



EAST MIDLANDS

LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT

April 1st 2006 – March 31st 2007

Report prepared on behalf of
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NHS East Midlands
by Shirley Smith LSAMO

Acknowledgements

This report is prepared on behalf of the Local Supervising Authority of the East Midlands (hosted by the East Midlands Strategic Health Authority).

Particular thanks are extended to the Supervisors of Midwives and the Heads of Midwifery of the East Midlands who have provided the information and extended their assistance during the annual audit visits from the LSA.

Thanks are also extended to the Performance Directorate for their assistance in processing the statistical information and especially Chris Parkin, Performance Analyst Specialist who prepared the graphical data.

East Midlands Strategic Health Authority is fortunate in having an experienced midwife as the Local Supervising Authority Midwifery Officer (LSAMO), who is very enthusiastic in this role. This has enabled the East Midlands to maintain continuity for this important function.

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Executive Summary

This report depicts the details of the LSA function in the East Midlands which is hosted by NHS East Midlands. This is a statutory responsibility as defined in the Nursing and Midwifery Order 2001 and further described in the Midwives Rules and Standards (NMC 2004).

The principle tenants of the LSA function are to:

- safeguard and enhance the quality of care for the childbearing mother and her family
- provide a source of sound professional advice on all midwifery matters

Supervisors of Midwives are appointed by the LSA independently of their employers. Trusts have a responsibility to ensure that supervision of midwives is supported. Supervision of midwives is a statutory responsibility and covers **all** midwives irrespective of employers, therefore midwives practicing within the East Midlands but not employed by the NHS in the region are covered by these requirements.

There is a robust process for the training and appointment of supervisors of midwives, which follows that laid down by the Nursing and Midwifery Council (NMC) in the standards for the preparation and practice of supervisors of midwives (NMC 2006). The East Midlands LSA access three courses for the preparation of supervisor's; one within the East Midlands and two within Yorkshire and Humberside. This is a 6 month course at either Masters or first degree level, the process taking approx 1 year from nomination to appointment and is now a recognised NMC qualification and appointment. The numbers of supervisors in the East Midlands has been fairly static in the past year, there is a total of 149 supervisors appointed, 21 have been appointed in the past year and 23 have resigned or retired in this same period. This number of supervisors enables the East Midlands to meet the NMC requirements of a ratio of 1 supervisor to 15 midwives.

There is a robust supervisory presence at each maternity unit and each Trust who host maternity services have had an LSA supervisory audit in this reporting period. Recommendations are made as a result of this visit and action plans are prepared by the supervisors. The report is sent to the Head of Midwifery and the supervisors with a recommendation to share the report with the Trust Boards and the Maternity Services Liaison committee (MSLC) where they exist.

User involvement is key in the delivery of midwifery and maternity services and this is reflected in the LSA audit. User involvement is one of the five main criteria assessed. At present there are several units who do not have a local MSLC but this is presently being addressed by the PCT's in the light of Maternity Matters (DoH 2007). Users of the service are involved in the LSA audits and the selection of supervisors for the preparation course.

An important aspect of ensuring safe midwifery care is the training of student midwives. The LSA and supervisors of midwives have strong links with the three Universities within the East Midlands who provide midwifery training and also meets with student midwives as part of the LSA audit.

There is an LSA webpage on the NHS East Midlands website which identifies information in relation to supervision of midwives, including contact details, the LSA guidelines, events etc. and is available not only to supervisors and midwives but to the general public as well.

There have been a total of 16 formal supervisory investigations this year which have resulted in 6 episodes of supervised practice and 11 episodes of support from supervisors at the appropriate Trust. All episodes of supervised practice have resulted in a formal training program with educational input. All six of these midwives have successfully completed this program and therefore have not been referred to the Nursing and Midwifery Council Fitness to Practice committee as they have all been deemed fit to practice on the midwifery part of the register. Therefore there have been no LSA referrals to the NMC this year.

The report details concerns in relation to the supervisory function, this includes concerns in some units in relation for appropriate time to undertake supervision, secretarial support and issues of remuneration in 5 of the Trusts (this is a Trust decision). There is an ongoing concern in relation to the midwifery workforce of the future with 44% of midwives in the East Midlands being eligible to retire within the next ten years, coupled with a rising birth rate and the difficulties in securing employment for student midwives on completion of their training there is a potential shortfall in the ability to ensure sufficient midwives in the future. This information will be reviewed with the workforce planning department and deanery within the Strategic Health Authority.

Appendix 4 of the report illustrates some of the midwifery data that is collected annually by the LSA. Data collection is a challenge, as maternity units use a variety of IT maternity systems with some units collating such data manually due to the lack of a maternity system. These units are eagerly awaiting the introduction of a maternity system through Connecting for Health.

A major challenge for the midwifery services this year has been in relation to Cost Improvement projects and maintaining midwifery services within tight budgets, this has been compounded by difficulties with Payment by Results in some areas of the maternity budgets, especially in relation to care which is undertaken in the community. As a result of financial reviews, several of the Trusts have undertaken reviews of the midwifery workforce, with the loss of some midwifery positions and the apparent loss of seniority of the Heads of Midwifery in some Trusts.

On review of the NMC standards there are 54 criteria identified that the LSA should achieve, these are outlined in Appendix 1 and this year the LSA comply with all these criteria.

In conclusion this has been a year of challenge and change for Supervision in the East Midlands with the merger of two LSAs into one. There is continuing development of the supervisory function with supervisors undertaking a challenging role to ensure the safety and protection of the women and babies of the East Midlands

The LSA and supervisors of midwives are challenged not only to meet the requirements of their role, but also to assist in change management in relation to the recent government initiatives including children's centres; normalising childbirth; standard 11 of the NSF for children, young people and maternity and, most recently, Maternity Matters.



EAST MIDLANDS LSA ANNUAL REPORT 2006 – 07

1. Introduction

This report is prepared by the Local Supervising Authority Midwifery Officer (LSAMO) on behalf of the East Midlands Local Supervising Authority (LSA) - NMC LSA code 94, in order to meet the requirements set out by the Nursing and Midwifery Council (NMC) under Rule 16 of the Midwives rules and standards (2004), and in accordance with the NMC circular 15/2007.

This report covers the period 1st April 2006 to 31st March 2007 and details the activities undertaken in the discharge of the NHS East Midlands responsibility in relation to the Local Supervising Authority (LSA) function.

2. Responsibilities

The responsibilities of the Local Supervising Authority are defined within the Midwives rules and standards produced by the NMC 2004 (Nursing and Midwifery Council). These emanate from Article 42 & 43 of the Nursing and Midwifery Order 2001, which describes the Council rules in respect to the regulation of midwifery and the role of supervision and the LSA Officer. 'Shifting the balance of power' (April 2001) designated the Strategic Health Authority (SHA) as the local body responsible for the LSA function. Supervision of midwifery is thus a statutory responsibility. To ensure that this function is undertaken to the required standards, the Local Supervising Authority appoints a LSA Midwifery Officer and Supervisors of Midwives (who are employed within the East Midlands) and are responsible for ensuring that they:

- safeguard and enhance the quality of care for the childbearing mother and her family
- provide a source of sound professional advice on all midwifery matters

3. Background

During the period of this report there has been a reorganisation of the LSA and an overall reorganisation of the NHS, following the publication of the government white paper 'Creating a patient led NHS'.

Prior to the reorganisation of the NHS, the two LSAs of Trent and Leicestershire, Northamptonshire and Rutland (LNR) SHAs were distinct entities, each with an appointed LSAMO. These arrangements continued until October 2006 when the LNR and Trent LSAs were disestablished and the new East Midlands LSA established. Shirley Smith was appointed as the LSAMO for the East Midlands.

Within the LSA there are 11 NHS Trusts providing maternity services on 17 sites; with community provision of midwifery services across the counties of Nottinghamshire, Derbyshire, Lincolnshire (excluding Humberside) Leicestershire, Northamptonshire and Rutland.

The NHS Trusts providing maternity services are:

- Chesterfield Royal Hospital NHS Foundation Trust
 - Darley Dale Maternity Unit
- Derby Hospitals NHS Foundation Trust
- Sherwood Forest NHS Trust
- Nottingham University Hospitals NHS Trust
 - Queens Medical Centre Campus
 - Nottingham City Campus
- Nottingham City PCT
- United Lincolnshire Hospitals NHS Trust
 - Lincoln County
 - Pilgrim Hospital, Boston
 - Grantham Maternity Unit
- University Hospitals of Leicestershire
 - Leicester General Hospital
 - Leicester Royal Infirmary
 - Melton Mowbray
- Northampton General Hospital NHS Trust
- Kettering General Hospital NHS Trust
- Bassetlaw Hospital (Doncaster and Bassetlaw NHS Foundation Trust)
- Corbar Maternity Unit at Buxton (Stockport Hospitals NHS Foundation Trust)

Four of these Trusts have achieved Foundation status. Two of these services are amalgamated with larger Trusts outside of the East Midlands LSA; Corbar in Buxton is linked with Stockport in the North West LSA and Bassetlaw in Worksop is linked with Doncaster in the Yorkshire and Humberside LSA.

