



EAST MIDLANDS LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT

April 1st 2008 – March 31st 2009

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.

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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 tenets 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). During the period of this report the East Midlands LSA had access to three courses for the preparation of supervisors; 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. This is a recordable NMC qualification and appointment.

There are a total of 147 Supervisors appointed in the East Midlands, 12 have been appointed in the past year and 13 have resigned or retired in this same period. The latter was due to several factors which included three Supervisors who moved to another LSA, seven retired and three Supervisors moved to other employment within the East Midlands (mainly Family Nurse Partnerships). The NMC state that the ratio of Supervisors to Midwives should be 1:15. Within the East Midlands 147 Supervisors of Midwives equates to ratio of 1 Supervisor to 14 Midwives across the LSA which meets the NMC recommended ratio.

There is a robust supervisory presence at each Maternity Unit and each Trust which hosts maternity services have had an LSA Supervisory Audit in this reporting period, this year audits were either held as a formal or an informal audit and used differing formats. Recommendations are made as a result of formal audits and action plans are prepared by the Supervisors. Where an informal audit has been undertaken the Supervisors identify their response to the previous recommendations and identify their progress in respect to their

action plan. The report is sent to the Head of Midwifery and the Supervisors with a recommendation to share the report with the Trust Boards, the commissioning PCT and the Maternity Services Liaison Committee (MSLC).

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. Users of the services 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 LSAMO and Supervisors of Midwives have strong links with the three Universities within the East Midlands who provide midwifery training. The LSAMO 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 and events. This is available not only to Supervisors and Midwives but also to the general public. It is well utilised and is a frequently visited site.

Across the East Midlands there have been a total of 32 formal supervisory investigations this year involving 39 Midwives, which have resulted in 7 episodes of Supervised Practice and 31 episodes of Developmental Support from Supervisors at the appropriate Trust. All episodes of Supervised Practice have resulted in a formal training program with educational input. Five of these Midwives have successfully completed this program and therefore have been deemed fit to practice on the midwifery part of the register. Two Midwives were unsuccessful and have subsequently been suspended from midwifery practice in the UK and referred to the Nursing and Midwifery Council Fitness to Practice committee. Two further Midwives were referred to the NMC following issues consequent to previous Supervised Practice. A further Midwife was referred to the NMC on health grounds.

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 local Trust decision). There is an ongoing concern in relation to the midwifery workforce for the future, with 45% of Midwives in the East Midlands being potentially eligible to retire within the next ten years; this has been a similar age distribution pattern for the past four years of data collection. Following the publication of Maternity Matters and its implementation, there has been a visible increase in the midwifery establishment which will work towards addressing the recent rise in birth numbers, this year has seen a change in this trend with the birth rate has decreased by 2.8%. This information will be reviewed with the workforce planning department and Deanery within the Strategic Health Authority and appropriate action plans developed.

Appendix 6 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 data manually. These units are awaiting the introduction of a maternity system through Connecting for Health.

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 is fully compliant with these criteria's.

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, Maternity Matters and the Next Stage Review. The Supervisors have ensured that there are action plans in relation to National reports which effect the provision of maternity care.

EAST MIDLANDS LSA ANNUAL REPORT 2008–09

1. Introduction

- 1.1 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.
- 1.2 This report covers the period 1st April 2008 to 31st March 2009 and details the activities undertaken in the discharge of the NHS East Midlands responsibility in relation to the Local Supervising Authority (LSA) function.
- 1.3 Supervision, Support and Safety were published by the NMC in 2009. This is a review of the 2007-08 reports from all the LSAs in the UK and makes recommendations for the LSA. This report will consider the actions taken to address these.

2. Responsibilities

- 2.1 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, the role of supervision and that of the LSA Midwifery Officer. 'Shifting the balance of power' (April 2001) designated the Strategic Health Authority (SHA) as the local body responsible for the LSA function in England. 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

3.1 The East Midlands covers the counties of Northamptonshire, Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire and Rutland serving a population of 4.36 million approximately. The Chief Executive of the SHA is Dame Barbara Hakin DBE MRCP MRCGP and the Local Supervising Authority Midwifery Officer is Shirley Smith.

3.2 The profile of the public health trends are similar to the national picture and can be found on the East Midlands Public Health Observatory website at: <http://www.empho.org.uk/>

Overall general health and life expectancy is improving in the East Midlands and is close to the average for England as a whole. However there are large inequalities within the region with the health of those living in more deprived areas generally worse than those living in more affluent areas. Lifestyle indicators are similar to the average for England; 1 in 4 adults smoke, more than 1 in 6 binge drink and only 12% meet the recommended level of physical activity. One in four adults in the East Midlands are classified as obese, which is higher than the national average. The rate of road injuries and resulting deaths is higher than the national average.

3.2.1 Specifically in relation to the maternity service the percentage of mothers who smoke in pregnancy is high compared with the average for England. The Health Strategy for the East Midlands 'Next stage for Investment in Health' 2008, highlights as priorities. High levels of smoking, obesity, and harmful alcohol use and low levels of physical activity (Health Profile 2008 East Midlands).

3.2.2 Within the maternity profile the numbers of births in 2008/9 has shown a slight decrease of 2.8% from the number in 2007/8. This is a change from the year on year increase over the recent years.

3.3 Within the East Midlands there is a combination of urban and rural settings, varying from large cities to remote rural locations. As such the models of midwifery care vary in response to the local variations in need.

3.4 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), Northamptonshire, Leicestershire and Rutland.

3.5 The NHS Trusts providing maternity services are:

- Chesterfield Royal Hospital NHS Foundation Trust
 - Darley Birth Centre
- Derby Hospitals NHS Foundation Trust
- Sherwood Forest NHS Foundation Trust

- Nottingham University Hospitals NHS Trust
 - Queens Medical Centre Campus
 - Nottingham City Campus
- Nottingham City Primary Care Trust
- 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 Birth Unit
- Northampton General Hospital NHS Trust
- Kettering General Hospital NHS Foundation Trust
- Bassetlaw Hospital (part of Doncaster and Bassetlaw NHS Foundation Trust)
- Corbar Maternity Unit at Buxton (Stockport Hospitals NHS Foundation Trust).

3.6 Five of these Trusts have achieved Foundation status.

3.7 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.

3.8 The Corbar Maternity Unit is a small Midwifery led unit, which is managed from the Stockport Hospitals NHS Foundation Trust. This 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. Therefore this report will not include the situation at Corbar as this will be encompassed within the North West LSA report.

4. LSA Function

4.1 The Nursing and Midwifery Council require the LSA to meet the 54 standards outlined in the Midwives Rules and Standards, thus ensuring the satisfactory discharge of the LSA function (Appendix 1).

4.2 The main functions of the LSA role, is the protection of the public and ensuring statutory supervision of Midwives occurs within the Local Supervising Authority's geographical area. Statutory Supervision of Midwives encompasses **all** Midwives, irrespective of employment status and includes those employed through, the NHS, higher education, agencies, those who are self employed - including independent Midwives and any other Midwife practicing Midwifery within the LSA boundary. Within the East Midlands there are 16

Midwives who have indicated that they practice independent Midwifery, or are self employed. Of these, ten have this practice as their main form of employment.

- 4.3 In order to ensure that the LSA is aware of all practicing Midwives in the East Midlands, the administrative aspects are recorded on the LSA database. This database captures information in relation to all Midwives who are practising within the East Midlands LSA. Each year every practicing Midwife is required to complete an 'Intention to Practice' form, stating their intention to practice within the LSA and confirming that they meet the educational and clinical requirements to practice. Supervisors of Midwives register these electronically onto the database. This allows automatic upload of data to the NMC on a weekly basis.
- 4.4 The LSA has a webpage which is located on the NHS East Midlands website, which identifies the varying aspects of the LSA function and relevant information. The website address is: <http://www.eastmidlands.nhs.uk/about-us/midwifery/the-local-supervising-authority-midwifery>. The LSA webpage is one of the most frequently visited pages on the SHA website with 68,569 hits this year. This site also contains a link to the National LSA website where the national guidance is available. This can be found at www.midwife.org.uk.

