective.
- One LSA used the lay auditor to focus on allowing women to share their birth experiences and these were reported on and were well evaluated (examples of these were included in the report).
- Inviting service users/lay auditors to contribute at national LSA and midwifery conferences is a valuable way of relating women's views to the relevant key stakeholders.

Our judgment

While this year's reports have demonstrated an increase in maternity service user/lay auditor involvement, some LSAs continue to struggle to meet this standard effectively. LSAs who have managed to recruit and continue to develop the role of the lay auditor should be commended. In addition promoting service users/lay auditor's role and profile at both local and national level has been well evaluated.

Key recommendation

- All LSAs who are unable to fully meet LSA standard 3(d) should review closely the methods used to ensure that service users/lay auditors are present at every annual local LSA audit. Action plans should be developed to address this, monitoring of this will be included in the quarterly quality monitoring reporting.

LSA standard 3(e): Evidence of engagement with approved education institutions in relation to supervisory input into midwifery education

Guidance

- How does your LSA gain information about the clinical learning environment for pre-registration student midwives?
- Describe the processes used to feed this back into higher education providers and commissioners.
- List the approved education providers you use to supply preparation of SoM programmes.
- Provide information as to how your LSA is kept informed by the lead midwife for education (LME) in relation to the numbers of midwives who fail to complete the programme successfully.
- How does your LSA determine that new SoMs are competent to undertake the role at the end of the programme?

What we found

Robust evidence continues to be provided by LSAs to demonstrate compliance with this standard. LSAs report that SoMs and LSAMOs are involved in the development, delivery and monitoring of pre-registration midwifery programmes as well as the preparation for SoM programmes.

Pre-registration midwifery education

All LSAs described having effective processes in place to ensure there is regular contact with the LSAMO and the Approved Education Institutes (AEIs). This provides opportunities for the LSA to feedback on the learning environment, curriculum planning and programme management. The majority of LSAs continue to have joint meetings between the LSAs, education commissioners, education providers, senior midwifery leaders and workforce planning which enhances good communication channels.

In addition the LSAMO and the LME continue to meet to discuss and review any education or training concerns. As part of the quality assurance programme SoMs have an opportunity to contribute by providing feedback on midwifery education. All LSAs report dedicated SoM involvement in the selection process of students for pre-registration midwifery education programmes and in curriculum development. Reports evidence a continued increase in the number of AEI based midwifery lecturers who are also SoMs, which is proving effective in raising the profile of supervision for pre-registration midwifery students. However, inconsistencies remain in relation to this across the UK.

A variety of systems exist to ensure SoMs engage with student midwives, for example some students are given a named SoM at the beginning of their training, while others are only given the name of a SoM for the entire cohort of students. Midwifery students are given the opportunity to provide feedback on the clinical learning environment either during LSA annual audits or when the LSAMO visits the practice areas. In addition midwifery students can provide feedback via their link lecturer or personal tutor.

Preparation and practice of supervisors of midwives

Detailed information was provided by all LSAs on which AEIs have approved PoSoM programmes and the LSAMOs continue to be involved in curriculum planning, programme management, assessment and evaluation and for some delivery of key sessions on the programme. LSAs have engagement with the programme leaders and the Lead Midwives for Education (LMEs) and form part of the selection process for midwives wishing to undertake the programme. LSAMOs who continue to have honorary positions within the AEIs have good opportunities for keeping abreast of the progress of all students and engage with students regularly.

Newly qualified SoMs are deemed competent to undertake the role following an appointment meeting with the LSAMO. The LSAMO has overall responsibility for appointing a SoM following the successful completion of the PoSoM programme and following feedback from the student SoMs sign off mentor in relation to the student's competence. In addition, some LSAMOs continue to meet with the newly appointed SoM at regular intervals to offer support and guidance.

There is a formal process for programme leaders to notify LSAMOs regarding midwives who are successful, unsuccessful or deferred from a programme. Some use the LSA database to record the programme outcome. In addition the increase in SoM lecturers provides further opportunities to discuss midwives experience and their progress when they attend the local SoM meetings.

The support offered to newly appointed SoMs uses a variety of methods including all being offered a period of preceptorship, which follows the LSAMO Forum UK guideline and using self-audit and bench marking tools to assess competence and facilitate personal development plans. Meetings exist specifically for newly appointed SoMs or quarterly action learning sets are provided, all of which are designed to support and guide the newly appointed SoMs.

