North East Local Supervising Authority

Annual Report
to
the Nursing and Midwifery Council

April 2006 to March 2007

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LSA Midwifery Officer
North East Local Supervising Authority

September 2007

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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.

North East Local Supervising Authority

The North East Local Supervising Authority was formally known as the Northern Consortium of Local Supervising Authorities. It 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. 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 by the LSA 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 2006/07 there were 8 Acute NHS Trusts with 16 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. 30,610 mothers gave birth in 2006. 1464 midwives notified their intention to practice between April 2006 and March 2007. As of March 2007 there were 117 appointed supervisors of midwives in the LSA. There were a further 7 midwives who completed their preparation of supervisors of midwives and were awaiting the results of their course assessment. There were a further 4 student supervisors in training who were due to complete their course in May 2007.

The Chief Executive Officer

The Chief Executive Officer for the North East LSA for the reporting year 2006-07 was David Flory.

David Flory has now moved to the Department of Health and his successor Ian Dalton took up post in late August 2007.

The LSA Midwifery Officer

The LSA Midwifery Officer for the North East LSA is Kath Mannion.

Location of LSA office

The LSA office is sited at the North East Strategic Health Authority Headquarters at the following address:

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North East Local Supervising Authority Annual Report 2006/07

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

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 polices 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)*

The report is also written according to the guidance given by the NMC circular 15/2007 issued on 11 May 2007 which has changed the date for submission of the report to 28th September for this reporting year. This circular also gives further guidance on the information the NMC wish to receive and the report incorporates such evidence.

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 Authority and Universities. A leaflet informing the public of statutory supervision and the LSA informs the public that if they wish to obtain the annual report they may contact the LSA Midwifery Officer for a copy. The annual report will also be available on the Strategic Health Authority web site.

Number of Supervisor of midwives appointments, resignations and removals.

	April 2006 to March 2007	**April 2005 to March 2006**	**April 2004 to March 2005**
Number of supervisors appointed	12	12	16
Numbers of supervisors who have resigned	9	13	11
Numbers of removals of supervisors	0	0	0

There were no supervisors of midwives suspended from their role in the LSA.

At March 2007 there were 117 supervisors of midwives holding active appointment in the LSA consortium area. For the practice year 2006/07 1430 midwives notified their intention to practise with the North East LSA being their main area of practise. This gives a ratio across the LSA of 1:12.2.

Trust	**Number of Midwives supervised**	**Number of SOM's**	**Ratio**
City Hospitals Sunderland NHS Foundation Trust	135	13	1:10.35
Co Durham and Darlington Acute Hospitals NHS Trust	257	26	1:9.8
Gateshead Health NHS Foundation Trust	109	11	1:9.9
Newcastle upon Tyne Hospitals NHS Foundation Trust	217	14	1:15.5
North Tees and Hartlepool NHS Trust	164	13	1:12.6
Northumbria Healthcare NHS Trust	231	20	1:11.5
South Tees Acute Hospitals NHS Trust	229	13	1:17.6
South Tyneside Healthcare NHS Foundation Trust	87	6	1:14.5

In the table above the number of midwives supervised may include midwives out with individual Trust employment e.g. midwives employed by universities, private sector, self employed midwives but whose main area of practice falls within the geographic boundary of the Trust. It does not include midwives notifying their intention to practise whose main area of practise is with other LSA's.

Whilst the ratio across the LSA meets the NMC standard of no more than 15 midwives to 1 supervisor 6 Trust areas are below that ratio and 2 are above. In the two Trust areas where the ratio is more than 1:15 active recruitment to the supervisory team has taken place. In 2007/08 it is predicted that this ratio will be within the NMC standard with the appointment of supervisors who are currently completing the preparation course.

A further 34 midwives notified their intention to practise to the LSA but their main area of practise was with other LSA's. These midwives were supported by supervisors of midwives from the North East LSA when they practised within the geographic boundary. The addition of these midwives slightly alters the overall ratio to 1:12.5.

