NORTH WEST

LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT

ON THE

STATUTORY SUPERVISION OF

MIDWIVES & MIDWIFERY PRACTICE

2006 – 2007

NHS
North West

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1. INTRODUCTION

Each Strategic Health Authority (SHA) acts as the Local Supervising Authority (LSA) for the statutory supervision of midwives and midwifery practice, as prescribed by the Nursing and Midwifery Order 2001. The Nursing and Midwifery Council (NMC) sets rules and standards regulating the practice of midwifery and directing how the LSA function is to be executed, these are published in the NMC Midwives rules and standards (2004). The SHA employs the LSA Midwifery Officer to carry out the statutory function on its behalf and the LSA Midwifery Officer appoints Supervisors of Midwives on behalf of the SHA. This report demonstrates how the North West LSA Midwifery Officer and Supervisors of Midwives ensured that the legislative requirements were met in 2006 – 2007 and explains the processes involved.

NHS North West is the SHA that is the LSA for the North West of England. In addition, NHS East Midlands have an interest - a Service Level Agreement is in place for the North West LSA to include Corbar Birth Centre in Derbyshire - because it is managed by a Trust in the North West and the Supervisors and midwives work across both sites. Also, the Isle of Man Health Services Division continues to participate in the North West arrangements, although there is no SHA and Trust system there.

The mission of NHS North West is to maintain and improve the health of the population and ensure the delivery of world class services for those who need care. The LSA strives to ensure that statutory supervision contributes to this – by ensuring safe midwifery practice and thus protecting North West mothers and babies. Names, addresses and contact details for personnel within the LSAs are detailed below:

LSA Midwifery Officer for the North West – Marian Drazek
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Telephone: 01539 797815

Chief Executive of NHS North West – Mr Mike Farrar
NHS Northwest, 7th Floor, Gateway House, Piccadilly South,
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Chief Executive of NHS East Midlands – Dr Barbara Hakin
NHS East Midlands, Octavia House, Bostocks Lane, Sandiacre,
Nottingham. NG10 5QG. Telephone: 0115 968 4444

LSA representative for the Isle of Man – Mr Norman McGregor-Edwards

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The NMC Midwives rules and standards (2004) are reflected in this report and the National LSA Standards for Statutory Supervision - which relate specifically to the rules and standards - have also been applied. The LSA audit of each maternity service required presentation of evidence to demonstrate achievement or otherwise of these standards, data obtained during the audits has been collated and is included. Also incorporated is information from Supervisor of Midwives' local annual reports and data on clinical activity collected by the LSA.

In addition, a self-assessment of the LSA performance against the NMC Rules pertaining to the discharge of the LSA function has been carried out for the first time this year and the results are included as Appendix 1. This reveals that the North West LSA meets all criteria for Rules 4, 5, 9, 11,12, 15 and 16. Rule 13 is only partially met – simply because this has not been tested - as there has been no requirement to use the first two criteria detailed here.

The headings stipulated by the NMC, in the 11 May 2007 Circular; **'Guidance for Local Supervising Authority Annual Report submission to the NMC'** for practice year 1 April 2006 – 31 March 2007', have been utilised in **Section 5** of this report. This ensures compliance with **Rule 16** of the NMC Midwives rules and standards (2004). The remainder of the report provides additional information that will be of interest to stakeholders and gives a broader picture of the work carried out in the North West throughout the year, under the remit of statutory supervision.

2. LOCAL SUPERVISING AUTHORITIES FUNCTION

Core Functions of the SHA in protection of the public - through statutory supervision of midwives and midwifery practice - carried out by the LSA Midwifery Officer, in order to fulfil the requirements of the NMC Midwives rules and standards (2004).

- Ensure that frameworks exist to provide equitable supervision for all midwives.
- Provide a framework of support for supervisory and midwifery practice.
- Ensure that communication networks facilitate effective exchange of information between LSAs, statutory bodies, supervisors and midwives.
- Manage the 'Intention to Practise' process.

- Ensure that each midwife meets statutory requirements and is eligible to practise.
- Investigate cases of alleged impairment of fitness to practise.
- Determine when to suspend a midwife from practice.
- Ensure the safe preservation of supervisory and midwifery records.
- Lead the development of standards and audit of supervision.
- Manage the appointment of supervisors of midwives.
- Ensure the provision of initial and ongoing education for supervisors of midwives.
- Publish LSA procedures and a written annual report for the NMC.

North West LSA Objectives:

- To discharge the statutory function as specified in the NMC Midwives rules and standards

- To ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision

- To promote excellence in midwifery practice and statutory supervision through audit and dissemination of good practice

- To provide leadership and guidance to all Supervisors of Midwives within the North West LSA area

3. BACKGROUND

The LSA function for the North West Consortium was carried out in 2006 – 2007 by one full time Midwifery Officer and a full time LSA Midwife post. One full time LSA Services Manager and a full time secretarial post provided support.

The North West LSA covers the largest geographical area of any of England's 10 SHAs and in 2006 – 2007 maternity services were provided on 34 sites in 24 organisations. These services are spread across an area of approximately 14,000 square km, running from Carlisle to Crewe and from Saddleworth to Wirral. The region stretches 250 km from North to South and in addition, the LSA function covers Corbar in Buxton and the Isle of Man. The North West has a population of more than 7 million and 60% of people live in the two urban areas of Greater Manchester and Merseyside – even though 4/5 of the area is rural.

There are a broad range of social inequalities and wide socioeconomic variations between neighbouring communities - this is reflected in the health of the population – with a high number of people experiencing some of the worst health in the country.

In Greater Manchester, 38.6% of the population are classed as being in the lowest 20% for deprivation in England. This compares to 34.9% for Cheshire and Merseyside and 22.5% in Cumbria and Lancashire. For example, more people in the North West die from alcohol related illnesses than anywhere else in the country – the rate for this region is double that for the East of England.

Statistically, the North West ranks seventh out of the nine English regions in terms of its number of ethnic minority residents but some parts of the area – notably Manchester and the towns of Blackburn, Burnley, Preston and Oldham – have significantly larger ethnic minority populations, particularly within the Asian groups. Clearly these factors can all impact significantly on midwifery care – needing supervisors and midwives to be aware, empathic, inventive and resourceful.

The total number of babies born in the North West in 2006 – 20067 was 89,630, compared to 86,697 the previous year and continuing the trend of an increasing birth rate in the area.

Twenty three NHS Trusts provided midwifery services in the North West during the year, plus Nobles Hospital on the Isle of Man. In addition, midwives continued to give care to inmates of one women's prison. There were also a small number of midwives who practised independently within the boundaries, some in addition to National Health Service (NHS) or other posts.

Maternity services continued to be provided by a diverse range of units, the majority based within Acute Trusts, only one was part of a Primary Care Trust (PCT). The largest Trust covers 4 sites - with 10,416 babies born there in the year and the North West also has two tertiary referral centres – the largest of which had 8,156 births in the year. The smallest maternity service is one of the four 'stand alone' midwife led units/birth centres - with 95 births. The Isle of Man has different arrangements to those of the United Kingdom, but all maternity services there are managed by Nobles Hospital.

A total of 4,341 midwives notified their intention to practise in the North West in the year 2006 – 2007 and there were 336 Supervisors of Midwives in post. (Data as at end of March 2007).

4. NUMERICAL IDENTIFICATION OF UNITS FOR CHARTS AND TABLES

No	Unit
1	Blackpool Flyde & Wyre Hospitals NHS Trust
2	Bolton Hospitals NHS Trust
3	Central Manchester & Manchester Children's University Hospitals NHS Trust
4	Countess of Chester Hospitals NHS Trust
5	East Cheshire NHS Trust
6	East Lancashire Hospitals NHS Trust (Blackburn)
7	East Lancashire Hospitals NHS Trust (Burnley)
8	Halton Primary Care Trust
9	Isle of Man Department of Health
10	Lancashire Teaching Hospitals (Chorley)
11	Lancashire Teaching Hospitals (Preston)
12	Liverpool Women's Hospital NHS Trust
13	Mid Cheshire Hospitals NHS Trust
14	Morecambe Bay Hospitals NHS Trust (Furness)
15	Morecambe Bay Hospitals NHS Trust (Lancaster)
16	Morecambe Bay Hospitals NHS Trust (Kendal)
17	North Cheshire Hospitals NHS Trust
18	North Cumbria Acute Hospitals NHS Trust (Carlisle)
19	North Cumbria Acute Hospitals NHS Trust (Penrith)
20	North Cumbria Acute Hospitals NHS Trust (Whitehaven)
21	Pennine Acute Hospitals NHS Trust (Bury)
22	Pennine Acute Hospitals NHS Trust (North Manchester)
23	Pennine Acute Hospitals NHS Trust (Oldham)
24	Pennine Acute Hospitals NHS Trust (Rochdale)
25	Salford Royal Hospitals NHS Trust
26	South Manchester University Hospitals
27	Southport & Ormskirk Hospitals NHS Trust
28	St Helens & Knowsley Hospitals NHS Trust
29	Stockport NHS Foundation Trust (Stepping Hill)
30	Stockport NHS Foundation Trust (Corbar)
31	Tameside & Glossop Acute Services NHS Trust
32	Trafford Healthcare NHS Trust
33	Wirral Hospital NHS Trust
34	Wrightington, Wigan & Leigh NHS Trust

5. NMC REQUIREMENTS FOR THE LSA ANNUAL REPORT

To meet rule 16 – NMC Midwives Rules And Standards

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

This North West LSA Annual Report on the statutory supervision of midwives and midwifery practice is being sent to the NMC and to each LSA, i.e. NHS North West, NHS East Midlands and the Isle of Man Health Services Division. It is also being sent to the Department of Health and to the Royal College of Midwives and is made available to all Supervisors of Midwives in the region and to the lead midwife for education at North West Higher Education Institutions (HEIs) providing programmes of midwifery education. All users that have been involved with LSA work over the year are also supplied with a copy and the report will be sent to other stakeholders or interested parties on request. There is no copyright on any part of the report and all recipients are free to share the contents with any interested parties and/or members of the public. In addition, the report is made available to the public via the NMC website, NHS North West, the LSA Office, Supervisors of Midwives in Trusts, Maternity Service User Groups and LSA user representatives. Although the report is available electronically from the LSA office or the NMC website, approximately 80 hard copies of the previous annual report were distributed.

Response to circulation of previous annual reports has been extremely positive and in addition to the main document, requests for copies of specific sections have increased and been met, e.g. clinical data, age profiles and examples of good practice. In addition, the LSA Midwifery Officer has devised shortened versions of the last two years annual reports – which were supplied to all user representatives that did not wish to receive a copy of the full report. This was utilised at user auditor training sessions and again, feedback about the content was excellent.

5.2 Numbers of Supervisor of midwives appointments, resignations and removals

As demonstrated in table 1, there were 26 supervisors of midwives appointed in the year – 24 were new supervisors who were appointed on successful completion of the preparation course and 2 were supervisors who had moved into the North West, having been established supervisors in other parts of the country. 15 more midwives commenced the preparation course in March 2007.

Over the past 4 years the number of supervisors appointed annually has remained fairly steady. The apparent increases shown in 2003 – 2004 and 2005 – 2006, are due to the timing arrangements for the commencement of the courses at the HEIs providing the Preparation of Supervisors of Midwives programme.

TABLE 1 - Appointments of North West Supervisors of Midwives

1 April 2003 – 31 March 2004	**42**
1 April 2004 – 31 March 2005	**25**
1 April 2005 – 31 March 2006	**45**
1 April 2006 – 31 March 2007	**26**

Of the 34 supervisors who stopped practising in the year, 12 retired from their substantive midwifery posts, 11 gave up the role due to ill health or personal and family circumstances, two left the UK, two left the North West, two made a career change, one reduced her midwifery hours and could not continue to find time to carry out supervisory duties, two resigned when placed on supervised practice, one had to cease practising because she had failed to meet NMC requirements for PREP as a supervisor and one did not return to supervision after having a period of sabbatical leave of absence from the role. No supervisors were removed from the role by the LSA in the year.

TABLE 2 - Resignations of North West Supervisors of Midwives

1 April 2003 – 31 March 2004	**23**
1 April 2004 – 31 March 2005	**29**
1 April 2005 – 31 March 2006	**23**
1 April 2006 – 31 March 2007	**34**

Also during the reporting year, four North West Supervisors of Midwives were granted a sabbatical leave of absence from their supervisory duties. Prior to their return to the supervisory role a period of updating is usually required – dependent on the length of time out and individual circumstances.

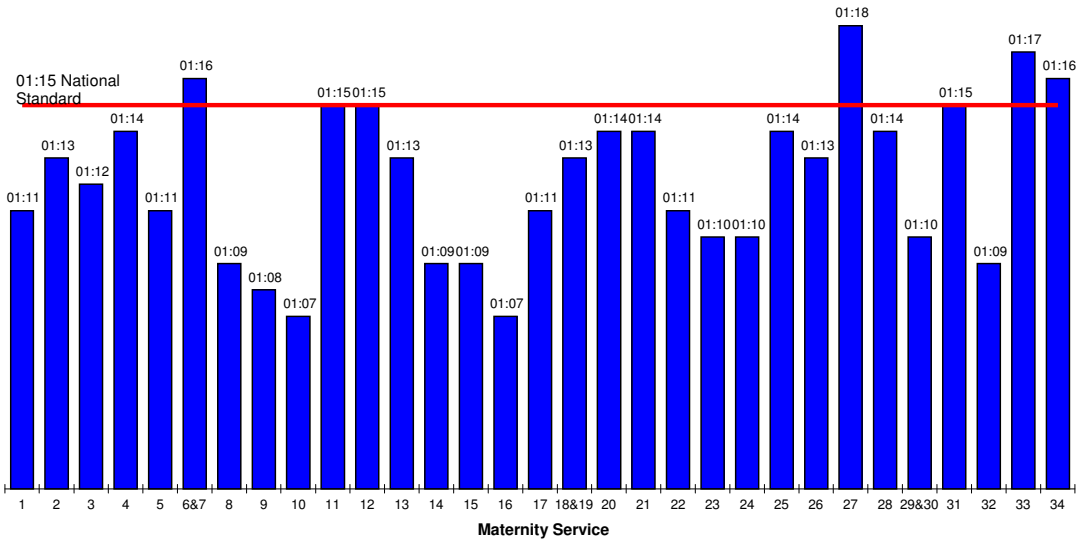
The figures shown for the last four years in table 2, illustrate that the number of supervisors ceasing to practise was higher in 2006 - 2007 than in any previous year. As the number of supervisors being appointed has not increased, the ratios in each area will need to be monitored carefully, to ensure that this trend does not cause problems in individual units.

The pattern in other parts of the country is causing concern – in some services, particularly where supervisors receive no remuneration for the work, recruitment of potential supervisors is falling far short of the numbers giving up the role.

Regarding the ratio of midwives to supervisors over the year, criteria 2.1 of standard 2 in the LSA National Standards for Supervision states; 'The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees'. Whilst forward planning usually ensures sufficient numbers of Supervisors of Midwives in each service, in 2006 – 2007 five North West units did not meet this target - largely because of unforeseen resignations - therefore plans were put in place to increase the number as soon as practical and possible.