A wide range of opportunities are commissioned by the LSA and offered to SoMs to support continued professional development (CPD) and the uptake by SoMs is very good. All LSAs have promoted the role of the SoM as a leader and some have commissioned bespoke leadership courses which have been positively evaluated. To ensure every SoM has the necessary skills to undertake their supervisory duties LSAs have provided ongoing training and workshops for conducting a supervisory investigation, statement writing, report writing and when necessary witness skills.

LSAs continue to arrange annual LSA conferences specifically for SoMs, which provides an excellent opportunity for networking and updating on all current supervisory practises. These are very well attended and create an ideal platform for SoMs to present any new and innovative supervisory projects.

Return to practice

Where appropriate reference was made to return to practice programmes, and LSAMOs' and SoMs' involvement described, however these programmes are not running in all areas.

Examples of good practice

- The provision of robust preceptorship packages providing the necessary support for newly appointed SoMs.
- Effective networking and communication between LSAMOs, contact SoMs and LMEs and ongoing monitoring of clinical placement environment ensures students are well supported in practice.

Our judgment

There are clearly robust processes in place to foster good relationships with LSAs, SoMs and AEs and this collaborative working provides assurance that support for students and ongoing monitoring of clinical practice learning environments is evident. However, further work could be done to raise the profile of statutory supervision of midwives consistently throughout the education programme and a review of how SoMs support student midwives in practice may be of benefit.

Key recommendation

- All LSAs should review and monitor how effective the current framework is for raising the profile and informing student midwives of how statutory supervision of midwives enhances public protection and could support them in practice.

LSA standard 3(f): Details of any new policies related to the supervision of midwives

Guidance

What methods are used by your LSA to review existing policies relating to the function of statutory supervision?

It is not required to enclose new policies with the report but please provide appropriate hyperlinks so that policies can be viewed.

What we found

National guidelines

In recent years the LSAMO UK Forum has developed and regularly reviewed national LSA guidelines for the supervision of midwives. The evidence presented in this year's LSA reports would suggest that the national LSAMO Forum UK guidelines for supervision are being implemented and used more consistently across the UK. The current process used for guideline development encourages an equitable, consistent and transparent approach to the supervision of midwives. New guidelines are developed in response to standards set by us and each guideline uses auditable standards that assist the LSAMO when undertaking local LSA audits.

Some LSAs stated that with the continued implementation of national guidelines the necessity for producing local guidelines will reduce and that this approach will promote consistency across the UK. The forum is aware that with the new *Midwives rules and standards* (NMC, 2012) which came into force in January 2013, many of the national guidelines will need to be reviewed and updated.

Local guidelines

Some LSAs continue to have some processes and groups in place for reviewing and developing local guidelines. There are always terms of reference for local groups, and guidelines are usually reviewed on a three year cycle. In Scotland both the North and South East and West of Scotland regions continue to use the Supervisors Quality Improvement Group (SQIG) for reviewing and implementing guidelines relevant to Scotland.

Local consultation involves SoMs, HoMs and, in some instances, maternity service users. Some LSAs still give SoMs hard copies of guidelines, but increasingly they are referred to local and national websites for the most up to date version.

Most LSAs have other supervisory documents on their websites apart from national and local guidelines. These include the LSA strategic direction, standards for supervision, national guidelines on supervised practice programmes, LSA publications such as *Modern Supervision in Action* (2008) and, at the time of their reports, our information leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009).

The trend for collaborative working between LSAs has continued and all guidelines and information can be viewed on the LSAMO Forum UK website at <http://www.lsamoforumuk.scot.nhs.uk/>

Good practice

- The LSAMO Forum UK leading on the development of national guidelines for the supervision of midwives contributes to a UK wide approach to reviewing and implementing guidelines. This approach contributes to gaining consistency in the supervision of midwives and enhances the protection of women and their babies across the UK.
- Having robust systems in place for reviewing local guidelines will ensure statutory supervision of midwives remains up to date and relevant.

Our judgment

The LSAMO Forum UK has provided assurance that a UK wide approach to the development of national guidelines results in a collaborative approach which promotes equity, transparency and consistency. This is seen as a positive step in further enhancing the protection and wellbeing of the women and families using maternity services across the UK.