There was a decrease in the number of midwives nominated for appointment and commencing the preparation for supervisors of midwives course. This could be contributed to supervisory teams being well within the NMC ratio and therefore fewer nominations required. The decrease could also be attributed to midwives not wishing to become supervisors of midwives due to the developing complexity of the role.

	April 2006 to March 2007	**April 2005 to March 2006**	**April 2004 to March 2005**
Number of midwives accessing preparation course	11 *	19 *	15 *

* Not all midwives attending the course completed the programme or accepted offers of appointment.

Succession planning was actively considered by all and appropriate numbers of prospective supervisors were prepared to meet losses due to retirement. However a number of supervisors resigned over issues due to remuneration for their role.

Challenges to maintaining the current ratio and not exceeding the NMC ratio in the future include:

- Trusts remunerating the number of supervisors to the 1:15 ratio
- Succession planning for the predicted retirement of supervisors of midwives (39/117 will be eligible to retire in the next five years)
- Decreased numbers of midwives coming forward for nomination
- Preparation programme run locally once per year

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

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 North East LSA 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. As part of 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 supervisory advice.

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 out with 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 North East LSA 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 North East LSA 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 National Forum of LSA Midwifery Officers have also been adopted within the LSA. This ensures parity across both the local area and nationally for guidelines and issues that are common to all.

The North East LSA held regular meetings for all supervisors of midwives in the area. There were two full day Regional meetings held in June and September of 2006 at the North East Strategic Health Authority headquarters. There were also three half day Locality meetings held in April and December of 2006. The Northumberland Tyne & Wear Locality meeting were held at the North East Strategic Health Authority headquarters. The Co Durham and Tees Valley Locality meeting were held at the former Co Durham and Tees Valley Strategic Health Authority Headquarters in Stockton upon Tees.

Following the December 2006 meeting it was decided after discussion between the supervisors of midwives and the LSA Midwifery Officer that from February 2007 five full day meetings would replace the Regional and Locality meetings. These meetings would be held at regularly spaced intervals

throughout the year. The meetings are now be called Supervisor of Midwives/LSA meetings and are to have a standard agenda. The supervisors of midwives also agreed that all of these meetings would take place at the North East Strategic Health Authority as it offered the most suitable location to all supervisors within the LSA. The new meeting format was adopted from February 2007 and is reported by supervisors of midwives to be a more useful format.

The meetings during the reporting year offered supervisors and the LSA Midwifery Officer opportunities to discuss local and national issues. Supervision guidelines and standards were 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. These educational opportunities are now part of the standard agenda at every SOM/LSA meeting.

Supervisors meet regularly on a local basis within their employing Trust areas. 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 but when aggregated over a year supervisors of midwives in all Trusts appear to spend an equal amount of time at local meetings.

An annual conference is organised by the LSA Midwifery Officer to ensure that supervisors are offered educational activities. The conference for 2006 dealt with issues requested by the supervisors at previous events. The conference covered the broad picture of healthcare and society that impact on midwifery and supervision. It was held over two days on the 9/10 November 2006 at the Marriott Metrocentre, Gateshead and was attended by 70 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 2007 is based on topics that delegates have voiced at the 2006 conference.

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 2006 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. 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 has previously 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. During the audit visits to every Trust midwives and women were asked if they had seen these posters/leaflets. Where there were negative answers the supervisors incorporated a strategy into their local action plan to highlight the information and ensure that it was available to all.

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 statutory supervision.

As the pre registration programmes for midwifery education at both universities were due for revalidation in May/June 2007 the LSA Midwifery Officer and supervisors of midwives from throughout the LSA have been involved with the preparation for validation events with their colleagues in the universities. The validation events will be reported on within the 2007/08 LSA report.

Northumbria University provides the preparation for supervisors of midwives course for nominated candidates within the North East LSA. The LSA Midwifery Officer is an integral part of the education team for the course. She

planned and delivered two days of each course cohort as well as working in partnership with the lead educationalist to deliver the programme.