5. Report publication

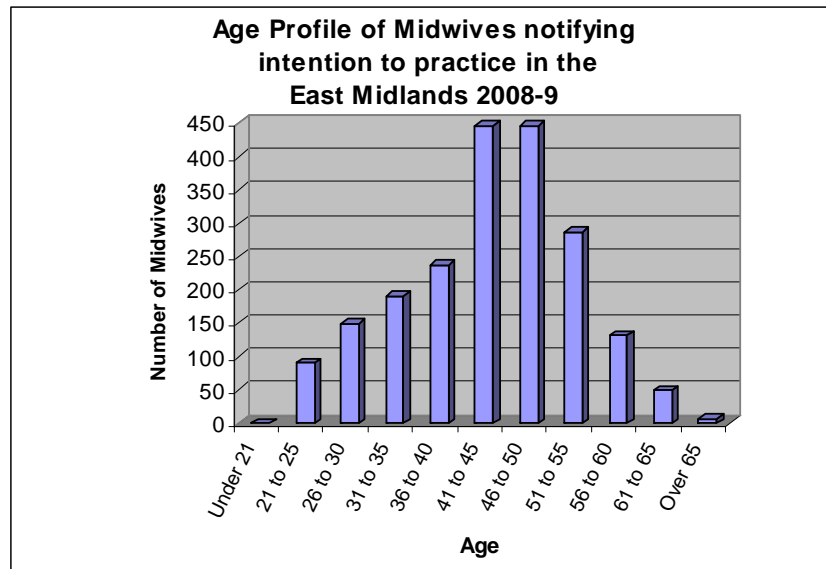
- 5.1 The LSA report is available in the public domain on the LSA page of the SHA website. Printed copies are sent to the following:
- The NMC
 - Heads of Midwifery
 - East Midlands Contact Supervisors
 - Chief Executives of Trusts
 - Commissioning Primary Care Trusts (PCTs)
 - Maternity Service Liaison Committees (MSLCs)
 - SHA Chief Executive
 - The SHA Board
 - SHA Director of Patient Care
 - Lead Midwife Educationalists
 - Any other interested parties
 - Copies will be made available to the public on request
- 5.2 During the past year there have been several instances where the LSAMO has been approached for further information by commissioning PCTs. This information has been in relation to safe staffing levels at maternity units.

6. Supervision of Midwives

6.1 Profile of Midwives in the East Midlands

2034 (an increase of 58 from the previous year) Midwives notified their intention to practise to the LSA during 2008/09. Of these 58% worked part time and 42% full time, an increase of 37% in the number of full time midwives compared to the previous year. The age profile of midwives across the LSA is indicated in the graph below.

Graph 1 Age Profile of Midwives



6.1.1 The age profile of Midwives continues to be a concern shown in graph 1. Approximately 45% of Midwives are over 45 and thus may be eligible to retire within the next 10 years (23% within the next 5 years).

6.2 Profile of Supervisors of Midwives

6.2.1 In order to ensure that Midwives are able to access Statutory Supervision, appropriately trained and qualified Supervisors of Midwives are appointed by the LSAMO. As of the 31 March 2009 there were 147 Supervisors of Midwives practising in the East Midlands.

6.2.2 The ratio of Supervisors of Midwives to Midwives varies across the Trusts. There are 147 appointed Supervisors for 2034 Midwives. Within the East Midlands LSA this equates to a ratio of 1 Supervisor to 14 Midwives which meets the NMC recommended ratio. The ratio per Trust is set out in table 1.

Table 1 Ratio of Supervisors to Midwives by Trust

Trust	No of Midwives	No of Supervisors	Ratio of Supervisors to Midwives	Caseload Range
Chesterfield Royal Hospital	116	7	1:16	4-20
Derby Hospitals	224	21(2 on leave of absence)	1:12	4-17
Doncaster & Bassetlaw Hospitals	59	12	*****	1-17
Kettering General Hospital	159	12	1:13.5	7-15
Northampton General Hospital	180	11	1:16	10-20
Nottingham Community	110	10	1:11	9-14
Nottingham University Hospitals	313	22	1:14	4-18
University Hospitals of Leicester	410	22	1:19	10-27
Sherwood Forest Hospitals	129	11	1:12	4-14
United Lincolnshire Hospitals	274	21	1:13	7-20
Universities	48			
Other	20			

* 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.

6.2.3 Table 1 shows that three Trusts lie outside the NMC recommendation of a 1:15 ratio. All three Trusts have Midwives undertaking the Preparation of Supervisor's course. Last year two Trusts had ratios of greater than 1:20. These ratios have improved with Trusts and the LSAMO is working towards lowering the ratio further.

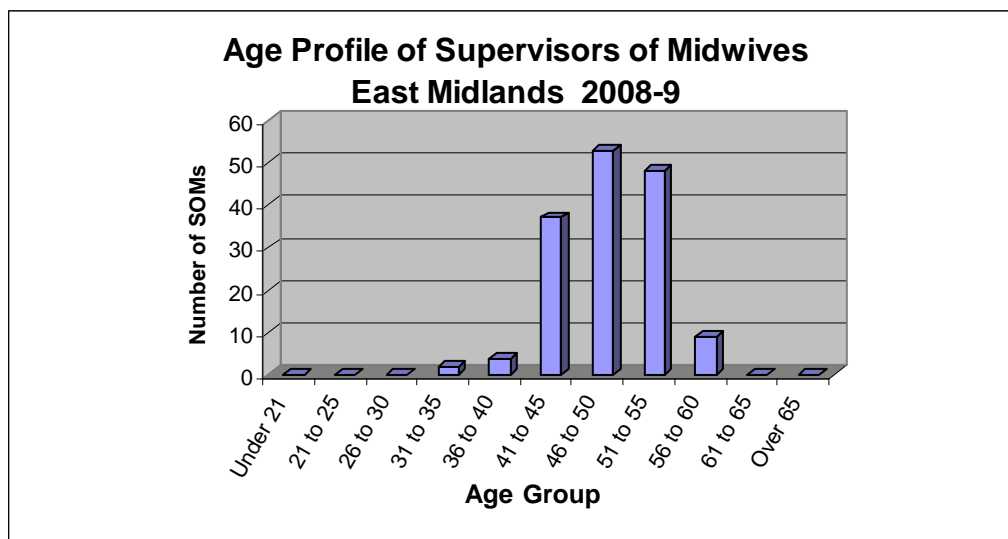
6.3 Appointment, Resignations and Removal of Supervisors of Midwives. Twelve Supervisors were appointed during this year and 13 resigned or retired in this same period. The latter was due to several factors. These included three Supervisors who moved to another LSA, seven who retired and three Supervisors who moved to other employment within the East Midlands (mainly family nurse partnerships). A further 14 Student Supervisors have completed the preparation course and are awaiting ratification of their results. There were no Supervisors who were removed from their role by the LSA during this year.

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

	2005/6	2006/7	2007/8	2008/9
Appointments	18	21	14	12
Resignations	10	23	22	13

6.3.1 A list of the Supervisors of Midwives in the East Midlands appears in Appendix 4.

Graph 2 Age Profile of Supervisors of Midwives



6.3.2 As illustrated in Graph 2, the age profile of Supervisors is higher than that of Midwives in general, with 72% eligible to retire within the next 10 years and 37% in the next five years. This information will be taken account of by both the Providers and the Workforce Development Directorate and the Deanery at the SHA in order to ensure robust workforce planning for Supervisors of Midwives in the East Midlands takes place.

6.3.3 Recruitment Strategy

There has been a review of the provision of Preparation of Supervisors Program within the East Midlands. It has become apparent that there may be access issues in relation to one of the courses. This course will be relocated and take place at a time of year that will be easier for Midwives to access. Supervision in the East Midlands continues to increase its visibility and Midwives are actively encouraged to reflect on their professional career, especially in relation to becoming a Supervisor. In the past year there appears to be an increase in Midwives putting themselves forward for this training.

6.3.4 There have been four Supervisors on a leave of absence this year all of which relate to long term health issues.

7. Access to Supervisors of Midwives

7.1 The Named Supervisor

7.1.1 All Midwives in the LSA have a Named Supervisor of Midwives of their choice. Wherever possible they are given their first choice. However, if this is not possible they will have either their second or third choice. This occurs at varying frequencies between Trusts. When a Named Supervisor is chosen by a Midwife, they will be contacted to inform them how to contact their Supervisor and what to do if he/she is unavailable.

7.1.2 Newly Appointed Midwives.

On initial appointment a Midwife will either choose a Supervisor or where they are unfamiliar with the Supervisors, on appointment will be allocated a Supervisor and the mechanism for changing Supervisors explained. The Named Supervisor of Midwives contacts the Midwife with details of how to contact her and instructions for arranging an annual review.

7.1.3 All units send Midwives either a letter or information leaflets identifying how to contact a Supervisor of Midwives and how to change Supervisors should they so wish.

