

Northern Consortium of Local Supervising Authorities



Annual Report to the Nursing and Midwifery Council

April 2005 to March 2006

Kath Mannion
LSA Midwifery Officer
Northern Consortium of Local Supervising Authorities

September 2006

Table of Contents	Page
Introduction	3
Northern Consortium of Local Supervising Authorities	3
The Chief Executive of the LSA	3
The LSA Midwifery Officer	3
Location of LSA office	4
Contact details	4
Rule 16 Annual Report	5
Each local supervising authority will ensure their report is made available to the public	6
Number of Supervisor of midwives appointments, resignations and removals	6
Details of how midwives are provided with continuous access to a supervisor of midwives.	6
Details of how the practice of midwifery is supervised.	7
Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.	9
Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	10
Details of any new polices related to the supervision of midwives.	10
Evidence of developing trends affecting midwifery practice in the Local Supervising Authority.	11
Details of the number of complaints regarding the discharge of the supervisory function	13
Reports on all local supervising authority investigations undertaken during the year.	13
Appendix I	15
Appendix II	29
Appendix III	32
Appendix IV	34

Introduction

The Local Supervising Authority (LSA) is the body responsible in statute (the Nursing and Midwifery Order 2001) for the general supervision of all midwives practising within its boundaries. The LSA's have been in existence since 1902 and the first Midwives Act. Currently the LSA is deemed within the Nursing and Midwifery Order (2001) to be situated within Strategic Health Authorities in England.

Statutory supervision covers all midwives practising within the LSA boundary, whether employed in the NHS, through agencies or the private sector, in higher education, in prisons, in the armed forces, in independent practice or employed by general practitioners.

The primary purpose of the LSA function is the protection of the public. The LSA is charged with ensuring that the statutory supervision of midwives is exercised to a satisfactory standard within its geographical boundary. This is achieved by ensuring that all midwives are eligible to practise, by maintaining the standard of midwifery practice, by ensuring appropriate training and development for midwives, and by investigating allegations of misconduct.

The function is delivered locally by supervisors of midwives, who contribute to the clinical governance framework by supporting the professional development of midwives, and participating in local risk management systems.

Northern Consortium of Local Supervising Authorities

The Northern Consortium of Local Supervising Authorities was made up of the two Strategic Health Authorities in the North East of England - Northumberland Tyne & Wear Strategic Health Authority and Co Durham and Tees Valley Strategic Health Authority. For the purpose of this report the LSA's will be referred to under the consortium name as the report is for the year April 2005 to March 2006. With the changes and amalgamation of strategic health authorities both merged in July 2006 and the LSA is now known as the North East Local Supervising Authority. The LSA Code remains as 80.

The area covered stretches from the Scottish borders and Berwick upon Tweed to Northallerton in North Yorkshire. The population of approximately 3 million people live in urban conurbations and rural communities. In 2005/06 there were 8 Acute NHS Trusts with 17 maternity units providing maternity services. The units vary in size from large regional referral units in cities to smaller midwifery led units in remote areas. There were 29,478 births in 2005. 1482 midwives notified their intention to practice between April 2005 and March 2006. As of March 2006 there were 124 supervisors of midwives. There were a further 10 student supervisors in training.

The Chief Executive Officer

The chief Executive Officer for the Northern Consortium of LSA's is David Flory.

The LSA Midwifery Officer

The LSA Midwifery Officer for the Northern Consortium of LSA's is Kath Mannion. She carries out the function on behalf of Northumberland Tyne & Wear and Co Durham and Tees Valley Strategic Health Authorities.

Location of LSA office

The LSA office is hosted by Northumberland Tyne & Wear Strategic Health Authority at the following address:

Northumberland Tyne and Wear Strategic Health Authority
Riverside House
The Waterfront
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne NE15 8NY

Contact details

Telephone:	Kath Mannion	direct line	0191 210 6467
		Fax	0191 210 6401
		Mobile	07979770714

Email address: kath.mannion@northeast.nhs.uk

Personal Assistant to LSA Midwifery Officer - Linda Anderson

Telephone:		direct line	0191 210 6403
------------	--	-------------	---------------

Email address: Linda.anderson@northeast.nhs.uk

Rule 16 Annual Report

This report is in accordance with Rule 16 of the Nursing and Midwifery Council (NMC) Midwives rules and standards as published in August 2004.