As a result of the *Standards for preparation and practice of supervisors of midwives* (NMC 2006) being published in November 2006 the preparation course required to be reviewed and revalidated to meet the new standards. Active participation in the validation team by supervisors of midwives, the LSA Midwifery Officer, user representatives, the lead midwife for education and programme leader from an early stage ensures that the course will meet both the NMC and local requirements. The validation event will be reported on within the 2007/08 LSA report.

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

The North East LSA guidelines and standards were reviewed and amended where necessary with the publication of the *Midwives rules and standards* (NMC 2004) in August 2004. As a consequence there were no new guidelines or reviews within 2006/07.

The National guidelines formulated by the National Forum of LSA Midwifery Officers have been adopted by the North East LSA. These have been updated by the LSA Midwifery Officers and all supervisors in the North East LSA have been issued with the updated versions.

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 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 on 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.

Smoking cessation services have a high profile in the North East and midwifery services utilise local agencies to help women stop smoking during pregnancy. In some Trusts this includes midwives with a specific smoking cessation remit.

Breast feeding promotion continues with maternity services working towards targets to increase the number of women breast feeding in the North East. 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.

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 envisaged to take place in the summer of 2007. This will include reconfiguration of services to provide midwifery led/birth centres and consolidation of consultant units.

The health service in the Teesside area has also been reviewed. The report by Professor Darzi indicated major change in how and where provision of maternity services were to be provided in the future. However this report was challenged and resulted in an Independent Reconfiguration Panel recommending an amended plan for maternity services. The supervisors of midwives continue to plan and support this service change which will be implemented late in 2007.

The North East has traditionally not suffered from recruitment problems and the number of commissioned students has been maintained at both universities. Student midwives continue to be supported in learning environments that promote normality and give them exposure to a range of experiences that help them meet the requirements determined by the NMC.

Retaining midwives within the area has not been problematic as the North East of England is seen as an attractive place to live and work. The previous trend of low numbers of midwives returning to midwifery practice has continued despite the opportunity for potential returnees to access courses run at both universities providing midwifery education in the area.

However the increasing birth rate and the complexity of care now required for women accessing maternity services alongside the challenge to Trusts to operate within budget constraints has proved challenging in maintaining the high standards of care expected by the public in the North East. In this challenging climate it is encouraging to see that all Trusts have maintained or achieved higher levels within their Clinical Negligence Scheme for Trusts (CNST).

The most comprehensive information relating to birth trends analysis in the North East is available in the Northern Regional Maternity Survey Office (RMSO) Annual report. The most current report (2005) is available at:
http://www.nepho.org.uk/index.php?c=1840

The LSA Midwifery Officer is a member of the Perinatal Mortality Survey/CEMACH Steering Group based at the RMSO. The LSA Midwifery Officer ensures active communication between the RMSO and maternity units through the network of supervisors of midwives in the North East LSA. This has contributed to comprehensive and timely reporting into CEMACH enquiries.

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.

Complaints raised against supervisors of midwives would follow the nationally agreed guidelines set by the National Forum of LSA Midwifery Officers. Complaints raised against the LSA Midwifery Officer would follow the Strategic Health Authority Complaints Procedure.

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

The LSA Midwifery Officer is informed of any untoward incidents by the supervisors of midwives. She is also informed via the Strategic Health Authority of any untoward incidents notified to them by Trusts using strategic executive information system (STEIS). This collaborative working ensures that any untoward incident is fully investigated and learning outcomes widely publicised.

Investigations	Number
By supervisors of midwives	12
By LSA Midwifery Officer	1
By external supervisor of midwives or LSAMO	0

There were 12 investigations undertaken by supervisors of midwives. The key themes of these investigations were:

- Record keeping
- Drug administration
- Poor practice
- Misinterpretation of cardiotocograph tracings

All investigations undertaken by supervisors of midwives were notified to the LSAMO who reviewed and agreed any recommendation made in the reports.