7.1.4 During the LSA audits, the Midwives questionnaire identified a varying experience in relation to the ease of transferring from one Supervisor to another. In the annual audits a very small number of Midwives stated that they were unaware of how to change Supervisors. Where this was perceived as anything other than easy, a recommendation was made for the Supervisors to address this issue and this is then reviewed in the following audit.

7.2 Contacting a Supervisor of Midwives

7.2.1 The Named Supervisor provides each of their Supervisees with their contact details, how to check their availability and who they may contact if he/she is not available. All but one unit has a formal on call rota, which covers 24 hrs a day, seven days a week. In the unit where there is no formal rota, each of the Supervisor's numbers are available in the clinical areas and the Supervisors are happy for Midwives to contact them as required. They also ensure that there is a Supervisor on duty at all times. There are plans to formalise this in the near future. All Trusts have a list of their Supervisors' contact details, if the on call Supervisor is not contactable; each unit has a specified mechanism for contacting an alternative Supervisor. The list of Supervisors may be held on the delivery suite or by the switchboard, and is identified as such in each unit.

7.2.2 This access to Supervisors is verified through the LSA audit via a questionnaire for Midwives and in person during the audit visit. There was a very positive response to the audit questionnaire sent to Midwives in relation to the ease of contacting a Supervisor. All Midwives were aware of how to contact a Supervisor within their own unit and no hesitations were expressed in their willingness to do so. There was also an improved understanding in relation to when to contact a Supervisor and when to contact a Manager. The NMC report 'Supervision, Support and Safety' made a recommendation that the LSA should audit response times from Supervisors of Midwives to requests for advice in challenging situations. This has been assessed as an aspect of the questionnaire for Midwives which asks:

'Do you feel you could contact a Supervisor at any time (day or night) about an urgent professional issue?'

There has always been a positive response to this which illustrates that this has not appeared to be an issue. In order to address the recommendation of the NMC, the questionnaire will be amended in future and Supervisors are charged with monitoring access within their Trusts.

If issues were to be identified, they form part of the recommendations within the audit and the resulting action plan formulated by the Supervisors. This action plan is reviewed at the supervisory meetings and followed up in the next years audit.

8. Supervision of Midwifery Practice

8.1 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).

8.2 Annual Monitoring Visits

8.2.1 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 LSA Midwifery Officer's Forum website at www.midwife.org.uk

8.2.2 All units were audited this year either formally or informally. These visits followed the format identified on the LSA website and gave the LSAMO the opportunity to ensure that the Supervision of Midwives was being undertaken to a satisfactory standard in each Trust.

8.3 Communication with Supervisors of Midwives

8.3.1 Contact Supervisor Meetings

Supervisors of Midwives at each Trust identify a Supervisor to undertake 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. If a Supervisor other than a Contact Supervisor wishes to attend the Contact Meeting she/he is welcome to do so.

8.3.2 Network Meetings

Network Meetings are held three times a year. These are educational based meetings with a focus on Supervision. Any Supervisor may attend these meetings. (A typical agenda may be found in Appendix 5). During the past year other learning opportunities have included the importance of Health Care Records, Statement and Report Writing, Witness Skills, Clinical Responsibilities and also the introduction of standardised Investigation Workshops that all Supervisors will be expected to attend over the next year. The LSAMO notifies Supervisors via the Contact Supervisor in relation to educational opportunities. These are also posted on the East Midlands LSA website found at <http://www.eastmidlands.nhs.uk/about-us/midwifery/the-local-supervising-authority-midwifery>

8.3.3 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, see section 12.

8.3.4 Newly Appointed Supervisor Meetings

All newly qualified and appointed 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.

8.3.5 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 visited various units to discuss issues pertinent to those Trusts. All relevant information received in the LSA office is disseminated electronically to the Contact Supervisor and then forwarded to the other Supervisors. Supervisors have access to the email addresses of other Supervisors through the LSA Database.

8.3.6 Information Governance

Supervisors send personal identifiable information to the LSA. In order to improve security, a log of Supervisors/LSA passwords has been established. Only NHS accounts are utilised for the transfer of LSA/Supervisor communications.

8.4 Supervisory Reviews

It is a requirement that Midwives identify the date of their last Supervisory review on their Intention to Practise form. The dates of these reviews are now collected centrally on the LSA database, which allows ease of access to this information for the LSA office. The content of the annual review is confidential and accessible only by the

named Supervisor. The rate of completion of annual reviews is reviewed during the LSA audit. Where there are issues, a recommendation is made and followed up at the next audit.

8.5 Mandatory Study Days

Supervisors are involved in mandatory training and emergency skills days, for staff who work in a maternity setting in all Trusts in the East Midlands. These are, in most cases done in a multiprofessional/multidisciplinary setting to enhance the team-work necessary for safe and effective care of women and babies.

8.6 Clinical Governance (including Supervised Practice)

Supervisors are intricately involved in the Clinical Governance arrangements within the maternity service. All Trusts have a Supervisor on the Maternity Clinical Governance team specifically in the role of a Supervisor. Supervisors are involved in investigating any issues of midwifery practice.

8.6.1 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 or not 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.

8.6.2 There are times where a Midwife may have practiced in a suboptimal manner but not in serious breach of the Midwives Rules and Standards. Where this is identified the Supervisor will work with the Midwife and a period of Developmental Support will be offered. This is structured around the individual Midwife's learning needs.

8.6.3 Supervised Practice

Where a need for Supervised Practice is identified, i.e. there has been a serious breach of the Midwives Rules and Standards, the Supervisors will work with a Midwifery Educationalist and the Midwife to determine a formal Supervised Practice programme in order to enable the Midwife to achieve the standard expected of a Midwife on the NMC register. Where a Midwife fails to achieve the competencies required in the programme of Supervised Practice he/she will be referred to the NMC.

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 a recommendation for Supervised Practice is made, a formalised programme is instituted, which aims to address the suboptimal practice identified. This programme is developed by the Supervisor and an Educationalist. The Midwife has input to the development of the

programme. All Midwives who undertake a Supervised Practice programme have the opportunity to meet with the LSAMO. The first meeting takes place at the commencement of the programme in order to ensure that the Midwife is aware of the supportive nature of Supervised Practice and the consequences of successful or unsuccessful completion. It also allows the LSAMO to ensure that the Midwife does not have any issues with the investigation or programme and that he/she is clear in relation to the process. It also ensures that the Midwife knows the LSAMO and feels able to contact her should issues any arise during the programme. The second meeting is usually held half way through the programme, the purpose of this meeting is to ensure that the Midwife feels supported and that he/she feels that the process is fair. At this stage the Midwife is expected to reflect on the rationale for Supervised Practice. The consequences of successful/unsuccessful completion are revisited. The final meeting occurs at the completion of the programme. This is assessed by the Educationalist and Supervisor Mentor and is finalised with a recommendation to the LSAMO as to the Midwife's fitness to practice. Where the Midwife has successfully completed the programme the LSAMO then 'signs off' the Supervised Practice Programme. Where the programme is not completed successfully, the LSAMO will refer the Midwife to the NMC and may suspend the Midwife from practice. Midwives are informed of their right of appeal and are provided with copies of the notes of the meetings.

8.6.4 Supervisory Investigations

There have been a total of 32 formal Supervisory Investigations this year involving 39 Midwives, which have resulted in 7 episodes of Supervised Practice and 31 episodes of Developmental Support from Supervisors at the appropriate Trust. All episodes of Supervised Practice have resulted in a formal training programme with educational input. Five of these Midwives have successfully completed this programme and therefore have been deemed as fit to practice on the midwifery part of the register. Two Midwives were unsuccessful and have subsequently been suspended from midwifery practice in the UK and referred to the Nursing and Midwifery Council Fitness to Practice Committee. Two further Midwives were referred to the NMC following issues consequent to previous Supervised Practice. A further Midwife was referred on health grounds.

Themes identified from these investigations include failure to recognise medical conditions, failure to follow guidelines, cardiotocograph (CTG) interpretation and record keeping.

In order to reduce the variability in investigations across the LSA an Investigation Workshop has been developed which is being held over the next year across the LSA. It is anticipated that all East Midlands Supervisors will attend this with the aim that consistency of investigations will improve.

8.6.5 Supervisors review any incident in which there are concerns regarding midwifery practice – these may be in relation to individual Midwives, system failures or areas for improvement. Where system failures are identified Supervisors develop an action plan and work closely with Management to ensure these areas are addressed.