The Corbar maternity unit is a small midwifery led unit, which as stated is managed from the Stockport Hospitals NHS Foundation Trust, which lies within the North West LSA. To ensure that the process of supervision is not disjointed, a Service Level Agreement has been drawn up with the North West LSA to provide LSA services to this area. This has led to a simplified process with clear lines of communication and accountability for the midwives.

4. LSA Function

The midwives rules and standards (NMC 2004) outline 54 standards required for the satisfactory discharge of the LSA function. (Appendix 1).

The main function of the role is the protection of the public and that of ensuring statutory supervision of midwives occurs within the Local Supervising Authority's geographical area. This encompasses **all** midwives irrespective of employment status.

A significant development within the LSA this year was the introduction of the LSA database. This database captures information in relation to all midwives who are practising within the East Midlands LSA. Supervisors of midwives register each midwife's intention to practise form electronically and this allows automatic upload of data to the NMC on a weekly basis. This has streamlined several areas of the administration of the LSA function.

The LSA has a webpage on the SHA website, which identifies the varying aspects of the LSA function and relevant information and can be found at:

<http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>.

5. Report publication

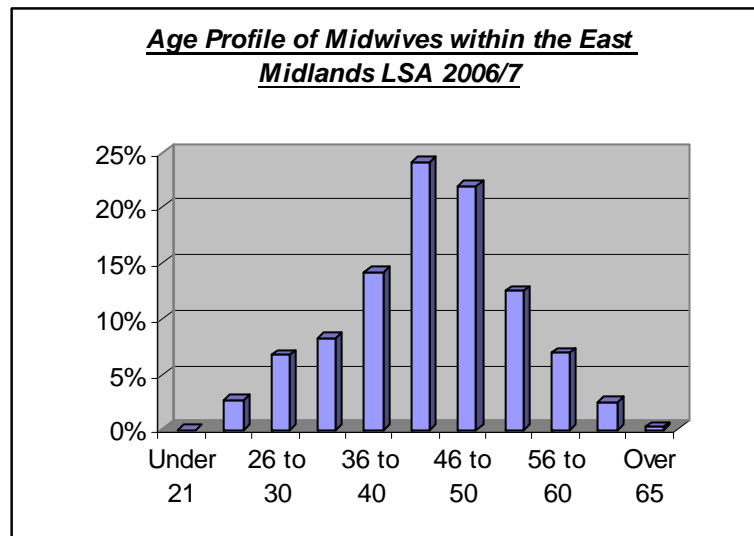
The LSA report is available in the public domain on the SHA website on the LSA page as stated above. Copies are sent to the Heads of Midwifery and Contact Supervisors at each of the Trusts, to the Chief Executive, the Board and the Director of Nursing at the SHA. There have been no instances during the reporting year where the LSAMO has been approached for further information on the report.

6. Supervision of Midwives

6.1 Profile of Midwives in the East Midlands

One thousand nine hundred and thirty-nine (1939) midwives have notified their intention to practise to the LSA during 2006/07, of these 62% work part time and 38% full time. The age profile of midwives across the LSA is indicated in the graph below.

Graph 1 Age Profile of Midwives



As can be seen from the above chart, approximately 44% of midwives are eligible to retire within the next 10 years (22% within the next 5 years). Recently there have been issues in the ability of Trusts to employ newly qualified midwives, with potentially a significant number of midwives retiring in the next 5/ 10 years, the risk of an acute shortage of midwives needs to be considered in the future profile of the service and will be considered in discussions with the Provider and Workforce Development Directorate at the SHA.

6.2 Profile of supervisors

In order to ensure that the above midwives are able to access statutory supervision, appropriately trained and qualified supervisors of midwives are appointed by the LSAMO.

The ratio of supervisors of midwives to midwives remains fairly static with 149 appointed supervisors for 1,939 midwives, which gives an overall ratio in the East Midlands of 1:13. However, as can be seen, this varies by Trust. As of the 31st March 2007, there were only two Trusts with a ratio greater than that recommended by the NMC, neither of these exceed a ratio of 1:20. At present supervisors are undertaking the preparation of supervisor's course and it is anticipated that this will redress these ratios.

Table 1 Ratio of supervisors to Midwives by Trust

Trust	No of Midwives	No of Supervisors	Ratio of Supervisors to Midwives
Chesterfield Royal Hospital	117	9	1:13
Derby Hospitals	211	22	1:10
Doncaster & Bassetlaw Hospitals	58	8	*
Kettering General Hospital	149	10	1:15
Northampton General Hospital	155	12	1:13
Nottingham Community	103	10	1:10
Nottingham University Hospitals	297	19	1:16
University Hospitals of Leicester	432	25	1:18
Sherwood Forest Hospitals	129	12	1:11
ULH – Boston	99	8	1:13
ULH – Grantham	24	5	1:5
ULH - Lincoln	146	12	1:12
Other	6	1	

* Bassetlaw is a merged Trust with Doncaster in the Yorkshire and Humberside LSA. Midwives are supervised across the two sites and may be supervised by an East Midlands or a Yorkshire and Humberside supervisor.

** University lecturers are normally supervised within the Trust where they are placed clinically - all lecturers have supervisors.

6.3 Appointment, resignations and removals of Supervisors of Midwives

There have been 21 supervisors of midwives appointed during this year within the East Midlands LSA. Of these 19 have been newly qualified and two have been appointed following relocation from other LSAs.

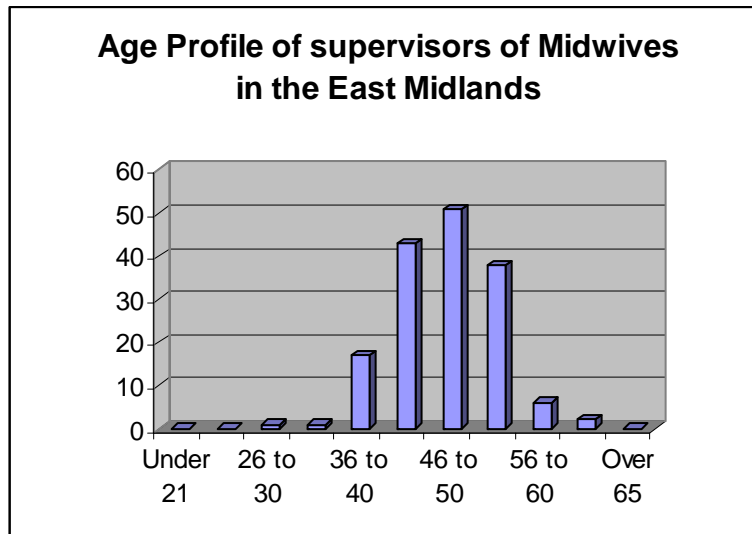
There have been 23 resignations of Supervisors of Midwives; of these one emigrated, 12 relocated elsewhere within the NHS, eight retired and two left for other reasons (one as a result of restructuring).

Table 2. Appointment and Resignations of Supervisors of Midwives within the East Midlands LSA

	2004/5	2005/6	2006/7
Appointments	21	18	21
Resignations	3	10	23

A list of the supervisors of midwives in the East Midlands appears in Appendix 2.

Graph 2 Age Profile of SoMs



As is indicated above, the age profile of supervisors is higher than that of midwives in general with 61% eligible to retire within the next 10 years and 30% in the next five years. This information will be shared with both the Provider and Workforce Development Directorate and the Deanery at the SHA in order to ensure satisfactory workforce planning for midwives in the East Midlands.

6.4 LSAMO

During this three year period there have been changes in LSAMOs. In the northern area there have been two changes in 2004 and 2005 and in the southern area three changes, in 2004, 2005 and September 2006.

7. Access to Supervisors of Midwives

7.1 The named supervisor

All midwives in the LSA have a named supervisor of midwives of their choice. The mechanism by which this occurs is for midwives to identify their first three choices. Wherever possible they are given their first choice. However, if this is not possible they will have either their second or third choice.

When a midwife commences employment with a Trust, he/she is initially allocated a named supervisor and given the option to change if they wish.

Each supervisor of midwives contacts the midwife with details of how to contact her and instructions for arranging an annual review. Units use either a letter or information leaflets identifying how to contact a supervisor of midwives and how to change supervisors if they wish.

During the LSA audits the midwives questionnaire identified a varying perception as to the ease of transferring from one supervisor to another. Where this was perceived as anything other than easy a recommendation was made for the supervisors to address this issue and will be reviewed in the following audit.

7.2 Contacting a supervisor of midwives

The named supervisor provides each of their supervisees with their contact details and how to check their availability and who they may contact if their named supervisor is not available. In addition, each unit has an on call rota for supervisors of midwives; this covers 24 hrs a day, seven days a week. All of the units have a list of the supervisors' contact details and, in the rare event that the on call supervisor is not contactable; the unit will contact an alternative supervisor. The system for this varies between Trusts, but is specific in each Trust. The list of supervisors may be held on the delivery suite or by the switchboard, but is identified as such in each unit. When a named supervisor is not available, the midwife may refer to the on call rota or select an alternative supervisor of their choice.