Local action in the form of supported practice was taken as a result of the recommendations in 9 of the cases. This included supporting midwives where deficits had been uncovered during the investigations. This included support from supervisors and senior midwives including educationalists within the area.

Two investigations lead to two midwives commenced supervised practice during the year 2006/07. The decision to implement supervised practice was based on supervisory investigations which revealed poor practice that warranted increased support rather than referral to the fitness to practice directorate of the Nursing and Midwifery Council. 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.

One investigation prompted the LSA Midwifery Officer to undertake a LSA investigation as the allegations revealed were of a serious nature and warranted further scrutiny. The LSA investigation was carried out in accordance with the LSA guidelines for investigating cases of alleged misconduct. 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 and record keeping. The midwife was suspended from practise and referred to the NMC. She continues to be suspended from practice by virtue of an Interim Order being placed on her in March 2007 by the Nursing and Midwifery Council. This case is awaiting a hearing before the NMC Conduct and Competence Committee.

There was one midwife on an Interim Suspension from Practice Order as a result of a referral to the Nursing and Midwifery Council made by the LSA in July 2005. This case was heard by the NMC Conduct and Competence Committee in March 2007. The case concluded with the midwife been struck off the NMC Register.

Guidance on carrying out a supervisory investigation is available to supervisors of midwives within both local and national guidance. A copy of the local guidance used by supervisors of midwives during the time period for this report is contained within Appendix 3. The LSA Midwifery Officer is available to all supervisors undertaking investigations and all reports are reviewed by her.

All supervised practice programmes were supported by the individual midwives employers and no midwife refused to undertake such programmes.

Neither the LSA nor the LSA Midwifery Officer have conducted or participated in any investigation or review of maternity services.

The LSA Midwifery Officer communicates directly with both the NMC midwifery directorate and fitness to practice directorate with any matter where concerns have been raised regarding midwifery practice. There has been one referral in the reporting year and this is summarised in an earlier paragraph within this section.

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

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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 2

Programme for North East LSA Annual Conference 2006

North East Local Supervising Authority

Annual Conference

Newcastle Marriott Hotel Metro Centre

9th November 2006

12.00	**13.30**	**Registration and Lunch**
		Afternoon Session - European 1 & 2 **Chair:** ***Suzanna Cafferty, RCM Regional Representative***
13.30	**13.40**	**Welcome and Introduction** ***Kath Mannion, LSA Midwifery Officer, North East LSA***
13.40	**14.20**	**Making it happen – leading change in midwifery** ***Ann Holmes*** ***Consultant Midwife*** ***Greater Glasgow Health Board***
14.20	**15.00**	**Midwifery Led Units** ***Debbie Bunford*** ***Head of Midwifery/Supervisor of Midwives*** ***Co Durham & Darlington Acute Hospitals NHS Trust***
15.00	**15.20**	**Coffee/Tea Break**
15.20	**16.00**	**Beyond our wildest dreams** ***Maggie Davies*** ***Consultant Midwife*** ***Port Talbot Birth Centre***
16.00	**16.40**	**Development of an integrated care pathway for Perinatal mental health in Gateshead** ***Katy Stainsby*** ***Care Pathways Co-ordinator*** ***Gateshead PCT*** ***Val Kitching*** ***Senior Midwife/Supervisor of Midwives*** ***Gateshead Health NHS Foundation Trust***
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 3**