8.7 Maternal Deaths

There were five women who tragically died either while pregnant or in the immediate postpartum period. These were reported to the LSA and the Confidential Maternal and Child Enquiry (CMACE). This definition excludes most maternal deaths occurring after six weeks post delivery. Of these deaths one was considered a direct death which was attributed to an amniotic fluid embolism, two were classified as indirect and were both due to pre-existing medical conditions and two were classified as coincidental, one of which, due to a possible drugs overdose and one the cause of which is unknown at the time of the report.

8.7.1 Supervisors report all maternal deaths to the LSAMO and to CEMACE. In cases of direct maternal deaths and any other death where there are concerns that there may have been midwifery issues, Supervisors undertake a Supervisory Investigation.

8.8 Other Challenges for Supervision

8.8.1 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, where Supervisors are not remunerated, a recommendation is made that Trusts may wish to review their stance in relation to this issue.

8.8.2 A further challenge for Supervisors in some Trusts is the lack of 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 for that unit. These reports are submitted to the individual Trust Boards by the Midwifery services. The time element involved in releasing Supervisors to undertake investigations remains a challenge for some Trusts. Several Trusts have increased the administrative support aspects of midwifery supervision and have pledged to improve this further.

9. LSAMO Involvement within the Wider Remit of the Strategic Health Authority

9.1 The LSAMO is a member of the SHA 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 an awareness of all maternity related SUIs. There is also close working relationships with the safeguarding team, especially the Lead for Children, CAMHS and Safeguarding.

9.1.2 The LSAMO also takes the lead for midwifery issues within the SHA and is the SHA representative at the National Maternity Leads Meetings with the Department of Health.

10. User Involvement

10.1 User involvement is an integral aspect of the LSA audit process. Service user involvement in monitoring Supervision of Midwives and assisting the local Supervising Authority Midwifery Officer with the annual audits is seen as essential.

10.1.1 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.

10.1.2 In some instances the user representatives were involved in the full audit process, in others they were involved by members of the audit team talking to mothers and Supervisors within the unit. This was the third year of formal user involvement in the audit process for the East Midlands LSA. The contribution that the user representatives have brought to the audit process was greatly valued by the audit team, the Trust and the user representatives themselves. In order for user representation to be relevant to the Trust, a decision was made to utilise local user representatives. These may be women who have recently delivered, members of the MSLC or in one case a father who had recently accessed the service. 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. This involves an observational exercise to identify necessary communication and team working skills plus an individual interview.

10.3 User representatives are also involved in the Preparation of Supervisors course – specifically in relation the user involvement aspects of the training.

11. Involvement with Higher Education Institutions

11.1 There are three higher educational institutions which provide midwifery training within the East Midlands; these are Nottingham University, DeMontfort University in Leicester and Northampton University. The LSA also access the University of Sheffield and the University of Leeds for the Preparation of Supervisor's Course. There are ten Midwifery University lecturers who are appointed supervisors in the East

Midlands, one in Northampton, four in Leicester 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 Midwives as well.

11.2 Midwifery Training

11.2.1 The LSAMO and Supervisors of Midwives have close contact with the three Universities in the East Midlands. There are regular meetings between the University and the LSAMO and Supervisors in relation to midwifery training.

11.2.2 The LSAMO and/or Supervisors from the local units are involved in curriculum planning for the pre-registration course for Midwives, leading to entry to the midwifery part of the NMC register. The LSAMO has been involved in accreditation visits at all three Universities in the East Midlands this year. Supervisors teach student Midwives in relation to supervision of Midwifery. Supervisors are involved in the interview process for student Midwives.

11.2.3 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.

11.2.4 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.

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

11.3 Preparation of Supervisors of Midwives.

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. All three courses have been validated by the NMC. 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 level. Unfortunately there has not been sufficient demand for the Northampton course to run. The reasons for this have been

explored and adjustments to the location and timing of the course will be instituted for the 09/10 course.

The LSAMO is fully aware of the progress of students on these courses as she is an integral member of the teaching team and is present on all days throughout the course. The LSAMO is an honorary lecturer at the University of Sheffield to facilitate this. The LSAMO from Yorkshire and the Humber teaches on the Leeds course and either she or the LME informs the LSAMO East Midlands of any issues relating to an East Midlands student. There is excellent communication from the LMEs. In addition there is a partnership meeting of the Universities of Sheffield and Leeds held twice each year to reflect on and address any concerns with the course. This assists in maintaining consistency within the programmes. It is anticipated that Northampton University will join this partnership in 2010.

Upon successful completion of the programme, aspiring Supervisors are invited to meet with the LSAMO in order to be appointed as a Supervisor of Midwives. At this meeting there is reflection on the course and the Midwife is asked whether she feels this course prepares them for practice. There is an overwhelming positivity to the experience based learning and how it prepares the new Supervisor for practice. At this meeting the availability of the LSAMO is discussed and the newly appointed Supervisor is encouraged to contact the LSAMO if he/she has any concerns. He/she is also invited to the Newly Appointed Supervisor of Midwives meetings. All newly appointed Supervisors who have just completed a preparation course or an update are asked to undertake the preceptorship package (available on the LSA website) and have a preceptor for the first six months of practice.

11.4 Return to Midwifery Practice.

Enquiries in relation to Midwives who wish to return to practice are now directed to the educational establishments. There are two Universities within the East Midlands who offer return to practice courses, Nottingham and Northampton; students may also access the Royal College of Midwives (RCM) distance learning course. There have been 13 Midwives who have successfully returned to practice this year. Of these, nine are in employment, one has yet to complete the course and three are awaiting appointment.

12. Guidelines

12.1 Guidelines are developed via the Supervisors' Guideline Group. This group meets regularly to identify any guidance that is required and co-ordinates comments from East Midland's Supervisors in relation to any National guidelines that are produced.

12.2 There is a system by which guidelines are reviewed and updated. All guidelines have set dates for review and Local Guidelines are available

on the LSA website at: <http://www.eastmidlands.nhs.uk/about-us/midwifery/the-local-supervising-authority-midwifery>. There is a direct link to the National website where the National Guidelines are available. www.midwife.org.uk.

12.3 The Guideline on Guideline Writing describes the mechanism by which guidelines are reviewed and ratified. This can be found with other LSA guidelines at the above website. All guidelines are reviewed by the Guideline Group and then disseminated to all Supervisors for further comment.

12.4 The National LSAMO Forum has developed National Guidelines to reduce variations in midwifery supervision across the four countries of the UK. Supervisors have the opportunity to comment on the draft guidance. www.midwife.org.uk.

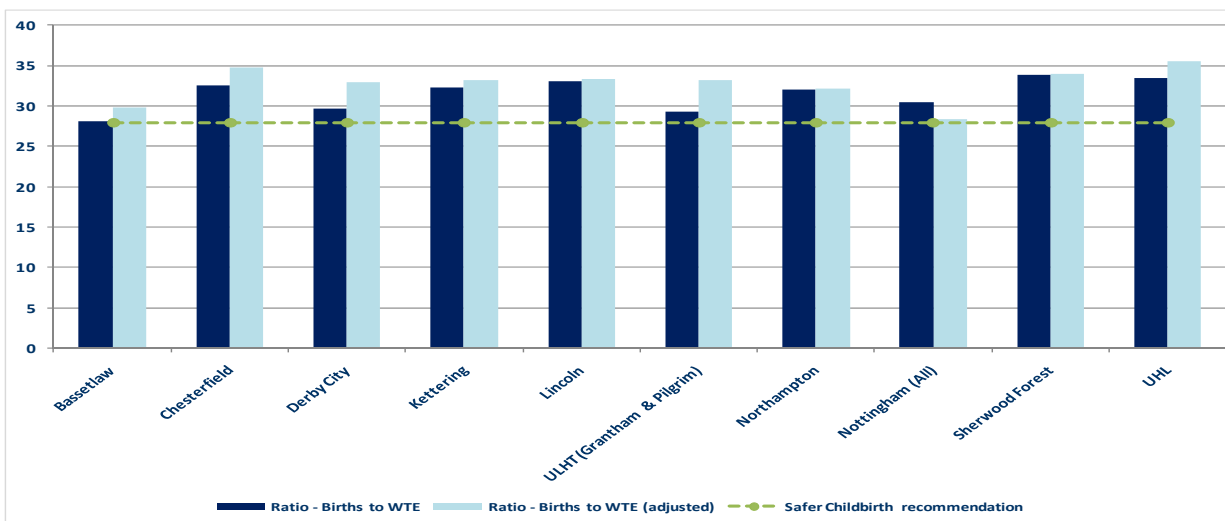
13. Trends and challenges in Midwifery Practice