This access is verified through the LSA audit via a questionnaire for midwives and in person during the actual visit itself.

8. Supervision of Midwifery Practice

The supervisory function is based within the Trusts providing maternity services. The supervisors are responsible for ensuring that the supervisory function is carried out within their area (this includes all practicing midwives irrespective of employment status).

8.1 Annual monitoring visits

The LSA standards to audit this function were revised nationally in December 2004, in accordance with the revised midwives rules and standards published by the NMC. The LSA audit standards are published on the NHS East Midlands website:

<http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>

All units were audited this year either by Shirley Smith LSAMO Trent and East Midlands or Linda Moss LSAMO LNR. These visits followed the format identified on the LSA website and gave the LSAMOs the opportunity to ensure that the supervision of midwives was being undertaken to a satisfactory standard in each Trust

8.2 Meetings with the LSAMO

8.2.1 Contact supervisor meetings

Supervisors of midwives at each Trust identify a supervisor to take on the role of the contact supervisor, acting as a focal point of contact with the LSAMO. This does not preclude direct contact between any supervisor and the LSAMO. Regular meetings between the LSA Midwifery Officer and the contact supervisors take place every two months.

8.2.2 Network meetings

Network meetings are held three times a year. These are educational based meetings with the focus on supervision. Any supervisor may attend these meetings. (A typical agenda may be found in Appendix 3). During the past year subjects have included the supervisory investigatory process, 'Learning the Lessons' (following Healthcare Commission investigations into maternity services) and an investigation workshop.

8.2.3 Guidelines group

There are regular meetings of the LSA guideline group, which reviews the guidelines for supervisors to ensure that there are consistent approaches with supervisory functions. For guidelines reviewed see section 12

8.2.4 Newly appointed supervisor meetings

All newly qualified supervisors of midwives are offered the opportunity to network with each other and the LSAMO on a bimonthly basis during their first year of appointment. These meetings take the form of action learning sets.

8.2.5 Other communication

The LSAMO has direct electronic communication with all supervisors in the East Midlands, as well as through the contact supervisors' links. The LSAMO has also attended various units to discuss issues pertinent to those Trusts.

8.3 Supervisory reviews

It is a requirement that midwives identify the date of their last supervisory review on their Intention to Practise form. This has raised the profile of this review with the midwife and attendance at the review has improved substantially. This data is now collected centrally on the LSA database, which will allow ease of access to this information for the LSA office. The rate of completion of annual reviews is reviewed during the LSA audit, where there are issues with this then a recommendation is made and it is followed up at the next audit.

8.4 Clinical Governance (including supervised practice)

Supervisors are intricately involved in the clinical governance arrangements with the maternity service. All Trusts have a supervisor on the maternity clinical governance team and supervisors are involved in investigating any issues of midwifery practice.

In order to protect the public and retain qualified midwives who are able to provide safe and competent care, supervisors investigate any instances where there are allegations or suspicions of suboptimal midwifery care. In cases where suboptimal practice has occurred, the supervisor identifies whether there has been a breach of the 'midwives rules and standards' (NMC 2004a) or 'the code of professional conduct' (NMC 2004b) and makes a formal recommendation to the LSAMO. Where a need for supervised practice is identified, the supervisors will work with a midwifery educationalist and the midwife in order to ensure that the midwife's practice meets the required standard. Where a Midwife fails to achieve the competencies required in the programme of supervised practice she will be referred to the NMC.

Following supervisory investigations, six midwives have undertaken a course of supervised practice. Four of these episodes were related to intra-partum care, two were related to overall care. Robust educational programmes were put into place for each midwife and all six midwives successfully completed the programme of practice and were deemed safe to provide care for women and their babies, to the standard required of a practicing midwife on the NMC register. There were no referrals from the LSA to the NMC. However, there were two referrals to the NMC, one by a Trust and one by a service user. The former referral was in relation to employment rather than professional issues and resulted as a consequence of dismissal from the Trust.

When supervisors are reviewing any investigation they will identify any system failures or areas for improvement and an action plan will be developed. An example of this has been the clarification of the roles of midwives working in an extended role to ensure that

- they continue to work within their scope of practice
- other staff have clarity in regards to this role.

8.5 Maternal Deaths

There were nine (9) maternal deaths reported to the LSA during the year. (There were 46380 births in the East Midlands in the same reporting year). Of these deaths 3 were considered direct deaths, one as a consequence of sepsis, one as a result of related Adult Respiratory Distress Syndrome and one is believed to be a result of postnatal depression following a stillbirth (this is still under investigation). Five deaths were categorised as coincidental deaths ie deaths that occurred within the first year following childbirth but not as a direct result of pregnancy or childbirth. Reported causes of death were known were as follows: one woman died following a road traffic accident, four had underlying medical conditions, and one the cause of death was

unidentified. Two of the inquests on these deaths are still outstanding, but there does not appear to be any maternal death that is directly related to suboptimal midwifery care.

8.6 Educational opportunities

In order to ensure that supervisors are aware of training opportunities for themselves and their supervisees, a current events page has been introduced to the LSA website.

8.7 Other Challenges for supervision

There is a variance across the LSA in respect to remuneration of supervisors; this is a local Trust decision. Across the East Midlands, five of the Trusts remunerate supervisors and five do not. This variance is a source of disharmony for supervisors and where supervisors are not remunerated Trusts may wish to review their stance in relation to this issue.

A further challenge for supervisors in some Trusts is being able to have dedicated time for supervision and appropriate administrative support. Where this is an issue, it has been identified as a recommendation in the LSA audit report. These reports are submitted to the individual Trust Boards through the Midwifery services.

9. LSAMO involvement within the wider remit of the Strategic Health Authority

The LSAMO is a member of the Nursing and Patient Safety team. There are close working relationships within this team. The LSAMO is copied into the Serious Untoward Incident (SUI) reporting mechanism, thus ensuring that she is aware of any maternity related SUIs.

There are also close working relationships with the safeguarding team, especially the Lead for Children, CAMHS and Safeguarding.

The LSAMO also takes the lead for any midwifery issues within the SHA and is the SHA representative at the national maternity leads meetings with the Department of Health. She is also the LSA representative on the Department of Health National 'Maternity Services Implementation Advisory Group', which advises on 'Maternity Matters'.

10. User Involvement.

Service user involvement in monitoring supervision of midwives and assisting the local Supervising Authority Midwifery Officer with the annual audits is seen as essential.

10.1 User involvement in the audit process

In order to have local user representation, each Trust invited a local user representative to be a part of the audit team in the annual supervision of midwives' audit. The representatives came from a variety of contacts – Maternity Services Liaison Committee (MSLC), National Childbirth Trust (NCT) or women who had recently delivered.

In some instances the user representatives were involved in the full audit process, in others they were involved by talking to mothers and supervisors within the unit. This was the second year of formal user involvement in the audit process for the East Midlands LSA. The contribution that the user representatives brought to the audit was greatly valued by the audit team, the Trust and the user representatives themselves. The user representatives on the audit team are given guidelines for audit team members, which can be found on the LSA website.

10.2 User involvement in the selection of supervisors of midwives

There is user representation on the interview panel for the Preparation of Supervisors course. These users are invited to the seminar presentations at the end of the course in two of the programmes in Leeds and Sheffield.

11. Involvement with Higher Education Institutions

Engagement with higher education institutions in relation to midwifery education programmes.

Seven midwifery University lecturers are appointed supervisors in the East Midlands, one in Northampton, and one in Leicester (with a further one undertaking the preparation course) and five in Nottingham. These supervisors bring diversified skills to the supervisory team and are able to assist and guide their fellow supervisors, particularly in the academic assessment of midwives requiring supervised practice. There are very positive benefits of educationalists as supervisors not only for students, but for qualified staff.

11.1 Midwifery Training

The LSAMO and supervisors of midwives have close contact with the three universities in the East Midlands. Midwifery training in the East Midlands is provided by the University of Nottingham, De Montfort University in Leicester, Northampton University and solely for the preparation of supervisors of midwives - Sheffield and Leeds University, which lies within the Yorkshire and Humberside LSA.

The LSAMO and/or Supervisors from each unit are involved in the curriculum planning for the pre-registration course for midwives, leading to entry to the midwifery section of the NMC register.

Student midwives are introduced to the concept of supervision throughout their training. Each Trust has arrangements for the students to have the name of a supervisor to discuss aspects of the supervisory function. Supervisors are involved in the teaching of supervision to midwifery students. This exposure is not only beneficial in respect of student midwives learning about supervision, but also to supervisors understanding the challenges that students face.

The involvement of the supervisors in the education process and particularly the educationalists as supervisors has raised the profile of supervision and allows students to become more familiar with the concept and importance of supervision.

The LSA audit team meets with students during the audit visit and any concerns regarding the learning environment are reflected back to the Trust.