North East Local Supervising Authority

Annual Conference

Newcastle Marriott Hotel Metro Centre

10th November 2006

07.30	**09.00**	**Breakfast and networking opportunities**
		Morning Session European 3 **Chair:** ***Maria Barrell, Lead Midwife for Education, Northumbria University***
09.00	**09.10**	**Welcome and Introduction**
09.10	**0955**	**Improving maternity services through inspection & review** ***Sue Eardley*** ***Project Lead - JARS and Maternity Services*** ***Children's Strategy Team*** ***Health Care Commission***
09.55	**10.40**	**The NMC and professional regulation** ***Shirley Scott*** ***Associate, Ward Hadaway*** ***Newcastle upon Tyne***
10.40	**11.00**	**Coffee/Tea break**
11.00	**11.30**	**The NHS's own little black box** ***Delcy Wells*** ***Head of Clinical Risk Management/Supervisor of Midwives*** ***Co Durham and Darlington Acute Hospitals NHS Trust***
11.30	**12.00**	**Buddy System in Supervision** ***Fay Polson*** ***Supervisor of Midwives*** ***South Tees Acute NHS Trust***
12.00	**12.50**	**To support or not to support?** ***Neil Campbell*** ***Counsellor, trainer, supervisor & workplace mediation*** ***Paradigm Campbell Associates, Newcastle upon Tyne***
12.50	**13.00**	**Summing up of conference**

Appendix 3

Local guidelines for supervisory investigations

North East Local Supervising Authority

Guidelines for dealing with Prima Facie cases of misconduct by a midwife

Flow Chart of Investigation and Management of Alleged Misconduct

LSA Enquiry Form

Guidance on Supervised Practice

North East Local Supervising Authority

Guidelines for dealing with Prima Facie Cases of Misconduct by a midwife

The responsibility of the LSA to investigate prima facie cases of misconduct and to determine whether to suspend a midwife from practice is laid down in statue in Section 15(2)(c)of the Nursing and Midwifery Order (2001).

This guidance is issued in accordance with Rule 5 of the NMC Midwives rules and standards (2004)

The supervisor of midwives is responsible for the investigation of alleged professional misconduct and recognising a potential prima facie case of misconduct. Guidance is provided by the LSA to assist SOM's to discharge their statutory responsibility in the investigation of alleged misconduct (appendix 1). Investigations must be held in an open and honest manner with confidentiality of information being maintained. The report of any investigation must be completed on the LSA enquiry form.