13.1 Midwifery Workforce

13.1.1 Midwife to Birth Ratio

Midwifery staffing establishments expressed as a Midwife to birth ratio varies across the East Midlands and have improved in many Trusts over the past year. 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 an adjusted ratio has been developed to take this workload into account. These adjustments do not take into account the number of women who book for care but do not continue with their pregnancy. This ratio is illustrated in graph 3. Safer Childbirth recommends a Midwife to birth ratio of 1:28. No unit within the East Midlands yet meets this ratio, although the maternity commissioners are committed to working towards the correct ratio for their service. Current ratios range from 1:30 to 1:38 an improvement from last years ratios of 1: 32 to 1:45

Graph 3 Midwives to Birth Ratio



- 13.1.2 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. Several of the Trusts have undertaken a birth-rate plus review this year. This is utilised to identify the staffing level required to ensure a safe level of midwifery care.
- 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 an appropriate workforce and safe care for women and their families. The data utilised in this report has been collated using the LSA database and the annual LSA returns submitted by midwifery services.
Each year Supervisors are requested to complete the LSA statistics form and asked to verify this through their Head of Midwifery. These are analysed at the SHA by a statistician.
- 13.3 Maternity Service Developments
In the East Midlands Maternity Matters has continued to be taken forward by the SHA through the PCTs, with input from clinical representatives both on the Maternity Matters Partnership Board and the Next Stage Review Group.
- 13.4 Appointment of Newly Qualified Midwives
The increase in Midwifery positions has improved the availability of employment opportunities for student Midwives at the end of their training. Most newly qualified Midwives attain employment shortly after completion of their training. In order to support newly qualified Midwives the SHA has identified funding for Trusts to support preceptorship.
- 13.5 Clinical Activity
The following table indicates the basic clinical delivery activity within the LSA a full breakdown can be found in Graph 4, Appendix 6.

Table 3 Clinical Activity

Data was obtained from the Head of Midwifery/Contact Supervisor at each of the Trusts. The method of collecting data varies; as previously stated.

Maternity Unit Name	Caesarean Section	Forceps	Ventouse	Home Births	SVD	Total Births
<i>Bassetlaw District General Hospital</i>	321	67	115	30	931	1434
<i>Chesterfield Royal Hospital NHS Trust</i>	554	94	225	53	2122	2995
<i>Derby Hospitals NHS Foundation Trust</i>	1205	435	464	69	3394	5498
<i>Kettering General Hospital NHS Trust</i>	950	82	231	77	2502	3765
<i>Sherwood Forest Hospitals NHS Foundation Trust</i>	459	271	68	181	2343	3141
<i>University Hospitals of Leicester</i>	2388	625	776	329	6667	10456
<i>Boston and Grantham Hospitals</i>	481	123	165	146	1610	2379
<i>Lincoln County Hospital</i>	817	158	177	91	2517	3669
<i>Northampton General Hospital NHS Trust</i>	1069	173	316	254	3069	4627
<i>Nottingham University Hospitals Trust + Nottingham City PCT</i>	2144	802	787	180	6478	10211

13.6 Common Themes

13.6.1 Themes common to several Trusts in relation to the function of supervision, included issues with protected time for Supervisors, deficit in administrative support, and the adequacy of maternity information systems. Where these issues have been identified, they are included in the LSA audit recommendations. Several units have made some improvements in relation to the first two of these issues.

13.6.2 Serious Untoward Incidents (SUI's)

Twelve serious untoward incidents have been reported to the SHA as maternity specific SUIs between April 2008 and March 2009. The LSAMO is part of the patient safety team and receives all maternity SUIs. When a maternity SUI is received the LSAMO is asked to identify if a Supervisory Investigation is required. If a Supervisory Investigation is deemed necessary the SUI will not be closed until the LSAMO has advised that the Supervisory Investigation is complete. This is a formal requirement within the SHA SUI policy. The only supervisory information portrayed is the requirement for a supervisory investigation and its completion – there is no transfer of supervisory details.

The NHS East Midlands SUI policy states 'The NHS East Midlands is also the local supervising authority for midwifery services. All SI's as defined in the LSA Guideline 'Reporting and Monitoring of Serious Incidents and Events' July 2006 must be reported to the LSAMO and reported as a SI on the Strategic Executive Information System (STEIS)'.

14. Suspension of Services

14.1 There have been thirteen occasions where maternity services have notified the LSA that there has been a suspension of admissions to the maternity unit and women have or would have been transferred to other units for short periods of time. The duration of these episodes have varied between 2 and 22 hours. Eight of these episodes lasted between four to six hours. Eight women were directed to other maternity services two of whom delivered in other units - both delivered safely. The rationale for redirecting admissions included no beds, excessive numbers of women accessing the service at that point in time, high levels of women requiring complex care or in six cases insufficient staff. Five of the six episodes relating to insufficient staff were from one Trust. There has been significant investment in Midwives in this Trust in the past year and therefore the frequency of suspension of services at this unit for this reason will reduce.

15. Complaints and LSA Investigations

15.1 Complaints Regarding the Supervisory Function

There has been one formal complaint made to the LSA office in relation to supervision during this year. This was in relation to the process during Supervised Practice. An investigation was undertaken, the complaint was not substantiated. The results of the investigation were shared with the complainant and the NMC.

In the event that the complaint is against the LSAMO, 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. There have been two complaints from women regarding issues with the maternity services; the LSA has been involved in facilitating resolution of these issues.

15.2 LSA Investigations

15.2.1 There have been LSA investigations into the practice of four midwives following issues of concern in relation to their practice following the unsuccessful or non completion of Supervised Practice, see paragraph 8.6.4

15.2.2 Where there is a significant concern regarding midwifery practice within a unit, the SHA and the NMC will be informed. There have been no formal referrals of maternity units this year.

16. Statutory Requirement for Publication of LSA Functions

16.1 Rule 4 Notifications by the Local Supervising Authority

The Midwives Rules and Standards (NMC 2004) 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 on the website and through a memorandum to the Supervisors of Midwives in each Trust. Intention to Practise forms were completed and uploaded in a timely manner to the NMC. 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

16.2.1 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
- The process of appeal against any decisions. (This process has been further developed and published this year).

16.3 Rule 9 Records

16.3.1 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.

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

16.4 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. The commitment of Maternity Commissioners and service providers to realising an appropriate maternity workforce has been instrumental in reducing the birth to Midwife ratio, thus enhancing safe care. Several units have seen significant improvements in the Supervisory team. All units now have a Supervisor to Midwife ratio of no more than 1:19. 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.

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, Maternity Matters, the Next Stage Review and the Child Health Strategy. The Supervisors have ensured that there are action plans in relation to National Reports.



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LSAMO
East Midlands LSA

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NMC Standards for Local Supervising Authorities 2006/7 Criteria

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

Rule 5 – Suspension from Practice by a Local Supervising Authority

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

Rule 9 – Records

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

Rule 11 – Eligibility for Appointment as a Supervisor of Midwives

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

Rule 12 – The Supervision of Midwives

Standard	Action	Compliance	Comments
<i>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 :</i>			
<i>Publish the local mechanism for confirming any midwife's eligibility to practise.</i>	<i>National guideline published</i>	Compliant	
<i>Implement the NMC's rules and standards for supervision of midwives.</i>		Compliant	
<i>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.</i>	<i>Priority of SoM courses where the standard is not met</i>	Compliant	
<i>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:</i>			
<i>Set up systems to facilitate communication links between and across local supervising authority boundaries.</i>	<i>LSA /NMC regular meetings Cross coverage for LSAMO annual leave with East of England and South Central LSAMO</i>	Compliant	<i>LSA Database now national.</i>
<i>Enable timely distribution of information to all supervisors of midwives.</i>	<i>Via Contact Supervisors and website</i>	Compliant	
<i>Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.</i>	<i>All SoMs have email and telephone access to the LSAMO</i>	Compliant	
<i>Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.</i>	<i>Bimonthly meetings for Contact SoM 4 monthly meetings for SoM</i>	Compliant	

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

Rule 13 – The Local Supervising Authority Midwifery Officer

Standard	Action	Compliance	Comments
<i>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:</i>			
<i>Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</i>		<i>No new appointments during the year</i>	
<i>Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process</i>		<i>No new appointments during the year</i>	
<i>Manage the performance of the appointed local supervising authority midwifery officer</i>	<i>Performance managed by the Director of Nursing and patient safety</i>	Compliant	
<i>Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function</i>		Compliant	
<i>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</i>	<i>All units visited in 2007/8</i>	Compliant	

Rule 15- Publication of Local Supervising Authority Procedures

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

Rule 16 – Annual Report

Standard	Action	Compliance	Comments
<i>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 30th September 2008.</i>		Compliant	
<i>Each Local Supervising Authority will ensure their report is made available to the public.</i>		Compliant	
<i>The report will include but not necessarily be limited to:</i>			
<i>Numbers of supervisor of midwives appointments, resignations and removals.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Details of how midwives are provided with continuous access to a supervisor of midwives.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Details of how the practise of midwifery is supervised.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	

Standard	Action	Compliance	Comments
<i>Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Details of any new policies related to the supervision of midwives.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Evidence of developing trends affecting midwifery practise in the local supervising authority.</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Details of the number of complaints regarding the discharge of the supervisory function</i>	<i>This information is currently provided in the LSA Annual Report</i>	Compliant	
<i>Reports on all local supervising authority investigations undertaken during the year.</i>	<i>This information is currently provided in the LSA Annual Report</i>	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 reports*

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.