11.2 Supervision Courses

There are three Higher Education Institutes which offer the Preparation of Supervisor courses for East Midlands' midwives. These are the Universities of Northampton, Sheffield and Leeds. The LSAMO and/ or supervisors of midwives are members of the course curriculum review team for all three universities and the LSAMO teaches on both the Northampton and Sheffield courses and assesses on the Sheffield and Leeds course. These programmes are offered at both Masters and first degree levels. All three courses have been evaluated favourably by the students. These courses are being reviewed for revalidation in line with the newly published NMC standards for the preparation and practice of the supervisors of midwives (NMC2006).

11.3 Return to midwifery practice

The LSAMO receives enquiries in relation to midwives who wish to return to practice. Two of the universities offer return to practice courses. There appears to have been a reduction in midwives returning to practice which has been compounded by the lack of available employment opportunities for midwives within the region.

12. Guidelines

Guidelines are developed via the supervisors' guideline group, in conjunction with the South Yorkshire (now Yorkshire and Humberside) group. One of the Trusts has units in both LSAs, therefore it was deemed essential that the guidelines were consistent to avoid any confusion.

There is a system by which guidelines are reviewed and updated. All guidelines have set dates for review and these are available on the LSA website at:

<http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>

The guideline on guideline writing describes the mechanism by which guidelines are reviewed and ratified. This guideline can be found with the other LSA guidelines at the above website. All guidelines are reviewed by the guideline group and then disseminated to all supervisors for further comment.

New guidelines relating to the Supervision of Midwives, which have been introduced / reviewed include:

- Reporting & Monitoring of SUIs, Adverse Events
- Empowering a positive culture in midwifery
- Guideline writing
- Terms of reference for the LSA guideline and education group

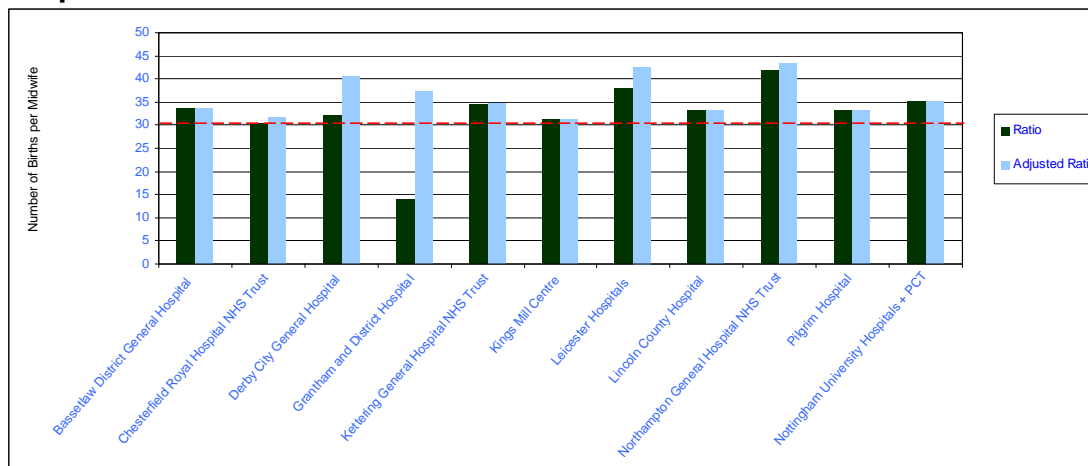
13. Trends and challenges in Midwifery Practice

13.1 Workload

The number of births over the past two years within the East Midlands has remained static in some areas and has increased significantly in others (see Appendix 4). In those Trusts where the birth rate has increased this has placed an added strain on the midwifery workforce during a difficult financial year.

Midwifery staffing establishments expressed as a midwife to birth ratio varies across the East Midlands. This ratio does not take into account community activity and in some Trusts there are up to an extra 2800 women for whom community care is provided who do not give birth within the Trust, therefore a straight birth to midwife ratio may grossly underestimate the necessary workload. (These adjustments do not take into account the number of women who book for care but for one reason or another do not continue with their pregnancy.) This ratio is illustrated in the graph below. The national ratio is under discussion and for the purposes of this report is identified as 1:30. As can be seen there is only one unit which has a ratio that is below this level, this unit is Grantham Maternity Unit which is part of the United Lincolnshire Hospitals Trust. This unit is managed by the maternity service at Pilgrim Hospital in Boston, and when the two are considered together they meet the recommended level.

Graph 3 Midwives to Birth Ratio



Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment and is the recommended tool for identifying the required workforce for a varied and complex service.

The rising birth rate and workforce issues are raised with Trusts through the LSA audits and in addition for non foundation Trusts via the SHA.

13.2 Data collection

Data collection continues to be a challenge. There is no common data collection tool. Trusts have varying IT systems with some Trusts still collecting maternity data manually. Accuracy of data is vital for planning and commissioning services and for ensuring accurate payment by results. The data utilised in this report has been collated using the LSA database and the annual LSA returns submitted by the midwifery service.

Those Trusts that rely on manual data collection are awaiting the implementation of the maternity package within the national project 'Connecting for Health'.

13.3 Cost Improvement Programs and service reviews

The financial situation facing most Trusts has impacted on maternity services, as in many areas of Trusts. Heads of Midwifery have been required to make cost improvement savings and maintain services within tight budgets.

Several Trusts have had a significant review of their midwifery establishment with the loss of some midwifery positions and an apparent loss of seniority within the Trust, especially at the Head of Midwifery and senior matron level. Ensuring there is an appropriate skill mix in maternity services is high on the agenda of most Trusts and several have introduced maternity support workers in the hospital and community settings. These factors will be monitored within

the various Trusts and also at the LSA audit in relation to the safety of the midwifery service.

Two of the maternity units, (Nottingham City Hospital NHS Trust and Queens Medical Centre Nottingham) within the East Midlands were involved in a merger of their respective Trust to form the Nottingham University Hospitals NHS Trust on the 1st April 2006 following a major public consultation.

13.4 Appointment of newly qualified midwives

The challenge for student midwives acquiring positions at the end of their training has continued, with several newly qualified midwives unable to find employment. Innovative approaches have been put in place to address this situation wherever possible and several midwives have been employed in temporary positions until contracts were able to be substantiated. Failure to secure employment as a midwife and consolidate training can result in the potential loss of trained midwives to the profession. This is a significant issue especially with the increasing birth rate and the increasing age profile of midwives in the East Midlands indicating that 44% will be eligible to retire in the next 10 years, as previously stated this will form part of an information base to inform workforce planning.

13.5 Clinical Activity

The following table indicates the basic clinical delivery activity within the LSA a full breakdown can be found in Appendix 4.

Table 3 Clinical Activity

Data was obtained from the Head of Midwifery/Contact Supervisor at each of the units. The method of collecting data varies; as previously stated some units have a maternity information system while several still collate the data manually.

Maternity Unit Name	Caesarean Section	Forceps	Ventouse	Vaginal Breaches	Home Births	SVD	Total Births
Bassetlaw District General Hospital	291	34	134	5	31	895	1390
Chesterfield Royal Hospital NHS Trust	553	107	152	6	108	1893	2819
Derby City General Hospital	1041	306	326	24		3184	4881
Grantham and District Hospital	0	0	0	0	59	113	172
Kettering General Hospital NHS Trust	771	78	213	23	87	2596	3768
Kings Mill Centre	410	206	106	30	147	2109	3008
University Hospitals of Leicester	1883	510	665	61	279	6751	10149
Lincoln County Hospital	781	157	135	22	100	2334	3529
Northampton General Hospital NHS Trust	1172	157	255	8	270	2605	4467
Nottingham City Hospital Campus	1015	385	434	35		3874	5743
Nottingham City PCT	0	0	0	0	94	0	94
Pilgrim Hospital	391	73	149	7	17	1278	1915
Queens Medical Centre Campus	1071	321	333	34		2686	4445

13.6 Common themes

Themes common to several Trusts in relation to the function of supervision, included lack of protected time for all supervisors, administrative time, inadequate maternity information systems. Where these issues have been identified they form part of the LSA audit recommendations.

14. Suspension of services

There have been a small number of occasions where maternity services at particular units have transferred admission to other units for short periods of time; this has been within units of the same Trust, mainly due to short term staffing issues.

There has been one instance of a short term suspension of the home delivery service in a specified area of one service. This was a consequence of high sickness rates compounded by vacancy control issues. There were no women booked for a home birth during this period and the local community was informed. The Trust worked quickly to permit employment of midwives in this crisis situation and contingency plans were put into place for women who wished to deliver at home. No women who requested a home birth were unable to access a home birth during this short term suspension.

There was also a temporary closure of a midwifery led birth unit, once again due to staffing levels. A public consultation regarding the service ensued and

as a consequence the unit is being reopened and extra midwifery staff are being employed.

There have been no external reviews of maternity services within the East Midlands this year.

15. Complaints and LSA Investigations

15.1 Complaints regarding the discharge of the supervisory function

There have been no formal complaints made to the LSA office in relation to supervision during this time frame. Should a complaint be made, the LSAMO will undertake an investigation and respond in line with the NHS complaints process.