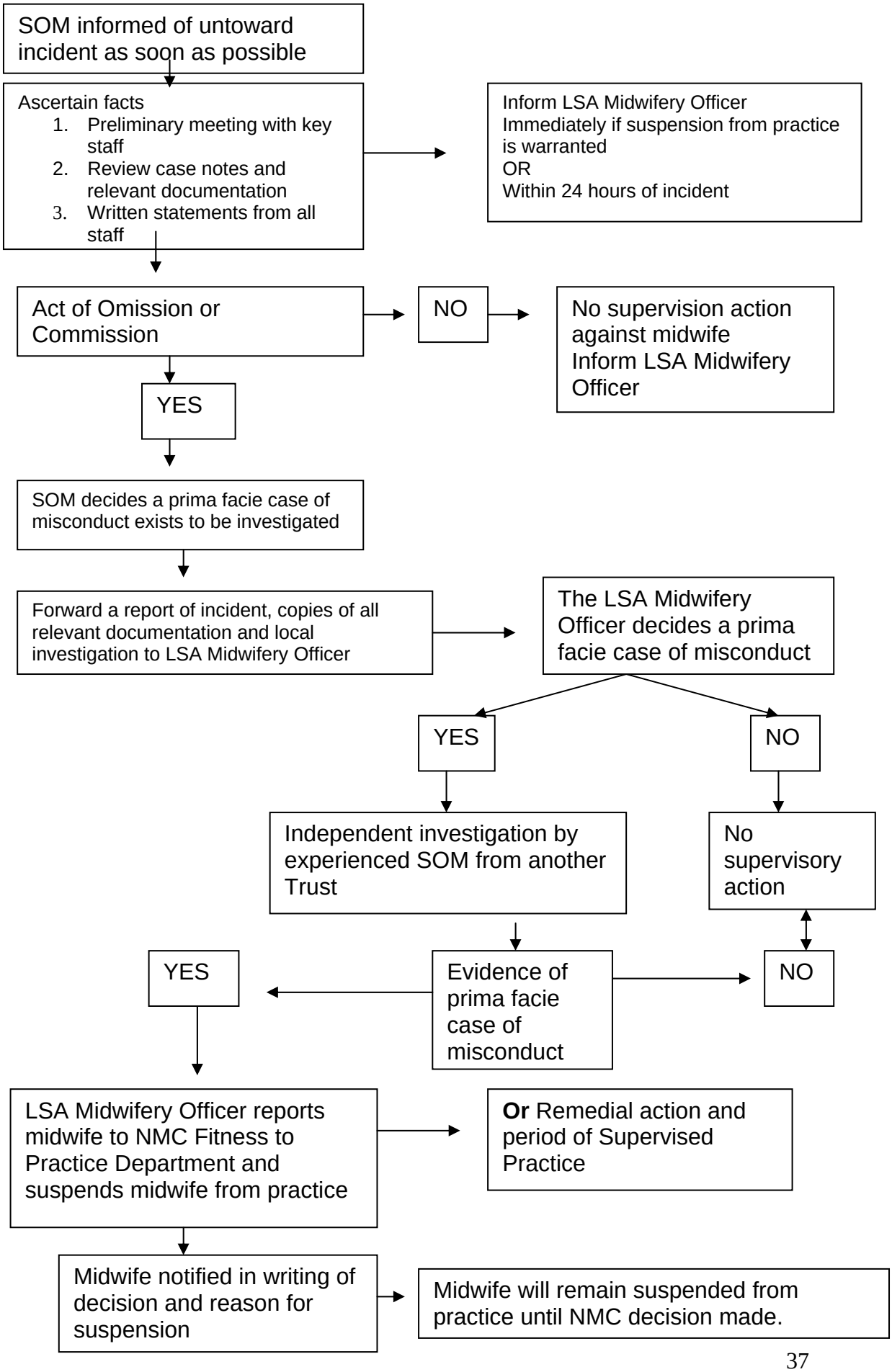
If there is strong evidence that there is a case of serious misconduct, the LSA Midwifery Officer will report the matter to the NMC Fitness to Practice Department.

The above process does not affect management disciplinary activities within a Trust, although there may be benefits of the investigations being undertaken in tandem.

The LSA Midwifery Officer is the only person who can suspend a midwife from practice and may do so in the interest of mothers and babies. Application for an interim suspension of registration can be made to the NMC by Trust management. If this action is taken by the Trust, then the SOM is responsible for notifying the LSA Midwifery Officer without delay.

The midwife should be offered support by another SOM (of their own choice) thorough the investigation. Guidance for Supervised practice is available.

INVESTIGATION AND MANAGEMENT OF ALLEGED MISCONDUCT



North East Local Supervising Authority

LSA Enquiry Form

Section 1: Midwives' Details

Name:

NMC PIN:

Home address:

Date of registration as a midwife:

Date last notified Intention to Practise:

Named Supervisor of Midwives

Post held:

Place of employment

Section 2: Further Information

A. Dates of professional education

B. Professional qualifications gained

C. CPD since last registration/re-registration

D. Periods of sickness/absence

E. Employment history

F. Period the midwife has been known to the current named SOM and in what capacity

G. General performance

H. Dates and outcomes of previous annual reviews

I. Any previous concerns or supervisory action taken concerning the midwife's practice

J. Any previous support or education opportunities offered

K. Statements from others involved - to be attached

L. A copy of relevant policies at time of incident

Section 3: Allegations or details of critical incident

Section 4: Codes and/or Rules Breached

A. The NMC code of professional conduct: standards for conduct, performance and ethics (NMC 2004)

B. Midwives rules and standards (NMC 2004)

Section 5: Summary of the Incident

A. Action taken by Supervisor of Midwives

B. Persons notified of the Incident

C. Mitigating Circumstances

D. Outcome of investigations

E. Recommendations

F. Does the midwife need to be referred to the NMC?

Signed …….. Date ……

Name ……

Phone ……

Fax ……..