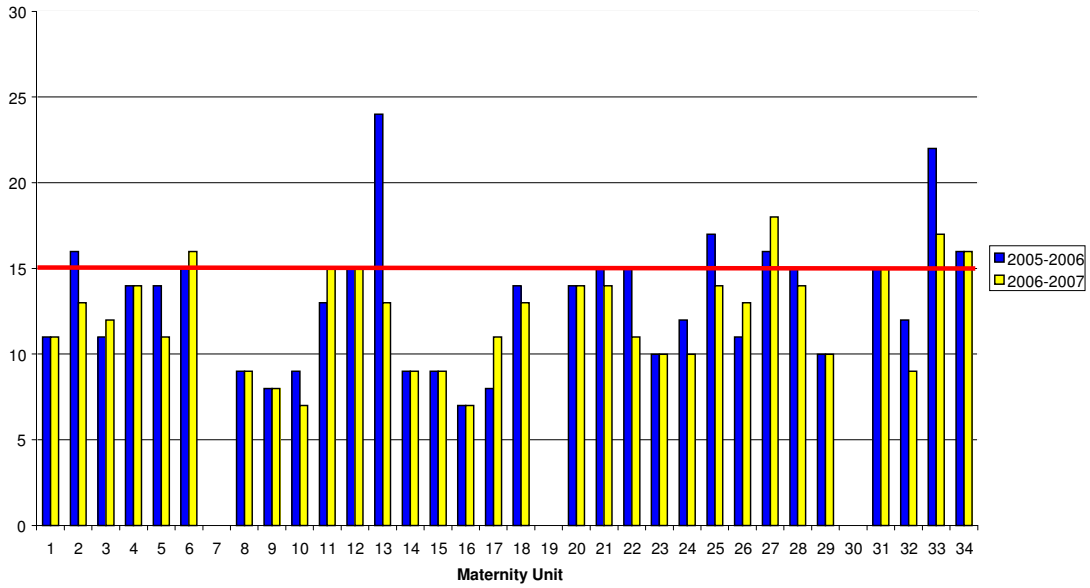
The average ratio of midwives to supervisors across the LSA was 13 to 1 as at 31 March 2007. Chart 1 shows the ratio of midwives to supervisors in each of the North West maternity services, in comparison to the national standard and Chart 2 demonstrates this in comparison to the previous year.

CHART 1 Ratio of Supervisors to Midwives 2006 – 2007



NB: Units 6 & 7 are the same Trust and Supervisors cover both sites
Units 18 & 19 " " " " " "
Units 29 & 30 " " " " " " "

CHART 2 Ratio of Supervisors to Midwives for last two years



NB: Units 6 & 7 are the same Trust and Supervisors cover both sites
Units 18 & 19 " " " " " "
Units 29 & 30 " " " " " " "

Southport & Ormskirk Hospitals NHS Trust (unit 27) and Wirral Hospital NHS Trust (unit 33) did not meet the standard for either of these two years, although Wirral reduced their ratio considerably in 2006 – 2007. Mid Cheshire Hospitals NHS Trust (unit 13) made the most significant improvement - from having the highest ratio across the North West in 2005 – 2006 at 1 to 24, to reducing this to 1 to 14. Three other Trusts who were marginally above the national standard in the previous year have now also met the recommended ratio.

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5.3 Details of how midwives are provided with continuous access to a Supervisor of Midwives

The North West LSA Guidance for Supervisors of Midwives, section 7, includes policies on 'Access to Supervisors of Midwives' and 'Allocation of Supervisors to Midwives'; these are included as Appendix 2 of this report. Within this is a requirement to appoint a minimum of three supervisors per Trust and if not already achieved, to work towards ensuring a ratio of supervisors to midwives of no more than 1 to 15 and no less than 1 to 5.

Also in the North West Guidance are two sample forms (in Appendix 2), which supervisors are encouraged to supply to midwives regarding their named Supervisor of Midwives.

The principles are that midwives are free to choose their named supervisor and that they can change to another whenever they wish. In addition, it is emphasised that any midwife can refer to any supervisor at any time – ensuring that when a midwife's named supervisor is not available, she can always access another.

LSA national standard 4 for supervision is about equity of access to Supervisors of Midwives and criteria 4.1 requires evidence to demonstrate that there is 24 hour access to supervisors for all midwives, irrespective of their employment status. This criteria was audited at each LSA visit to North West maternity services and achieved 100% compliance for the second year running. In most units a 24 hour 'on call' system operates – so that in an emergency the midwife knows whom to contact and therefore no contingency is required. In just three North West units the supervisors have chosen not to undertake 'on call' but ensure that a supervisor is available on every shift and that midwives also have personal contact telephone numbers for their named supervisor, plus a bleep system via switchboard. When tested out at audit visits, midwives confirmed that they could always contact a supervisor for support – although in one unit where the 'on call' system is not used, they expressed the wish that it was.

LSA national standard 4, criteria 4.2, requires that each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another. There was 100% compliance with this in 2006 – 2007 and again the fact was verified on discussion with midwives at audit visits.

LSA national standard 4, criteria 4.4, also requires each service to survey midwives' views of supervision locally, which should also demonstrate whether or not midwives have any difficulty in contacting a supervisor and if they all have a named Supervisor of Midwives. In 2006 – 2007, all services reported that they had met this criteria by carrying out a survey – although one unit did not present the tool used or the results of the survey, at the audit visit.

Most supervisory teams have developed local information for midwives – about the arrangements for statutory supervision in their locality – including details of how midwives can change their named Supervisor of Midwives and how the supervisors can be contacted. These are distributed to Trust and bank midwives on taking up employment and also supplied to any independent midwives practising in the area. Increasingly Trust web sites also include information related to supervision – accessible to midwives, other Trust personnel and members of the public. In addition, the North West LSA information leaflet for the public contains a list of unit phone numbers for supervisors – so that women know how to access a Supervisor of Midwives in any particular maternity service.

Others involved in statutory supervision across the North West continued their commitment throughout the year, so that supervisors and midwives had consistent access to relevant support and guidance. The LSA Midwife post became full time and continued to broaden the expertise available from the LSA – particularly regarding clinical issues and advocacy for service users.

Midwives are encouraged to contact the LSA directly if they wish, regarding supervision and practice issues, in addition to the confidential discussion that takes place at the LSA audit visits. In addition, the 6 Link Supervisors of Midwives provided support to the LSA Midwifery Officer and LSA Midwife throughout the year – their availability is also communicated to supervisors and midwives - to ensure that appropriate advice is easily available at all times.

5.4 Details of how is the practice of midwifery is supervised

The North West LSA Guidance for Supervisors of Midwives provides a framework for how Supervisors should be carrying out the role – this ensures a consistent approach to all aspects of the statutory function. It was introduced in 1997 and since it was first published, has been developed continuously as new issues arise and totally revised every two years – most recently in 2005. The document covers a wide range of topics, relating to all areas of statutory supervision and midwifery practice, the main headings of which currently are:

- Statutory Supervision of Midwives and the LSA Function
- LSA Job Descriptions and Role Specifications
- Nomination, Selection and Appointment of Supervisors of Midwives
- Continuing Education of Supervisors of Midwives
- Poor Performance, De-selection and Resignation of Supervisors of Midwives
- Standards for Statutory Supervision of Midwives
- Access to Supervisors of Midwives
- Student Midwives in Practice and Public Awareness of Supervision
- Intention to Practise as a Midwife
- Maintenance and Storage of Supervisory Records and Confidentiality
- Boundaries of Practice
- Midwifery Staffing Levels
- Management of Maternity Beds
- Supervision of Midwives practising in Neonatal Units
- High Risk Pregnancy
- Supervision of Independent Midwives
- Practice Nurse involvement in Antenatal Care
- Midwives Practising Across Boundaries

- Supervision in the Community
- Health Care Support Worker in Maternity Care
- Dealing with Allegations of Harassment or Bullying in the Workplace
- Public Health Guidance
- Complementary Therapies
- Dealing with Sub-optimal Practice and Impaired Fitness to Practise
- Risk Management Strategy and Serious Untoward Incident Reporting
- Midwives involvement in Termination of Pregnancy
- Spontaneous Deliveries before Expected Viability of 24 weeks

Included in the Guidance are the LSA National Standards for Supervision and Guidelines agreed by the LSA Midwifery Offices Forum. This ensures that the statutory duties of supervisors, e.g. managing the 'Intentions to Practise' process, is carried out in line with NMC requirements and is consistent with Supervisors across the rest of the UK.

A copy of the Guidance is supplied to every supervisor in the North West, each LSA, all HEIs and to the NMC. It is made clear that there is no copyright on the publication and supervisors are encouraged to copy relevant sections for midwives and service users as requested. Increasingly, Trust personnel (particularly Human Resource Departments), are also asking for sections of the Guidance – most often to understand the process when a local issue is being dealt with by Supervisors of Midwives rather than through the management route. The document provides a structure by which Supervisors in the North West practise – ensuring equity and no conflicting advice. It includes details of how the practice of midwifery is supervised in the region and demonstrates best practice in numerous professional situations.

North West LSA Audits of how the statutory function is carried out are done annually - to discover if supervision is effective – partly by measuring the performance of each group of Supervisors of Midwives against the LSA National Standards for Supervision of Midwives and examining the evidence presented to demonstrate compliance. In 2006 – 2007, this exercise confirmed that Supervisors of Midwives in all services met or partially achieved all of the standards – Appendix 3 shows a summary of the results.

In addition, every maternity service underwent an LSA audit visit – the team carrying this out comprised the LSA Midwifery Officer and/or the LSA Midwife, at least one peer supervisor and a user auditor. During these visits the audit team met with service users, midwives, supervisors and other appropriate Trust personnel.

All evidence produced by supervisors, to explain how the statutory function is being carried out in that service and how the national standards are being met, was examined at each visit and this was verified and triangulated by discussions with midwives and service users.

The documentation for the audit was completed in advance of the visit by the supervisors in that unit and completed by the LSA team following the visit. A North West proforma was used, alongside the documentation for the audit of national standards. The resulting report was then sent to the Chief Executive and Director of Nursing of the service concerned and simultaneously to the Supervisors of Midwives - with the suggestion that a meeting be arranged if any issues required discussion.

Details of all audits are also supplied to the Director of Provider and Market Development and the Associate Director of Clinical Quality at the SHA and any outstanding issues discussed with them. After every audit visit, Supervisors draw up action plans in response to the recommendations in the LSA audit report – thus completing the audit cycle and demonstrating how supervision is being taken forward in each service. Evidence shows that by the following year's audit, Supervisors of Midwives have usually addressed any issues or have evidence to demonstrate why resolution is not possible.

In addition, local supervisory annual reports have been provided to the LSA by all groups of supervisors for 2006 – 2007, informing the LSA Midwifery Officer, Chief Executives of Trusts and midwives in the service of activity carried out in the year. Data from LSA audits of supervision, local annual reports on statutory supervision and clinical activity collected and collated by the LSA are included later on in this document. Trends in North West maternity services are illustrated and examples of good supervisory practice during the year demonstrate that supervision continues to be a dynamic process and is an essential system to ensure safe, effective and appropriate care for mothers and babies in the North West.

Initiatives in midwifery and supervisory practice continued to be shared by North West Supervisors and many of these successful innovations demonstrate multi-professional and multi-agency collaboration. Supervisors in some services have been invited or have asked to attend Clinical Governance forums, Trust Board, PCT meetings and other professional events – to explain in more detail how supervision of midwives is being carried out locally, to present local achievements and to demonstrate how the statutory function fits into corporate Clinical Governance strategies. The benefits of supervision are becoming increasingly apparent to those outside the profession and a growing number of Supervisors of Midwives are working jointly with medical and other staff to address issues such as audit of maternity records, analysis of adverse incidents and near misses, reflection on good practice and inter-professional training and education.

Supervisors are also working with others to ensure research and evidence based practice, multi-disciplinary working and effective monitoring of performance of services and individual practitioners.

Supervisors of Midwives have introduced innovations across the North West that have both improved care to women and supported the practice of midwives – the following are a few examples from 2006 – 2007:

- 'Stickers' that explain the role of supervisors and are applied to all information given to service users – including hand held notes
- A supervision 'quiz' to find out what midwives really understand about supervision
- A 'message of the week' on notice boards – from supervisors to midwives
- Supervisors action plan for midwives as 1st point of contact
- Introduction by supervisors of a 'normality' pathway
- Midwifery led care viewed as routine for all women – need to 'opt out' for consultant involvement
- 'Normal birth' lecture to medical staff as part of their induction programme
- Active birth workshops – for midwives and for parents
- 'Normality' study days led by supervisors
- Changes to the way 'home birth' is presented as a choice for women – resulting in significant increase in numbers of babies born at home
- Supervisors attending user led home birth support group meetings
- Supervisors visiting GPs to promote choice in childbirth
- Increasing midwifery presence and activity in Children's Centres
- Supporting women – and midwives – when home birth is chosen against medical advice e.g. after caesarean section or for high risk pregnancies
- Supervisors negotiating with Trust to provide short term contracts for newly qualified midwives who cannot obtain posts, to allow them to consolidate experience
- Independent midwives offered the chance to undertake funded clinical updating
- 'Supervisory Support Pathway' developed explaining how and when a supervisor may contact a midwife
- Supervisors involved in developing domestic violence and mental health strategies

- Introduction of caseload midwifery practice for vulnerable women
- Supervisors have 'briefing sessions' throughout the year to look at various clinical practice topics
- Work with health visitors to facilitate direct referral of women to midwives and supervisors – usually for 'debriefing'

Communication within the North West LSA is excellent and to ensure it is effective on a daily basis, each North West maternity service has a designated "Contact" Supervisor – to act as a conduit between the LSA and the group of supervisors in that area. It is the Contact Supervisor's responsibility to ensure that all information received from the LSA is cascaded to every Supervisor of Midwives and that, when requested, joint responses are formulated and communicated back to the LSA. This system works extremely well – email, postal and telephone systems ensure that rapid two-way access is in place.

There is an increasing trend, encouraged by the LSA, for the Contact Supervisor to be someone other than the Head of Midwifery. This emphasises the fact that there is no hierarchy in supervision and demonstrates to midwives that the statutory function and management are totally separate. Currently only four Heads of Midwifery undertake the Contact Supervisor role in the North West.

Communication between the LSA Midwifery Officer, LSA Midwife and the six Link Supervisors of Midwives for the North West was maintained by meeting every three months to discuss supervisory issues and incidents and to review the supervision and education strategies. Link Supervisors were particularly involved with planning and facilitating courses, study days and conferences for North West midwives and supervisors, frameworks continue to be devised and activities evaluated to ensure that LSA plans meet identified local needs. The Link Supervisors also assisted the LSA in carrying out the statutory functions and took part in audit visits, reviews of supervisory and midwifery practice in individual services and also undertook and/or assisted with LSA investigations. The Link Supervisor system continued to extend the capability of the LSA function, as all six individuals were involved in contemporary practice on a day-to-day basis in a variety of posts and geographical bases across the North West.

Communication between the LSA Midwifery Officer and LSA Midwife with Supervisors of Midwives also took place at regular meetings, four formal meetings and one extraordinary meeting of the LSA and North West supervisors were held during the year.

