



Local Supervising Authority (LSA)

Eastern Region West

Report

2005/06

Essex

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Eastern Region West LSA

Local Supervising Authority (LSA)

Eastern Region West Essex

Executive Summary

The LSA is responsible for ensuring that the statutory function for the supervision of midwives and midwifery practice is carried out to a satisfactory level, for all midwives working within its boundaries.

The report follows the guidance set out by the Nursing and Midwifery Council Circular 15/2006 – Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC for practice year 1 April 2005 – 31 March 2006.

The LSA report is forwarded to all Chairs of the Maternity Services Liaison Committee (MSLC) with an offer for the LSAMO to attend a meeting to discuss the report. This is to help raise the profile of statutory supervision with maternity service users.

All midwives within the LSA are able to choose their named Supervisor of Midwives (SoM). When a midwife's named SoM is not available the midwife may access the on-call supervisor. All SoM participate in a 24 hour on-call rota which ensures that midwives have continual access to a supervisor.

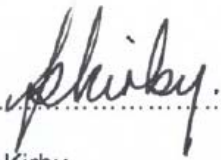
Standards and guidelines have been developed in collaboration with LSA Midwifery Officers for England and local supervisors, to give guidance to supervisors, midwives and others involved with statutory supervision. The findings of the audit of the LSA standards for supervision of midwives and the evidence obtained will inform the strategic development of statutory supervision.

The Preparation Course for Supervisors of Midwives is offered at the University of Hertfordshire. The LSAMO is an active member of both the curriculum planning team and course management team. A very effective and close working relationship has been built up with the team at University of Hertfordshire gaining the preparation course National recognition.

Sharing good practice is encouraged through ongoing education opportunities. Evaluation shows that these are valued by supervisors, both for networking and the opportunity to present their work to a wider audience.

The LSA audit of supervision identifies an increase in both awareness and active involvement by supervisors and midwives, in activities, which support the governance agenda.

There has been a continued commitment to statutory supervision from the supervisors and midwives within the consortium. Supervisors continue to support and enable midwives to work in partnership with women in ensuring that services remain women centered.



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Introduction

The LSA Midwifery Officer (LSAMO) is pleased to present this report of the work carried out on behalf of the Strategic Health Authority in its statutory role as the Local Supervising Authority.

The LSA is responsible for ensuring that the statutory function for the supervision of midwives and midwifery practice is carried out to a satisfactory level, for all midwives working within its boundaries.

The report follows the guidance set out by the Nursing and Midwifery Council Circular 15/2006 – Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC for practice year 1 April 2005 – 31 March 2006.

1.0 Each local supervising authority will ensure their report is made available to the public

The LSA report is forwarded to all Chairs of the Maternity Services Liaison Committee (MSLC) with an offer for the LSAMO to attend a meeting to discuss the report. This offer is taken up by the vast majority of the MSLC's. Where the offer is not taken up a local supervisor of midwives is nominated to ensure the report is discussed. User members of the MSLC's are invited to contact the LSAMO to discuss any issues or concerns arising from the report.

The report is not currently available on the SHA website but this is being addressed for the year 2005/06. Arrangements are in place for the report to appear on the website along with the contact details of the LSAMO for anyone wishing to seek clarification or more information relating to statutory supervision.

2.0 Supervisor of midwives appointments, resignations and removals

There are currently 40 SoM in Essex, with a further 2 due to start the preparation course in October 2006 at the University of Hertfordshire

Essex

Table 1

	02/03	03/04	04/05	05/06
Appointments	5	2	6	2
Resignations	5	4	6	0
Removals	0	0	0	0

Some of the issues identified during the audit visit are that increasingly midwives are reluctant to undertake the role of supervisor of midwives. During the LSA audit midwives were asked what it was that would stop them from undertaking the role of SoM and the on-call commitment was cited in the majority of cases. Som are frequently used to make up short falls in staffing numbers caused by recruitment and retention difficulties.

An audit of the on calls for SoM was carried out by the LSA and the findings shared with local supervisors. A working group of supervisors of midwives are currently looking at alternative models for providing 24 hour access to supervision for midwives

3.0 How are midwives provided with continuous access to a supervisor of midwives?

All midwives within the LSA are able to choose their named supervisor of midwives (SoM). The SoMs agree a caseload number for each SoM based on current workload, hours worked and other commitments. In the main the caseloads are equal with the aim being a ratio of 1 supervisor to 15 midwives as required by the NMC. A letter is sent to individual midwives detailing the names and contacts of those SoM within their unit. The midwives are then given the opportunity of a 1st, 2nd and 3rd choice. Those midwives who do not request a particular SoM will be allocated to a supervisor who has space in her caseload.