Email ……..

Supervised practice programmes

Introduction

This guideline sets out the principles of a supervised practice programme as agreed by the Local Supervising Authority (LSA) midwifery officers in England. Programmes should reflect the principles of this guidance.

Rationale for supervised practice

Supervised practice should facilitate a midwife with identified practice development needs to achieve the level of competence defined by the NMC as '…*the skills and ability to practise safely and effectively without the need for direct supervision'* (Peach, 1999) required for the role she/he undertakes, within a framework of support and encouragement. The level of competence required should also reflect those set out in *Standards of proficiency for pre-registration midwifery education* (NMC 2004).

The recommendation for a midwife to undertake a supervised practice programme is a professional one made by a supervisor of midwives. It will usually follow an investigation or clinical review, which may have arisen, from a significant clinical incident or a history of recurrent impaired midwifery practice. Supervised practice should only be considered when the level of concern is such that the midwife's practise could warrant referral to the Nursing and Midwifery Council (NMC) professional conduct committee. In reaching this decision the supervisor of midwives should be clear that there is objective and impartial evidence, that the Midwives rules and standards (NMC 2004) and / or other Nursing and Midwifery Council codes and professional guidance have been breached. Advice may be sought from the LSA Midwifery Officer at all stages of the investigation and must be sought before the commencement of any supervised practice programme.

The midwife may appeal against the recommended course of action. In these circumstances the LSA must be involved and the LSA Midwifery Officer will organise an independent appeal process.

Supported practice

In the majority of situations a supported practice programme will be more appropriate. This is where a midwife, in conjunction with her/his supervisor of midwives, has identified personal learning needs. These may have arisen from a clinical incident or a gap in experience (such as extended sick leave or maternity leave). The emphasis of a supported practice programme is the need to regain confidence, as well as competence, in specific skills and knowledge.

Objectives of a supervised practice programme

- To provide a positive learning experience for a midwife that will facilitate her/him to gain the required experience and knowledge in order to achieve the agreed outcomes.

- To facilitate a midwife to achieve the level of competence necessary to practise midwifery safely.

- To facilitate a supportive environment, which enables the midwife to reflect and become a confident, competent practitioner, up to date with contemporary practice.

- To provide opportunities that will enable a midwife to have greater insight into personal behaviours such as team working, communication, and preferred style of learning.

Principles underpinning a supervised practice programme

A practising midwife will remain accountable for the direct care she/he provides whilst undertaking a supervised practice programme.

The midwife should be supernumerary during the course of the programme. This means that the midwife should work with a degree of direct and indirect supervision and have the opportunity to discuss ongoing clinical care and decision making with her/ his clinical mentor.

Information pertaining to the supervised practice programme should be confined to individuals on a 'need to know' basis. This should include those individuals who are able to contribute to a positive experience for the midwife, such as the head of midwifery. This person has the authority to sanction supernumerary status for the midwife and facilitate other employment issues.

In relation to employment issues, which may arise as a result of the programme, the human resources (hr) managers should be informed and an outline of the structure of the programme maybe provided on request. The detail of the programme, and particularly the discussions a midwife may have with her/his supervisor of midwives, should remain confidential.

In exceptional circumstances it may be possible for a midwife to transfer to another trust to undertake supervised practice. The lsa officer will be able to assist in arranging this. Where midwives are not trust employees the hr department may be involved with arranging an honorary contract or letter of authority.

The midwife to whom the programme relates should, where possible, have input into the selection of the clinical mentor and academic mentor. (see roles of individuals)

To ensure that all concerned have a clear focus on requirements, the programme should have measurable objectives and clear outcomes with evidence of achievement. The evidence of achievement may be set out in a portfolio format. The midwife should have input into the design and content of the programme in relation to the outcomes, which should be *directly* related to the identified practice needs.