The venue for these continued to be Wrightington Hall Conference Centre and attendance for the 2006 - 2007 meetings was between 57 and 103 Supervisors. Most North West maternity services were represented by at least one Supervisor of Midwives (usually more) on each occasion. The format of these meetings has continued to include invited speakers (often Supervisors of Midwives), to address topics identified by supervisors or by the LSA, this provides a valuable opportunity to share learning experiences and good practice and continues to be appreciated by North West supervisors. The second part of each meeting continued to be devoted to supervisory business and any Supervisor of Midwives can suggest items for the agenda. Newly appointed supervisors and midwives undertaking the Preparation Course are encouraged to attend the meetings with an experienced Supervisor of Midwives, to encourage integration into supervision and development of the 'networking' system. A database is kept of attendances at all North West LSA meetings and those Trusts that appear to have difficulty in allowing Supervisors of Midwives to attend are approached to discuss the situation and offered support where appropriate. Issues covered in the past year can be seen on the agenda of the May and October 2006 meetings and the one held in January 2007, which are all included as Appendix 4 of this report. The extraordinary meeting on 21 November 2006, was convened to allow midwives from overseas, an opportunity to share their experiences with North West supervisors.
The presentations were: Mary Sidebotham, Ex Supervisor of Midwives at Stockport NHS Foundation Trust, who spoke about her experiences of working as a midwife in Australia and Adetoro Adegoke, who was undertaking her PhD at the University of Manchester, speaking about maternal mortality and morbidity in Nigeria.

In addition to formal meetings, local ad hoc ones (often requested by supervisors themselves) of Supervisors of Midwives with the LSA Midwifery Officer and/or the LSA Midwife have continued. These are usually to discuss specific concerns relating to maternity services, aspects of supervision or midwifery practice and issues regarding individual midwives.

Communication between LSA Midwifery Officers continued on a national basis with meetings held regularly over the year, the venue alternating between London and Leeds. National speakers are invited and innovations in midwifery and supervisory practice are shared and information disseminated between regions. Common challenges are also discussed and support offered, particularly when a problem has previously occurred in another part of the country.

Pressure continues to be applied by the group to raise issues with the Department of Health and the NMC and the forum is regularly accessed by national external bodies in an advisory capacity. In addition, when new LSA Midwifery Officers are appointed, they usually arrange to spend time with an established LSA Midwifery Officer, to support their induction into the role and learn from others experiences of executing the statutory function.

The Head of Midwifery and the Midwifery Advisers at the NMC attend London meetings of the LSA Midwifery Officers and the Department of Health Midwifery Adviser is also present on a regular basis. In addition, quarterly meetings take place, arranged by the NMC, which include LSA Midwifery Officers from all 4 countries and once per year with the Lead Midwives for Education attend as well. This wider forum allows the opportunity to discuss a broad range of professional issues - which affect all of the UK countries. LSA Midwifery Officers also continued to be on Department of Health and NMC Working Groups – ensuring that the profile of statutory supervision is maintained and developed whenever midwifery practice or associated issues are being discussed.

In addition to the formal meetings, letters and referral of midwives by the LSA Midwifery Officer to the NMC in 2006 - 2007, contact was also maintained with the Head of Midwifery and Midwifery Advisers by telephone and email. Approximately once a week, discussion took place regarding planned action related to an individual midwife or supervisor and on aspects of practice that were causing concern – often in relation to expanding roles and individual's perceptions of this. The LSA office staff also communicated regularly with NMC staff – usually in relation to individual Intentions to Practise or with general administrative queries.

Meetings with the Royal College of Midwives (RCM) also took place during the year – with all LSA Midwifery Officers at a national level and between the North West LSA Midwifery Officer and RCM Regional Officers on an ad hoc basis.

Communication with NHS North West varied from meetings, email and telephone contact with the Associate Director of Clinical Quality, meetings between Clinical Governance staff, the regional CEMACH manager and the LSA Midwifery Officer, discussion on implementation of the National Service Framework for Children, Young People and Maternity Services and providing information on the LSA function and the roles of the LSA Midwifery Officer and the LSA Midwife.

The LSA Midwife post contributes significantly to supervision in the North West; improving care to women, whilst enhancing the practice of midwives. The role complements that of the LSA Midwifery Officer by taking the lead in the development, promotion and practice of normal midwifery, whilst upholding the provision for safety of mothers and babies within the statutory supervision framework. The post holder acts as a resource to the profession and to service users and plays a key role in enabling midwives to re-establish their role as experts in normal midwifery practice throughout the North West, promoting the role of the midwife in all aspects of maternity care. Specifically, the LSA Midwife has undertaken project work within all areas of practice and professional development, arising from requests from supervisors and/or midwives within the region. This has included, in the past year, the provision of practical support and workshops - to service providers - in the development of service innovations including; midwifery led care, promotion of home birth, water birth, public health initiatives and in the introduction of complementary therapies. In addition, she has undertaken ongoing facilitation of the North West 'Child Protection Networking Group', which meets regularly to share good practice and to offer peer support to every 'Child Protection Midwife' in the North West. This is an invaluable resource to the LSA and to individuals, particularly as the issues arising from child protection increase rapidly and the role undertaken by midwives continues to expand.

In addition, the LSA Midwife provides practical support and expert advice to midwives and Supervisors of Midwives in the management of challenging clinical situations - ensuring the safety of mothers and babies remain paramount and that practice remains within the statutory framework. Regular contact with service users, through the clinical practice function of the role, constitutes a large part of the LSA Midwife's work and she is accessible to the public; to answer any queries regarding the provision of maternity services or in response to a direct enquiry about an individual woman's care. She responds to women who contact the LSA office - with requests for support and advocacy in relation to their maternity care and also advises and support members of the public, providing access and communication pathways relevant to their needs.

During 2006 – 2007 the LSA Midwife documented 76 cases of women needing support to explore their care options, of these she went on to facilitate the care of 36 of them by liaising with local supervisors, midwives and other professionals to negotiate and/or provide individual packages of care – for women with very specific identified requirements. Unfortunately, in some instances, women's trust in professionals had broken down due to previous negative experiences of maternity care. However, access to the LSA Midwife – viewed as an external, expert source of support - was invaluable to them and restored their confidence, both in the healthcare system and in their own capabilities.

Challenges identified by North West Supervisors of Midwives during the year, which have impeded effective supervision on occasions are:

- Trust policies
- Trust management 'agenda'
- Proposals on reconfiguration of maternity services
- Financial constraints
- Clinical commitments of supervisors
- Lack of designated time for supervision
- Medical models of care
- Increase in intervention rates
- Opposition to supervisory initiatives e.g. promotion of home births
- Increase in clinical activity and complexity of case mix
- Increase in birth rate
- Increase in numbers of women from multi cultural minority groups
- Staffing levels and skill mix issues
- Reduction in number of supervisors
- Attitudes of some midwives
- Limited secretarial support
- Difficulty for midwives and/or supervisors in maintaining CPD

In addition, audit showed that supervisors in eight North West maternity units continued to receive no protected time to carry out the statutory function and only five Trusts reward them financially. Of those receiving remuneration, it varied between only £500 and £1,000 per annum - this is in comparison to some parts of the country where Supervisors of Midwives receive up to £2,500 per year each - from the Trust where they are based.

5.5 Evidence that service users have been involved in monitoring supervision of midwives and assisting the Local Supervising Authority Midwifery Officer with the annual audits

Since 2003, when a maternity service user was recruited as the first North West LSA 'user auditor', efforts to involve more women - with recent experience of maternity care - have continued. Users are involved in many aspects of supervision and LSA work and they have been particularly helpful and successful as part of the team at the annual audit visits. In addition, the 2006 LSA annual study day for midwives and supervisors, entitled 'It depends….' focussed on listening to women – including a theatre group presentation by a group who had all undergone traumatic events during or around childbirth. The programme for the day is included in Appendix 5 to this report.

Regarding user auditors, the exercise carried out in the previous two years was repeated – this involved all North West supervisors being asked by the LSA Midwifery Officer to promote the role to women who accessed their services. In addition, maternity service users who had previously contacted the LSA - for whatever reason - were invited to discuss the remit of the 'user auditor' and to volunteer if they felt able. Current users involved with the LSA also helped to recruit more interested women and established 'user groups' were approached – again to see if any of their members were interested in becoming a 'user auditor'. The initiatives were very successful and before the round of LSA audit visits began for 2006 – 2007, training had been carried out for the five additional service users who had agreed to act as 'auditors' for the LSA visits - this was in addition to the seven users who had carried out the role previously. In conjunction with this, training was also provided for 10 more North West Supervisors of Midwives who volunteered to become 'peer auditors' - again following an initiative by the LSA to increase representation and review by peers on the audit visits. Following completion of the audit visits for the previous year, planning for the training of more 'peer supervisors' and 'user auditors' was influenced by feedback received from those who had participated. In addition, it was decided that all those who had assisted in the audits would be invited to take part in the next training session – as 'word of mouth' had resulted in substantially more supervisors and service users wishing to join in the following round of visits. A letter of invitation to the training session is included as Appendix 6, together with the programme for the day.

Experienced users have also provided one to one support and in some cases additional training for new service user representatives. Networking between service users and supervisors has also been positive, in some cases ensuring that in areas were there had been difficulties in recruiting representatives to maternity service forums, this was successfully addressed. Aspects of supervisors interaction with service users and their involvement in maternity services are discussed during LSA audits and for 2006 - 2007 included:

- Maternity Services Liaison Committees
- User forums
- Labour ward forums
- Risk management committees
- Clinical governance groups
- Postnatal 'listening' groups
- Home birth support groups
- Active birth groups

- Peer breast feeding support groups
- Review and revision of local information leaflets for women
- Supervisors working with PPI leads
- Supervisors working with PALs officers

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

The LSA Midwifery Officer and LSA Midwife both contributed regularly to pre and post registration midwifery education programmes in several North West HEIs in 2006 – 2007. The LSA Midwifery Officer is an Honorary Lecturer in three Universities and the LSA Midwife regularly lectures in five HEIs. In addition, the LSA Midwifery Officer has been invited to staff meetings, curriculum planning meetings and programme reviews at several Universities in the past year and both her and the LSA Midwife have taken part in planning of study days for student midwives and midwives at various HEIs in the North West.

Criteria 3.6 of standard 3 in the LSA National Standards for Supervision states; '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'. All maternity units in the North West complied with this in 2006 – 2007, examples included:

- Lead Midwives for Education who are supervisors
- Consultant midwives who are supervisors holding jointly funded Trust/HEI posts
- Lecturer practitioners who are supervisors
- Supervisors who are honorary lecturers
- Midwifery lecturers who are supervisors lead and/or contribute to all pre and post registration midwifery education programme.

In addition, Supervisors of Midwives in Trusts contribute significantly to midwifery education, sometimes as part of their role in the organisation:

- Practice placement co-ordinator for midwifery students
- Professional development co-ordinator for all midwives
- Practice development midwife in Trust

Supervisors of Midwives from local maternity units are also involved in many aspects of HEI activity, examples include:

- Curriculum planning teams
- Midwifery education boards
- Boards of study
- Midwifery programme committees
- Midwifery course management teams
- Midwifery courses advisory boards
- Quality assurance exercises
- Validation of midwifery programmes of education
- Major review of health care programmes steering group
- Mapping exercise in re-accreditation of midwifery degree programmes
- Participation in planning and ratification of mentorship module
- Education users forum
- Interviews for prospective student midwives
- Student midwives viva assessments
- Undertaking presentations and giving lectures on both pre and post registration modules and study days

In Trusts, supervisors contribute to mandatory training for midwives, facilitate 'drop in' sessions for midwives and student midwives, organise teaching sessions, undertake presentations on all aspects of the role of Supervisors of Midwives at 'in house' study days, present feedback from critical incidents and from audits and respond locally to the identified developmental needs of midwives in their area. This wide range of engagement ensures that midwifery practice is safe and evidence based and that the protection of women and babies is at the forefront of both education and service developments.

In addition, standard 4, criteria 4.7 states; 'Student midwives are supported by the supervisory framework' and every North West maternity service met this standard, in part either by giving each student a named supervisor or identifying one Supervisor who took a cohort of student midwives onto her caseload. During 2006 – 2007 the LSA, supervisors and midwifery educationalists also continued to focus on increasing the level of knowledge and interest that student midwives in the North West have about the statutory function. Midwife teachers continued to invite a variety of Supervisors of Midwives, with differing substantive posts, to talk to student midwives during their training.

Feedback from this exercise is excellent – the supervisors based in clinical practice provide a particularly pragmatic view of the statutory function – which brings the subject to life in the classroom. This demonstrates supervision in action in everyday midwifery practice and helps students to relate supervision to clinical situations. In this way, student midwives are learning to recognise the supportive nature of the supervisory system and are more likely to access its benefits prior to and immediately after they register as practising midwives. Midwifery educationalists, who are also practising as supervisors, have demonstrated that this role significantly enhances the way that supervision is taught in HEIs - expanding on classroom based understanding of the statutory function and relating it to all aspects of midwifery practice. Rather than supervision being viewed in isolation, the topic is now seen as a thread running through midwifery education, both in the classroom and in the practice areas. The result is that newly qualified midwives feel positive and confident about supervision and access their named supervisor for vital support from the very first days of their practice. Increasingly, student midwives are also given local information packs about supervision in the Trust and invited to attend all supervision 'events' in the maternity units. Supervisors are spending time ensuring that every student is knowledgeable about the statutory function – so that on joining the NMC register as midwives, they feel supported and comfortable with the role that supervisors undertake.

Local networking groups, regular meetings, study days and conferences provided personal development opportunities for North West Supervisors of Midwives during the year. Statutory education for prospective and experienced supervisors was arranged, in conjunction with the University of Manchester, and as in previous years was extremely well evaluated. These events demonstrate a commitment by the LSA to provide continuing professional development opportunities for Supervisors of Midwives – in order that they meet NMC PREP requirements – specifically as supervisors. In addition, one of the North West Link Supervisors is a midwifery lecturer and her input to all LSA activity is invaluable.

The North West and West Midlands LSAs continued to collaborate to provide a Bi-Regional Course for the Preparation of Supervisors of Midwives at academic level 3. It was held twice during 2006 – 2007, once at each of the two HEIs; the University of Manchester and the University of Central England, was of 18 weeks duration and led by four midwife teachers who are also practising Supervisors of Midwives in local Trusts. The LSA Midwifery Officer continued to be a member of the Course Planning Team, also participating with the LSA Midwife in delivering some of the programme content. This approach provides a mechanism whereby all aspects of the preparation course are facilitated by experienced Supervisors of Midwives and maintains the principle of safety of mothers and babies as paramount.

In addition, 'mentor' study sessions continued to be held at the HEIs, prior to and during each course, for experienced supervisors who planned to support midwives undertaking the preparation course. Attendance at a study session in the year prior to the course starting is mandatory for mentors/assessors in the North West, to ensure that the framework to support student supervisors in both the learning and clinical environments are robust and contribute to public protection in maternity services.