Each year every local supervising authority shall submit a written report to the Council by such date and containing such information as the Council may specify. (page 34)

Midwives Rules and Standards (NMC 2004)

The report is in accordance with the Local Supervising Authority Standard contained within Rule 16. It is also written according to the guidance given by the NMC circular 15/2006 issued on 12 June 2006 which has changed the date for submission of the report to 30th September of each year. This circular also gives further guidance on the information the NMC wish to receive and the report incorporates such evidence.

A 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 1st of June each year.

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

The report will include but not necessarily be limited to:

- *Number of Supervisor of midwives appointments, resignations and removals*
- *Details of how midwives are provided with continuous access to a supervisor of midwives.*
- *Details of how the practice of midwifery is supervised.*
- *Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.*
- *Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.*
- *Details of any new policies related to the supervision of midwives.*
- *Evidence of developing trends affecting midwifery practice in the Local Supervising Authority.*
- *Details of the number of complaints regarding the discharge of the supervisory function*
- *Reports on all local supervising authority investigations undertaken during the year.*

Midwives Rules and Standards (NMC 2004) (page 34-5)

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

The LSA report is made available to all supervisors of midwives, local Trusts, Strategic Health Authorities and Universities. A leaflet informing the public of statutory supervision and the LSA informs the public that if they wish to obtain information they may contact the LSA Midwifery Officer for a copy. It is envisaged that the annual report will be available in the future on the Strategic Health Authority web site.

Number of Supervisor of midwives appointments, resignations and removals.

	April 2004 – March 2005	April 2005 – March 2006
Number of supervisors appointed	16	12
Numbers of supervisors who have resigned	11	13
Numbers of removals of supervisors	0	0

Details of how midwives are provided with continuous access to a supervisor of midwives.

At March 2006 there were 124 supervisors of midwives appointed in the LSA consortium area. With 1473 midwives having notified their intention to practise for 2005/6 this gives a ratio of 12.7 midwives to a supervisor which is within the NMC LSA standard of no more than 15 to 1 midwives to supervisor ratio.

On appointment to local Trusts midwives are offered a choice of supervisor in the area in which they are working. All the supervisory teams offer the choice of changing from that original supervisor to another if the midwife so wishes. Many of the Trusts offer a change of supervisor to all midwives when there are changes to the supervisory team such as appointments and resignations of supervisors. If a supervisor resigns/retires the midwives are offered a choice of supervisor from within the area. As part of the LSA audit visits to each Trust by the LSA Midwifery Officer the midwives are asked if they have been offered a choice of supervisor and if they are happy with that choice. All audit visits have had positive replies to this question with midwives stating that they have had a choice as to who their supervisor is. The midwives have also demonstrated that they are aware of how to request a change of supervisor if they so desire.

Midwives working independently are offered a choice of supervisor from the supervisory team working in their main area of practice. Again these midwives are offered a choice of changing supervisors if they so wish. Access to the supervisory team with clear instructions on local arrangements for contacting

a supervisor of midwives is also offered to these midwives. Midwives working in education are offered a choice of supervisor in the area in which they have clinical/educational links.

Midwives in the Northern Consortium of LSA's are offered continuous access to supervisors of midwives in various different ways depending on local arrangements. The local arrangements reflect the wishes of the midwives and supervisors in maintaining supervisory help and advice on a 24 hour basis. Contact telephone numbers include mobile phones and/or a designated telephone number at the local hospitals. These telephone numbers are widely publicised in the area and there have been no reported difficulties in accessing a supervisor of midwives. The LSA Midwifery Officer has tested out this system at various times of the year and has had no difficulty in obtaining access to the on call supervisor of midwives. At the LSA audit visits to Trusts midwives were asked if they knew how to access a supervisor if required. In all cases the midwives reported that they were aware of the mechanism for contacting a supervisor of midwives. They also reported that they were able to and had accessed a supervisor at any time of the day or night should they require to do so.

Examples of local arrangements include:

- Trust wide on call in large Trust which spans 5 maternity units.
- On call for local area but available for calls from adjoining area (in the same Trust).
- On call list held at Trust telephone switchboards and all calls forwarded to designated supervisor of midwives for that day.
- All supervisors available 8 am to 5 pm with on call arrangements outwith that time.
- Supervisors on call for 24 hour period
- Supervisors on call for full week
- All midwives on supervisors caseload are given their named supervisors contact details including out of hours provision.

Midwives are advised that if their own supervisor of midwives is not available that they may contact any other supervisor within the area.

Details of how the practice of midwifery is supervised.