Supervision, Support and Safety Action Plan							
Recommendations	Issue	Action address the issue	Operational lead responsible for the action.	When will the action be completed?	Outcome / update of action	Evidence available	
LSA Recommendations							
1	LSAs should have a robust planning and recruitment strategy to ensure that there are enough supervisors of midwives to meet requirements and enhance safety and support for women and babies using maternity services	Recruitment to supervision	Northampton prep of Supervisors course relocated and retimed. Encourage midwives to undertake course	S Smith	01/01/2009 realign Northampton course Increase in students	Course realigned 22 students accepted for 2009/10	Applicants for courses 2009/10 -20
2	LSAs should audit response times from supervisors of midwives to requests for advice from midwives in challenging situations	Not raised as issue in the E Mids need to verify if this is an issue	Include in midwives questionnaire	Guidelines group/ S Smith	2009/10		
3	LSAs should provide details of action taken and evidence of progress in response to risks communicated to them by the NMC	Ratio of supervisors Increase in birth rate	Recruit supervisors	S Smith	2009/10	Improvement in ratios none above 1:20 Birth rate has decreased this year	Annual report
4	LSAs should feed back to Higher Education Institutions, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives	Students comments	Feedback to university	S Smith	2009	LSAMO meets with LME Comments from students interviewed at audit fed back to	Trust audits

						LME	
5	LSAs should monitor and report any concerns about the competency of newly qualified midwives to the NMC.		Preceptorship funding from SHA to Trusts	A Marlow	2009	Preceptorship funding actualised	Review of preceptorship funding in process
6	LSAs should explore collaborative working with other organisations that have safety remit, such as the National Patient Safety Agency.		Collaborative working. Organisations invited to LSAMO Forum include NPSA, Kings Fund,	Chair of LSAMO National Forum	2009	Met with Safety Organisations	LSAMO Forum minutes
7	LSAs should develop and report on action plans in response to any trend that impacts adversely on: The safety of women and babies using maternity services The ability of midwives to provide safe, quality care to women during the antenatal, Intrapartum and postnatal periods The ability of midwives to mentor student midwives to ensure competent applicants to the Register	Birth to midwife ratio	Partnership working with maternity commissioners	S Smith, HoMs , Maternity Commissioners	2009/2011	Improvement in ratios max decrease from 1:42 to 1:35 Birth rate has decreased this year	Annual report
8	LSAs should move to an electronic method of storing supervision related data that uses a standard data set agreed by the LSA UK Forum					Electronic storage since 2006	
9	LSAs should explore working with organisations that have a safety remit, such as the NPSA in order to address the concerns raised in relation to poor practice		Encourage units to participate in safety orientated innovations	S Smith, HoMs	2009/11	Three units applied to Kings Fund	Successful applicants

Supervisors of Midwives in the East Midlands

East Midlands LSA

Bassetlaw Hospitals

COUSINS, Karen Ann
 DICKINSON, Sharon
 EUINTON, Karen
 GLAVE, Michelle
 HOLLAND Pat
 KEEGAN, Claire
 KNIGHT, Vivienne
 LEE, Carol
 LIVINGSTONE Chris
 MEARS, Linda
 RAINSFORTH, Sharon Elizabeth
 SCHOFIELD, Alison
 SMITHSON, Sharon
 WRIGHT, Donna mary

Chesterfield Royal Hospital

GREGORY, Frances J
 GUERRIERO, Lyn M
 GUSTARD, Linda
 HAMILTON-CODY, Bodil
 HEATON, Joanna L
 KIRKHAM, Julie
 WILTON, Caroline

Derby Hospitals

BONIFACE, Helen
 CHARITY, Janet Lynne
 DRURY, Colleen A
 FITZSIMONS, Lyn
 GREGORY, Jayne L
 HARDING, Julie
 HASLAM, Jane
 HEROD, Pamela M
 JAMES, Catherine M
 LANGRICK, Carolyn
 MEADOWS, Anne
 PAYNE, Karen Jane
 PURCELL, Lorraine Elizabeth
 ROULSTONE, Lesley E
 SAVAGE, Julia
 SMITH, Helena P
 SMITH, Mary C
 TILLEY, Anne H
 TIMMS, Marie A
 WALLIS, Sharon
 WHITING, Rosemary

Kettering General Hospital

ANDERSON, Paula
 BARCLAY, Catriona
 BEASLEY, Julie
 BENZIE, Nancy
 BERRILL, Sarah
 BRATLEY, Michelle
 CREIGHTON, christine
 GARVEY, Christine
 MILDREN, Clare
 PATRICK, Kathryn
 RUSSELL, Linda

Northampton General Hospital

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

Nottingham Community

APPLETON, Elizabeth
 BACON, Lyn
 BROOKS, Joanna
 DOLBY, Louise
 EDWARDS, Lesley
 JONES, Linda
 MCAREE, Timothy J
 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 Carol
 CROMPTON, Anne
 CROW, Helen E
 EVANS, Karen
 GRIFFITHS-WRIGHT, Mandy
 GUDGEON, Julia
 HAYES, Susan
 HUTCHBY, Jane
 MARSHALL, Christine

MCCORMICK, Carol Susan
PETTIPHER, Hazel
RAYNOR, Debra Anne
RAYNOR, Maureen
REED, Michelle
SMITH, Phillipa
STOREY, Martine

Sherwood Forest Hospitals

BROCKLEHURST, Mary
CURTIS, Maria
GREENWOOD, Alison
MATTHEWS, Janice
MORECROFT, Anne
MUIRDEN, Lindsay
PAGE, Joanne
SEMPLE, Lesley
SHAW, Julie
WHITHAM, Alison
WOODRUFF, Helen

ULH - Boston and Grantham

APPLEBY Pat
BESWICK, Judith A
DALTON, Jane
DUST, Penelope J
FOWLER, Ellen Deidre
HARRISON, Hazel
PEARSON, Beverley
WARD, Rosemary
WARD, Helen
WELBY, Elizabeth Anne

ULH - Lincoln

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

University Hospitals of Leicester

ANDREWS, Margaret
ASBURY, Marisa
BAKER, Nicola
BENNION, Susan
BROUGHTON, Elaine
DOUGHTY, Rowena Chapman
ELLIS, Nicola Sheila
GARRATT, Rosemary
GUIVER, Diane
HARVEY, Louise
LYDALL, Rosemary
MCLEAN, Moira
MEE, Karen
MORRISSEY, Joan
MOSS, Linda
MUXLOW, Audra
NYOMBI, Susan
PLANT, Anne
PORTER, Jane
RAVAL, Jyotsna
SAUNDERS, Bridget
SAVAGE, Nicola
TURNOCK, Jane

NETWORK DAY
8th July 2009
The Village, Chillwell
11:00 – 4.00pm

A G E N D A

1. Welcome
2. Apologies
3. Hypnobirth
4. Safeguarding consultation
5. NPSA Maternity Work
6. Person Identifiable Data
Work groups
7. Midwifery 2020
8. FAQ
9. Any Other Business
 - National Conference
10. Date of Next Meeting
23rd September 2009
11am – 4pm