The LSA Midwifery Officer meets with the North West Lead Midwives for Education (LMEs) annually, as a group, to discuss issues related to pre and post registration education. In addition, meetings are arranged on an ad hoc basis at individual HEIs, whenever matters are highlighted – either by the LSA Midwifery Officer or by the LME – which would benefit from collaboration and sharing of ideas and information. The HEIs in the region providing midwifery education are:

- Edge Hill University College
- Liverpool John Moores University
- University College of Chester
- University of Central Lancashire
- University College of St Martin's
- University of Manchester
- University of Salford

Finally, a requirement of any supervised practice programme is that an academic mentor is identified – to enhance the midwife's reflection and learning. The midwifery lecturer concerned meets with the midwife regularly, reviews any written work and liaises very closely with the supervisors involved to monitor progress against specified objectives.

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

In the year 2006 – 2007, all supervisors were asked to consider the current 'North West LSA Guidance for Supervisors of Midwives' document, as a review of the content was due – this exercise is carried out every two years. The LSA collates any views about what should be included, omitted, revised or developed for the next version and then work to address these issues is undertaken by the LSA Midwifery Officer, the LSA Midwife and the Link Supervisors of Midwives, as a group.

Two new topics were highlighted by Supervisors in relation to the production of new guidance; the first was to produce North West documentation to assist supervisors carrying out the annual one to one reviews with midwives and development of a 'North West' form to record this on. Supervisors had identified variations across the region regarding this statutory duty and felt that they should all be using the same format. The documents produced in response to this exercise are included as Appendix 7 of this report.

It was also suggested by supervisors and agreed, that some guidance on 'Surrogacy' was required – as there had been an increasing number of situations of this type across the North West. Work on this document was still ongoing at the end of the fiscal year. In both instances, working groups of Supervisors of Midwives were convened to address the matter. This has been a successful format in the past – those supervisors with an interest in the issue meet, to bring together any available local and national information. The group, using examples of individual experiences and good practice, then produces a draft guideline or policy - which is circulated to all Supervisors of Midwives for comment. The working group meet to finalise the document – incorporating the views of supervisors from across the LSA and publication follows. This process ensures that the work is collaborative and that all Supervisors of Midwives are 'signed up' to the document, rather than the LSA being viewed as producing the guidance in isolation.

In addition, work by the LSA Midwifery Officers National Forum continued - to develop national guidance for use by all supervisors across the country - to support them in their role and to ensure that the statutory requirements are met. By the end of the year a 'National guideline preparation process' had been agreed - to formalise the process for the writing, review and dissemination of guidelines for the statutory supervision of midwives, using a standardised template. Several guidelines previously written were updated and several others identified for a 'second wave' in the forthcoming year.

Guidelines agreed across the UK:

- National guideline preparation process
- Nomination, selection and appointment of supervisors of midwives
- Supervised practice programmes
- Retention and transfer of records relating to statutory supervision
- Poor performance and de-selection of supervisors of midwives
- Voluntary resignation from the role of supervisor of midwives
- Process for the notification and management of complaints against a supervisor of midwives or an LSA Midwifery Officer, including appeals

It was also agreed to move forward next on:

- Transfer of midwifery records from self employed midwives
- Suspension of midwives from practice
- Confirming midwives eligibility to practise
- Supervisors /LSA Investigations of a midwife's fitness to practise

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

The North West has a wide spectrum of social inequalities and there are significant socioeconomic variations across the region – these factors are reflected in the health of the population. In Greater Manchester, 38.6% of the population are classed as being in the lowest 20% for deprivation in England. This compares to 34.9% for Cheshire and Merseyside and 22.5% in Cumbria and Lancashire.

The general fertility rates vary across the area but are increasing year on year, with the most deprived areas (Lower Super Output areas) having higher fertility rates and a higher incidence of low birthweight babies. The North West ranks seventh out of the nine English regions in terms of ethnic minority population, but some parts of the area have significantly larger numbers and the highest fertility rates are seen amongst the geodemographic classification 'Multicultural Centres'. This is demonstrated in areas such as the Blackburn with Darwen local authority, where general fertility rates are the highest in the LSA at 77.2 live births per 1,000 women aged 15-44, nearly one third higher than the rate for England and Wales. Oldham (71.5) and Pendle (70.3) are also significantly above average, but the Ribble Valley has the lowest (45.7), which is over one fifth higher than the rate for England and Wales, with Lancaster (47.2) and Sefton (48.3).

The percentage of live births to mothers living alone (no father named on the birth certificate) is highest in Knowsley, at 38.49 per 1,000 women aged 15-44 and in Liverpool (36.51). It is lowest in the Ribble Valley (6.49), Congleton (7.01), Eden (7.33) and the South Lakes (8.85). Teenage pregnancies (females aged under 18) are highest in Manchester at 71.83 per 1,000 women aged 15-44 and in Blackpool (70.89) and lowest in Congleton (29.75) and Macclesfield (32.74). The North West average rate of teenage pregnancies is high at 45.2, compared to an average rate of 42 across England.

Clearly these statistics impact significantly on the provision of midwifery care – needing supervisors and midwives to target interventions to specific localised populations in order to help improve the health of mothers and babies. In many North West maternity services specialist midwifery posts have been developed, to address the local public health agenda – some examples are:

- Teenage pregnancy midwife
- Asylum seeker and refugee midwife
- Drugs and alcohol specialist midwife
- Substance misuse/dependency midwife
- Mental health specialist midwife
- Smoking cessation midwife
- Consultant midwife in public health
- Midwife specialist for women with disabilities
- Specialist midwife to support women/babies with special needs
- Midwife specialist for women with inherited blood disorders
- Midwife to support vulnerable women and their families
- Midwife to support women suffering domestic violence
- Specialist mental health midwife
- HIV specialist midwife
- Infectious diseases midwife
- Diabetic specialist midwife

Numbers of Births

The total number of women delivered in the North West during the year was 87,161, an increase of 1,675 from 2005 - 2006. This resulted in 89,630 babies being born, (including multiple births) which represents 2,933 more babies born than in the previous year and is significant at a 3.38% increase – making a 12.16% increase over the last four years. Chart 3 demonstrates the year on year increase in births across the LSA area.

CHART 3 Total babies born in the North West

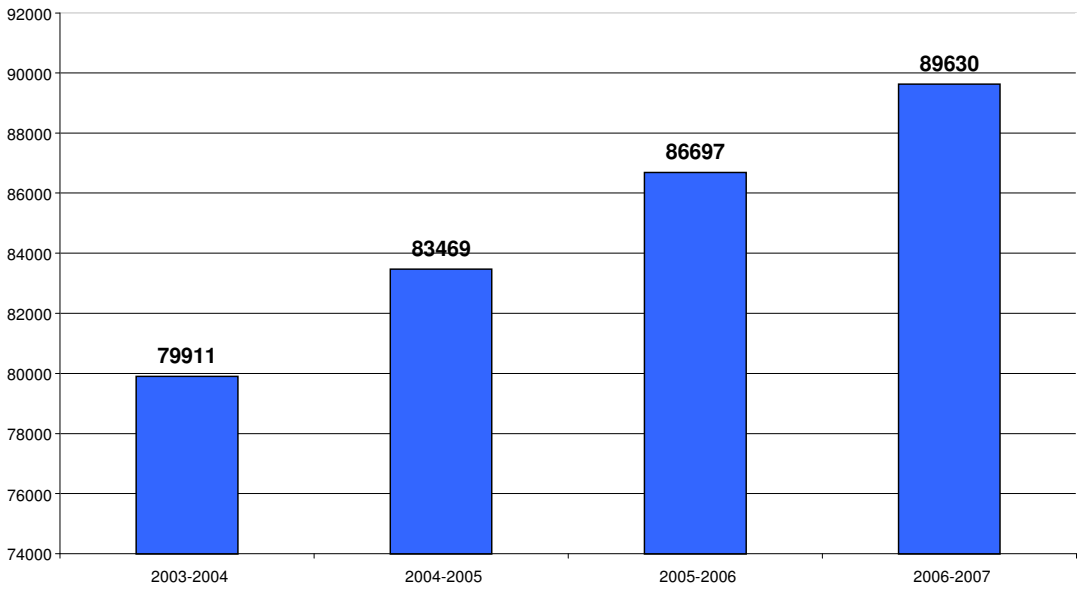
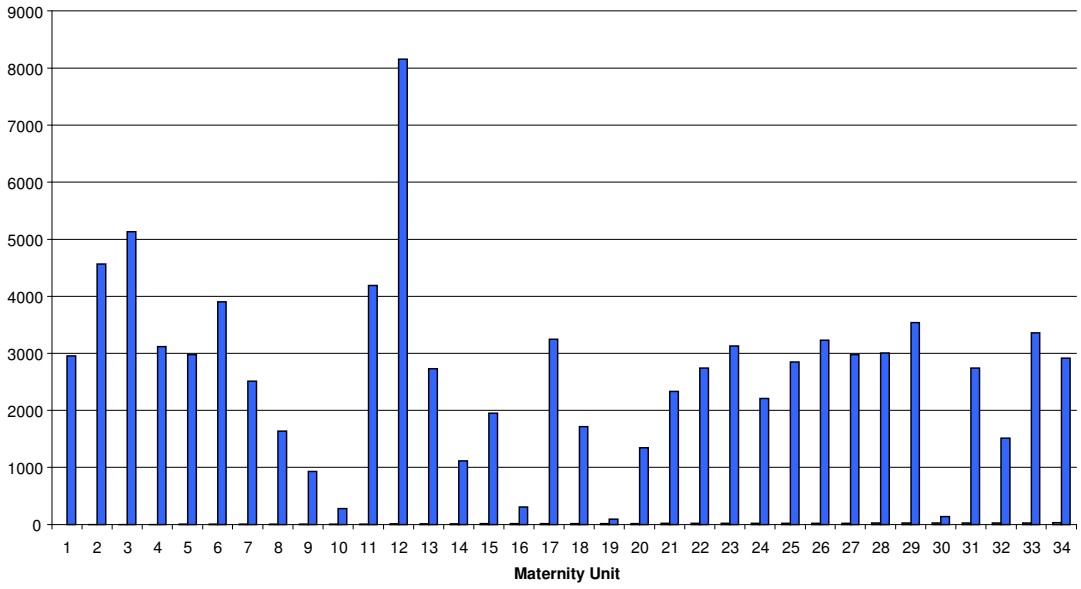


Chart 4 shows the numbers of babies born in each North West unit over the year – illustrating the huge variation in size and capacity of local maternity services.

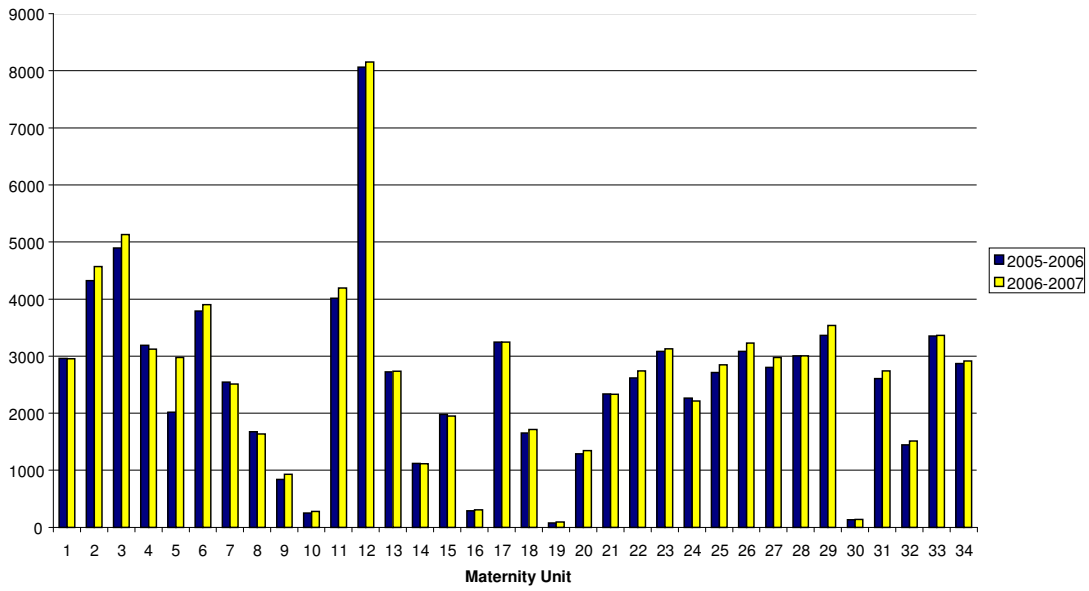
CHART 4 Total numbers of babies born in 2006 – 2007



In 2006 – 2007, 74% of maternity services in the region had an increase in the number of births from the previous year - some were significantly higher – often with the consequent serious implications for midwifery practice and the closure of units to admissions. Clearly, because in most services the number of midwives has not increased (it has decreased in some areas), there is a considerable impact on the provision of care to mothers and babies.

In view of the significant increase in numbers of North West women giving birth, it is not surprising that one of the overwhelming themes at many audit visits was that supervisors and midwives are growing increasingly concerned about the quality of care they can offer to mothers and babies. In addition, supervisors are beginning to report an inability to ensure that student midwives are adequately supported at all times in the clinical areas. The increase in workload for midwives means that when they are allocated as a 'mentor' to a student, they cannot always spend sufficient time with them – resulting in the possibility of a suboptimal experience for the student and in some cases, consideration that numbers of students midwives should be reduced. In addition, in some services it is also becoming increasingly difficult to provide robust preceptorship for newly qualified midwives. Chart 5 demonstrates the increase in births across the North West by showing the total number of babies born in each unit over the last two years. As illustrated, East Cheshire NHS Trust (unit 5) had the sharpest increase in the number of births; 2,980 women delivered there in 2006 – 2007, compared to 2,018 the previous year, a 43% rise.

CHART 5 Total number of babies born in North West units for last 2 years



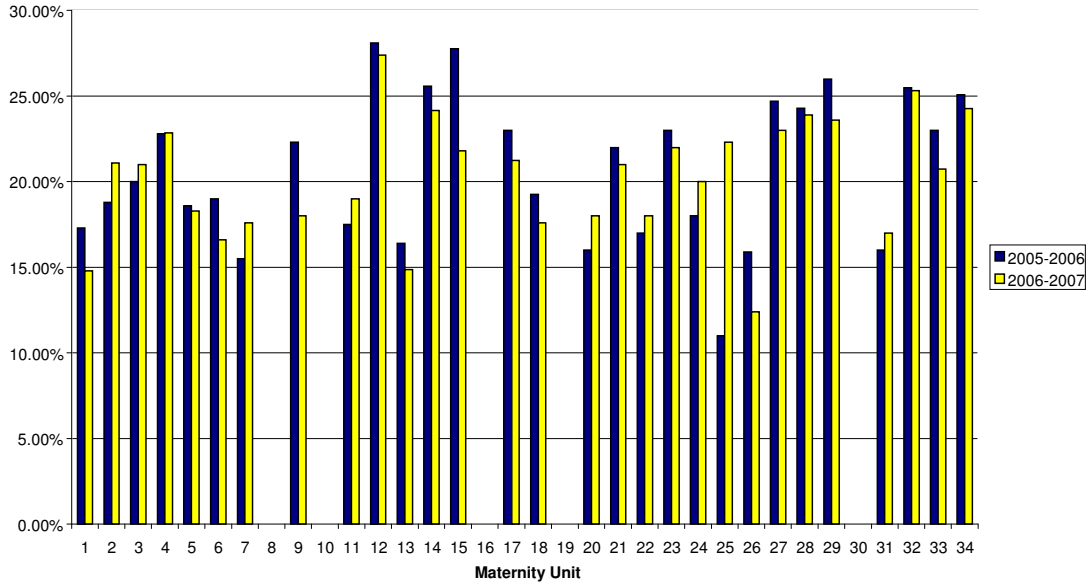
The increases in midwifery workload have caused acute concern to Supervisors of Midwives in several North West units during the year, resulting in appeals to Trusts to review the situation, particularly with regard to staffing levels. Only six Trusts in the region have not undertaken Birthrate Plus (midwifery manpower planning tool), in recent years - but unfortunately, most of those that have carried out this exercise and found a shortfall in the staffing establishment, have not been awarded additional funding to increase the number of midwives.