All midwives intending to practise in the Northern Consortium of LSA's area notify their intention to practise in accordance with the *Midwives rules and standards* (NMC 2004). Each midwife meets at least annually with her named supervisor of midwives and discussion includes eligibility to practice and maintenance of registration. Professional development and learning opportunities based on each individual's needs are also identified at that time.

When poor practice has been identified or allegations of misconduct have been made supervisors investigate the issue and report to the LSA Midwifery Officer.

The LSA Midwifery Officer audits how midwifery is supervised using the National LSA Standards (Appendix 1) which is based on the *Midwives rules and standards* (NMC 2004). Evidence is presented by the supervisors of midwives at the time of the audit visit. The LSA Midwifery Officer also meets with groups of midwives and women to ask their views of statutory supervision and cross check against the evidence presented by the supervisors of midwives.

All appointed supervisors of midwives in the area have a copy of the Northern Consortium of LSA's standards and guidelines for supervisors of midwives. The guidelines are reviewed on a regular basis and new ones formulated according to local requirements. National guidelines formulated by the English National Forum of LSA Midwifery Officers have also been adopted within the Consortium. This ensures parity across both the local area and nationally for guidelines and issues that are common to all.

The Northern Consortium of LSA's held regular meetings for all supervisors of midwives in the area. There were two Regional meetings held in February and September at Northumberland Tyne & Wear Strategic Health Authority headquarters. There were also four Locality meetings held in April and November. The Northumberland Tyne & Wear Locality meeting were held at Northumberland Tyne & Wear Strategic Health Authority headquarters in Newcastle upon Tyne. The Co Durham and Tees Valley Locality meeting were held at Co Durham and Tees Valley Strategic Health Authority Headquarters in Stockton upon Tees. These meetings offered supervisors and the LSA Midwifery Officer opportunities to discuss local and national issues. Supervision guidelines and standards were formulated and reviewed at these meetings. There were also educational opportunities incorporated into the meetings to enable supervisors of midwives to meet their PREP requirements for supervision.

Supervisors meet regularly on a local basis. Again local variations existed with supervisors meetings being organised to meet local needs and demands. For example supervisors in smaller Trusts have reported that they meet on a monthly basis as it is not too difficult to organise regular meetings with a small group. However in larger Trusts supervisors have reported that they meet on a quarterly basis as it is difficult to arrange more frequent meetings due to the large number of supervisors and service demands. These quarterly meetings tend to be longer in duration than the monthly meetings at smaller Trusts.

An annual conference is organised by the LSA Midwifery Officer to ensure that supervisors are offered educational activities. The conference for 2005 dealt with issues requested previously by the supervisors. The conference covered the broad picture of healthcare and society that impact on midwifery and supervision. It was held over two days on the 6/7 May 2005 at the Marriott Metrocentre, Gateshead and was attended by 75 delegates. The format proved to be successful with a mix of local and national speakers. The conference also gave local supervisors and midwives an opportunity to network with colleagues. See Appendix 2 for the details of the conference

agenda. The conference was well evaluated and the theme for the conference in 2006 is based on topics that delegates have voiced at this conference.

As a result of many requests to invite Professor Paul Lewis back to the area following his session at the May 2005 conference a very successful one day event was held on the 31st of October 2005. This full day was held at the Marriott Metro Centre, Gateshead and was attended by 68 delegates. The day evaluated very well and Professor Lewis brought a wealth of knowledge regarding issues around fitness to practice. See appendix III for details of the conference agenda.

There were two midwives on supervised practice during the year 2005/06. The decision to implement supervised practice was based on supervisory investigations which indicated poor practice. The key themes were poor record keeping, poor decision making and lack of insight into professional accountability. Both midwives had comprehensive programmes of support during their period of supervised practice. This included support from university midwifery lecturers and supervisors of midwives. Both achieved the objectives set out in their programmes. They continue to receive support from their named supervisors of midwives and to date have been observed as being safe and competent practitioners.

There was one midwife on continued suspension from practice from 2004/05 as a result of a referral to the Nursing and Midwifery Council made by the LSA in April 2004. This case was heard by the NMC Professional Conduct Committee in November 2005 and concluded in February 2006. The case concluded with the midwife been removed from the NMC Register.

Following a LSA investigation as outlined on page 13 of this report one midwife was suspended from practice and referred to the Nursing and Midwifery Council. She continues to be suspended from practice due to an Interim Order being placed on her in November 2005 by the Nursing and Midwifery Council.

Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.

In 2005 the LSA Midwifery Officer employed various strategies in seeking the views of women and statutory supervision. Local users have been interviewed as part of the LSA audit visits and have very complementary of the standards of midwifery practice. Invitations were also extended to user groups to attend the annual conference. This resulted in several user representatives being guests of the consortium at the conference. Attendance by the LSA Midwifery Officer at local maternity health improvement groups ensures that regular dialogue with user groups is maintained.

All units have contact with user groups and supervisors of midwives are well represented at these forums. Maternity Liaison Committees are successful and active in some areas but have been disbanded in others. However all

Trusts have user representatives on their Labour Ward Forums ensuring that the voice of the women is heard. All Labour Ward Forums have supervisor of midwives representation further heightening user representatives awareness of the role of statutory supervision and supervisors of midwives.

To publicise the role and function of supervision and supervisors the LSA published information posters and leaflets. These were widely distributed around the LSA area and incorporated into the documentation given to women using the maternity services. A copy of the information is included in Appendix IV.

Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.

The LSA Midwifery Officer is a visiting lecturer at Northumbria University and the University of Teesside. She regularly lectures to groups of student midwives on statutory supervision and related topics. Along with supervisor of midwives representatives from Trusts she meets with Northumbria University and the University of Teesside to discuss midwifery education. Discussions include developments within pre and post registration midwifery courses to meet the needs of service. The LSA Midwifery Officer and supervisors of midwives are also involved with both universities Return to Midwifery Practice Programmes.

All student midwives are offered a named supervisor of midwives during their practice placements. This ensures that students are able to see how supervision of midwives forms an integral part of midwifery practice. Student midwives interviewed during recent LSA audit visits were appreciative of this extra support and also expressed that it enabled them to gain knowledge of what statutory supervision is.

The LSA Midwifery Officer is an integral part of the education team for the Preparation for Supervisors of Midwives Course at the University of Northumbria. She plans and delivers two days of the course as well as working in partnership with the lead educationalist to deliver the programme.

Details of any new policies related to the supervision of midwives.

The Northern Consortium of LSA's guidelines and standards were reviewed and if necessary amended when the *Midwives rules and code of practice* (UKCC 1998) was replaced in August 2004 by the *Midwives rules and standards* (NMC 2004). As a consequence there were no new guidelines or reviews within 2005/06.

The National guidelines formulated by the English National Forum of LSA Midwifery Officers have been adopted by the Northern Consortium. These have been updated by the LSA Midwifery Officers and all supervisors in the Northern Consortium are have been issued with the updated version.

A project on developing competencies for supervisors of midwives was in the final stages of development in early 2005. However with the UK wide consultation by the NMC on the Preparation for Supervisors of Midwives Course and competencies for supervisors of midwives this local work has been temporarily put on hold. Supervisors of Midwives and the LSA Midwifery Officer have contributed to the NMC consultation and attended focus groups held in London and Edinburgh.

Information leaflets and posters are being developed by the LSA Midwifery Officer to heighten the profile of supervision. The aim of this information is to inform women of what statutory supervision is and how to contact supervisors of midwives in the area.

Evidence of developing trends affecting midwifery practice in the Local Supervising Authority.

The North East has large pockets of deprivation with some of the most deprived wards in England. There are many Sure Start programmes, all of which are incorporating midwifery services. Supervisors of midwives have been involved with the setting up and continued support of these services ensuring that midwives working in these areas are enabled to maintain their practice and registration requirements.

Maternal mental health has again been identified as been a priority amongst supervisors of midwives. The recommendations of the confidential enquiry into maternal deaths *Why Mothers Die 2000-2002* (CEMACH 2004) have been implemented in all Trusts. This has been achieved by the supervisors of midwives ensuring that all midwives are aware and updated in current recommended best practice. They have supported midwives in identifying mothers who have experienced various forms of depression and have also been involved in the development of local clinical guidelines. Examples of this include early referral to a consultant following antenatal booking providing mothers and midwives with increased support in order to provide effective individualised care for women.

Safeguarding children causes an increasing workload for midwives working in all areas. The need to produce reports, attend case conferences increases each year. Safeguarding children has also been a continued priority for mandatory training for all midwives. Again this has been supported by supervisors of midwives with many of the named midwives for child protection also being supervisors of midwives.