New midwives joining the Trust are allocated a SoM to allow them to have access to a named SoM until they get to know the SoM available. They are then able to choose their SoM providing she has space in her caseload.

When a midwives named SoM is not available the midwife may access the on-call supervisor. All SoM participate in a 24 hour on-call rota which ensures that midwives have continual access to a supervisor. The systems in place are audited through the LSA audit process and evidenced by speaking to midwives during the audit visit.

4.0 How is the practice of midwives supervised?

Standards for supervision have been developed in collaboration with LSA Midwifery Officers for England and local supervisors, to give guidance to supervisors, midwives and others involved with statutory supervision. The focus is on a proactive model of supervision for all midwives, who may work in a variety of settings and reflects the minimum standard of statutory supervision to be achieved.

An evidence-based approach has been adopted to ensure that the standards have been met. Supervisors of midwives are asked to provide a portfolio of evidence to demonstrate their achievement of each of the standards.

Where standards were only partially met or not met, an action plan has been developed by the local supervisors of midwives to ensure supervision moves forward and midwives are enabled in their practice.

The findings of the audit of the LSA standards for supervision of midwives and the evidence obtained will inform the strategic development of statutory supervision.

Governance

The LSA audit of supervision has identified an increase in both awareness and active involvement, by supervisors and midwives, in activities which support the clinical governance strategy. Statutory supervision is explicit in most Trusts clinical governance strategies and where this is not the case is clearly identified in directorate/division strategies.

Risk Management

All Maternity units now have a robust risk management strategy in place, which, in most places, is led by a supervisor of midwives. Where this is not the case, there are processes in place, which ensure that supervisors have the opportunity to discuss the outcomes of the incident reporting forms or the analyses of the data collected, in relation to the implications for practice.

Much work has been carried out in relation to Clinical Incident Reporting and this has been encouraged in a non-threatening manner. Clinical Audit meetings are the vehicle used to promote this. Following any incident review, the midwife's named supervisor assists them to identify any learning needs and supports, monitors and evaluates her progress.

Supervisors are also able to identify potential deficits in practice and be proactive in developing education opportunities for midwives or to review guidelines for practice in light of the information.

Clinical Negligence Scheme for Trusts

All the maternity Units in Essex currently hold CNST level 2 and much of this work has been taken forward by SoM.

Audit

Audit of practice is widely accepted as part of the supervisor's role and the active involvement of supervisors and midwives in audit has increased over the last year. Recent audit topics include third degree tears, water birth, home birth, induction of labour and stillbirth. The results of the audits have been shared across the consortium at the SoM meetings. Audit tools are also shared to enable other supervisors to undertake the audit and compare results.

Skills Development

Supervisors have been key in leading forward the 'skills and drills' sessions, which involve practical scenarios for serious midwifery and obstetric emergencies, such as shoulder dystocia and massive haemorrhage. These sessions also enable the supervisors to implement the recommendations of the confidential enquiries. Many of the supervisors are ALSO (UK) trained.

All Trusts have now developed training packages to up-date midwives and medical staff in understanding and interpreting Cardiotocograph's. Many include an assessment test which is performed both pre and post session for the purpose of assessing knowledge gained and highlights those midwives who require further training. Results from the test have shown a vast improvement where they are not anonymised.

Lifelong Learning

While there is still debate within the profession and with others, of the need to move towards an all-graduate profession, a philosophy which encompasses lifelong learning, with a graduate profession as its core, may help long term planning of education for both service providers and education institutes.

Midwives needs in relation to practice are identified through the annual supervisory review and in most instances inform the education provision. However, the deficits in funding are likely to have an impact on the kind of education that midwives can access. This is likely to affect degree and postgraduate programmes at master's level in particular.

Quality

Supervision has contributed to the governments NHS modernisation agenda, in some instances adopted as the preferred model for clinical governance. Quality services that are responsive to the needs of local women remain central to midwifery care. The statutory supervision of midwives and practice is the framework for quality assurance.

Record Keeping study sessions have been formally developed in all units and are proving very beneficial in improving the quality of record keeping. A record keeping audit tool was developed by the LSAMO some years ago and is used by SoM in undertaking audit of records with their supervisees.