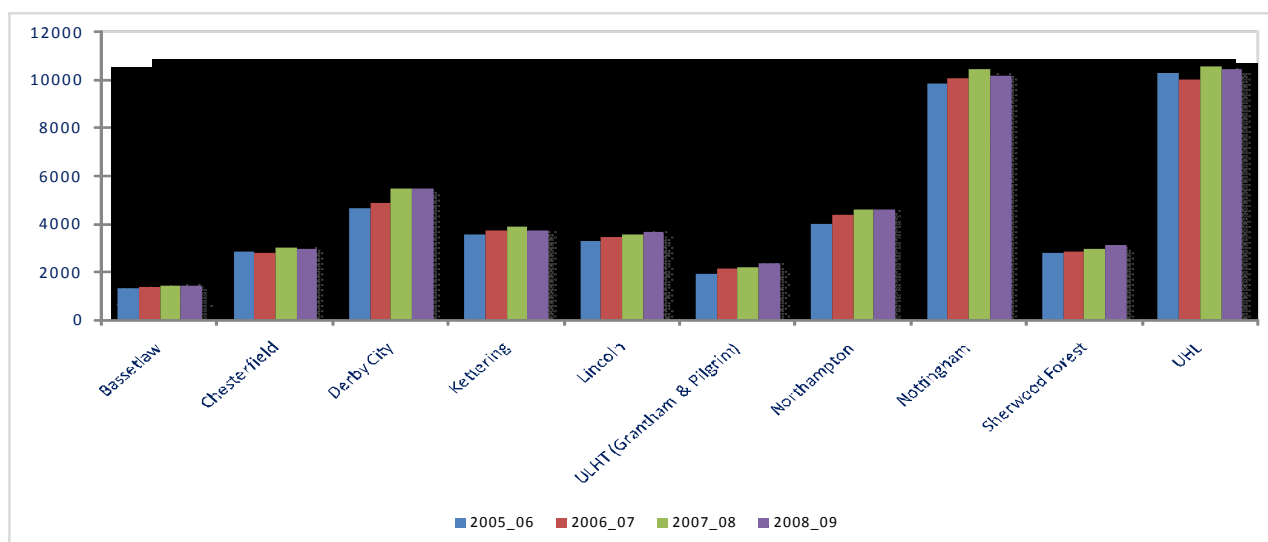
**Wendy
Nichols**

LSA Annual Report 2008-9 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.

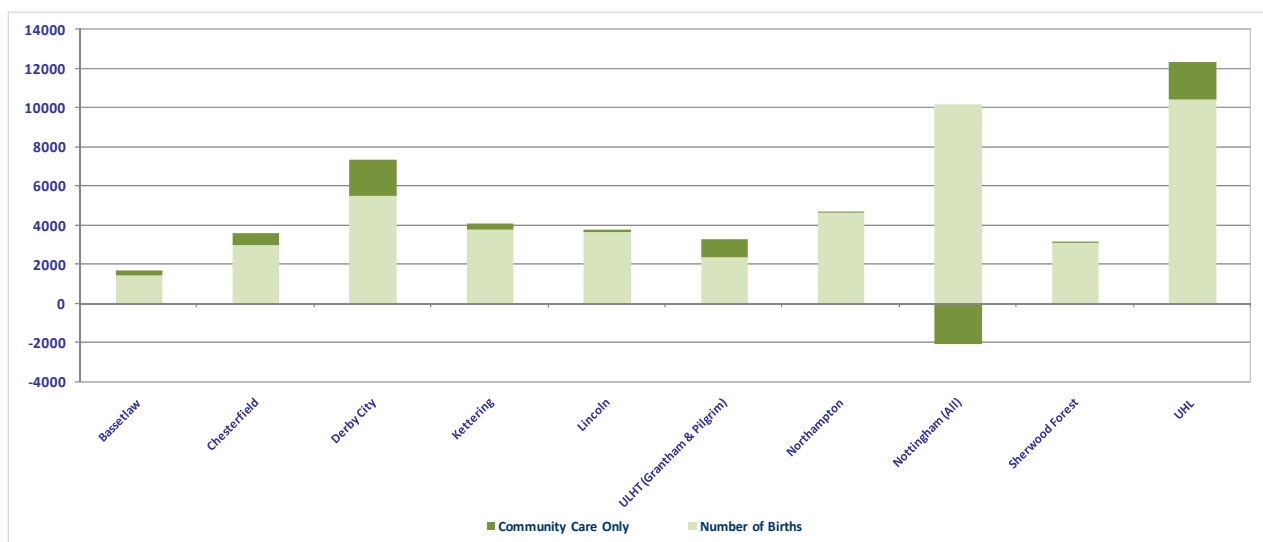
Data is collated on a number of different databases and in some cases manually, as there is no consistency of maternity databases across the East Midlands.

Graph 1 Birth Rate



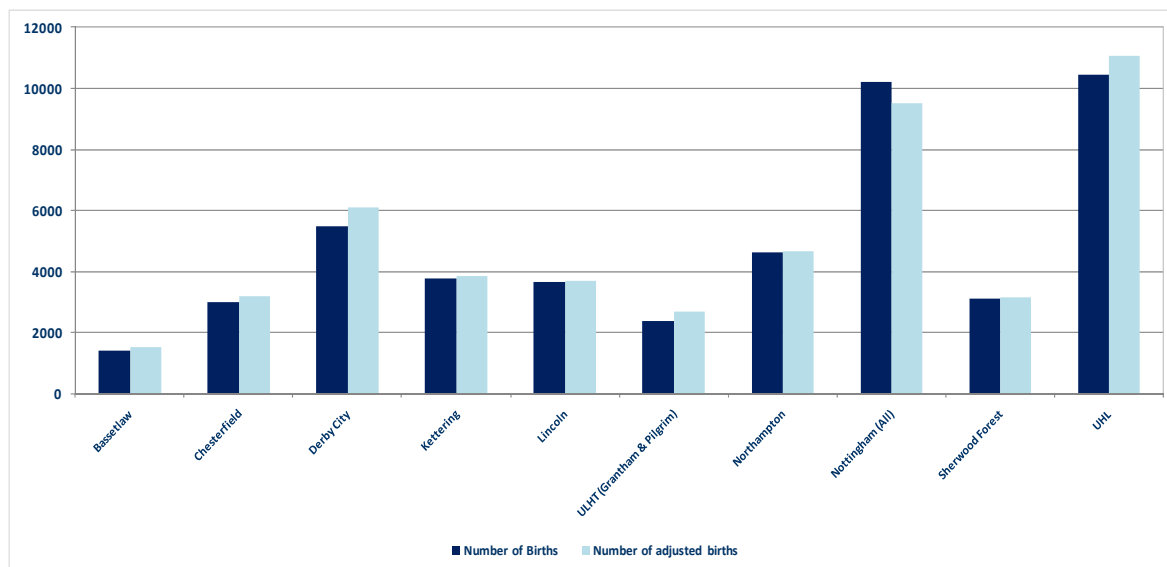
The above graph shows the birth rate in the East Midlands Trusts. As can be seen some Trusts have had a rise in the number of births and some have seen a decrease with an overall decrease of 2.8% deliveries within the East Midlands.

Graph 2 The Number of Women Receiving Midwifery Care by Trust



The above chart shows the number of women cared for by the Trusts. Some Trusts provide ante and postnatal care to a significant number of women who deliver in other maternity units. This is particularly evident in Derby, Leicester and Lincolnshire.

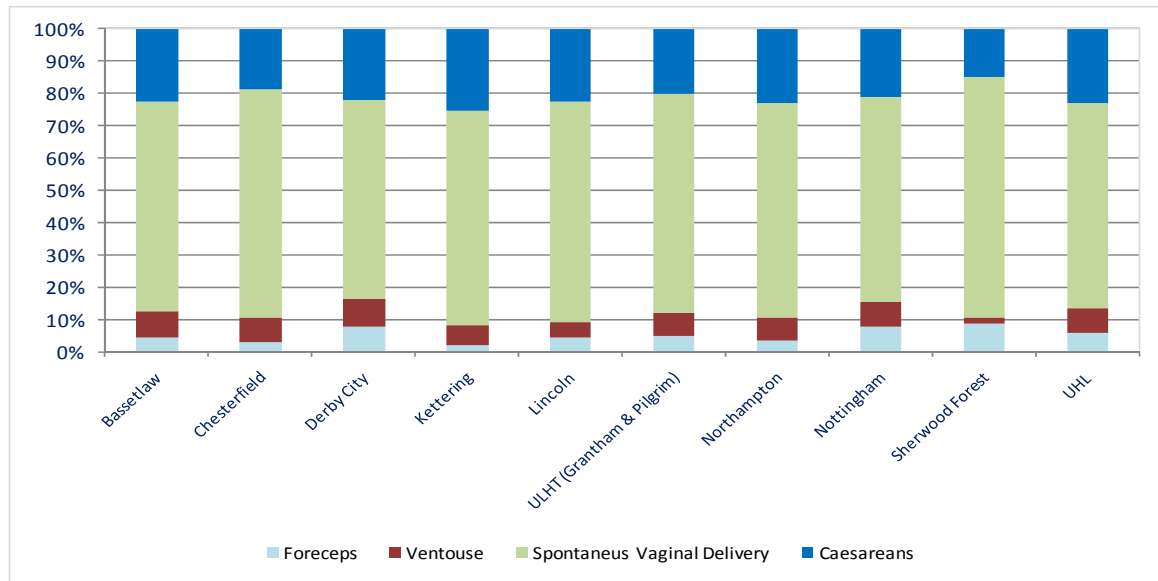
Graph 3 Number of Births Against the Adjusted Number of Births.
The adjusted rate includes care for women resident in the locality who delivered elsewhere



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 0.33 of a complete episode of care.