All LSAs provided evidence to demonstrate this standard is fully met. Some LSAs reported recently updating local guidelines which can be found on their web sites.

In light of our review of the *Midwives rules and standards* (NMC, 2004), and the new *Midwives rules and standards* (NMC, 2012) which came into force in January 2013, so a complete review of both local and national LSA guidelines will be required.

Key recommendation

- All LSAs are recommended to review all national and local guidelines in light of the new *Midwives rules and standards* (NMC, 2012).

LSA standard 3(g): Evidence of developing trends that may impact on the practice of midwives in the LSA

Guidance

Please outline the public health picture across your LSA and include:

- Workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs.
- Data to support your analysis, including:
 - The midwife to birth ratio of maternity services in your LSA.
 - Trends that may or are impacting on the safety and protection of women or on the learning environment for students.
- A report on action taken to improve such trends by maternity services and by your LSA.
- An analysis of birth trends for respective maternity services to include information related to clinical outcomes and serious untoward incidents (if a hyperlink is more appropriate for the NMC to access this information, please place this in your report).
- The methodology used by your offices to gather this information.
- The personnel involved in supporting this data collection.
- Details of the locally agreed serious incident escalation policy.
- Information on unit closures, and actions taken to ensure the safety of women and babies.
- Information on collaborative working with other organisations that have a safety remit.

What we found

For this reporting year information and data provided by LSAs will be considered primarily within the context of the regulator's role in safeguarding and protecting the public. Although, reference will be made regarding the submission of information by LSAs in relation to trends affecting midwifery practice this will be reported on in line with our core regulatory function and in relation to statutory supervision of midwives.

Public health profile

The public health trends continue to present challenges in LSAs and remain very similar to those described in previous reporting years as detailed below:

- Safeguarding concerns.
- Care of women with substance and alcohol misuse.
- Care of pregnant teenage women.
- Care of women with perinatal mental health problems.
- Care of women who experience domestic violence.
- Care of women who are asylum seekers.
- Care of women who do not have English as their first language (reference is made to the poor health status of this group, which is greatly affected by reduced or no previous access to medical cover).
- Problems associated with obesity.

The majority of LSAs continue to report on the impact that the public health trends have on local maternity services and the midwifery workforce. While many describe the need to increase specialist services there is the reality of how financial constraints impacts on the effectiveness of the service provided.

Close working with other agencies for example, police, social services, primary health care teams, LSAs and system regulators continues, and this is essential to ensure quality care and safety for the public. It was noted that the increased focus on safety and quality of maternity services is bringing much needed tools and techniques to support the collection and intelligent use of maternity service data.

Workforce trends

As reported in previous years, significant numbers of experienced midwives and SoMs will be eligible for retirement in the next 4-10 years. The majority of LSAs cited the pressure of providing supervision of midwives for an ever increasing part time workforce and this continues to present challenges for SoMs.

Although LSAs do communicate and engage with trusts and boards to explore a number of strategies to address the problems related to workforce trends, this is clearly the responsibility for local trusts and boards. However, it is important for LSAs to continue to monitor the effect this demographic has on both the protection of women and their babies and on the statutory supervision of midwives.

Birth trends

During 2011-2012, the majority of LSAs reported a continued increase in the birth rate which often results in capacity issues on the labour ward, maternity unit closures and women not being able to access their chosen birth place. This impacts on the wellbeing and safety of women and at a critical stage in childbirth and SoMs may be involved in

the decision to close the unit and facilitate the diversion of women to other units although there continues to be a wide variation across the UK in the approaches this process.

The majority of LSAs described the midwife to birth ratio. This year's reports have provided data which shows an increase in the midwife to birth ratios for this reporting year. The evidence provided clearly demonstrates the challenges facing maternity services in meeting the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) recommended ratio.

The current financial climate continues to see trusts and boards having to make considerable savings. LSAs have described trust and board mergers and re-structures as a challenge for SoMs as they are in some instances having to join with other larger, established SoM teams and play a key role in supporting staff with the changing work environments.

There has also been an increase in women presenting with complex medical conditions and high risk pregnancies and inevitably this is having an impact on inexperienced, newly qualified midwives. Most reports make reference to a reduction in the home birth rate and attribute this to women having better access to midwife led birthing units. It is also evident from the reports that increasing numbers of women with complex needs are requesting to birth at home. SoMs are expected to play an important role in supporting both midwives and women in these difficult situations to ensure the delivery of safe midwifery care.