Trends in obstetric interventions

Inductions of labour

The data shows that induction rates across the North West are reducing slowly. The highest in 2003 – 2004 was 32%, in 2004 – 2005 it was 30%, in 2005 – 2006 it was 28% and in 2006 – 2007 the highest was 27.40%. However, the latest available national data shows that in England 20% of deliveries were induced – making the current rates in many North West units considerably higher than could be expected. Chart 6 illustrates that Liverpool Women's Hospital NHS Trust (unit 12) had the highest induction rate at 27.4%, which may be expected as a tertiary referral centre and was slightly lower than the previous year – when it was 28%. Trafford Healthcare NHS Trust (unit 32) was also high at 25.32% and Wrightington, Wigan and Leigh (unit 34) at 24.27%, both were similar to the previous year. South Manchester University Hospitals (unit 26) had the lowest at 12.45%, which was a further significant reduction from the previous year when the rate was 15.90%, Blackpool, Fylde and Wyre Hospitals NHS Trust (unit 1) had a rate of 14.80% and Mid Cheshire Hospitals NHS Trust (unit 13) was 14.87%, each of these two were considerably less than the year before.

CHART 6 Induction rates for the last 2 years

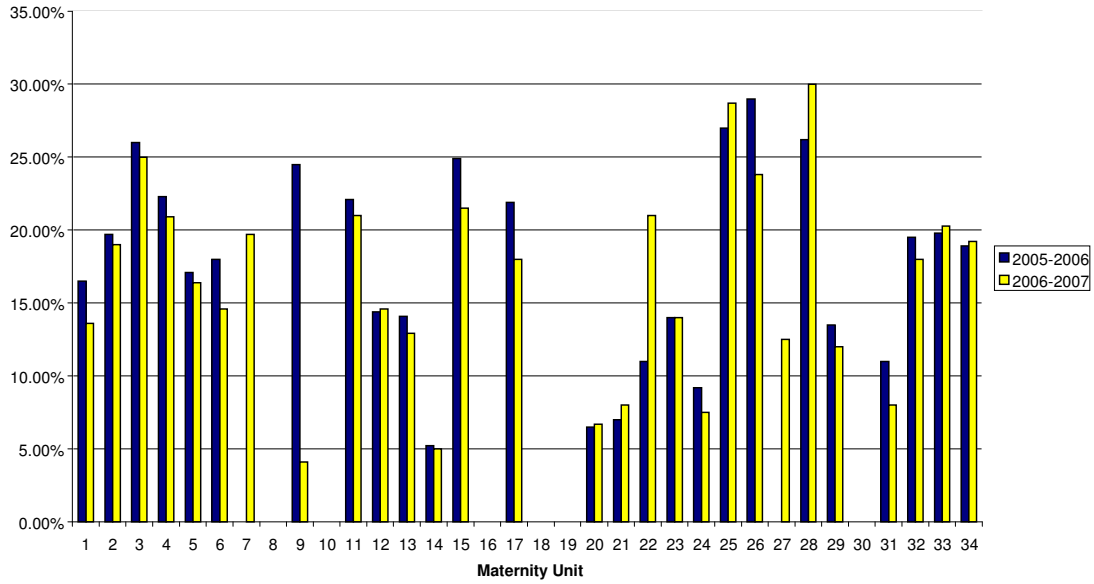


NB: Units 10, 16, 19 and 30 are Midwife Led, therefore no inductions are carried out. Unit 8 is a PCT, therefore no inductions undertaken

Epidural rates

The national average is that one third of women have epidurals in labour, but there is a huge variation across the North West – ranging from 4.1% to 30%. As illustrated in Chart 7, the highest rate was in St Helens and Knowsley Hospitals NHS Trust (unit 28) at 30%, an increase from 26.2% the year before. Salford Royal Hospitals NHS Trust (unit 25) were at 28.7% and Central Manchester University Hospitals NHS Trust (unit 3) at 25%. The lowest epidural rate in the region was in the Isle of Man (unit 9) at 4.1%, with Morecambe Bay Hospitals NHS Trust - Furness site (unit 14) having a rate of 5%. The other Consultant led unit in Morecambe Bay – Lancaster (unit 15) had a rate of 21.5%, a significant difference within the same organisation. Whitehaven (unit 20), part of North Cumbria Acute Hospitals NHS Trust had a rate of 6.7%, whilst the other Consultant led unit of North Cumbria – Carlisle – does not provide an epidural service. Rochdale (unit 24) had a rate of 7.5% and Bury (unit 21) of 8%, both of these units are part of Pennine Acute Hospitals NHS Trust and the other two units in the organisation are Oldham (unit 23), where the epidural rate was 14% and North Manchester (unit 22), where it was 21%.

CHART 7 Epidural rates for last 2 years

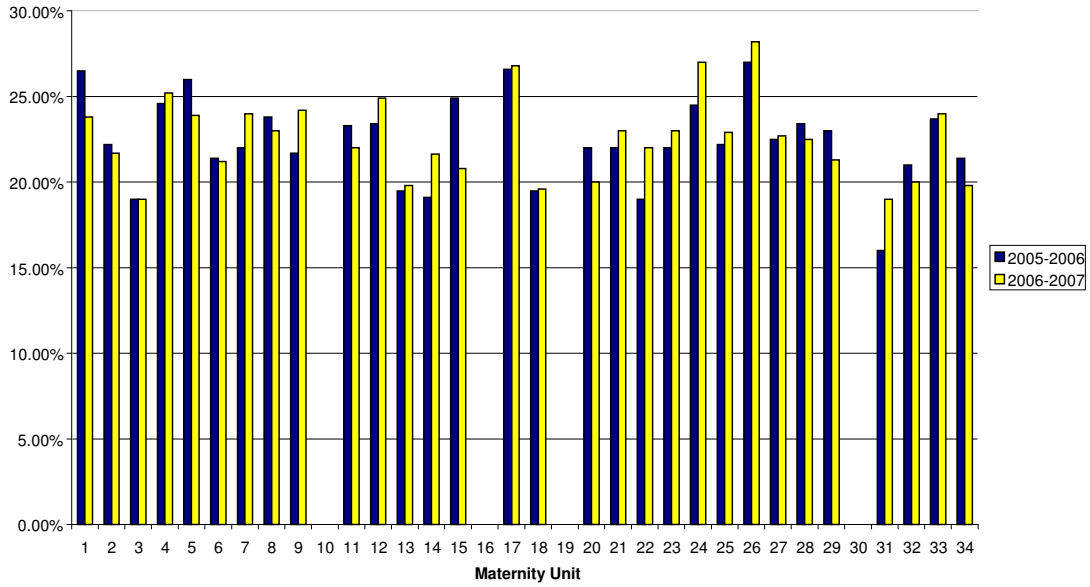


NB: Units 10, 16, 19 & 30 are Midwife Led & Unit 8 is a PCT, therefore no epidural service is provided. Unit 18 does not provide this service

Caesarean section rates

The data in Chart 8 is for all caesarean sections, so includes both elective and emergency operations. Although the rates do continue to be a cause for concern, past trends - that saw several units with a rate of well over 27% - appear to be slowly reversing – the majority of services are now on or below 25%.

CHART 8 Caesarean Section rates for last 2 years



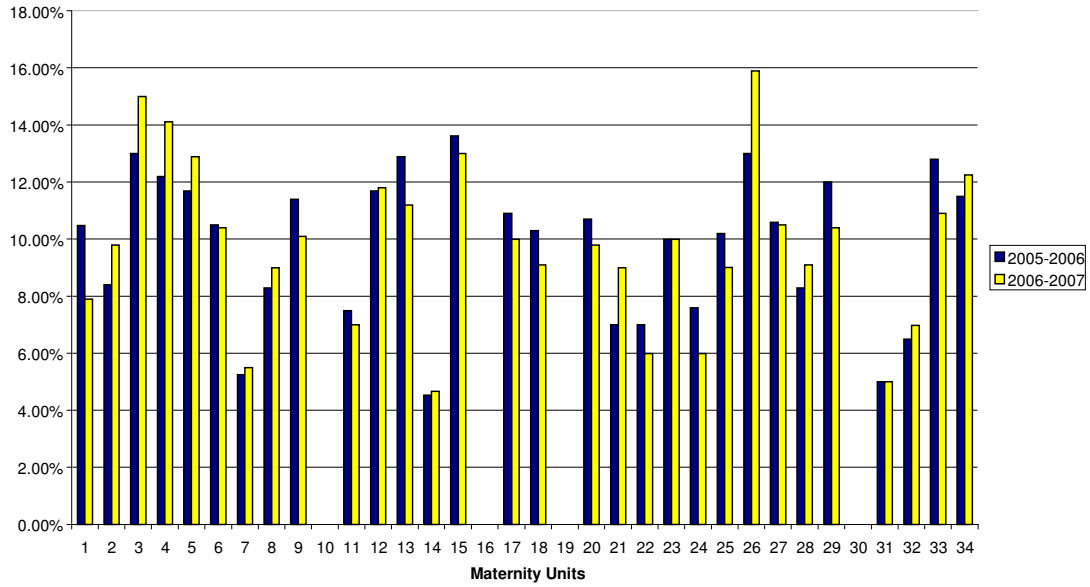
NB: Units 10, 16, 19 and 30 are Midwife Led, therefore no caesarean sections undertaken

Whilst the latest available national data shows a rate of 23.5% as an average for England, the average rate in 2006 – 2007 for the North West of 22.56% was a significant improvement on recent years. The two units with the lowest Caesarean section rates in the region, at 19%, were Tameside and Glossop Acute Services NHS Trust (unit 31) and Central Manchester University Hospitals NHS Trust (unit 3). Tameside's rate has increased from 16% the year before, but is a service that has consistently achieved the lowest rate across the North West for several years. Central Manchester is a large tertiary referral centre with a highly complex case mix who have established and maintained a significantly lower caesarean section rate than might be expected there. North Cumbria Acute Hospitals NHS Trust – Carlisle site (unit 18) had a rate of 19.6% and the other maternity unit in their organisation, Whitehaven (unit 20) was at 20%. For the second year running Mid Cheshire Hospitals NHS Trust also has a comparatively low (unit 13) at less than 20%.

Instrumental deliveries

The data on Chart 9, for instrumental delivery rates, shows a slight increase from 2005 – 2006. The highest in the North West was 15.9% compared to 14% the year before and the lowest was 4.67%, compared to 4% the previous year. This makes an average of 9.74% for the region, whilst national data shows an average of 11% for England. The highest rate was in South Manchester University Hospitals (unit 26) at 15.9%, a rise from 13% the year before. Central Manchester University Hospitals (unit 3) was 15%, again an increase from 13% and Countess of Chester Hospitals NHS Trust (unit 4) up 14.11% from 12.2%

CHART 9 Instrumental deliveries for the last 2 years



NB: Units 10, 16, 19 and 30 are Midwife Led, therefore no instrumental deliveries undertaken

The lowest instrumental delivery rates were at Morecambe Bay Hospitals NHS Trust – Furness site (unit 14), at 4.67%, whilst the other Consultant led unit in that Trust – Lancaster (unit 15) was 13%. Tameside and Glossop Acute Services NHS Trust (unit 31) were also low at 5% and they also had the lowest caesarean section rate in the North West. Burnley (unit 7), part of East Lancashire Hospitals NHS Trust, had a rate of 5.5%, whilst Blackburn (unit 6), the other unit in that Trust, had a rate of 10.4%.

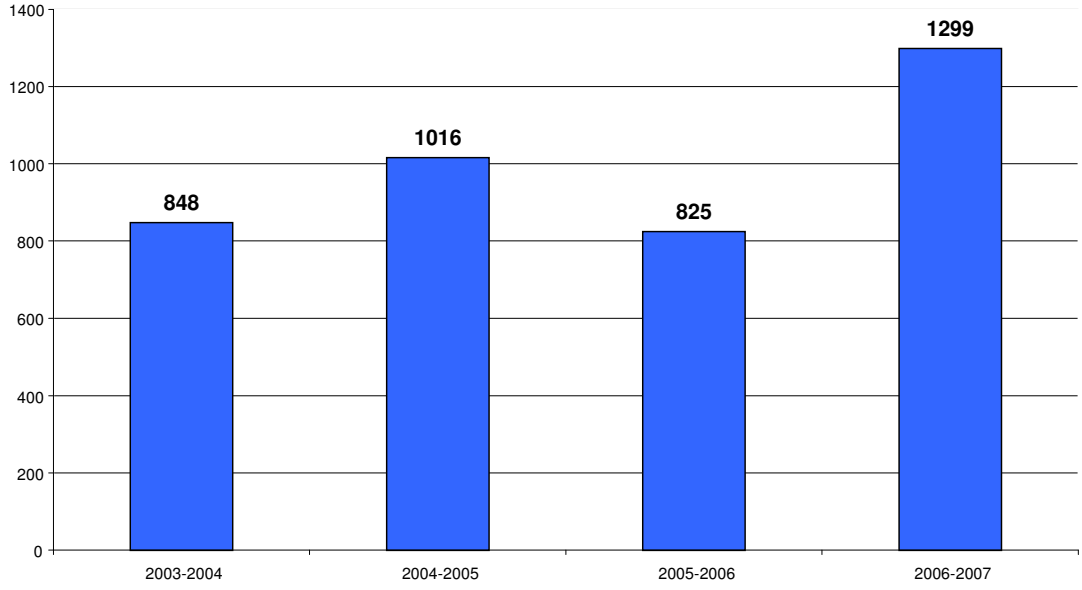
Other clinical trends

Home births

In line with the National Service Framework, most maternity services made a concerted effort in the past year to ensure that all women were offered the opportunity to have their baby at home, resulting in the highest home birth rate in the North West recorded in recent times. The total number of planned home births in the North West for 2006 – 2007 was 1,299 compared to 825 in the previous year and the number of actual home births with a midwife in attendance was 1,314 compared to 757 in 2005 – 2006. This is a shift from 1.1% of North West babies born at home in 2005 - 2006 to 1.5% in 2006 – 2007.

