What does the future hold for the role of the Local Supervising Authority?

The leadership role of the Local Supervising Authority (LSA), as the statutory body responsible for supervising midwives within local areas, is widely recognized. The LSA and LSA Midwifery Officer (LSA MO) do not represent the interests of either provider or commissioning organizations, thereby providing an independent overview of and influence on maternity services. Many midwives, student midwives or supervisors of midwives (SoMs) may currently be considering the future of the function of the LSA under proposed health reforms, and as a consequence of that, the future of statutory supervision in itself. This article will consider the future role and function of the LSA, and is based on a paper written by the LSA Midwifery Officers’ National Forum (UK) (2011), chaired by Suzanne Cro, South East Central LSA Midwifery Officer.

The remit of the LSA

The LSA is the statutory body responsible for the supervision of all midwives practising within its boundaries, as decreed in the Nursing and Midwifery Order 2001. This applies to midwives employed in the NHS, through agencies or the private sector, in higher education, in prisons, in the armed forces, in independent practice or general practice. The LSA is currently the only organization that regulates self-employed (independent) midwives. This is important as due to the nature of independent work, midwives are likely to move within and across different LSAs. LSAs must ensure midwifery practice is safe and effective wherever it is provided and regardless of by whom. SoMs within an LSA must offer consistent and positive supervision providing advice and support as needed for every midwife, including those who are self-employed.

National organizations advocate the value of the leadership role of the LSA focused on safety (National Institute for Health and Clinical Excellence (NICE), 2007; Healthcare Commission, 2008; King’s Fund, 2008; Midwifery 2020, 2010; Council for Healthcare Regulatory Excellence, 2010), with the LSA function upholding the protection of the public by:

- Receiving notifications of intention to practise from every midwife practising within the area
- Appointing and supporting SoMs to provide expert advice, clinical leadership and support to midwives and to act as independent monitors of safe midwifery practice
- Reviewing and investigating allegations of unsafe and substandard midwifery care
- Auditing every maternity service annually, including those that sit outside the NHS, to gain assurance that the supervision of midwives, midwifery practice and the environment of care meets the standards set by the regulatory body.

The LSA Midwifery Officer

The LSA function is enacted by the 15 LSA Midwifery Officers in the UK. The appointment process is detailed by the Nursing and Midwifery Council (NMC, 2004; 2007).

The roles of the LSA MO and SoMs do not represent the interests of provider or commissioning organizations, thereby providing an independent overview of, and influence on, the quality and safety of maternity services. This is undertaken both locally and nationally through the identification of emergent themes and trends and sharing

Abstract

The Local Supervising Authority (LSA) is the statutory body responsible for the supervision of all midwives practising within its boundaries and LSAs must ensure midwifery practice is safe and effective wherever it is provided. The LSA produces standards and guidance for the supervisors of midwives within its boundaries in relation to their practice, based on the requirements of the Midwives’ Rules and Standards of the Nursing and Midwifery Council (NMC). Effective use of the supervisory framework leads to improvements in the standard of midwifery care and better outcomes for women. Proactive and effective statutory supervision is evident, but there are variations across the UK. While LSAs continue to face many challenges in delivering their statutory function, annual reports from all 16 LSAs received by the NMC in 2010 described examples of good practice and referred to the value of supervision for both midwives and women. Over the years, the LSA role and function have developed and strengthened significantly. While most recently, LSAs have been the responsibility of the Strategic Health Authorities in England, it is crucial that this development continues in the new NHS. The specific challenges to LSA Midwifery Officers will be to provide leadership and support in the face of the challenges to come and to be pivotal and at the centre of addressing them.

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of best practice. Recent examples of this include concerns highlighted with regard to a continued rise in the complexity of births in many LSAs and an increasing number of newly-qualified and experienced midwives opting to work on a part-time basis, affecting both the establishment and ratio of midwives to SoMs (NMC, 2011). LSA MOs have close working relationships with Lead Midwives for Education (LMEs). LMEs are experienced practising midwife teachers who lead on the development, delivery and management of midwifery education programmes. This interface between LSA MOs and LMEs ensures that LSA MOs have significant influence in driving improvements in the learning environment and in midwifery education programmes locally and nationally.