Teenage pregnancy rates are high in the North East of England. Supervisors have taken the lead in Trusts to ensure that these young women receive appropriate support and care. For example in one Trust the young women's service coordinator is supported by the supervisors in providing support to this group of women. Their experiences were shared nationally at the Royal College of Midwives Annual Conference.

There are large numbers of asylum seekers in some parts of the Region. These women have complex needs and supervisors and midwives have been working hard to ensure that they receive the most appropriate care and support. There are large demands on interpretation services and supervisors are very mindful of the recommendations around this as contained within the confidential enquiry into maternal deaths *Why Mothers Die 2000-2002* (CEMACH 2004).

Substance misuse continues to be on the increase in the North East with one area reporting the 4th highest number of people in treatment in England. They also report that in that area there is a disproportionate rise in the number of women entering treatment. Work is ongoing to support this group of vulnerable women and drug and alcohol specialist midwives are in post in most Trusts.

Several units have achieved certificates of commitment from UNICEF and are working hard to achieve 'baby friendly' status.

There are birth reflections services in most Trusts offering support for women after birth. These services include supervisor of midwives as an integral part of the team helping women with issues raised at sessions

The national drive for promoting normal birth has been encompassed in the North East. Supervisors and midwives are involved in promoting normality. With several Trusts now having the midwife as a led professional it is hoped that normality and normal birth will receive much more focus and success.

Waterbirth services continue to develop in the region with many more units now offering this service. The supervisors of midwives and the LSA Midwifery Officer continue to be involved in developing midwifery guidelines for use of water in labour and birth. This choice of care is seen by midwives and supervisors as an excellent way of promoting normal birth.

One Trust has been part of the national programme and roll out of maternity support workers. The team of supervisors of midwives continue to observe and actively participate in this development in maternity care. The team are aware of the need to actively promote safe and appropriate practice when roles are been developed and service redesigned. Developments are being carefully monitored by the supervisors of midwives to ensure that maternity support workers are not used to undertake, as defined by the International Confederation of Midwives, the International Federation of Gynaecologists and Obstetricians and the European Union Midwifery Directive, the activities of a midwife.

Maternity services in the North East have been under review in relation to future provision of service. In the Northumberland Tyne and Wear area extensive consultation was undertaken in 2004/05 and as a result local Trusts are now working together to plan and implement service changes. This will include reconfiguration of services to provide midwifery led/birth centres and consolidation of consultant units.

In Co Durham and Tees Valley the health service in the Teesside area has also been reviewed. The report by Professor Darzi indicated major change in where provision of maternity services are to be provided. This report remains under public consultation at present. However the supervisors of midwives continue to plan and support whatever service change will be required once the service change is agreed.

Last years report to the Nursing and Midwifery Council identified that a small maternity unit had reopened in June 2004 following a period of closure due to staff shortages. Despite a long and innovative campaign to increase the number of women who used the unit the number of births did not increase and a review was carried out in the latter half of 2005. In partnership with the local Primary Care Trust a public consultation exercise was performed which resulted in the closure of the unit in March 2006. All staff within this unit have been redeployed within the local midwifery service.

The North East has traditionally not suffered from recruitment problems and the number of commissioned students has been maintained at both universities. The Introduction of Agenda for Change has raised concerns for staff throughout the Trusts. Supervisors of midwives have been involved in supporting staff during the implementation process, developing job descriptions, supporting staff at job evaluations, producing KSF outlines and supporting staff in appraisal processes.

Retaining midwives within the area is also not a problem. The North East of England is seen as an attractive place to live and work and many midwives who had left the area return to take up posts.

The previous trend of low numbers of midwives returning to midwifery practice has continued despite the opportunity to access courses run by both universities providing midwifery education in the area.

Details of the number of complaints regarding the discharge of the supervisory function

There have been no complaints regarding the discharge of the supervisory function.

Reports on all local supervising authority investigations undertaken during the year.

There were two investigations undertaken by the LSA Midwifery Officer in 2005/06.

The key trigger for the first investigation was a referral from a supervisor of midwives investigation which had highlighted a case of alleged misconduct. The LSA investigation was carried out in accordance with the LSA guideline. This included an independent investigation by another supervisor of midwives as well as the investigation carried out by the LSA Midwifery Officer. Both of these investigations found that the Midwives rules and standards (NMC 2004)

and the Code of professional conduct: standards for conduct, performance and ethics (NMC 2004) had been breached. The themes of the breaches were around providing safe and competent care, record keeping, failure to call appropriate help and inappropriate delegation of care. The midwife was suspended from practise and referred to the NMC. An Interim Suspension Order was placed on the midwife by the NMC and the case investigated. The case is currently awaiting a hearing date before the Conduct and Competence Committee.