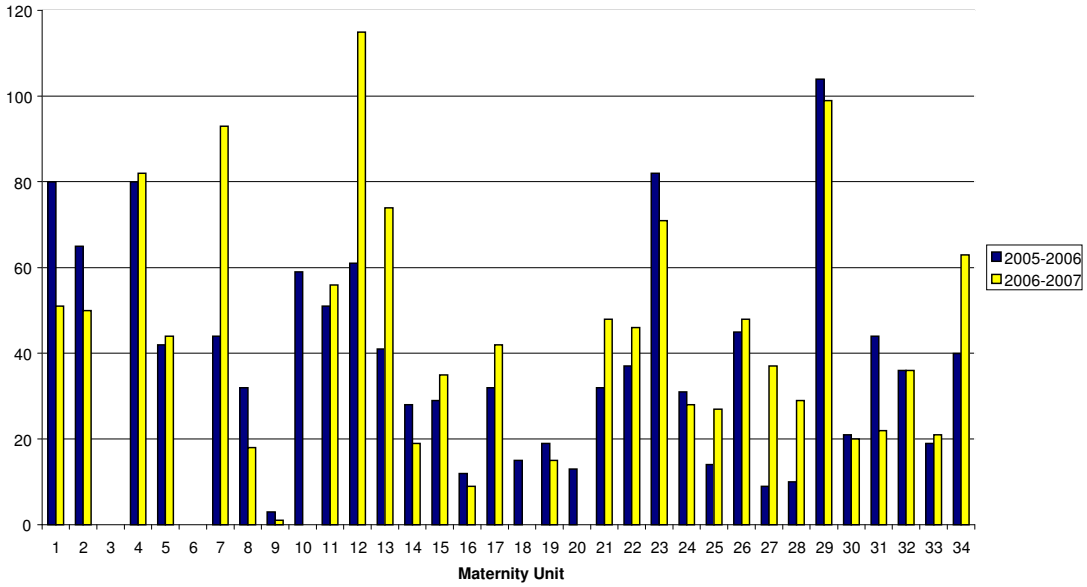
The current national average is 2.6%, so although still low compared to many areas of the country, the increase in the North West is a significant improvement. Chart 10 shows planned home births in the region for the last four years.

CHART 10 Planned home births in the North West



A large number of babies born at home were in areas where midwives work from a 'stand alone' birth centre or midwife led unit. The highest percentage of actual home births, when compared to hospital births, was 17.89% and took place in Penrith (unit 19), part of North Cumbria Acute Hospitals NHS Trust. In Corbar, (unit 30) which is managed by Stockport NHS Foundation Trust, 13.98% of babies were born at home and in Chorley (unit 10), part of Lancashire Teaching Hospitals, 12.68% of the births took place at home. Regarding 'Consultant led' units; Burnley (unit 7), part of East Lancashire Hospitals NHS Trust had the highest home birth rate at 2.26%, East Cheshire NHS Trust (unit 5) were next at 2.25% and Countess of Chester Hospitals NHS Trust (unit 4) had 2.21%. The lowest home birth rate was in the Isle of Man (unit 9) at 0.10%, followed by North Cheshire Hospitals NHS Trust (unit 17) at 0.38%. Chart 11 shows planned home births per unit for the last two years and demonstrates the most significant increases were at Burnley, Liverpool Women's Hospital NHS Trust (unit 12) and Wrightington, Wigan and Leigh NHS Trust (unit 34).

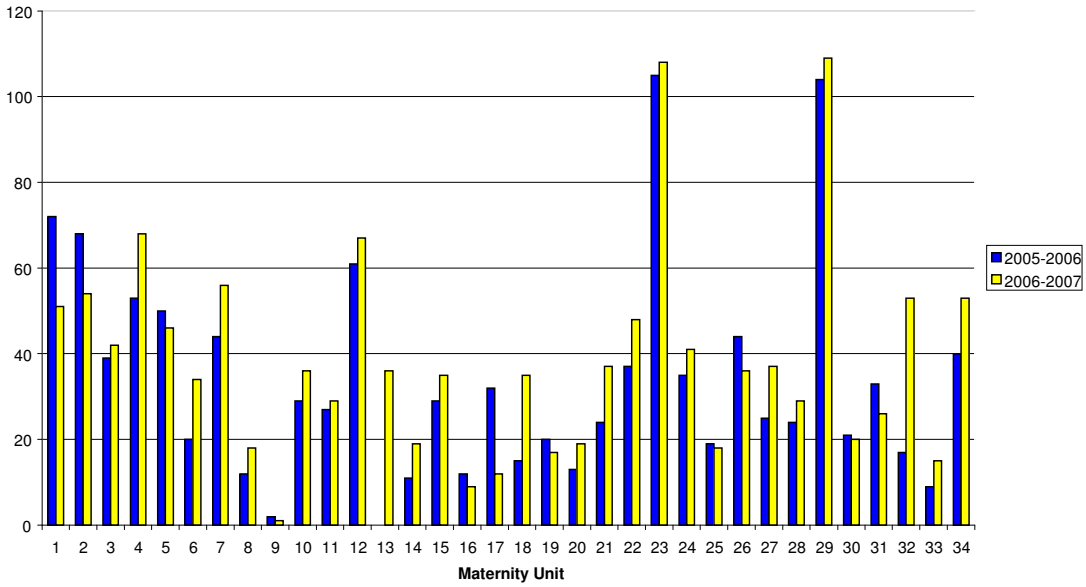
CHART 11 Planned home births for last 2 years



Unfortunately, some areas saw a decrease in planned homebirths; most notably Blackpool, Fylde and Wyre Hospitals NHS Trust (unit 1), Tameside and Glossop Acute Services NHS Trust (unit 31) and Bolton Hospitals NHS Trust (unit 2). There were also significant differences, in several units, between the number of home births planned and those that actually took place**.**

Chart 12 shows actual home births for the last two years and highlights the fact that Stockport NHS Foundation Trust (unit 29) and Pennine Acute Hospitals NHS Trust, Oldham site (unit 23) have maintained the highest number of home births. This chart also demonstrates that some maternity services have made a substantial improvement this year regarding numbers of actual home births; namely Mid Cheshire Hospitals NHS Trust (unit 13) and Trafford Healthcare NHS Trust (unit 32).

CHART 12 Actual home births with midwife in attendance for last 2 years



Unfortunately, the number of babies 'born before arrival' (BBAs), before an intended transfer to hospital and without a professional in attendance, remains a concern in many areas. Across the North West the figure has risen steadily over recent years, with a 139% increase in the last four years; Chart 13 illustrates this. Supervisors in most units are carrying out audits of all BBAs, in an attempt to establish the reasons.

CHART 13 BBAs in the North West for last 4 years

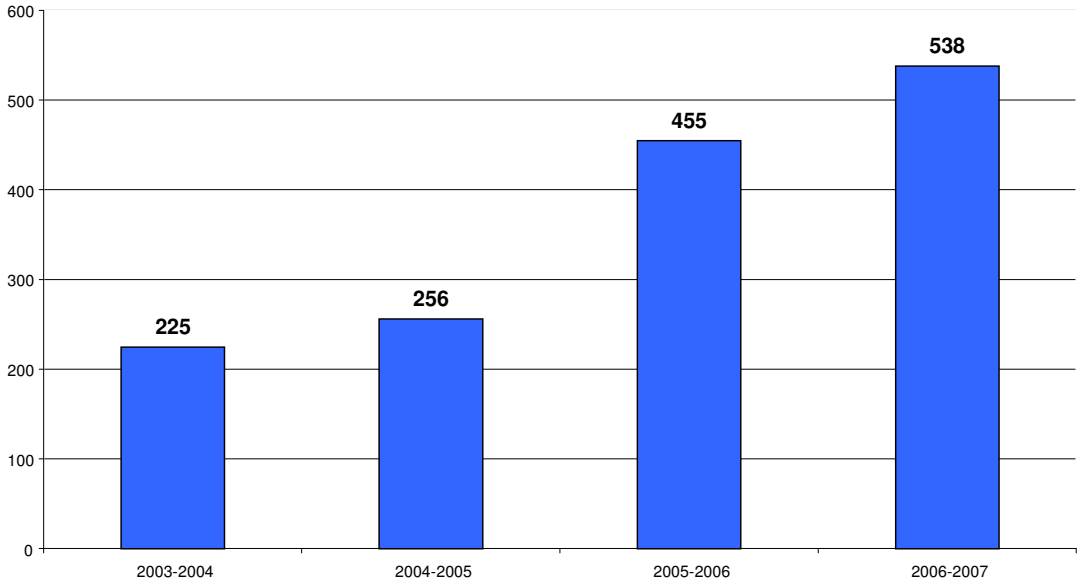
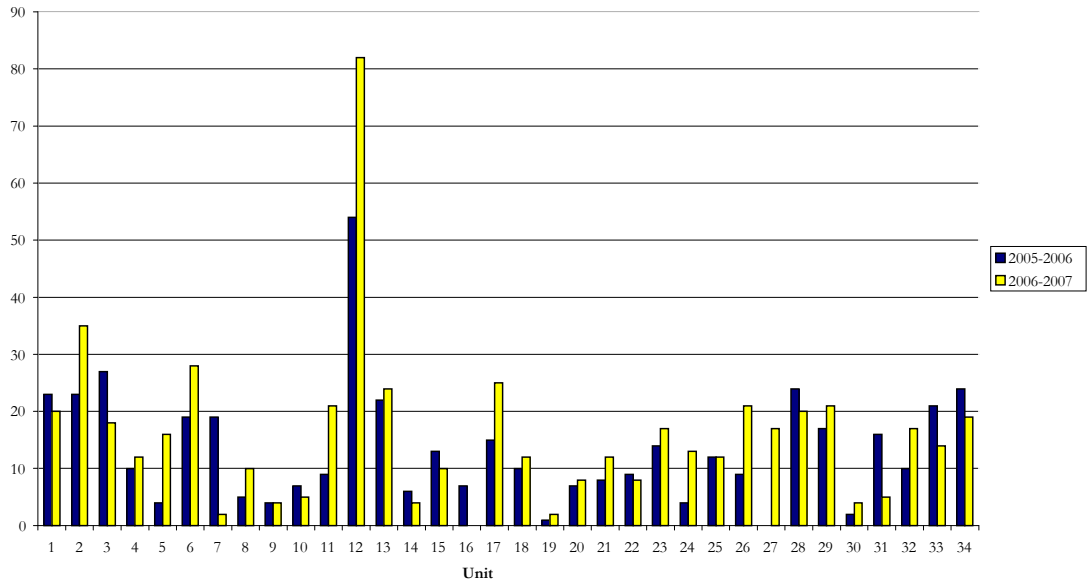


Chart 14 shows the BBAs per unit over the past two years and demonstrates that Liverpool Women's Hospital NHS Trust (unit 12) had the highest number in 2006 - 2007 and also the biggest increase on the previous year.

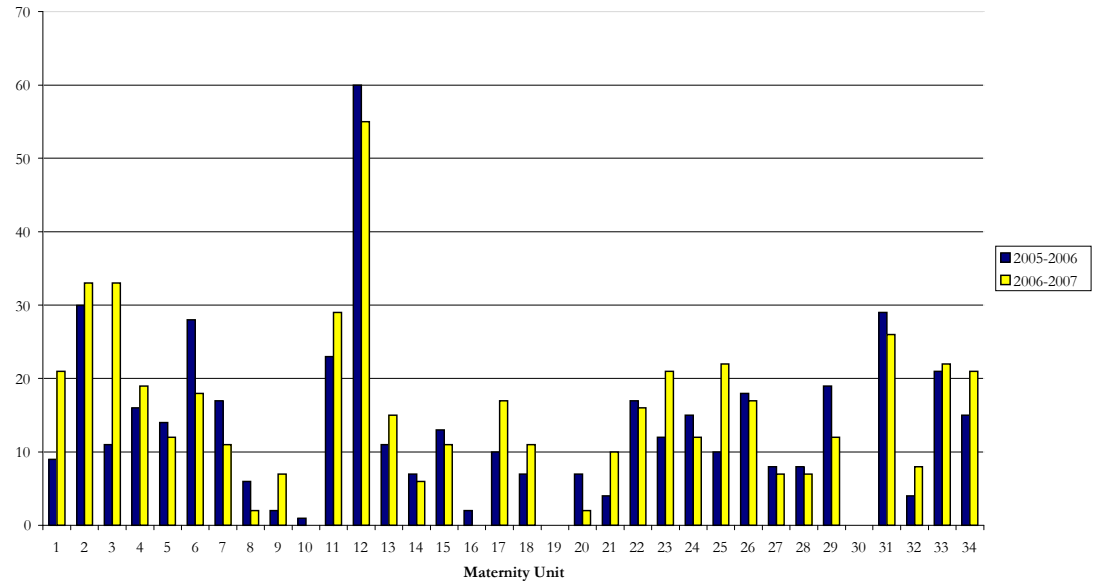
CHART 14 Total number of BBAs for last 2 years



Vaginal breech births

As can be seen in Chart 15, substantial variation exists in practice regarding babies presenting as breech being delivered vaginally. Four units reported not undertaking any in 2006 – 2007, of these two were midwife led units that reported carrying out breech vaginal births the previous year. Some services undertook significantly more than in 2005 – 2006, whilst others had a marked reduction in numbers.

CHART 15 Vaginal breech births for last 2 years

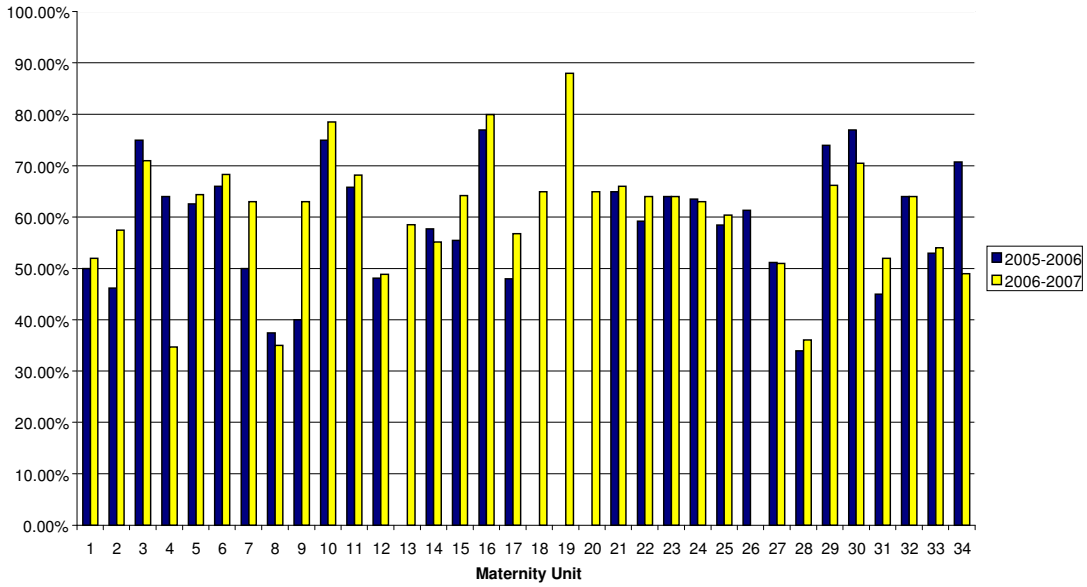


NB: Units 10, 16, 19 and 30 reported no vaginal breech births for the year 2006-2007

Breastfeeding rates

For the first time in 2005 - 2006, the North West LSA collected information on rates for initiation of breastfeeding, but four units were unable to provide the data that year. In 2006 – 2007, only one unit did not supply the information, so meaningful comparisons between services can be made for this year. The figures presented show considerable variation, ranging from 34.7% to 88% across the North West. The highest rates for breastfeeding are generally at the midwife led units and birth centres – with Penrith (unit 19) being the highest at 88%, Kendal (unit 16) at 80%, Chorley (unit 10) at 78.5% and Corbar (unit 30) at 70.5%, a reduction for them from 77% the previous year. Of the Consultant led services, Central Manchester University Hospitals NHS trust had the highest rate at 71%, a reduction from 75% the previous year, East Lancashire Hospitals NHS Trust – Blackburn site (unit 6) had 68.3% and Lancashire Teaching Hospitals at Preston (unit 11) had a rate of 68.2%. Significant progress has been made in some maternity services, the Isle of Man had an initiation rate of only 40% in 2005 – 2006, which has now increased to 63%. Bolton Hospitals NHS Trust (unit 2) went from 45% to 57.5% and Tameside and Glossop Acute Services NHS Trust (unit 31) increased from 44% to 52%.