SoM are involved in a number of other groups who evaluate education and practice and look at ways of improving the quality of care: -

- Policy Steering Group
- Labour Ward Forum
- Maternity Services Liaison Committee (MSLC)
- Normal Labour Group
- Postnatal Forum

The Labour Ward Forum provides multidisciplinary participation and peer review influencing intrapartum care for women. An additional role for the SoM on the forum is to support the lay member of the group ensuring she has access to documentation and related commentary, which explains any issues requiring clarification. Some of the work shared by SoM from the various Labour ward Forums within the LSA include guidelines in response to recommendations from the National Institute of Clinical Excellence (NICE) e.g.

- ◆ CTG
- ◆ Induction of Labour
- ◆ Routine use of anti D – Antenatally

Collaborative working

The LSA have facilitated a collaborative approach to working between the supervisors in all Trusts. This has been achieved through better networking opportunities now available to supervisors and has resulted in an improved support framework and increased development for supervisors

A strategy for supervision has been developed, reviewed and updated with input from all the supervisors in each maternity unit. The strategies were informed by findings from the LSA audits, the LSA Standards for supervision and the vision of local supervisors for statutory supervision in the future.

Collaborative work on guidelines for practice has also taken place. Shared guidelines include home birth and water-birth. Further work is to be undertaken in relation to other aspects of practice. Multi-professional guidelines formulated for management of postnatal depression and mental illness in pregnant women was developed within a multidisciplinary group.

The implementation of the Children, Young People and Maternity National Service Framework will provide a focus for future collaborative work between the supervisors of midwives.

Sharing Good Practice

Sharing good practice opportunities are provided through the supervisors networking meetings. There are four meetings per year. Two are held jointly with the supervisors from the Anglia LSA Consortium and two are held for local supervisors within the Eastern Region West LSA.

Supervisors are asked by the LSAMO to present particular examples of good practice and innovation at the meeting. Where possible these are linked to implementing government objectives such as the National Service Framework and the recommendations from the confidential enquiries.

Evaluation shows that these meetings are valued by supervisors, both for networking and the opportunity to present their work to a wider audience.

It would be difficult to determine whether increased education opportunities for supervisors have a direct link on their recruitment and retention. However, it would appear from the evaluation of the opportunities offered, that supervisors feel further supported in their role and value the contribution to both personal and professional development, that ongoing education provides.

5.0 Service user involvement in monitoring supervision of midwives and assisting the local supervising authority midwifery officer

Despite the commitment of the LSA and LSAMO to user involvement in the audit of supervision, to date this has not occurred. Contacts with users on local MSLC's have proved positive although to date none have been available to participate in the audit process.

Plans are in place to be more proactive in this area with earlier contact being made through the chairs of the MSLC's and other user groups locally. Supervisors of midwives have also been engaged to encourage wider user participation from other groups such as labour ward forums and guideline development groups.

Any users identified who are happy to participate in the LSA audit will be given training and appropriately remunerated for their time and expenses including child care.

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

The Eastern Region West LSA has well established links with two main higher education institutions – University of Hertfordshire and Anglia Ruskin University. Supervisors of midwives are actively involved in curriculum planning for pre-registration and post registration education. Local supervisors are invited to talk to midwifery students at various stages in their programme about statutory supervision with the aim of increasing the students awareness of supervision.

In order to provide students with access to a SoM most Units have identified a local SoM who acts as a link for the students to supervision. This has helped student midwives to be more aware of the role of the supervisor and the benefits of supervision.

The LSAMO is a member of the midwifery strategy groups at both Universities and has input into some of the post registration education programmes. There is specific input from the LSAMO into modules concerning advancing midwifery practice, clinical governance and risk management.

The Preparation Course for Supervisors of Midwives is only offered at the University of Hertfordshire. The LSAMO is an active member of both the curriculum planning team and course management team. A very effective and close working relationship has been built up with the team at University of Hertfordshire gaining the preparation course National recognition.

The course is continually evaluated and changed to meet the changing demands on SoM. The course is currently being reviewed in anticipation of revalidation in January 2007, with the focus on ensuring that potential SoM are enabled to meet the proficiencies for SoM prescribed by the NMC (NMC 2006).

Ongoing education for SoM

Following a needs analysis a varied programme of learning opportunities has been provided by the LSA for SoM, through funding from the Workforce Development Directorates. There was an overwhelming request for education relating to the current political agenda and its potential effects both on midwifery and the role of the supervisor.

In response to this the Supervisors of Midwives Professional Forum has been set up. This is a facilitated, ad hoc group, which provides the opportunity to discuss and debate government initiatives and to prepare responses to consultation

documents, which are likely to impact on the future of midwifery and supervision. This opportunity for wider debate and further information then enables the supervisors to enhance and inform the discussions within their own local supervisors meetings.