Where the complaint is against the LSAMO then the SHA will take the lead in the investigation and the SHA process for complaints management will be followed. Directions regarding how to complain and who to complain to, can be found on the East Midlands website.

15.2 LSA Investigations

There has been one LSA investigation into the care of a woman requesting a home birth. The LSAMO worked closely with the woman, the local Trust and the local health community to resolve the issue.

Where there is a significant concern regarding midwifery practice within a unit then the NMC are informed. This year there has been one informal notification to the Head of Midwifery at the NMC with the acknowledgement that the Trust is undertaking work on the issue. Formal notification will occur should the Trust not address the issue.

16. Statutory requirement for publication of LSA functions

16.1 Rule 4 Notifications by the Local Supervising Authority

The midwives rules and standards (NMC2004) state that the LSA shall publish the name and address of its midwifery officer for the submission of notification of Intention to practice and the date by which they must be received. This information was published via the website and through a memorandum to the supervisors of midwives in each Trust. This year was the inaugural year of notification of intention to practice being received through the LSA database. A parallel manual process occurred in order to assure the process ran smoothly. Intention to practise forms were completed and uploaded in a timely fashion to the NMC. The electronic notification was deemed a success and thus intention to practise is now notified electronically through the LSA database. This permits weekly updating of information to the NMC.

16.2 Rule 5 Suspension from practice by a local supervising authority

The LSA publishes on the LSA website the process by which it will:

- investigate any alleged impairment of a midwife's fitness to practice;
- determine whether to suspend a midwife from practice;
- and the process of appeal against any decisions

In relation to allegations of suboptimal practice, supervisors of midwives will investigate the situation using root cause analysis. A recommendation is then made by the supervisor to the LSAMO. If the recommendation is supervised practice, a formalised programme is instituted, which addresses the suboptimal practice identified. This programme is developed by the supervisor and an educationalist. The midwife is able to input to the programme. Completion is assessed by the educational and supervisor mentor and is finalised with a recommendation to the LSAMO as to the midwife's fitness to practice. The LSAMO then meets with the midwife to finally sign off the supervised practice programme. Where the programme is not completed successfully, the supervisors may recommend suspension from practice or referral to the NMC. A letter addressing the issue of supervised practice is sent to the midwife on both commencement and completion of supervised practice following a meeting with the LSAMO. Midwives are informed of their right of appeal through the LSA guideline, in person and in writing.

16.3 Rule 9 Records

The East Midlands LSA follows the national LSA guideline on the retention and transfer of records, which is published on the East Midlands LSA website.

Other guidelines, which are published, include the following:

- Eligibility for appointment as a supervisor of midwives
- The mechanism for confirming a midwife's eligibility to practise
- The investigative process
- The process for removing a supervisor of midwives

In relation to poor performance of the LSAMO, contact details of the Chief Executive are published on the main LSA web page.

Compliance with the 54 criteria identified in the midwives rules and standards can be found in Appendix 1

17. Conclusion

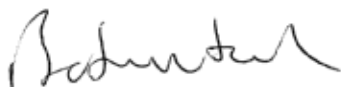
This has been a year of challenge and change for Supervision in the East Midlands with the merger of two LSAs into one. There is continuing development of the supervisory function with supervisors undertaking a

challenging role to ensure the safety and protection of the women and babies in the East Midlands

The introduction of the database has been an exciting development, which has enabled a streamlined approach to notification of intention to practise forms and essential data gathering for the LSA function.

Guidelines have been reviewed and the LSA website is seen as a current source of information for supervisors, midwives and the general public alike.

Supervisors are challenged not only to meet the requirements of their role, but also to assist in change management in relation to the recent government initiatives including children's centres, normalising childbirth, standard 11 of the NSF for children, young people and maternity and, most recently, Maternity Matters.



Dr Barbara Hakin OBE
Chief Executive
NHS East Midlands



Shirley Smith
LSAMO
East Midlands LSA

References

Nursing and Midwifery Council (2004) Midwives rules and standards. London; NMC

Nursing and Midwifery Council (2006) Standards for the preparation and practice of supervisors of midwives. London; NMC

Nursing and Midwifery Council Circular 15/200 Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC

The Nursing and Midwifery Order 2001,1 Statutory Instrument 2002 No. 253 HMSO The Stationery Office Limited ISBN 0 11 039325 2

(DoH) 2007 Department of Health: Maternity Matters: Choice, access and continuity of care in a safe service

(DoH) 2005 Department of Health: Creating a patient-led NHS: Delivering the NHS Improvement Plan

(DoH) 2002 Department of Health: Shifting the Balance of Power: The Next Steps

NMC Standards for Local Supervising Authorities 2006/7

The Accountability of the SHA for the LSA role is outlined in the Midwives Rules and Standards and the following table depicts those areas of the Rules and Standards, which pertain to the SHA's responsibilities.

Rule 4- Notifications (Intention to Practice) by Local Supervising Authority

Standard	Action	Compliance	Comments
In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:			
Publish annually the name and address of the person to whom the notice must be sent.	Guidelines for completion of the intentions to practise are reviewed and sent out to all contact SoM on an annual basis	Compliant	Published on the E Mids LSA website and by letter to supervisors of midwives.
Publish annually the date by which it must receive intention to practise forms from midwives in its area.	Information included in the guidelines	Compliant	Published on the E Mids LSA website and by letter to supervisors of midwives.
Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20 th of April each year.	Input into LSA database and uploaded to the NMC electronically	Compliant	Electronic database introduced to enable accurate and timely notification
Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20 th of each month.	This will now be an electronic process.	Compliant	Electronic database introduced to enable accurate and timely notification

Rule 5 – Suspension from Practice by a Local Supervising Authority

Standard	Action	Compliance	Comments
To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:			
Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Published in the following guideline Reporting and monitoring of serious incidents and events, process of investigation and reporting to the LSA	Compliant	
Publish how it will determine whether or not to suspend a midwife from practice	Published in the following guideline Suspension of midwives from practice	Compliant	
Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	Published in the following guideline Reporting and monitoring of serious incidents and events, process of investigation and reporting to the LSA	Compliant	
Publish the process for appeal against any decision.		Compliant	

Rule 9 – Records

Standard	Action	Compliance	Comments
To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:			
Publish local procedures for the transfer of midwifery records from self-employed midwives.	<p style="text-align: center;">Published in the guideline Procedure for the transfer of midwifery</p> <p style="text-align: right;"><i>(1) Records from self employed midwives</i></p>		
Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Audited through the LSA audit	Compliant	
Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	All SoM currently keep either paper or electronic files. Local arrangements made for storage and preservation of supervisory records.	Compliant	
Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Local arrangements made for storage and preservation.	Compliant	
Publish local procedures for retention and transfer of records relating to statutory supervision	Covered in LSA National guidelines	Compliant	

Rule 11 – Eligibility for Appointment as a Supervisor of Midwives

Standard	Action	Compliance	Comments
In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:			
Publish their policy for the appointment of any new supervisor of midwives in their area.	Covered in LSA National guidelines	Compliant	
Maintain a current list of supervisors of midwives.	LSA database	Compliant	
Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours annually.	Network meetings every 4 months	Compliant	

Rule 12 – The Supervision of Midwives

Standard	Action	Compliance	Comments
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will :			
Publish the local mechanism for confirming any midwife's eligibility to practise.	Guideline published	Compliant	
Implement the NMC's rules and standards for supervision of midwives.		Compliant	
Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances will not normally exceed 1:15, but does not exceed 1:20.	Priority of SoM courses where the standard is not met	Compliant	3 units did not meet the 1:15 ratio in 2006/7. The highest ratio for a Trust was 1:18
To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:			
Set up systems to facilitate communication links between and across local supervising authority boundaries.	LSA /NMC regular meetings Cross coverage for LSAMO annual leave with East of England and South Central LSAMO	Compliant	
Enable timely distribution of information to all supervisors of midwives.	Via Contact Supervisors and website	Compliant	
Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	All SoMs have email and telephone access to the LSAMO	Compliant	
Provide for the local supervising authority midwifery officer to have regular meetings with	Bimonthly meetings for Contact SoM 4 monthly meetings for SoM	Compliant	

supervisors of midwives to give support and agree strategies for developing key areas of practice.			
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Standard	Action	Compliance	Comments
To ensure there is support for the supervision of midwives the local supervising authority will:			
Monitor the provision of protected time and administrative support for supervisors of midwives.	Protected time monitored however the application is not consistent across the various Trusts within the East Midlands	Compliant	Where not provided this is identified in the LSA audits as a recommendation for the Trust
Promote woman-centred, evidenced-based midwifery practice.	This is monitored through the LSA audit and is a national standard	Compliant	
Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	This is monitored through the LSA audit Annual review recorded on the LSA database	Compliant	
A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:			
Supervisors of midwives are available to offer guidance and support to women accessing maternity services.	Covered in LSA National Standards and monitored through LSA audit	Compliant	Website
Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Covered in LSA National Standards and monitored through LSA audit	Compliant	
Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Covered in LSA National Standards and monitored through LSA audit	Compliant	

Supervisors of midwives provide professional leadership.	Covered in LSA National Standards and monitored through LSA audit	Compliant	
Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Covered in LSA National Standards and monitored through LSA audit	Compliant	