The second investigation was at the request of the NMC Investigating Committee. This followed the referral of a midwife by a member of the public. The referral was in relation to midwifery care given in 2003. The LSA Midwifery Officer investigated the case and found that a full investigation by a supervisor of midwives had been undertaken at the time of the incident. The findings of the investigation did not warrant supervised practise or referral to the LSA or the NMC. The LSA Midwifery Officer reinvestigated the incident and was in agreement with the original findings that the midwife did not need referral to the LSA or NMC. The LSA Midwifery Officer also reviewed the current practice of this midwife and found that she was practising in a safe and competent manner.

A referral to the Nursing and Midwifery Council made by the LSA in April 2004 was heard by the NMC Professional Conduct Committee in November 2005 and concluded in February 2006. The case concluded with the midwife being removed from the NMC Register.

Appendix I

LSA Standards for England



Statutory Supervision of Midwives LSA Standards for England

Introduction

The LSA Midwifery Officers for England have reviewed the standards for statutory supervision within the context of the NMC Midwives rules and standards. The revised standards relate specifically to the sixteen rules. The NMC published five broad principles from which, in addition to midwifery practice, these standards have been formulated. Evidence of the achievement of these standards will be used by the LSAMO to demonstrate to the NMC that standards for LSA are met in accordance with the Midwives rules & standards (NMC 2004).

Audit Process

The proposed process for the audit of the new LSA standards will take a self/peer review approach verification of evidence by the LSA Midwifery Officer employing a targeted sampling technique. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power creating awareness of personal accountability (Cheyne, Niven & McGinley (2003), Malkin (1994), Ackerman (1991)).

Evidence in support of achievement of the LSA standards should be continually updated and stored in box files available for verification by the LSA Midwifery Officer at any time. Each Maternity Service will be given a date for the audit visit by which time they should have completed their self -assessment against the criteria of each LSA standard cross referencing against each

criterion the evidence of achievement that can be found in the box. The audit team will employ a target sampling technique in respect of each of the five LSA standards.

The LSA Midwifery Officer will meet with the supervisory team at the commencement of the day to discuss the outcome of their self assessment, the current strategy for supervision and progress made on the action plan for the previous year.

A representative cross sample of midwives will be interviewed to elicit their views on supervision and triangulate the evidence presented in support of achievement of the standards.

Verbal feedback will be provided to the supervisory team on completion of the audit and this will be followed with a written report sent to the Contact Supervisor of Midwives within four weeks. A copy of this report will also be sent to the Strategic Health Authority carrying the LSA responsibility for that Maternity Service.

Following publication of the audit outcome report the supervisory team will review the strategy for supervision and develop a new action plan, thus completing the cycle. The audit outcomes of all maternity services will be collated to provide the NMC with evidence of achievement of their standards for LSA.

January 2005

References

Ackerman N (1991) Effective peer review *Journal of Nursing Management* **22 (8)** 48A-49D

Cheyne H Niven C Mc Ginley M (2003) The peer project: a model of peer review *British Journal of Midwifery* **11 (4)** 227-232

Malkin K.F (1994) A standard for professional development: the use of self and peer review; learning contracts and reflection in clinical practice *Journal of Nursing management* **2 (3)** 143-148

NMC (2004) *Midwives rules & standards* Nursing and Midwifery Council London

Women Focused Maternity Services

Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.				
1.2 Information is available to women including local arrangements for statutory supervision.				
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.				
1.4 Supervisors support midwives to promote informed decision making about care for women and families.				
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.				

Supervisory Systems

Standard 2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.				
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.				
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.				
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
2.5 LSA guidelines and policies are accessible to midwives and the public.				
2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database, within the agreed time frames.				
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.				
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.				
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.				
2.11 There is a local strategy for supervision and an action plan is developed following audit.				
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.				
2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.				
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.				
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.				
2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.				

Leadership

Standard 3. Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.				
3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.				
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.				
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.				
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.				

Equity of Access to Statutory Supervision of Midwives

Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.				
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.				
4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed.				
4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.				
4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.				
4.7 Student midwives are supported by the supervisory framework.				