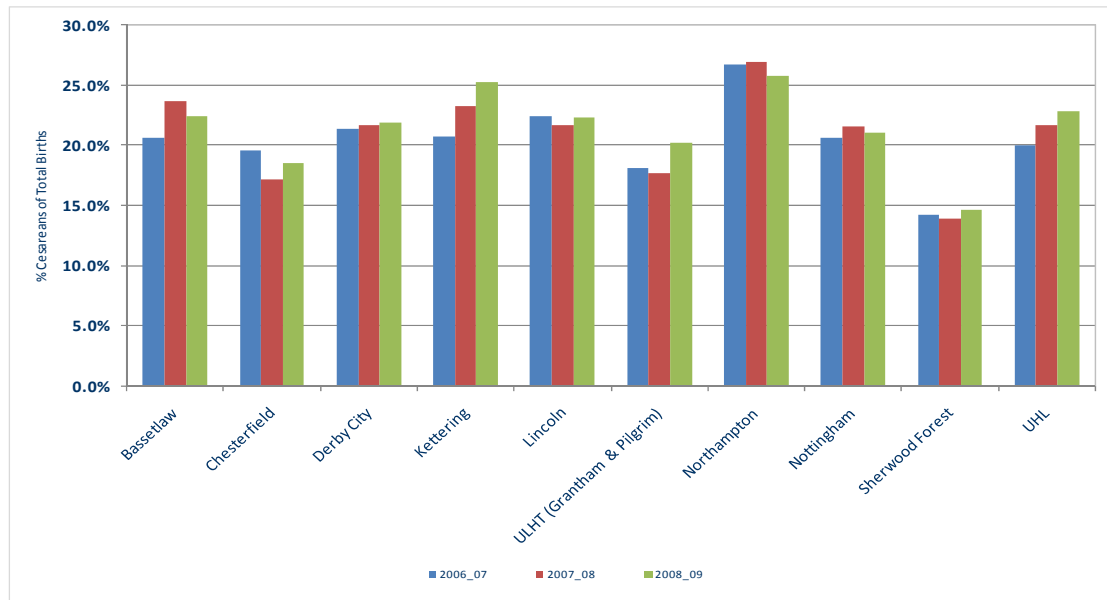
Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment.

Graph 4 Mode of Delivery



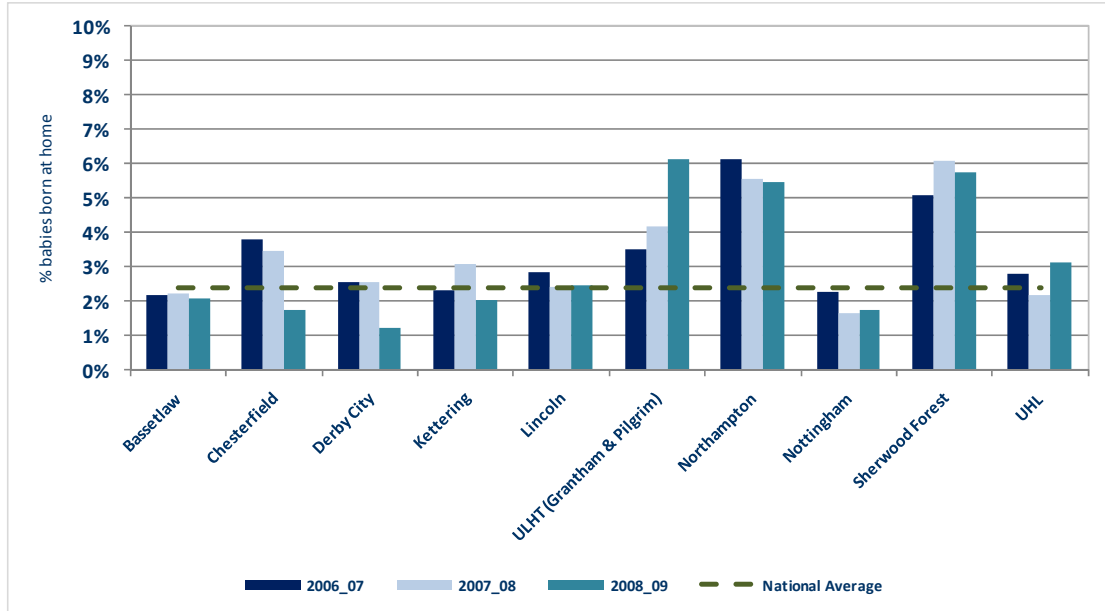
The above graph illustrates the rates for the different models of deliveries at the Trusts within the East Midlands.

Graph 5 Caesarean Section Rate



The national average for Caesarean sections is 24%. As can be seen from the above chart the rate in the East Midlands varies from one Trust to another, the lowest at 15% and the highest at 25% compared to 13.9 -26.9% in 2007/8.

Graph 6 Percentages of Home Deliveries by Trust

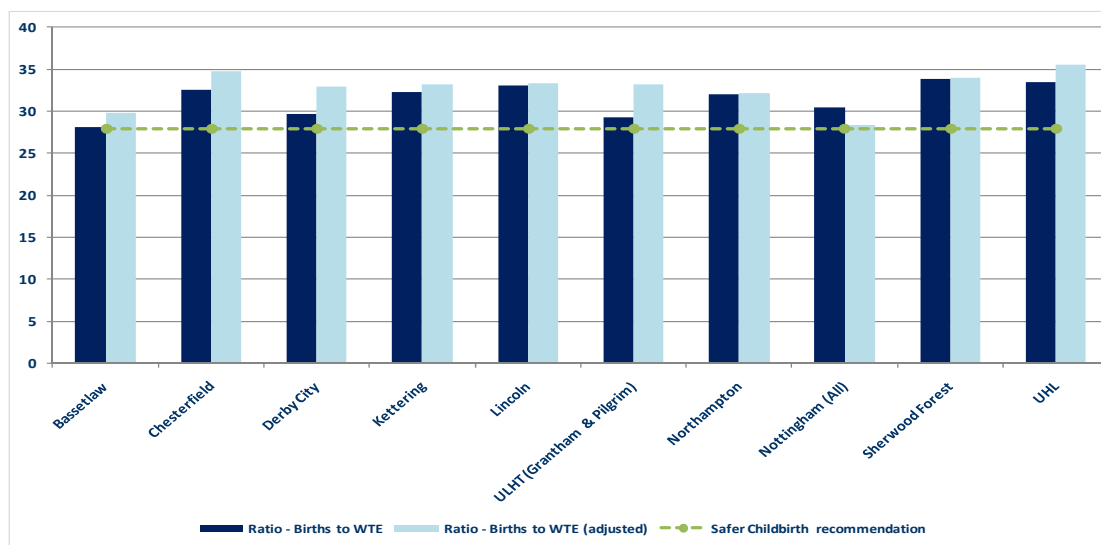


The above chart illustrates the reported home birth rate per Trust in the past three years. Some Trusts have seen an increase in the percentage of deliveries which occur in the home and three have seen a decrease. One of the latter Derby is an anticipated decrease due to significant staffing issues which required the withdrawal of the home birth service for a period of time, this has been addressed and the home birth service is once again available in Derby.

Workforce data

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

Graph 7 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 0.33 of a complete episode of care.

Midwifery staffing establishments expressed as a midwife to birth ratio varies across the East Midlands and have improved in many Trusts over the past year. This has been facilitated this year but a slight decrease in the total number of birth (a decrease of 2.8% as opposed to an increase of nearly 5% last year). 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 an adjusted ratio has been developed to take this workload into consideration. 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. Safer Childbirth recommends a midwife to birth ratio of 1:28. No unit within the East Midlands yet meets this ratio, although the maternity commissioners are committed to working towards the correct ratio for their service. Current ratios range from 1:30 to 1:38 an improvement from last years ratios of 1: 32 to 1:45

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