CHART 16 Percentage of women initiating breastfeeding for last 2 years

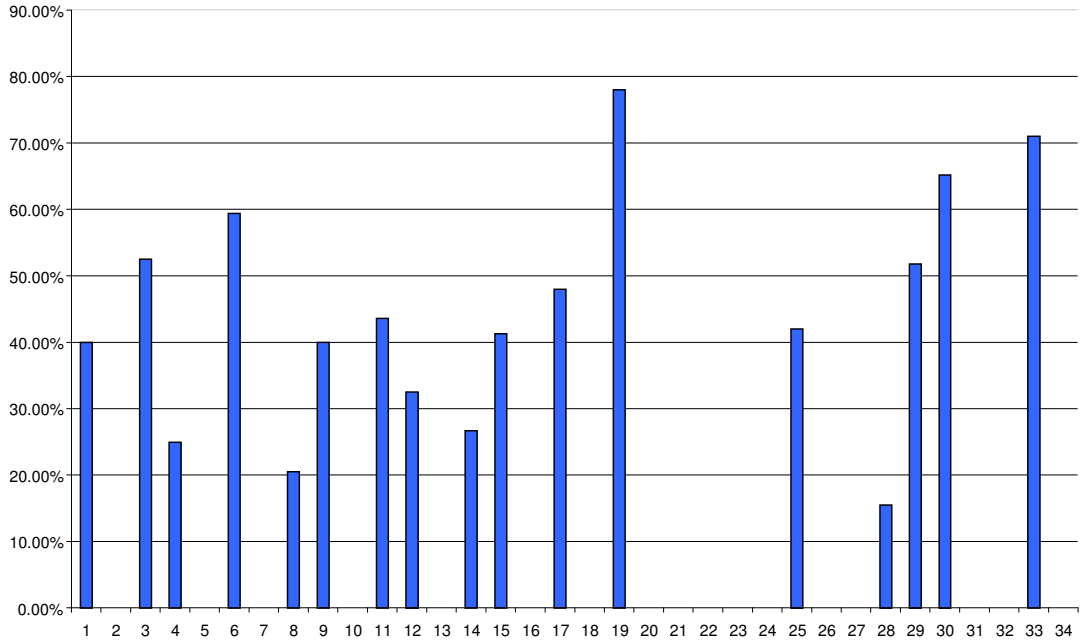


NB: Units 13, 18, 19 & 20 did not supply the information for the year 2005-2006.
Unit 26 reported that they were unable to collect the information for 2006-2007

The lowest rates in 2006 – 2007 were at Countess of Chester Hospitals NHS Trust (unit 4) with 34.7%, which was a significant reduction from the previous year - when their rate was 64%. Halton Primary Care Trust (unit 8) was 35%, a slight decrease from 37.5% and St Helens and Knowsley Hospitals NHS Trust (unit 28) at 36.1%, although this was an increase from 34% the year before. Wrightington, Wigan and Leigh NHS Trust (unit 34) had a worrying reduction – their initiation rate decreased from 70.7% in 2005 –2006 to 49% in 2006 – 2007.

For the first time, the percentage of women exclusively breastfeeding on transfer from midwife to Health Visitor care was collected for 2006 – 2007. Although not all units could provide the information, the data that was available is presented in Chart 17.

CHART 17 Percentage of women exclusively breast feeding on transfer to Health Visitor care



NB: Units 7, 10, 13, 16, 24, 26, 27, 31, 32 & 34 reported that they do not collect the information. Units: 2, 5, 18, 20, 21, 22, 23 did not answer

Again there are wide variations; Penrith birth centre (unit 19) had the highest rate at 78%, which is a reduction of only 10% on those initiating breastfeeding. Interestingly, Wirral Hospitals NHS Trust (unit 33) reported that although only 54% of their women initiated breastfeeding, 71% were exclusively breastfeeding on transfer to Health Visitor care. Although many units sustained a high percentage of women breastfeeding from initiation through to transfer, some had a substantial decrease in that time. St Helens and Knowsley (unit 28) had the lowest exclusively breastfeeding rate at 15.5%, which is a cause for concern – particularly as their initiation rate was very low at 36.1%. However, although Blackpool, Fylde and Wyre Hospitals NHS Trust's (unit 1) initiation rate was below average at 52%, they had 40% of women still exclusively breastfeeding on transfer and whilst Halton (unit 8) had only 35% initiating, 20.5% of women were also still exclusively breastfeeding on transfer.

Maternal deaths

The number of maternal deaths across the North West remains consistent; 17 were reported to the North West LSA in 2006 – 2007, compared to 18 in the previous year and 17 during the year before that. The LSA Midwifery Officer liaises with the CEMACH Regional Manager, to cross reference and ensure that all deaths have been reported.

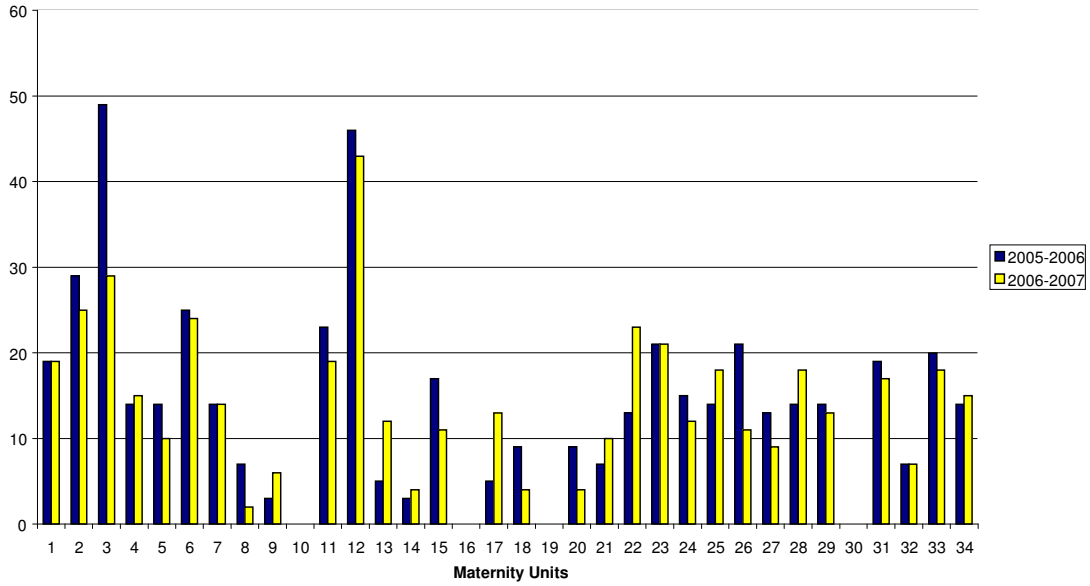
The reasons for the maternal deaths were varied and several had more than one contributing factor. Many were indirect maternal deaths, as can be seen from the list below, which includes all causes of maternal deaths in the region for the year:

- Cardiomyopathy x 2
- Dissected aortic aneurism x 2
- Cerebral haemorrhage
- Epilepsy and cerebral hypoxia x 2
- Epileptic fit complicated by aspiration; hypoxia which led to cardiac arrest
- Diabetes in pregnancy
- Amniotic fluid embolism
- Reoccurrence of non-Hodgkin's lymphoma
- Metastatic breast cancer
- Unintentional poisoning due to medication
- Collapsed four months postpartum – resuscitate unsuccessful
- Murdered
- Road traffic accident
- Hypovolaemic shock due to disseminated intravascular coagulation, fatty liver of pregnancy and toxaemia

Stillbirths

During the year there were a total of 446 stillbirths across the North West, which was a reduction from the 483 reported in the year before.

CHART 18 Stillbirths for last 2 years



NB: Units 10, 16, 19 and 30 reported no Stillbirths

As illustrated, the two birth centres, Corbar and Penrith, did not have any stillbirths in either 2006 – 2007 nor in the previous year. Neither did the two 'stand alone' midwife led units at Kendal and Chorley.

Methodology for Data collection

The North West LSA collects the clinical information discussed in this section of the report annually. At the end of the fiscal year, the LSA office sends out a data collection form to each contact Supervisor of Midwives and when complete, it is submitted along with the local annual report of statutory supervision in that area. The LSA Services Manager then collates the statistics onto a spreadsheet - which means that comparison with previous years is possible. As national or regional issues are identified, the requirements of data collection may vary year on year – supervisors also comment on the information collected - therefore the form is revised annually to address specific requirements.

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

Two formal complaints were made to the LSA about individual Supervisors 2006 – 2007. In the first instance, a midwife wrote to express her disquiet about how a member of her family had been treated in one of the North West maternity units, naming a particular supervisor and suggesting that she had not resolved the issues when approached. On investigation by the LSA, it became clear that the concerns related to medical clinical care and management issues – however, liaison with the Supervisor of Midwives involved helped to address these matters at a local level. In addition, it was useful to communicate with the midwife's named supervisor in a different maternity unit – who was offering support. There was recognition that as a midwife, it can be particularly difficult to deal with a situation involving a close family member accessing maternity care, especially when this occurs in an unfamiliar Trust. The second complaint was also from a midwife, in this case about the supervisor who was investigating clinical incidents and concerns about this midwife's practice. As the allegations were being investigated by the LSA, it became clear that the midwife had also complained about the supervisor to the NMC – who on consideration of all the evidence concluded that there was no case to answer and the supervisor was totally exonerated.

The process to investigate any complaint against a Supervisor of Midwives is addressed in the North West LSA Guidance. The policy on poor performance is supplemented by a flow chart (Appendix 10), which clearly demonstrates what action is taken at every stage – to ensure impartiality and fairness.

In addition to these two complaints, supervisors in one Trust contacted the LSA because an investigation into the clinical practice of one of their Supervisor of Midwives colleagues was underway. In view of the serious nature of the issues and the fact that a suspension from duty had taken place, the LSA had to temporarily stop the supervisor from carrying out the role, until the investigation was complete.

On several occasions over the year, woman have contacted the LSA to express concern about the response they received when trying to access their chosen package of care at the local maternity unit. Unfortunately, in some of these instances, they had contacted Supervisors of Midwives but the situation had not been resolved. The LSA has intervened and discussions between the LSA Midwife, the supervisors and the woman have usually resulted in a plan of action for those particular circumstances and a positive outcome. In addition, the LSA has been contacted by members of the public regarding a variety of other issues – often because they were unaware of the role of Supervisors of Midwives or how to contact one. The LSA Midwife has liaised with supervisors across the North West to try and ensure that women, who were concerned that their specific needs or choices for maternity care were not being met, have been supported by a Supervisor of Midwives to address the situation.

5.10 Reports on Local Supervising Authority investigations undertaken during the year

The LSA and North West Supervisors of Midwives investigated a variety of incidents during the year 2006 – 2007; supervisors notified the LSA of 59 separate investigations into midwifery practice, however two Trusts did not supply this information when requested. The LSA was required to be formally involved on eleven occasions and five of these resulted in referral of midwives to the NMC. In addition, the LSA Midwife and/or LSA Midwifery Officer were involved informally on several other occasions, to support and advise supervisors, as they carried out an investigation and/or planned supervised practice for midwives. If it becomes clear that a particular situation involves serious allegations of misconduct or unfitness of a midwife to practise, or if protracted incompetence is apparent, North West supervisors always contact the LSA. The LSA Midwifery Officer will then decide if the SHA need to be informed – although they are always notified of any midwife suspended from practice and referred to the NMC. In addition, if an incident is classed as a 'Sudden Untoward Incident' (SUI), the Trust will follow the policy pertaining to reporting of these to the SHA – independent of the LSA process.

In addition to North West LSA investigations, three other LSAs were assisted in the year. The LSA Midwifery Officer undertook an external review of midwifery services in Guernsey – at the request of the LSA Midwifery Officer for the South West and the LSA Midwife provided expert external advice, regarding a situation involving independent midwives in the East of England, again at the request of the LSA Midwifery Officer there. Also, a North West Supervisor of Midwives assisted the LSA Midwifery Officer for South Central LSA, when a midwife who had been practising in that area moved into the North West, part way through an LSA investigation into her practice.

Supervised Practice

As shown in table 3, as a result of supervisory and/or LSA investigations, a total of 29 midwives undertook supervised practice in 2006 – 2007, which is higher than in previous years. This may appear to be a worrying trend – however, on analysis many of the midwives have been cause for concern over several years and as the value of supervised practice becomes more widely acknowledged, the issues are being addressed. As 4,341 midwives notified their intention to practise in the year, this figure constitutes only 0.67% of all those practising in the North West.

TABLE 3 - Midwives on Supervised Practice in last 3 years

1 April 2004 – 31 March 2005	13
1 April 2005 – 31 March 2006	18
1 April 2006 – 31 March 2007	29

Of these 29, three midwives had commenced the period of supervised practice in the previous year and completed it in 2006 – 2007, twenty five started and completed within the year and one began in 2006 – 2007, but the period continued after 31st March 2007. The length of supervised practice varied from six weeks to eight months and two of the midwives needed an extension to the length of the programme to achieve the set objectives. No midwives refused to undergo supervised practice and no midwives failed to complete their programmes.

Documentation for every midwife undertaking supervised practice is sent to the LSA by the Supervisors of Midwives involved and regular updates on the progress of each midwife and also the eventual outcome, is an LSA requirement. North West supervisors utilise the proforma in the LSA Guidance (Appendix 11), to record all details of the programme of supervised practice, which ensures consistency and also provides evidence that everyone concerned has signed up to the proposal.

The reasons for midwives being placed on supervised practice are similar to previous years and the action has always followed an investigation or clinical review - which may have arisen from a significant clinical incident or a history of recurrent impaired midwifery practice. Supervised practice is only considered when the level of concern is such that the midwife's practice could warrant referral to the NMC if not addressed.

Frequently involved factors: -

- Failure to maintain adequate records and legibility of documentation
- Falsification of records/documents
- Sub-optimal practice
- Misinterpretation of CTGs
- Failure to act on sub-optimal CTG
- Inability to identify abnormalities
- Failure in duty of care
- Lack of understanding of responsibility and sphere of practice
- Failure to accept accountability
- Failure to follow guidelines and protocols for care
- Failure to communicate or collaborate effectively with colleagues
- Inadequate observations of mother and/or fetus
- Failure to summon appropriate practitioner for assistance
- Failure to act as an advocate for women
- Failure to report adverse event/near miss to Supervisor of Midwives
- Drug errors
- Practised outside NMC rules and standards (2004) and Code of Professional Conduct (2004)

In most instances more than one of the above factors were involved.