Some LSA reports indicate that despite the drive to support normal birth and the use of toolkits to actively reduce caesarean rates, both planned and unplanned caesarean section rates have either seen a slight increase or remain static. However, this is not the case for all LSAs and some described seeing a marked reduction in all obstetric interventions, including the caesarean rates. Many have reported SoMs involvement in monitoring the vaginal birth after caesarean section rates (VBAC), and in some instances, SoMs continue to lead this service.

LSA reports included data on maternal and perinatal deaths, and trends remain in line with findings in the CMACE reports. All reports described having robust supervisory mechanisms in place for investigating both maternal and perinatal deaths.

Example of good practice

- Evidence was provided by LSAs demonstrating a continued commitment to promoting normality and reducing obstetric interventions for example caesarean sections.
- SoMs continue to take the lead in service development and are key players in supporting midwives through service mergers.

Our judgment

The majority of LSAs reported an increase in the birth rate and highlighted a continued increase in the complexity of births. Challenges remain in developing services specifically for vulnerable groups and regarding safeguarding issues. The role of the SoM is clearly continuing to develop and is key in offering support to women and midwives in difficult situations. SoMs are taking an increased role in mandatory training and examples of collaborative working with risk managers and governance leads has raised the profile of the value of statutory supervision of midwives.

Key recommendation

- LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.

LSA standard 3(h): Details of the number of complaints regarding the discharge of the supervisory function

Guidance

- Number of complaints relating to your LSA and the supervisory function in the reporting year.
- Number and outcome of investigations into such complaints.
- How your LSA ensures impartiality when dealing with such complaints.
- Data on the source of each of these complaints.
- Details on the nature of the complaints.
- Information about the length of time taken to conclude such investigations.

What we found

All LSAs have a robust procedure in place for ensuring all complaints are reviewed and investigated using an impartial and transparent system. When necessary and in order to ensure transparency and equity, the use of LSAMOs and SoMs from another LSA are used to undertake the investigation of a complaint against an LSA.

LSAs provided detailed information in relation to any complaints received.

Eleven LSAs received no complaints in relation to their supervisory function. However, five LSAs received complaints in this reporting year, as detailed below:

LSA	Nature of complaint	Action and outcome
<p>East of England LSA</p> <p>One appeal was received by the LSA.</p>	<p>Complaint: A request was made to appeal against the recommendations of a supervisory investigation.</p>	<p>The appeal was reviewed by an experienced SoM from another maternity unit and the investigation process and subsequent recommendations were upheld, therefore the appeal was not successful.</p>

LSA	Nature of complaint	Action and outcome
<p>London LSA</p> <p>Five complaints were received this year in relation to statutory supervision, which is an increase from the previous reporting year.</p>	<p>Complaint 1: Concerns were raised in relation to the content of a supervisory investigation.</p> <p>Complaint 2: Concerns were raised by a maternity service user (father) in relation to the homebirth service being withdrawn.</p> <p>Complaint 3: Concerns raised by a maternity service user relating to the outcome of a SoM investigation.</p> <p>Complaint 4: Concerns raised by a maternity service user regarding the outcome of a SoM investigation.</p> <p>Complaint 5: Concerns raised by a maternity service user (father) in relation to the management of a specific case.</p>	<p>Complaint 1: A LSAMO from another LSA was asked to review the investigation and address concerns raised. The complaint was not upheld.</p> <p>Complaint 2: The situation was addressed and resolved at local trust level.</p> <p>Complaint 3: A review was undertaken by another LSAMO. The complaint was not upheld however development for the SoM was recommended.</p> <p>Complaint 4: Concerns were allayed and no further action was required.</p> <p>Complaint 5: Concerns are being addressed through appropriate processes at a local level.</p>
<p>North of Scotland LSA</p> <p>One complaint was received by the LSA.</p>	<p>Complaint: A complaint was received from a maternity service user about the performance of a LSAMO.</p>	<p>Complaint: NHS Highland commissioned an investigation by an external panel comprising an external LSAMO, a SoM, a lay representative and two clinical governance personnel. This is an ongoing investigation and the outcome will be reported on in 2012-2013.</p>