Rule 13 – The Local Supervising Authority Midwifery Officer

Standard	Action	Compliance	Comments
In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			
Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer		No new appointments during the year	
Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process		No new appointments during the year	
Manage the performance of the appointed local supervising authority midwifery officer	Performance managed by the Director of Nursing and patient safety	Compliant	
Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Share an administrative post with safeguarding children's lead	Compliant	
Arrange for the local supervising authority midwifery officer to complete an annual audit of the practise and supervision of midwives within its area to ensure the requirements of the NMC are being met	All units visited in 2006/7	Compliant	

Rule 15- Publication of Local Supervising Authority Procedures

Standard	Action	Compliance	Comments
To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practise are notified to the local supervising authority midwifery officer, a local supervising authority will:			
Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents.	LSAMO informed of all SUIs that come into the SHA.	Compliant	
Publish the investigative procedure.	Published within the Guidelines for Supervisors of Midwives	Compliant	
Liaise with key stakeholders to enhance clinical governance systems	LSAMO is part of the patient safety team at the SHA	Compliant	
To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:			
Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives.	Published on LSA website	Compliant	
Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment.	Published on the LSA website	Compliant	
Publish the process for appeal against the decision to remove	Published on the LSA website	Compliant	
Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion.		Compliant	
Consult the NMC for advice and guidance in such matters		Compliant	

Rule 16 – Annual Report

Standard	Action	Compliance	Comments
Written, annual Local Supervising Authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council, by the 28 th September 2007.		Compliant	
Each Local Supervising Authority will ensure their report is made available to the public.		Compliant	
The report will include but not necessarily be limited to:			
Numbers of supervisor of midwives appointments, resignations and removals.	This information is currently provided in the LSA Annual Report	Compliant	
Details of how midwives are provided with continuous access to a supervisor of midwives.		Compliant	
Details of how the practise of midwifery is supervised.	This information is currently provided in the LSA Annual Report	Compliant	
Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.	This information is currently provided in the LSA Annual Report	Compliant	

Standard	Action	Compliance	Comments
Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	This information is currently provided in the LSA Annual Report	Compliant	
Details of any new policies related to the supervision of midwives.	This information is currently provided in the LSA Annual Report	Compliant	
Evidence of developing trends affecting midwifery practise in the local supervising authority.	This information is currently provided in the LSA Annual Report	Compliant	
Details of the number of complaints regarding the discharge of the supervisory function	Not currently included but can be	Compliant	
Reports on all local supervising authority investigations undertaken during the year.	This information is currently provided in the LSA Annual Report	Compliant	

NMC Midwives Rules and Standards

Rule 1	Citation and commencement
Rule 2	Interpretation
Rule 3	Notification of Intention to practise
Rule 4	Notifications by Local Supervising Authority
Rule 5	Suspension from practise by a Local Supervising Authority
Rule 6	Responsibility and sphere of practise
Rule 7	Administration of medicines
Rule 8	Clinical Trails
Rule 9	Records
Rule 10	Inspection of premises and equipment
Rule 11	Eligibility for appointment as a supervisor of midwives
Rule 12	The supervision of midwives
Rule 13	The Local Supervising Authority Midwifery Officer
Rule 14	Exercise by a Local Supervising Authority of its functions
Rule 15	Publication of Local Supervising Authority procedures
Rule 16	Annual report

A full description of each of these rules is outlined in the Nursing & Midwifery Council Midwives rules and standards (2004). These are available through the NMC website at www.nmc-uk.org or through the LSA Midwifery Officer, Shirley Smith.

Supervisors of Midwives by Trust

Chesterfield Royal Hospital

GLAVE, Michelle
GUERRIERO, Lyn M
GUSTARD, Linda
HAMILTON-CODY, Bodil
HEATON, Joanna L
KIRKHAM, Julie
SCHOFIELD, Paula
WILTON, Caroline

Derby Hospitals

ALLEN, Cynthia MG
BONIFACE, Helen
CHARITY, Janet L
DRURY, Colleen A
GREGORY, Jayne L
HARDING, Julie
HASLAM, Jane
HEROD, Pamela M
JAMES, Catherine M
MCGILL, Pauline
MEADOWS, Anne
PAYNE, Karen Jane
PURCELL, Lorraine Elizabeth
RIGBY, Carol E
ROULSTONE, Lesley E
SMITH, Helena P
SMITH, Mary C
TILLEY, Anne H
WALLIS, Sharon
WHITING, Rosemary
WILLIAMSON, Lenmoy E

Doncaster & Bassetlaw Hospitals - Bassetlaw

BARKER, Sylvia
CHRISTIANSEN, Sharon
COUSINS, Karen
KNIGHT, Vivienne
LEE, Carol
MEARS, Linda
RAINSFORTH, Sharon
SCHOFIELD, Alison
WRIGHT, Donna Mary

Kettering General Hospital

ANDERSON, Paula
BEASLEY, Julie
BENZIE, Nancy
BERRILL, Sarah
CREIGHTON, Christine

GARVEY, Christine
MILDREN, Clare
PATEL, Jennifer
PATRICK, Kathryn
RUSSELL, Linda

Northampton General Hospital

AGER, Christine
ASHTON, Marj
BENNETT, Julia
BROWN, Janet Elizabeth
BUTLER, JD
GREY, Krystyna B
HESELDEN, Sue J
JAMES, Julie A
MATTHEWS, Linda
ROMECIN, Joanne
STANILAND, Caroline
WINWRIGHT, Julie Ellen

Nottingham Community

ATKINSON, Alison
BACON, Lyn
BROOKS, Joanna
CHAPPELL, Angela
DOLBY, Louise
JONES, Linda
LINK, Susan
MCAREE, Timothy J
MILLER, Suzanne
PIDGEON, Jane
POSANER, Carole
WALLEY, Carolyn

Nottingham University Hospitals

ABOLINS, Linda
BARKER, Karen J
BRAMFORD, Jackie
BRYDON, Susan
BUCKLEY, Elisabeth Rosemary
BURBIDGE, Paula
COOK, Lorraine C
CROMPTON, Anne
CROW, Helen E
EVANS, Karen
GUDGEON, Julia
HUTCHBY, Jane
JALLOH, Norma
MARSHALL, Christine
MCCORMICK, Carol Susan
PETTIPHER, Hazel
RAYNOR, Debra
RAYNOR, Maureen
REED, Michelle
SMITH, Phillipa
STOREY, Martine
WARSALEE, Belinda

Sherwood Forest Hospitals

BROCKLEHURST, Mary
CURTIS, Maria
GREENWOOD, Alison
MATTHEWS, Janice
MORECROFT, Anne
PAGE, Joanne
SAVAGE, Julia
SEMPLE, Lesley
SHAW, Julie
WALKER, Teresa
WHITHAM, Alison
WOODRUFF, Helen

ULH - Boston

APPLEBY, Patricia EM
DALTON, Jane
DUST, Penelope J
FOWLER, Ellen Deidre
HARRISON, Hazel
LAWSON, Christine Diane
PEARSON, Beverley
WALKER, Emma
WARD, Rosemary

ULH - Grantham

APPLEBY, Patricia EM
BESWICK, Judith A
HARRISON, Hazel
HEMPHILL, Susan
WARD, Helen
WELBY, Elizabeth Anne

ULH - Lincoln

APPLEBY, Patricia EM
BRODRICK, Alison
CLARK, Bridget
COOKE, Yvonne
EGGLESTON, Heather
ELLIS, Elizabeth
HASTINGS, Karen
HRABOWENSKYJ, Luba
HUGO, Louise
KANIA, Jane
LASCELLES, Swee Ling (Katie)
LILL, Jennifer
STUBBS, Pauline
THOMAS, Dawn

University Hospitals of Leicester

ASBURY, Marisa
BAKER, Nicola
BENNION, Susan
DEWSBURY, Janet

DICKENS, Sarah
DZIEMIANKO, Andrea
ELLIS, Nicola Sheila
GARRATT, Rosemary
HARVEY, Louise
HAYER, Miranda
JONES, Pauline
LYDALL, Rosemary
MCLEAN, Moira
MORRISSEY, Joan
MOSS, Linda
MUXLOW, Audra
PATTERSON, Mary
PEARCE, Paula
PLANT, Anne
PORTER, Jane
RAVAL, Jyotsna
SAUNDERS, Bridget
SAVAGE, Nicola
TOLOFARI, Monica
TURNOCK, Jane
WOOD, Floretta

Maternity Matters and the supervisor's role
30 May 2007; 9.30 am – 4.00 pm
Octavia House
A G E N D A

09:30 ARRIVAL

10:00 **Introduction** – Shirley Smith LSAMO and member of MSAIG

10:15 **What does maternity matters mean to you?** Group discussion

10:45 **DVD – Maternity Matters**

11:05 COFFEE

11:25 **Maternity Matters**
The Department of Health Delivery Plan: Maternity Matters

12:40 LUNCH

13:30 **Maternity Matters – the health community aspect**
Heather Miller – Care Services Improvement Partnership

13:35 **Group work**

As supervisors how do we take maternity matters forward?