Midwifery Practice

Standard 5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.				
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.				
5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.				
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.				
5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.				
5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.				
5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.				
5.9 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a programme is completed.				
5.10 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.				
5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.				
5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.				
5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.				
5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules & standards and the Code of professional conduct are adhered to.				

Appendix II –

Programme for Northern Consortium of LSA's Annual Conference 2005

Northern Consortium of Local Supervising Authorities

Annual Conference

Newcastle Marriott Hotel Metro Centre

28 April 2005

- 12.00 13.30 Registration and Lunch
- Afternoon Session - European 3
Chair: *Margaret Ayton*
Head of Nursing Development
Northumberland, Tyne & Wear Strategic Health Authority
- 13.30 13.40 Welcome and Introduction
Kath Mannion, LSA Midwifery Officer
- 13.40 14.20 Improving Patient Safety In Maternity Services – The Role Of The National Patient Safety Agency
Sara Johnson
Safer Practice Lead
Department of Safer Practice
National Patient Safety Agency
- 14.20 15.00 Midwifery Led Units
Debbie Bunford
Supervisor of Midwives
Co Durham & Darlington Acute Hospitals NHS Trust
- 15.00 15.20 Coffee/Tea Break
- 15.20 16.00 *Nadine Edwards*
Association for the Improvement in Maternity Services
- 16.00 16.40 Fit for Practise - The Imperative of Professional Regulation
Professor Paul Lewis
Academic Head of Midwifery & Child Health
Bournemouth University
- 16.40 1700 Question time
- 17.00 20.00 Leisure/networking time
- 20.00 20.30 Dinner reception – London Suite
- 20.30 late Conference dinner – European 1 & 2

Northern Consortium of Local Supervising Authorities

Annual Conference

Newcastle Marriott Hotel Metro Centre

29 April 2005

- 07.30 09.00 Breakfast and networking opportunities
- Morning Session European 3
Chair: *Dr Tricia Cresswell, Director RMSO*
- 09.00 09.10 Welcome and Introduction
- 09.10 09.55 National audit of time spent on supervisory activities
Joy Kirby
LSA Midwifery Officer
Eastern Region (West)
- 09.55 10.40 Obesity study
Dr Judith Rankin *Kath Mannion*
Principal Research Associate *LSA Midwifery Officer*
Newcastle University
- 10.40 11.00 Coffee/Tea break
- 11.00 11.30 Spinal Awareness
Lynn Pattison *Beverley Forster*
Back care Advisory Service *Community Midwife*
Co Durham & Darlington *Co Durham & Darlington*
Acute Hospitals NHS Trust *Acute Hospitals NHS Trust*
- 11.30 12.00 A new model of neonatal care – the Ashington experience
George Brooks
Supervisor of Midwives
Northumbria Healthcare NHS Trust
- 12.00 12.30 The Sure Start Midwifery Model of Care
Gill Sedgewick
Sure Start Midwifery Co-ordinator South Tees NHS Trust
- 12.30 13.00 Question time
- 13.00 Conference ends

Appendix III

Northern Consortium of Local Supervising Authorities

**FIT FOR PRACTISE –
THE IMPERATIVE OF PROFESSIONAL REGULATION**

**Professor Paul Lewis
Newcastle Marriott Hotel Metro Centre**

28TH October 2005

- | | |
|--------------------------|---|
| 9.30 | Registration and Tea/Coffee |
| | Venue : European 1 |
| 9.45 | Welcome and Introduction
<i>Kath Mannion, LSA Midwifery Officer</i> |
| | Session 1 |
| 11.00 – 11.20 | Tea/Coffee |
| | Session 2 |
| 12.30 – 13.30 | Lunch – Chesters Restaurant |
| 13.30 | Session 3 |
| 15.00 -
15.20 | Tea/Coffee |
| 15.20 | Session 4 |
| 16.30 | Finish |

Appendix IV



SUPERVISORS OF MIDWIVES

HOW CAN WE HELP YOU?

**"The role of the Supervisor of Midwives
is to ensure the safety and welfare of you and your baby
during pregnancy and childbirth."**

WHO ARE THE SUPERVISORS OF MIDWIVES?

WE ARE: - Experienced practising midwives;
who have undertaken additional training;
who work within a team of supervisors of midwives;
and who are employed either in the hospital or
community, or work outside the NHS.

WHAT DO WE DO?

WE: - Aim to ensure you have received guidance and
information about the right type of care, in the right
place, by the right professional.
Strive to set a good example to midwives and doctors.
Guide and support midwives to help them develop
their skills and expertise.
Monitor the practice of midwives to ensure you and
your baby receive good quality, safe care.
Identify and take steps to correct poor practice.