LSA	Nature of complaint	Action and outcome
<p>Southwest LSA</p> <p>One complaint was received by the LSA.</p>	<p>Complaint 1: A complaint was received involving the LSA and their contribution to the process and decision to implement a period of supervised practice.</p>	<p>Complaint 1: The complaint was investigated by another LSAMO and the decision was upheld.</p>
<p>South Central LSA</p> <p>One complaint was received by the LSA.</p>	<p>Complaint: The nature of the complaint was in relation to an error within the supervisory report.</p>	<p>Complaint: The LSAMO ensured the investigation was revisited and the error was corrected and resolution occurred.</p>
<p>North West LSA</p> <p>Two complaints were received by the LSA.</p>	<p>Complaint 1: This was a very complex complaint relating to a supervisory investigation from a clinical incident dating back to 2008. The complaint has involved review of midwifery supervision by the NMC and the provision of maternity care by the Ombudsman, Coroner, CQC and police.</p> <p>Complaint 2: A midwife who, following a supervisory investigation and referral to NMC for failing to complete a period of supervised practice – complained against the process of the supervisory investigation.</p>	<p>Complaint 1: The outcome of the NMC review resulted in recommendations being made for both the LSA and the SoMs in the trust. An action plan was developed and the LSA and SHA continue to work with the trust concerned. A report of the review can be accessed on the NMC website.</p> <p>Complaint 2: Due to mitigating circumstances, the LSA has not yet had an opportunity to meet with the midwife to discuss the complaint. At the time of this report a date for the meeting has now been set.</p>

LSA	Nature of complaint	Action and outcome
<p>Yorkshire and the Humber LSA</p> <p>Two complaints have been received by the LSA.</p> <p>Two appeals received by midwives involved in the same investigation.</p>	<p>Complaint 1: A complaint was received in relation to the conduct of a SoM.</p> <p>Complaint 2: A complaint was received in relation to the conduct of a SoM.</p> <p>Appeals: Two midwives appealed against the process of the same investigation.</p>	<p>Complaint 1: An experienced SoM conducted an independent review – the allegation of the midwife was upheld and a period of reflection was recommended for the SoM. In addition the trust was recommended to strengthen the interface between management and supervision.</p> <p>Complaint 2: This was reviewed by an LSAMO and the allegations were not upheld.</p> <p>Appeals: The LSA midwife heard the appeal and their appeals were upheld. A second interview was conducted and concluded that with new evidence developmental support was more appropriate than undertaking a period of supervised practice.</p> <p>The LSA addressed the issue by publishing further information for midwives on supervisory investigations and was included in the ongoing quarterly training for SoMs in undertaking supervisory investigations.</p>

LSA	Nature of complaint	Action and outcome
<p>Health Inspectorate Wales LSA</p> <p>One complaint was received by the LSA</p>	<p>Complaint: A complaint was received from a midwife following a supervisory investigation and outcome of supervised practice.</p>	<p>Complaint: Following a further investigation by an external LSAMO who deemed the allegations could not be upheld in full. Recommendations included SoMs providing further support to midwives following completion of supervised practice. The LSA are working closely with SoMs to ensure the learning from this is implemented.</p>

Our judgment

There has been an increase in complaints received by LSAs in this reporting year. More complaints have been received by maternity service users who appear to be complaining directly to the LSAs. This would suggest that the general public have a better awareness of the statutory supervision of midwives and how this that can support them. All LSAs provided evidence of the framework and processes used to investigate complaints and assurance has been given that fair and transparent systems are in place. The continued use of impartial, external SoMs and LSAMOs in investigations and appeals demonstrates a commitment to achieve openness and transparency.

Key recommendation

LSAs must continue to monitor supervisory investigations undertaken by SoMs to ensure that they act fairly and equitably and comply with the standards and guidance set by us and adheres to local guidelines set by the LSA.

LSA standard 3(i): Reports on all LSA investigations undertaken during the year

Guidance

How is the LSA informed of serious incidents (SIs)?

- The number of investigations undertaken during the year by SoMs, directly by the LSAMO, an external SoM or LSAMO commissioned by the LSA.
- Summary of LSA involvement in investigations by CQC or national equivalent.
- Key trends and learning outcomes of any supervised practice programmes.
- Action taken by your LSA to reduce repeated incidents.
- Supervised practice programmes that have not been implemented due to employer dismissal or refusal by midwife.
- Follow on actions taken by your LSA.
- Concerns relating to the competence of newly qualified midwives, including their original place of training.
- How does your LSA communicate with the NMC on any matters of concern regarding midwifery practice?
- Please provide an anonymised summary of any referrals to the NMC during this reporting year.