A time plan with completion date and interim review dates should be agreed at the outset. It should be made clear that this could be longer if there were sickness or other absence during the programme. Consideration may also be given to lengthening the duration of the programme where mentors and the midwife agree that more time is needed to achieve the outcomes. Such a decision would only be appropriate where there is clear evidence of progress.

Wherever possible the academic mentor should be a supervisor of midwives.

The role of those involved with a supervised practice programme

Role of the supervisor of midwives

A supervisor of midwives will act as an advocate for the midwife in facilitating her/his learning needs and will be responsible for ensuring that the content of the programme will support the learning outcomes. The supervisor will take responsibility for planning the programme, reviewing progress and act as overall verifier of the programme outcomes. Should issues arise during the programme the supervisor of midwives should assist in resolving them.

The midwife's named supervisor of midwives will provide confidential support for the midwife during the programme.

The supervisor will inform the LSA Midwifery Officer of the supervised practice programme and will provide a brief report to the LSA of the outcome. This gives the LSA Midwifery Officer the opportunity to offer support and advice to the supervisors of midwives involved.

Role of clinical mentor(s)

The clinical mentor(s) should be experienced in the area of practice relating to the programme objectives. They will be responsible for implementing the programme in the clinical setting including identifying learning opportunities, clinical cases, clinical forums, etc., appropriate to facilitating the learning outcomes.

The clinical mentor will provide advice, guidance and informal feedback on clinical care to the midwife and should therefore be given the time to do this.

Overall the clinical mentor will be responsible for assessing the clinical competence of the midwife and will be expected to provide the supervisor of

midwives with informal interim and formal final assessments of the progress made.

Role of the academic mentor

To assist in setting the objectives of the programme.

Will support the midwife to reflect on clinical cases using structured reflective models that encourage reflection of personal behaviours. Johns (1996) suggests models of reflection that seek greater understanding and implications of individual's actions.

Will provide guidance on updating theoretical knowledge and accessing the evidence to inform practice, and will also assess any written work included as part of the programme.

The academic mentor will be expected to provide the supervisor of midwives with informal interim and formal final assessments of the progress, based on the learning outcomes.

Unsuccessful or incomplete programme

The LSA Midwifery Officer should be informed of a midwife who is struggling to meet the competencies and in conjunction with the midwife and the supervisor of midwives, progress should be reviewed. The LSA Midwifery Officer should be kept informed of progress and the final outcome.

Where a midwife does not achieve the required level of competence and has been given every reasonable opportunity and support to do so, the LSA Midwifery Officer may refer the case to the NMC.

Where the supervised practice programme is linked to Trust disciplinary action, the midwife should understand from the outset, that failure to meet the required competence might result in further disciplinary action. The Trust, where applicable, should be informed of the outcome of the programme.

Rarely, a midwife may be unwilling to undertake a supervised practice programme. The supervisor of midwives should refer the case to the LSA Midwifery Officer. The midwife should understand that this might result in referral to the NMC. Such a referral would be based on the findings of the initial investigation or clinical review.

Evaluation

It is good practice to incorporate the opportunity for evaluating the process of the programme by all participants.

Appeal process

If the midwife does not agree with the supervised practice recommendations she may appeal by applying in writing to the supervisor who has composed the report. The supervisor must inform the LSA Midwifery Officer of the appeal.

The LSA Midwifery Officer will ask another experienced supervisor from outside the Trust to review the report and recommendations. The LSA Midwifery Officer and the external supervisor will then meet with the midwife to discuss the findings. The LSA Midwifery Officer's decision is final following this meeting.

References

Johns C (1996) Using A Reflective Model of Nursing and Guided Reflection. ***Nursing Standard 11* (2)** P34 – 38

Peach L (1999) ***Fitness For Practice*** UKCC Commission for Nursing And Midwifery Education. NMC, London

NMC (2004) ***Midwives Rules and Standards*** NMC London

NMC (2004) ***Standards of Proficiency For Pre-Registration Midwifery Education*** NMC London

Review date: June 2006