- How can you as SoMs take Maternity Matters forward in your unit/PCT
- What are the greatest challenges and how do you envision undertaking them
- What are the three main actions you need to undertake to achieve this

14:30 COFFEE

14:50 **Feedback from and the way forward**

15:30 **Closing Remarks**
Shirley Smith LSA Midwifery Officer

16:00 CLOSE



LEARNING THE LESSONS MATERNITY SERVICES

**2 March 2007
09:30 to 15:30**

**Charnwood Mill
Sileby Road
Barrow upon Soar
LE12 8LR**

PROGRAMME

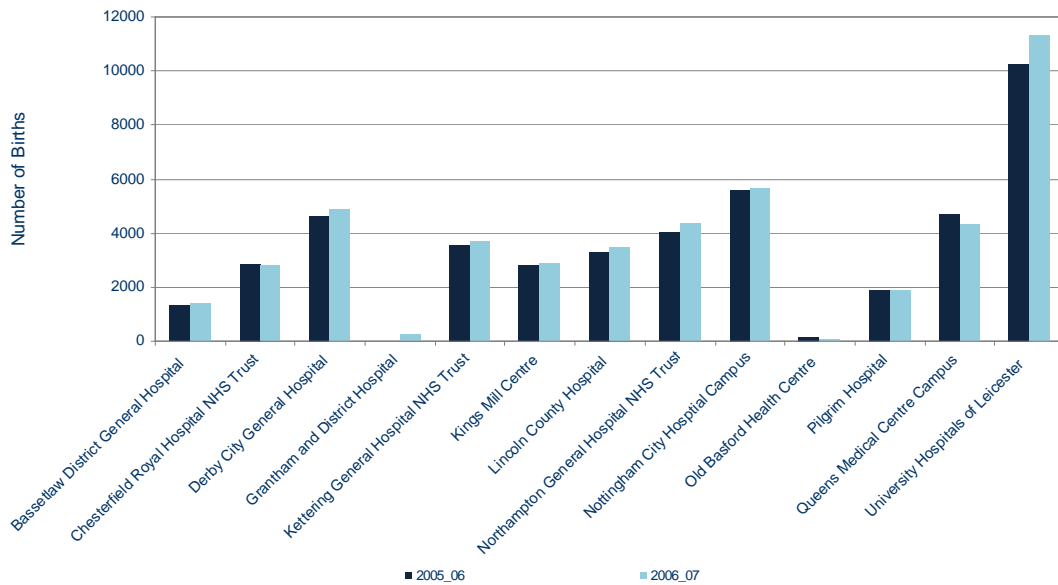
09:30	Registration	
10:00	Welcome	Dame Catherine Elcoat
10:15	The challenge for the East Midlands	Shirley Smith
10:30	The role of the Healthcare Commission in investigating failing maternity services	Sue Eardley
11.30	Break for Refreshments	
11:45	The LSA perspective	Suzanne Truttero
12:30	Lunch	
13:30	Workshop	
14.45	Refreshments	
15:30	Close	

LSA Annual Report 2006-7 Statistical Data

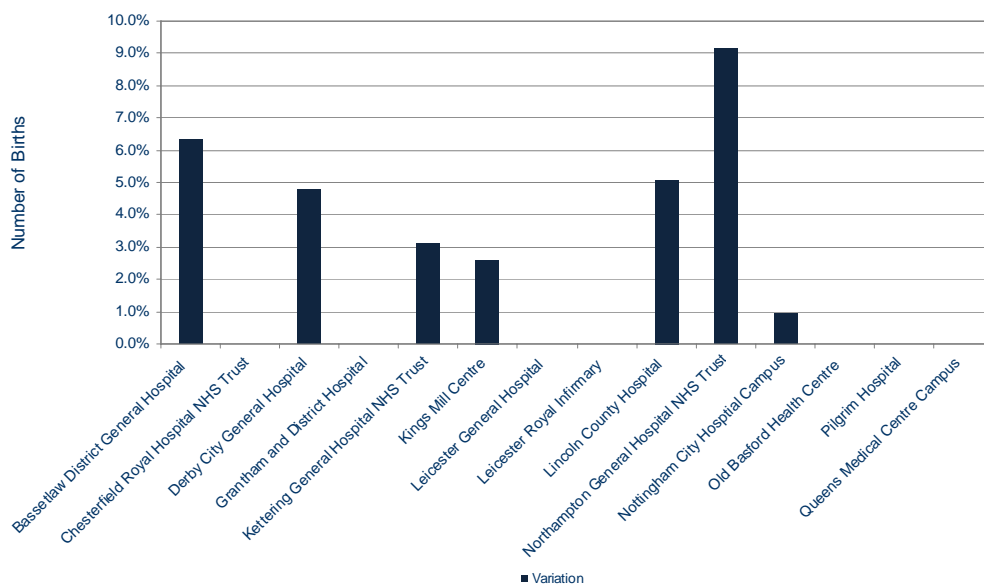
The following graphs are based on the information collected from the annual midwifery returns to the LSA. These figures relate to deliveries that occur in the East Midlands regardless of residence of the mother.

Data is collated on a number of different databases and in some cases manually, as there is no consistency of maternity databases across the East Midlands.

Graph 1 Birth rate

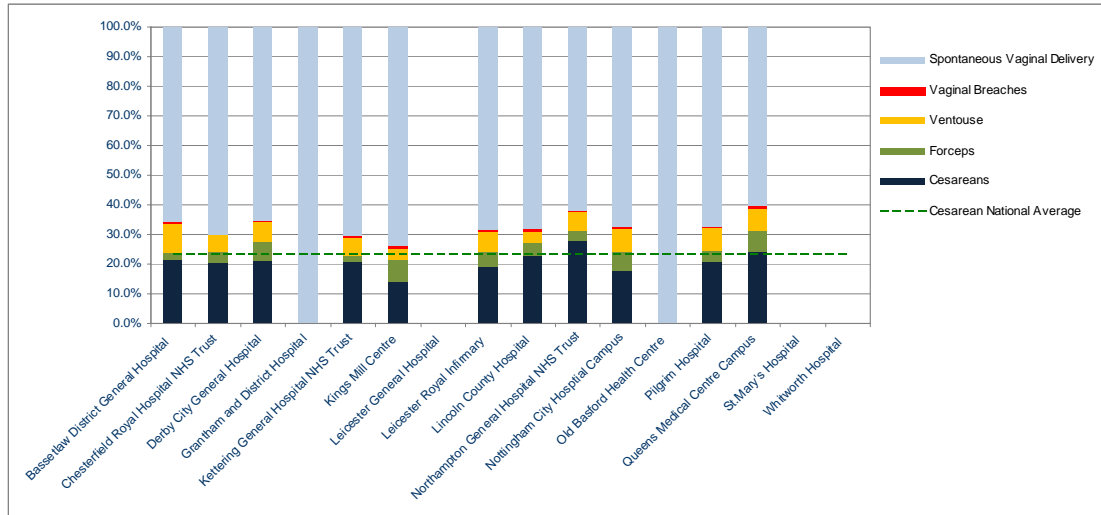


Graph 2 Percentage increase in Births 2005/06 to 2006/07



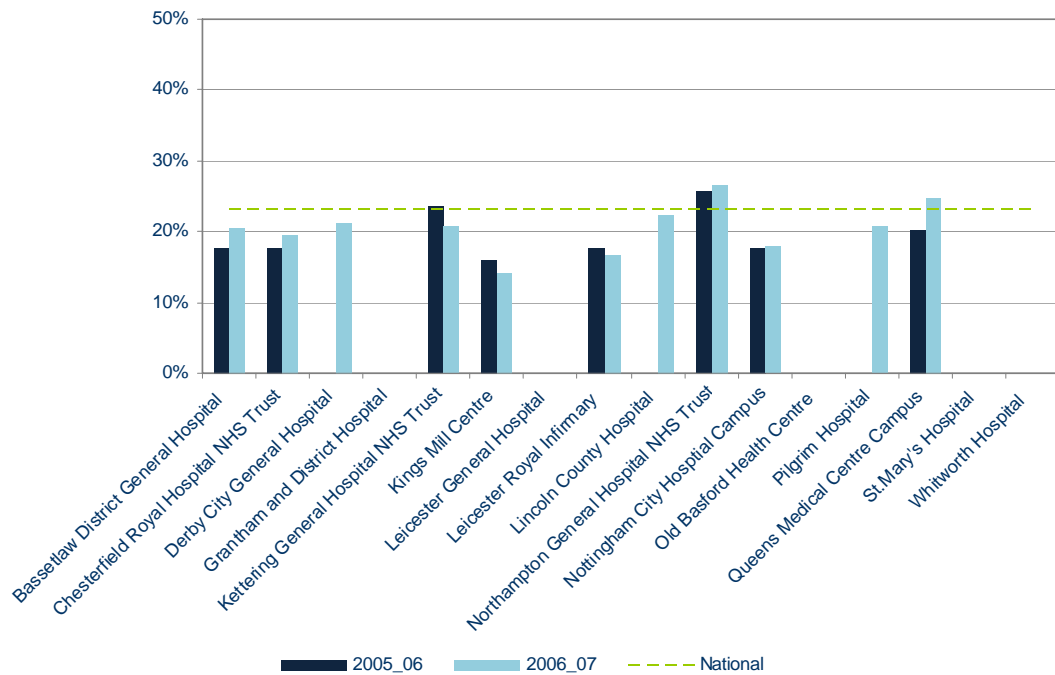
This graph shows the birth rate over the past two years at each unit. The lower graph (graph 2) indicates the percentage increase in births. Several units have seen a significant increase in their birth rate.