What we found

The evidence provided in the LSA reports demonstrated that every LSA across the UK have robust reporting systems in place for informing them of any serious incident (SI). It is clearly indicated in reports that strengthening interfaces between statutory supervision of midwives and trust and board governance systems will be of great benefit in enhancing the protection of women and their babies.

Progress has been made in the recognition by trust and board executive managers of the value of SoM representation on key governance and SI groups. In addition, the national guidelines developed by the LSAMO Forum UK for supervisory investigations, including a decision making toolkit continues to promote consistency across the UK.

Training and development for SoMs which specifically focuses on incident reporting, undertaking a root cause analysis of SIs, supervisory investigations and report writing continue to be pivotal in ensuring that all SoMs are equipped to undertake the necessary duties of the role. In addition, this crucial development of SoMs promotes their ability to be seen at executive level as valuable leaders in promoting the wellbeing and safety of the public.

The number of investigations and the improved quality of reporting could be directly attributed to the continual training and development of SoMs in this aspect of their role. The number of investigations, supervised practice programmes and referrals to fitness to practise need to be considered within the context of the number of individual trusts or boards and the number of midwives notifying their intention to practise. It should also be noted that an increase in the number of investigations undertaken may not necessarily indicate an increase in SIs, but may be indicative of the effectiveness of statutory supervision, the result of better monitoring and reporting systems and better interfaces of supervision with risk management and governance systems. It may also reflect positively on service delivery and the standards of care delivered to women and their families by ensuring intervention in the event of any poor practice.



The use of supervised practice remains variable across LSAs, and ranges from between one to 25 midwives undergoing supervised practice in some LSAs. Although supervised practice has continued to be used the evidence shows that the use of developmental support far outweighs the need for supervised practice. With the new *Midwives rules and standards* (NMC 2012) guidance has been provided to LSAs regarding supervisory investigations and the provision of local supervisory programmes which will replace the *Standards for the supervised practice of midwives* (NMC,2007).

The midwifery practice issues which feature predominantly in the use of supervised practice programmes include:

- Poor decision making.
- Poor interpretation of fetal heart patterns in labour.
- Poor standards of record keeping.
- Poor communication skills.
- Drug administration errors.
- Failure to refer to the most appropriate experienced professional.

Across the UK, 109 midwives undertook a period of supervised practice for this reporting year and 25 midwives were referred to us for fitness to practise (FtP). This is a small increase from the previous reporting year of 98 and 21 midwives respectively. This needs to be considered in the context of the number of practising midwives on the register and the number of midwives notifying their intention to practice. As a proportion of the number of midwives on the register, the number of midwives undertaking supervised practice or being referred to FtP remains very low.

Structures to share learning from these incidents are in place in all LSAs, and continuing professional development initiatives which focus on these issues are in place to reduce occurrence. One LSA described a new initiative called 'Fresh Eyes' which is designed to reduce errors in reviewing cardiotocograph (CTG) monitoring in labour. The results of this initiative have been positively reported on.

This year has seen a slight increase in the number of referrals made to us from 21 in the last reporting year to 25 for this year. All 25 referrals were made by the LSA. Reasons for LSA referrals remain consistent and include failure to complete a period of supervised practice, misconduct, lack of competence and ill health.

Examples of good practice

- There are examples of LSAs using SoMs from other LSAs to undertake supervisory investigations, which enhances objectivity and transparency of the process.

Our judgment

Although key issues highlighted through supervisory investigations remain similar, in the context of the midwives on the register or submitting their intention to practice, 0.27% (109) have undergone a period of supervised practice and 0.07% (25) have been referred to FtP. SoMs protect the public through the support they provide to midwives to ensure that the care offered is safe and appropriate for the mothers and babies in their care. SoMs have the authority to investigate concerns relating to health, competence, behaviour or misconduct of midwives. Within the statutory supervisory framework the majority of midwives are practising competently and delivering safe midwifery care.

Conclusions

This year's LSA reports have provided evidence to demonstrate that effective frameworks for delivering statutory supervision of midwives exist across the four countries of the UK. Although there are issues which are country specific there is a commitment by the LSAMOs through the LSAMO Forum UK for collaborative working, sharing of good practices and the delivery of a consistent approach to the supervision of midwives across the UK.