As a team the LSA MOs work cohesively through bi-monthly LSA MO Forum UK meetings. The Forum meets regularly with the regulatory body (NMC), the Midwifery Advisors to the Department of Health and other key national stakeholders. These effective communication links allow a detailed knowledge of contemporary issues, with a strategic dimension involving the development of midwifery practice which meets the needs of women and their families. The LSA MOs identify and develop leadership in SoMs and senior midwives, ensuring that their potential is recognized and built on. The recently published Midwifery 2020 final report (2010) looked at maximizing the midwifery contribution to improving the experience of women during their maternity care. Statutory supervision was acknowledged within the report as having a pivotal role stating (Midwifery 2020, 2010: 24):

‘Supervisors of Midwives are key in promoting the core role of the midwife and in ensuring that service delivery models are safe, family-centred and evidence-based’.

Supervision of Midwives supporting the quality agenda
The LSA produces standards and guidance for the SoMs in relation to their practice based on the requirements of the Midwives’ Rules and Standards (NMC, 2004). Continuous review of statutory supervision of midwives, midwifery practice and statistics are carried out by the LSA MOs. This forms the basis for an annual LSA report which is sent to the NMC. The annual LSA report is made widely available to all midwives, SoMs, the Department of Health, SHAs in England and UK Health Boards, user auditors, LMEs, the Royal College of Midwives and of course, most importantly, the public.

The report provides comprehensive detail of how the LSA meets rule 16 (which requires every LSA to submit an annual written report to the NMC containing any information specified by the NMC), and will include how statutory supervision is organized and carried out within the LSA, in addition to informing both the NMC and the public about activities, key issues, good practice and trends affecting maternity services within its area (Drazek, 2010).

The LSA is required to audit statutory supervision and midwifery practice on an annual basis. This is carried out through a portfolio of methodologies including:

- Self audit against the LSA standards for supervision by individual SoMs
- Audit visits by the LSA MO who looks at the evidence to support the standards required of the SoMs
- Peer audit by the supervisory team demonstrating how the service has met the NMC standards.

Where an audit visit takes place there is a discussion relating to the standards of midwifery supervision and pertinent issues with key stakeholders within the service (women, families, lay representatives, student midwives, midwives, managers, educationalists, SoMs, Chief Executives and Trust Executive Nurses). The SoMs are also required to report on their supervisory activities to the LSA on an annual basis and within the governance arrangements of their employing organizations.

Effective use of the supervisory framework leads to improvements in the standard of midwifery care and better outcomes for women. Statutory supervision of midwives is a valuable resource for midwives, their employers and the profession because it enables midwives to provide safe and effective care. SoMs also have a role in advising and supporting women who use maternity services (NMC, 2006). Through supervision, robust reporting mechanisms of significant incidents and other management data to organizations such as the NMC enable swifter responses and improve transparency and consistency. Serious incident reviews and supervisory investigations identify how midwives can be supported to improve their practice and, where appropriate, can be referred to the NMC to ensure the safety of women and families.

The current context of supervision and the LSAs
Proactive and effective statutory supervision is clearly evident across the UK, but there are varia-
tions. The analysis of the 2009–2010 annual reports to the NMC (NMC, 2011) highlights good practice through supervision with service development for women, and families in vulnerable groups. There is a clear commitment throughout the UK to promote normality and improve normal birth rates across all services. All LSAs described innovative ways to achieve this and reduce obstetric interventions such as caesarean section. Reconfiguration of maternity services and plans for service mergers continued to be a theme across the UK during 2009–2010, and this continues apace in many areas presenting significant challenges to all involved. Maintaining safe and woman-centred services during such challenges is underpinned and supported by the supervisory framework.

What does the future hold?
LSAs continue to face many challenges in delivering their statutory function. Themes from all 16 reports received by the NMC described examples of good practice and referred to the value of supervision for both midwives and women. LSA reports provide evidence to support the view that supervision of midwives is an effective method of safeguarding and protecting the public (NMC, 2011).