Graph 3 Mode of delivery

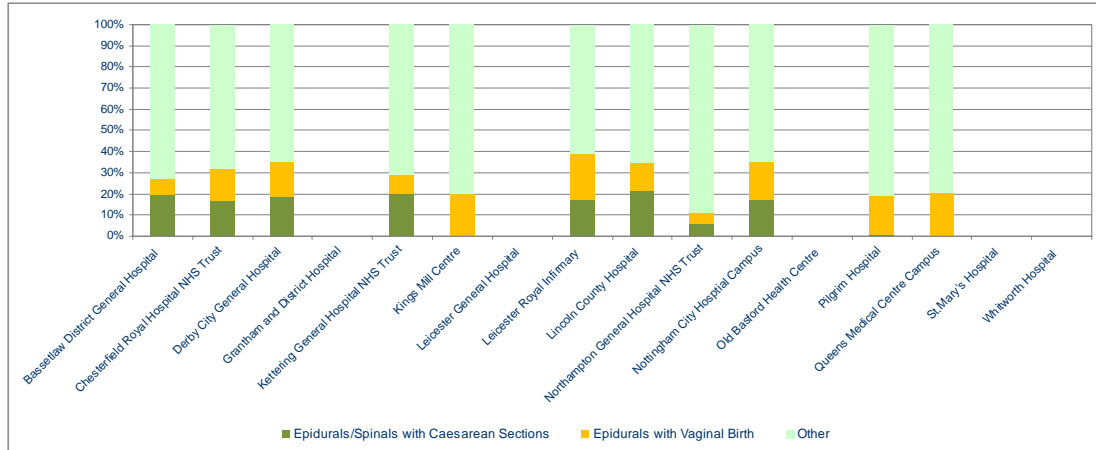


The national average for Caesarean sections is 23%. As can be seen from the above chart the rate in the East Midlands varies from one Trust to another, the lowest at 14.3% and the highest at 27.8%.

Graph 4 Caesarean Section Rate

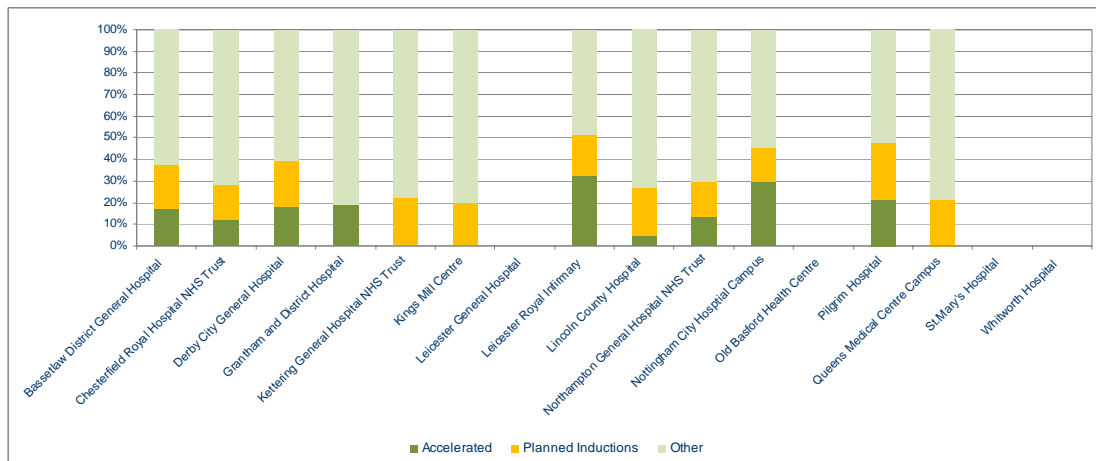


Graph 5 Use of Epidurals



The use of epidurals varies across the East Midlands. Usage of epidurals will vary depending on the complexity of care. However it is a method of pain relief that is offered to all women who deliver in a hospital setting.

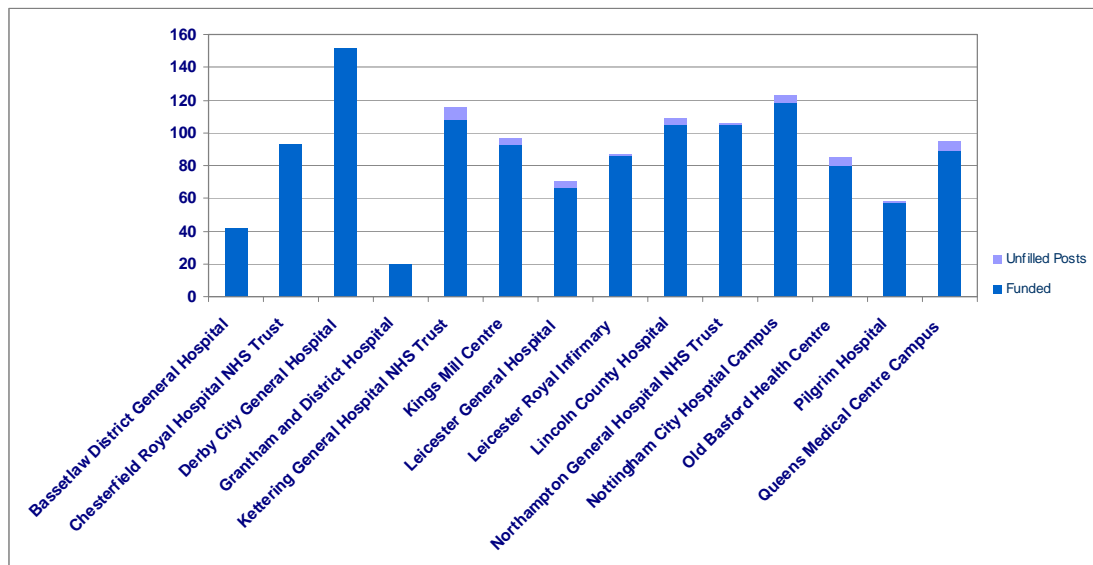
Graph 6 Accelerated /Induced Labours



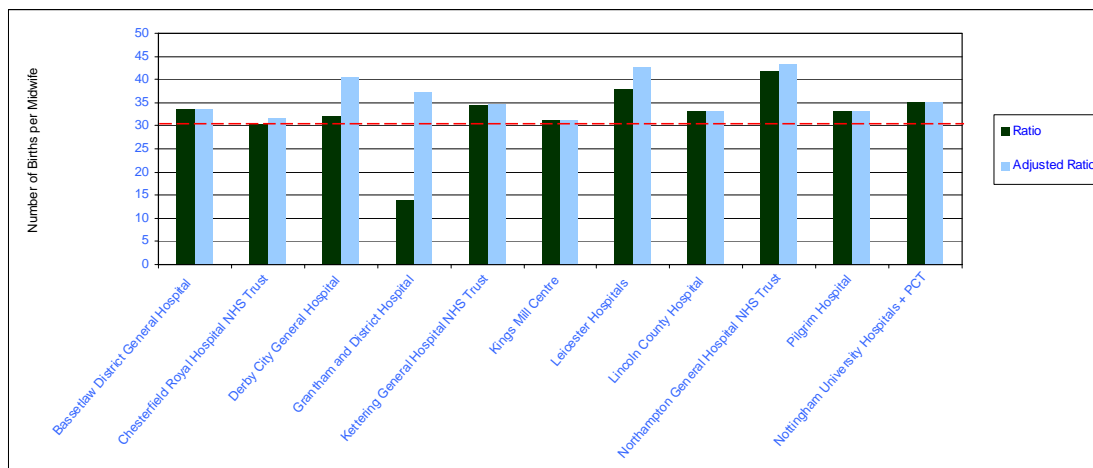
Workforce data

Age related charts are to be found in the text of the document

Graph 7 Funded midwifery posts in the East Midlands



Graph 8 Births to wte midwife



The adjusted ratio takes into account those women who deliver out of the East Midlands, but who reside in the East Midlands, thus requiring the community element of midwifery care. It takes into account those women who deliver within the East Midlands, but live outside of the area and thus do not require midwifery care. The excess of women requiring community care for statistical

purposes are estimated to require per woman 0.5 of a complete episode of care. This is purely an estimate.

Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment.

As can be seen from this graph, once the community workload is taken into consideration no unit in the East Midlands is below the 1:30 standard (the Royal College of Midwives recommendation is 1:28) with the majority slightly above the recommendation.