The supervisors who attend the forum vary at each meeting. This gives everyone the opportunity to broaden their knowledge in relation to current issues. The professional forum has evaluated very well, with supervisors feeling that they have the opportunity to influence the future of midwifery.

Further education opportunities have been offered which include:

- Accountability in Practice
- Report and statement writing
- Quality Assurance in Health Care
- Root Cause Analysis
- Investigating a Critical Incident

Future education needs

When a supervisor is appointed they are asked to complete a short action plan of things they would like to move forward, in terms of supervision, within their own unit. They are also asked to identify any further education or development that they think they might need in order to achieve their action plan.

It is anticipated that this will inform the ongoing education for supervisors, which will support them in moving supervision forward.

7.0 New policies related to the supervision of midwives

Two types of guidelines are in place to support SoM in the Eastern Region West LSA. National guidelines, which are developed by the LSAMO's for England, are provided where it is important that consistency is achieved across the whole of England. These guidelines are reviewed on a bi - annual basis and changes made based on the best available evidence or circulars from the NMC where appropriate.

A local guidelines group has been set up facilitated by the LSAMO with representation by SoM from each of the units within the consortium. Guidelines are developed and reviewed on a bi-annual basis, which support local SoM in dealing with issues pertinent to this LSA. The guidelines are then widely circulated to all som within the LSA. Positive feedback has been received which indicates that SoM find the guidelines informative and supportive in their daily practice. A list of both national and local guidelines can be found in **appendix 1**

8.0 Developing trends affecting midwifery practice in the LSA

Recruitment and retention of midwives

At the beginning of 2005, in recognition of the declining midwife numbers, the post of National Midwifery Recruitment and Retention lead was re-appointed to. The post is hosted by Beds & Herts Workforce Development Directorate and supported by funding from the Department of Health.

The LSA Midwifery officers have close working links with the R&R lead and recruitment and retention is a standing agenda item at the LSA National forum. A number of national conferences and more local workshops have been provided during the year to give relevant stakeholders the opportunity to contribute to the debate about increasing the midwifery workforce.

Return to Practice

Much has been done locally to improve the process and provide support for potential returnees.

Table 2.

	97	98	99	2000	01	02	03	04	05	TOTAL
Herts	11	14	10	12	11	8	21	15	0	102
Essex	14	20	23	17	13	7	16	23	12	145
Bedford			6	3	7	3	6	10	3	38
TOTAL	25	34	39	32	31	18	43	48	15	285

Table 2 shows the total number of contacts made by potential returnees per year to all agencies, by Strategic Health Authority area. Bedford became part of the Eastern Region West LSA consortium in 1999. Data prior to this was not available

Work is continuing with local Trusts, WDDs and the National lead to improve the return journey although figures from the DoH show that Essex and Beds & Herts have the lowest number of potential returnees in England. This makes it even more important that we encourage and retain all those wishing to return to midwifery practice.

However, recent changes in the funding stream mean that funding for RtP is no longer held by the WDD. This has meant that in Essex in particular no Return to Midwifery Practice has been undertaken as no funding is available. This issue must be addressed at a National level if we are to provide opportunities for RtP for midwives locally.

Overall recruitment and retention has improved considerably throughout the LSA with fewer midwifery vacancies than last year. The current financial climate has the potential to impact on midwifery numbers with freezes on vacancies and the reduction in student numbers. In Essex, no midwifery redundancies are currently predicted although some units are saying they will be unlikely to offer jobs to all the students in the next cohort.

Clinical Activity

Table 3

	Basildon	Essex Rivers	Mid Essex	PAH	Southend
MATERNITY OUTCOMES					
Total number of babies born (including multiple births)	4109	3574	3825	3009	3567
Total number of women delivered	4063	3516	3767	2957	3532
Number of babies born alive	4086	3551	3809	2995	3554
Number of stillbirths	23	23	16	14	13
Births in hospital	4011	3214	3245	2882	3258
Births in Midwife-led Centres	0	226	352	0	0
Actual home births	63	114	154	58	274
Babies born at home - no midwife in attendance (BBA)	35	20	18	17	n/a
Total number of births in water	8	33	68	50	79
Vaginal breech deliveries	21	19	17	12	22
Number of maternal deaths	0	1	1	3	2
PERCENTAGE of women breastfeeding at discharge from midwifery care	68.29%	71.5%	n/a	n/a	69.93%
DELIVERIES BY SELF-EMPLOYED MIDWIVES.	2	0	0	0	0
OBSTETRIC INTERVENTION AS % OF TOTAL BIRTHS					
Planned induction rate	25.79%	28.9%	16.1%	18.0%	17.75%
Epidural rate vag del	19.8%	14.2%	10.02%	21.3%	22.0%
Episiotomy rate	13.78%	11.60%	9.33%	9.0%	11.89%
Total caesarean section rate	23.76%	24.20%	27.03%	25.0%	28.26%
Instrumental delivery rate	11.97%	10.10%	9.49%	11.0%	7.05%
SUPERVISION DATA					
Total number of midwives	135	154	138	101	121
Total number of Supervisors	9	9	7	7	8
Ratio of midwives to Supervisors (averaged out)	1:15	1:17	1:19	1: 14	1:15
What year Birthrate Plus last undertaken?	2004	2003	2004	2003	2003