Looking to the future, in March 2011 the UK LSA Midwifery Officers’ Forum tabled a paper to the Department of Health, Chief Executives of SHAs in England and other key stakeholders across the UK (LSA Midwifery Officers’ Forum UK, 2011). The purpose of this paper was to articulate where the LSA Midwifery Officers’ Forum UK feel the statutory LSA function should sit to uphold the safety of women and babies after SHAs are disbanded as planned in 2012/2013.

In this paper the fifteen LSA MOs across the UK identified the five current options for the future location of the LSAs, taking into consideration their values and principles (LSA Midwifery Officers’ Forum, 2011). The values held are that each LSA must be women-, family- and public-centred, independent, fair, transparent, proportionate and outcome-focused. The LSAs’ principles are ones of proportionality; accountability; consistency; targeting; transparency; and agility. The five options considered for the future location of LSAs were within regional ‘outposts’ of the NHS Commissioning Board, Public Health, Care Quality Commission, GP Commissioning Consortia, and the NMC.

Supervision in the new NHS
The White Paper, Equity and Excellence: Liberating the NHS, published in July 2010, detailed how power will be devolved from Whitehall to patients and professionals (Department of Health, 2010). Although the implications of this White Paper apply to England, the future positioning of the LSA function has potential implications for all four countries of the UK.

Improving the quality of care will become the main purpose of the NHS. The aim of the changes is for patients to have more choice and control, backed by an information revolution, with the principle ‘no decisions about me without me’. The changes hope to streamline the NHS and reduce the layers of bureaucracy. SHAs and Primary Care Trusts (PCTs) will be phased out with management costs being reduced so that as much resources as possible support frontline services. GPs are to commission maternity and newborn care services and the new ethos of ‘any willing provider’ aims to increase women’s choice in midwifery care, which could include private and independent maternity services.

However, the any willing provider issue has caused widespread debate, concern and even dispute in some cases. Part of the underlying reason for the government’s recent pause and listening exercise was to acknowledge and address public concerns about the proposed changes. In a speech on 7 June, David Cameron had to assure the country that he was not about to ‘sell off the NHS and create some American style private system’ (Cameron, 2011).

The quality of commissioning and service provision within new providers will need to
The specific challenges to LSA MOs will be to provide leadership and supervision. Over the years the LSA role and function have developed and strengthened significantly and it is crucial that this development continues in the new NHS. The roles of the LSA Midwifery Officer (LSA MO) and supervisor of midwives do not represent the interests of provider or commissioning organizations, thereby providing an independent overview of, and influence on, the quality and safety of maternity services. The LSA produces standards and guidance for the supervisors of midwives in relation to their practice, based on the requirements of the Nursing and Midwifery Council. Effective use of the supervisory framework leads to improvements in the standard of midwifery care and better outcomes for women. Over the years the LSA role and function have developed and strengthened significantly; while this has been the SHAs’ responsibility in England, it is crucial that this development continues in the new system currently proposed. Even though this system is currently on hold, it has not stopped the government’s determination to modernize the NHS.

Conclusion

The UK LSA MO Forum has given their 2012 national conference the title ‘Future Proofing Supervision’. It is no accident that the Forum chose this phrase, borrowed from the business and technology world, as it describes the process of trying to anticipate future developments, in order to take action to minimize possible negative consequences and to take advantage of upcoming opportunities. More simply put, something that is ‘future proof’ will not be made redundant through being replaced by something newer and more effective. It is essential that LSA MOs and SoMs look to the future to continue to maintain safety and protect the public, but within a modernized, forward-thinking framework. Statutory supervision needs to be new and effective and to clearly demonstrate how this will be done. This will require a new location within the NHS that ensures a seamless transition to this well-established regulatory function and to continue to optimize the benefits to public safety and excellent maternity care.

All midwives must maintain a firm focus on practice and championing women’s needs in the context of service provision uncertainty. The specific challenges to LSA MOs will be to provide leadership and support in the face of these challenges and to be pivotal and at the centre of addressing them. LSA MOs who demonstrate strong, motivational and transformational leadership will be crucial in meeting these challenges and opportunities.