There continues to be challenges in ensuring the optimum numbers of SoMs are recruited against the backdrop of an ageing workforce of both midwives and SoMs. However, all LSAs without exception demonstrated commitment and described robust recruitment strategies to address this problem.

Many LSAs described the progress made with raising the profile of statutory supervision of midwives at executive level within boards and trusts and this should be commended. However, the LSAMO needs to continue to be influential in the change agenda by continuing to foster good working relationships with chief executive officers (CEOs), nurse directors, directors of nursing (DoN) and heads of midwifery (HoMs) to ensure statutory supervision remains a key focus and highlight how it can add value and enhance public protection through strengthening the interface with risk management and clinical governance.

As the regulator for nurses and midwives, our core regulatory function is to continue to engage with and monitor that LSAs have the necessary frameworks to deliver effective statutory supervision of midwives.

In light of the publication of the new *Midwives rules and standards* (2012) which came into force in January 2013, we will continue to monitor and quality assure compliance with the new LSA standards using a variety of means including the quarterly quality monitoring tool, LSA reviews and annual reports.

We would like to thank the LSAs for the open and transparent information provided within their annual reports which has enabled the production of this seventh report to Council for the 2011-2012 practice year.

Contact us

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Glossary

- AEI – approved education institution
- CMACE – Centre for Maternal and Child Enquiries
- CEO – chief executive officer
- CNO – chief nursing officer
- CQC – Care Quality Commission
- DH – Department of Health
- HoM – head of midwifery
- LME – lead midwife for education
- LSA – local supervising authority
- LSAMO – local supervising authority midwifery officer
- MSLC – Maternity Service Liaison Committee
- NCT – National Childbirth Trust
- NPSA – National Patient Safety Agency
- PoSoM – Preparation of Supervisors of Midwives
- RCM – Royal College of Midwives
- RCOG – Royal College of Obstetricians and Gynaecologists
- SoM – supervisor of midwives
- SI – serious incident

Summary of recommendations

Recommendations for the NMC for reporting year 2012–2013

- 1 The NMC will advise LSAs on the content of their annual report for the practice year 2012–2013 by 31 January 2013.
- 2 The NMC will monitor complaints made against LSAs, their staff and the supervisory function. We will use the learning from the investigation of such complaints to inform future policy and standards development.
- 3 The NMC published the new *Midwives rules and standards* (NMC 2012) in January 2013 and these are available to view and download from our website.
- 4 The NMC will continue to monitor and quality assure LSAs using robust mechanisms, including the use of the quarterly quality monitoring framework.

Recommendations for LSAs for reporting year 2012–2013

- 1 To continue to monitor how women who use the maternity services engage with the supervision of midwives and the LSAs.
- 2 To monitor what direct impact a ratio of SoM to midwives greater than 1:15 has on either the delivery of effective statutory supervision of midwives, or the protection of women and their babies. This should be reported on in the next reporting year and through the quarterly quality monitoring reporting.
- 3 That all LSAs continue to promote and publicise opportunities for women to have access to a SoM 24 hours a day, seven days a week and continue to report on initiatives, successes and challenges in this area
- 4 LSAs should continue to support SoMs in strengthening the profile of midwifery supervision particularly in those trusts and boards where it has been found to be weaker and impacts on the ability of SoMs to deliver effective supervision.
- 5 LSAs should develop guidelines for the annual review of a midwife's practice to ensure that the review undertaken by SoMs is consistent and equitable.
- 6 All LSAs who are unable to fully meet LSA standard 3(d) should review closely the methods used to ensure that service users/lay auditors are present at every annual local LSA audit. Action plans should be developed to address this, monitoring of this will be included in the quarterly quality monitoring reporting
- 7 All LSAs should review and monitor how effective the current framework is for raising the profile and informing student midwives of how statutory supervision of midwives enhances public protection and could support them in practice.
- 8 All LSAs are recommended to review all national and local guidelines in light of the new *Midwives rules and standards* (NMC, 2012).
- 9 LSAs must continue to engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework.

- 10 LSAs must continue to monitor supervisory investigations undertaken by SoMs to ensure that they act fairly and equitably and comply with the standards and guidance set by us and adheres to local guidelines set by the LSA.