HOW CAN WE HELP YOU?

WE: -

LISTEN to any concerns you may have about your maternity
care.

SUPPORT you and your midwife to plan the safest place for
you to give birth to your baby.

DISCUSS with you why your choices may not be the most
appropriate for you.

HELP to sort out disagreements about your maternity care
in an unbiased and impartial manner.

WHERE CAN WE BE CONTACTED?

A supervisor of midwives can be contacted by telephoning your local maternity unit.

WHAT ELSE DO YOU NEED TO KNOW?

Supervision of midwives is a legal professional requirement, which has been in existence since 1902.

All midwives, wherever they work, have access to and must meet regularly with an identified supervisor of midwives.

Within the NHS the role of the supervisor of midwives is complementary to but different from the role of the midwifery manager.

Any concerns you raise with the supervisor of midwives will be discussed in a sympathetic and confidential manner.

Discussing your concerns with a supervisor of midwives does not prevent you from accessing the formal complaints procedure within the NHS Trust.

Details of the Local Supervising Authority are available of the following website: www.ntwha.nhs.uk

HOW CAN YOU HELP?

The LSA Midwifery Officer is interested in your involvement with maternity services. If you would like to join a group on assessing local midwifery services please contact her.

USEFUL CONTACTS

Local Supervising Authority

- ❖ Kath Mannion
LSA Midwifery Officer
Northern Consortium of LSAs
Northumberland, Tyne and Wear
Strategic Health Authority
Riverside House, The Waterfront
Goldcrest Way, Newburn Riverside
Newcastle upon Tyne, NE15 8NY
Tel: 0191 2106467

Nursing and Midwifery Council

- ❖ Head of Midwifery
NMC
23 Portland Place
London W1B 1PZ
Tel: 020 7637 7181

Royal College of Midwives

- ❖ Policy & Practice Development Department
15 Mansfield Street
London W1G 9NH
Tel: 020 7312 3535

Independent Midwives Association

- ❖ 1 The Great Quarry
Guildford
Surrey GU1 3XN
Tel: 01483 821104



SUPERVISORS OF MIDWIVES

"The role of the Supervisor of Midwives is to ensure the safety and welfare of you and your baby"



WHO ARE THE SUPERVISORS OF MIDWIVES? We are experienced practising midwives; who have undertaken additional training; who work within a team of supervisors of midwives; and who are employed either in the hospital or community, or work outside the NHS.	WHAT DO WE DO? We aim to ensure you have received guidance and information about the right type of care, in the right place, by the right professional. Guide and support midwives to help them develop their skills and expertise. Monitor the practice of midwives to ensure you and your baby receive good quality, safe care. Identify and take steps to correct poor practice.
HOW CAN WE HELP YOU? WE LISTEN to any concerns you may have about your maternity care. SUPPORT you and your midwife to plan the safest place for you to give birth to your baby. DISCUSS with you why your choices may not be the most appropriate for you. HELP to sort out disagreements about your maternity care in an unbiased and impartial manner.	WHAT ELSE DO YOU NEED TO KNOW? ✦ Supervision of midwives is a legal professional requirement, which has been in existence since 1902. ✦ All midwives, wherever they work, have access to and must meet regularly with an identified supervisor of midwives. ✦ Any concerns you raise with the supervisor of midwives will be discussed in a sympathetic and confidential manner. ✦ Discussing your concerns with a supervisor of midwives does not prevent you from accessing the formal complaints procedure within the NHS Trust. ✦ Details of the Local Supervising Authority are available on the following website: www.nhs.uk
WHERE CAN WE BE CONTACTED? A supervisor of midwives can be contacted by telephoning your local maternity unit.	
HOW CAN YOU HELP? The LSA Midwifery Officer is interested in your involvement with maternity services. If you would like to join a group on assessing local midwifery services please contact her.	
USEFUL CONTACTS Local Supervising Authority Kath Mannion, LSA Midwifery Officer, Northern Consortium of LSA's, Northumbria, Tyne and Wear Strategic Health Authority, Riverside House, The Walentons, Goldcoast Way, Newcastle Riverside, Newcastle upon Tyne, NE15 8WY. Tel: 0191 2106467 Nursing and Midwifery Council Head of Midwifery, NMC, 23 Portland Place, London, W1B 1PZ. Tel: 020 7637 7181	