	Basildon	Essex Rivers	Mid Essex	PAH	Southend
SPECIALIST MIDWIFERY POSTS					
Consultant Midwife	0	0	0	0	0
Lecturer Practitioner	1wte	0	0	1wte	0
Practice Development Midwife	1wte	1 wte	1wte	1wte	1 wte
Drug/Alcohol Dependency Midwife	1wte	0	0.6wte	0	0.8
Bereavement Midwife	0	Counselor Available	0	0	1 wte
Surestart Midwife	2wte	.8 wte	0	3.53wte	0
Midwife Ultrasonographer	0	0	1wte	0	0
Child Protection Midwife	yes	0	0.2wte	0	0
Infant Feeding Co-ordinator	yes	.5 wte	0	1wte	0
Other - please describe			HIV	Diabetes sp. 0.8 Contenance sp. 0.9	

Clinical activity data is shared with SoM across the LSA Consortium. This enables SoM to benchmark aspects of care and identify possible trends in practice. The rising caesarean section rate is clearly of concern and SoM are working hard to promote 'normality' within their units. Much of this work is being undertaken in collaboration with medical colleagues and users of the service.

Unit Closures

There has been only one unit closure in the past year with PAH closing on one occasion. High demand and lack of available labour ward beds was the reason for closure.

9.0 Complaints regarding the discharge of the supervisory function

One written complaint in relation to the LSAMO was received in the year 2005/06.

Source of complaint	Summery of complaint	Action taken	Outcome
Independent Midwives	Allegations of bullying in relation to the implementation of recommendations following an LSA investigation.	Independent investigation	Complaint not upheld

Complaints against the LSAMO are dealt with through the SHA complaints procedure as the LSAMO is an employee of the SHA.

Complaints against a som would be dealt with in accordance with the National Guidelines (England) for Supervisors of Midwives - Poor Performance and Removal from Appointment of Supervisors of Midwives. The LSA Midwifery Officer will notify the NMC following investigation that the supervisor is to be removed from the LSA database as a practising supervisor of midwives. Reinstatement of supervisory status is only possible by re-application.

The supervisor of midwives concerned has the right of appeal against the decision made by the LSA Midwifery Officer. In the event of an appeal, the case will be reviewed by another LSA Midwifery Officer and an experienced supervisor of midwives. The appeal should be received within three weeks of the date of the initial meeting with the LSA Midwifery Officer. This decision will be final.

10.0 Local Supervising Authority investigations undertaken during the year

No LSA investigations were carried out between April 2005 and March 2006.

Conclusion

There has been a continued commitment to the role from the supervisors of midwives, midwives and others within the LSA consortium. Supervisors have sustained high standards of practice in relation to statutory supervision and are actively involved in all aspects of the supervisor's role throughout the LSA.

Supervisors have also taken an active part in influencing the midwifery agenda at both a local and national level. They continue to support and enable midwives to work in partnership with women in ensuring that services remain women centered.

References

Nursing and Midwifery Council Circular 15/2006 – Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC for practice year 1 April 2005 – 31 March 2006.

DH (2005) National Service Framework for Children, Young People and Maternity

Nursing & Midwifery Council (2004) Midwives rules and standards

Guidelines for Supervisors of Midwives Eastern Region West LSA Consortium

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- 1. Infant Abduction**
- 2. Supervision for Bank Midwives**
- 3. Guidelines for PCTs employing Staff whom they require to undertake midwifery duties**
- 4. Role of GP at Home Births**
- 5. Appointment of Supervisor from another LSA**
- 6. Role of the Contact SOM**
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National Guidelines (England)

for Supervisors of Midwives

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- 2. Poor Performance & de-selection of Supervisors of Midwives**
- 3. Supervised Practice Programmes**
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- 5. Maintenance & Storage of Supervisory Records for Supervisors of Midwives in England**