When supervised practice does not achieve the desired outcomes, the LSA Midwifery Officer and the supervisors involved jointly agree the next step – sometimes this is an additional period of supervised practice, or if it is clear that this will not address the outstanding issues, the midwife is referred to the NMC.

A new trend across the North West in 2006 – 2007 was that three of the midwives undertaking supervised practice were supervisors – relieved of their duties in this role whilst the programme was undertaken. In view of the fact that an increasing number of midwives in clinical practice are becoming Supervisors of Midwives, this may be expected from time to time. Two of these supervisors resigned from the role whilst on supervised practice but the other one resumed her supervisory duties – with the support of colleagues and the LSA. Two of the midwives undertaking supervised practice were relatively newly qualified (2 - 3 years) and another three had been qualified between four and five years. This factor is a serious cause for concern – as in the previous year a similar picture was seen – therefore the issue continues to be discussed with the relevant HEIs and with the Supervisors of Midwives involved. Following these instances, reinforcement has taken place of the need for mentors/assessors to be realistic when assessing practice and that 'fitness for purpose' must be considered as paramount at all times. The need for midwives to seek support from midwifery lecturers, when they have concerns about a student's clinical competence, has been sent as a strong message. There is an increased acknowledgement that it is far preferable to address the issues at the time and if necessary prevent a potentially unsafe midwife from gaining entry to the register, than having to admit - when serious problems occur at a later stage - that a particular midwife has never been fit to practise.
The remainder of midwives undertaking supervised practice varied from ten to 25 years since qualification – with a significant number having trained as midwives approximately 20 years ago. In addition to the above, the trend continues that errors and omissions appear to happen more frequently when staffing and workload issues place midwives under excessive pressure.

An increasing number of Trusts are recognising statutory supervision as a legitimate and effective alternative to management action when a midwifery practice issue is involved, particularly with regard to supervised practice, thus creating a positive learning experience for the midwife involved. It is also becoming evident that supervisory systems are becoming increasingly more integrated into Trust risk management and clinical governance systems – ensuring that public protection is at the top of a common agenda.

NMC referrals

The LSA Midwifery Officer referred five midwives to the Investigating Committee of the NMC during 2006 – 2007, because it was considered they were unfit to practise, this was compared to two the previous year. Each of these cases was a serious cause for concern and in order to protect the public, all the midwives were suspended from practice by the North West LSA – preventing them from practising anywhere in the UK – pending an NMC decision. The reasons for referral were breaches of the NMC Midwives rules and standards and of The NMC code of professional conduct: standards for conduct, performance and ethics. In addition, failure to follow NMC guidelines for record keeping and drug administration featured. The main areas of concern for each individual midwife were:

> Midwife 1: Responsibility and sphere of practice; failure to recognise deviations from normal and refer to a registered medical practitioner, failure to acknowledge personal accountability in relation to omissions in care, failure to document observations of care and events accurately. Previous supervised practice.
>
> Midwife 2: Gross Professional Misconduct – allegations and admissions of being under the influence of alcohol on duty and instances of inappropriate behaviour. Sub-optimal practice; impaired postnatal care and compromised safety of a baby + poor record keeping. Previous supervised practice. Recommendation by LSA for consideration by NMC Health Committee.
>
> Midwife 3: Inappropriate action following recognition of deviations from the norm - CTG interpretation. Not following guidelines and protocols for intrapartum care. Poor record keeping, accountability and communication skills. Previous supervised practice.
>
> Midwife 4: Concerns regarding all clinical skills and knowledge of equipment. Very poor documentation. Errors in drugs administration. Previous supervised practice.
>
> Midwife 5: Failure to recognise deviation from normal + failure to offer basic care.
> Lack of compliance in undertaking supported/supervised practice programme and in fulfilling the core competencies of a midwife.

Four of these five midwives were given Interim Suspension Orders by the NMC, meaning that it was considered that the registrant posed an unacceptably high level of risk if they had continued practising and emphasising the very serious nature of the concerns. All five cases are being taken forward to full investigation stage; each one is currently at a different point in the NMC process. In addition, one midwife and a supervisor from the same unit were reported to the Investigating Committee of the NMC by parents – the Supervisor of Midwives had previously notified the issue to the LSA and it was clear that the accusations were unfounded. The allegations were considered by NMC Fitness to Practise panels and in each case it was concluded that there was no case to answer.

The LSA was kept fully informed by the Supervisor of Midwives and support was offered throughout the episode. Also, at 1st April 2007, one further LSA investigation was ongoing - following the referral of a midwife by North West Supervisors and the LME at the local HEI - whose concerns were so serious that they jointly recommended suspension from practice by the LSA Midwifery Officer and referral to the NMC.

In all instances of a North West midwife's practice causing serious concern, the LSA Midwifery Officer discusses the situation with a Midwifery adviser at the NMC. For every midwife referral to the NMC, close communication is maintained with all departments involved – usually by telephone and email. In addition, when the documentation and evidence file is sent to the NMC Investigating Committee, the Midwifery Directorate is also informed and when an NMC Case Manager has been allocated to the case, the LSA office receives regular updates regarding progress.

Other serious untoward incidents

North West Supervisors of Midwives reported three other clinical incidents of a serious nature to the LSA in the year, all of which were also reported to the SHAs as part of the clinical governance system.

These were:

- A woman who suffered a ruptured uterus
- An unattended stillbirth at home
- Midwife visited a house and reported that the baby was dead

One other incident was referred by the SHA to the LSA and then local supervisors were involved and asked to investigate. This was in relation to a baby that was taken by the parents to a minor injuries unit, where the staff attempted resuscitation, without contacting the maternity unit. In situations where midwifery practice was brought into question, supervisors followed the LSA Guidance for undertaking a full investigation and taking appropriate follow up action. The proforma included in the Guidance (Appendix 12), are used by all North West supervisors, ensuring that appropriate procedures are followed, that breaches of NMC rules, standards and guidance are detailed and that all documentation is robust.

Temporary closures of maternity units

There have been many temporary closures of several maternity units over the year and as illustrated in Table 4, the frequency with which closures now occur has increased significantly over the last three years. The North West LSA Guidance for Supervisors of Midwives contains a bed management and escalation policy – which is used in conjunction with Trust management systems and ensures that the LSA office are informed each time a unit closes and reopens.

TABLE 4 – Closures of maternity units in last 3 years

1 April 2004 – 31 March 2005	31
1 April 2005 – 31 March 2006	152
1 April 2006 – 31 March 2007	190

The most common reason for maternity units closing to admissions in 2006 - 2007 was 'insufficient midwifery staff', the same as in the previous year and given as the main reason for closure on 134 of the 190 occasions. Again, in a repeat of the previous year, the second most frequently quoted was 'insufficient beds', cited together with 'insufficient midwifery staff' 80 times. Bed shortages were the only reason for closure on 29 occasions and workload, skill mix, case mix (large numbers of high dependency patients) were given as reasons in a minority of instances. Interestingly, in 2005 - 2006 the third most common reason given was 'insufficient medical staff', however, this only featured once in 2006 - 2007. The length of time units remained closed varied enormously, ranging from the longest occasion of three days to the shortest of 95 minutes, with closures frequently lasting one or two days. Considering that midwifery staffing was the overwhelming issue causing these temporary closure, the implications for midwives working under this type of pressure and the impact on practice is a cause of great anxiety to Supervisors of Midwives – who express concern to the Trusts and to the LSA about the declining morale of staff. The only alternative to closure in these situations is to practise in unsafe conditions, which clearly cannot be a stance supported by the LSA or Supervisors of Midwives.

From table 5 below it is clear that the majority of the temporary closures are concentrated in three North West units, all in the Greater Manchester area. This is of particular concern in view of ongoing proposals for the reconfiguration of maternity services across Greater Manchester and the fact that this will significantly reduce capacity and bed numbers further, as the plan is to reduce the number of maternity units in the area.

TABLE 5 – Temporary unit closures per Trust 2006 – 2007

TRUST	NUMBER OF CLOSURES 1 APRIL 06 – 31 MARCH 07
Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)	92
Pennine Acute Hospitals NHS Trust (Rochdale Infirmary)	44
Central Manchester & Manchester Children's University Hospitals NHS Trust	40
North Cheshire Hospitals NHS Trust (Warrington)	5
Stockport NHS Foundation Trust (Stepping Hill Hospital)	4
Tameside & Glossop Acute Services NHS Trust	2
South Manchester University Hospitals NHS Trust	1
St Helens and Knowsley Hospitals NHS Trust	1
East Cheshire NHS Trust	1
Total	190

Although the four sites within Pennine Acute Hospitals NHS Trust try to redirect women to other units within the organisation, the frequency with which Oldham closed during the year and to a lesser degree, Rochdale, would clearly still have had an impact on families.
Similarly, if women expected to give birth at Central Manchester and were redirected to other Trusts. It can be very upsetting and traumatic for women to have to travel to a unit that they did not choose to give birth in and that they do not know, Supervisors of Midwives try their best to ensure that women are kept informed and supported as much as possible in these circumstances and in most cases letters of apology for the distress and inconvenience have been sent to the families concerned.

Other issues

During 2006 – 2007 'Child Protection Alerts' continued to be issued by the North West LSA, utilising a standard proforma and circulated to all units in the area on behalf of Supervisors of Midwives (often in conjunction with Social Services or the police). There were 165 alerts in the year and below are some of the main issues they contained:

- Unborn baby on the 'Child Protection Register' plus concerns about the parents chaotic lifestyle and reluctance to engage with services.
- First baby placed on' Child Protection Register' under category of neglect – Social Services plan to place unborn baby on register at birth.
- Private adoption arranged - which cannot legally proceed - 'Emergency Protection Order' arranged for the baby at birth.

- Concerns for mother's psychological state - baby for adoption.
- Drug and alcohol problems – known to complete past pregnancies without any antenatal care.
- Father of unborn baby is registered sex offender - deemed a risk to children. Mother aware of Social Services concerns but remains in relationship - actively seeking to avoid contact with any agency - no antenatal care.
- Primagravida suffering from paranoid psychosis – under the care of mental health team - also alcohol abuse - may present in other area.
- Avoiding professionals - Social Services involved due to other children being removed and placed in Local Authority care - baby to be removed at birth.
- Mother has personality disorder - evidence of self harm – on violent patient scheme.
- Concerns for unborn baby due to physical abuse on mother by partner.
- Mother has learning difficulties, is homeless and leads a transient lifestyle.
- Asylum Seeker - concerns regarding safety of mother and baby
- Young woman with mental health problems - not pregnant – presents possible baby abduction risk.
- Serious child protection concerns – mother has previous conviction for manslaughter of child. Father also has convictions for child cruelty and neglect. Baby to be removed into foster care at birth.
- Domestic violence issues - partner schizophrenic -.previous child removed from mother's care due to neglect.

Work also continued with Supervisors of Midwives to resolve a wide range of supervisory and midwifery practice issues specific to a particular organisation. The LSA Midwifery Officer and LSA Midwife have been involved in an advisory capacity in many Trusts, where the situation has then been resolved locally and no further action was needed. Several situations have occurred which have caused considerable concern to Supervisors of Midwives and the LSA have provided a high level of advice and support in an attempt to gain resolution. However, some of the matters were related to management, employment and Trust staff practices and are therefore not within the jurisdiction of the LSA. In these circumstances supervisors were encouraged to liaise and negotiate within their Trust to address the problems and thus improve the provision of supervisory support to midwives and therefore the standards of care for mothers and babies.

Ongoing initiatives for the North West LSA include some interesting activity, which will be reported on more fully in next year's annual report. These include:

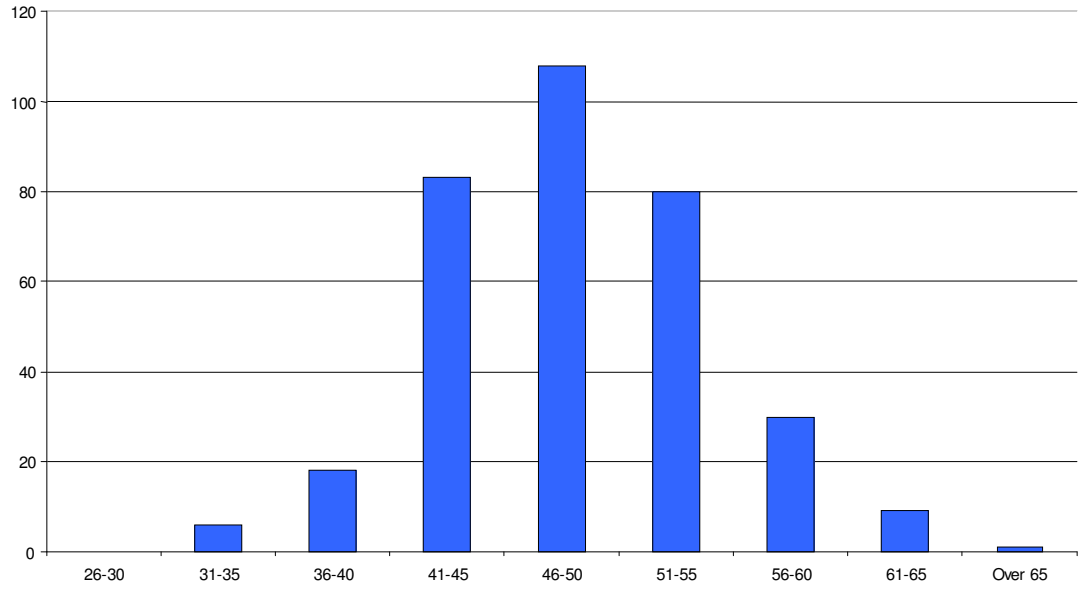
- Commissioning of the national LSA database in time for 2007 – 2008 submission of Intentions to Practise
- In conjunction with West Midlands LSA and the Universities of Manchester and Central England, development of a new Preparation of Supervisors of Midwives Course – in order to meet the requirements of the new NMC 'Standards for the Preparation and Practice of Supervisors of Midwives'
- Also in conjunction with West Midlands LSA and the Universities of Manchester and Central England, development of a new education pack for midwives undertaking the preparation course
- Work with the SHA on implementation of 'Maternity Matters' across the North West
- Review of the LSA audit of supervision and midwifery practice process
- Monitoring of the contribution of Maternity Care Support Workers

6. ADDITIONAL INFORMATION

6.1 Age Profiles of Supervisors and Midwives

The LSA database enables an age profile of midwives and supervisors to be obtained. The information in Chart 19 shows that in 2006 – 2007, 32.3% of the supervisors practising in the North West were in the 46 - 50 age range, a further 23.9% were in the 51 - 55 age group, 9% were aged 56 - 60 and 12% were over 61 years old. This means that a total of 68% of Supervisors of Midwives are currently aged over 46 and only 32% are 45 or under. In view of this 'retirement bulge' forward planning with regard to local age profiles of supervisors is vital and succession planning for the supervisory role will continue to be essential.

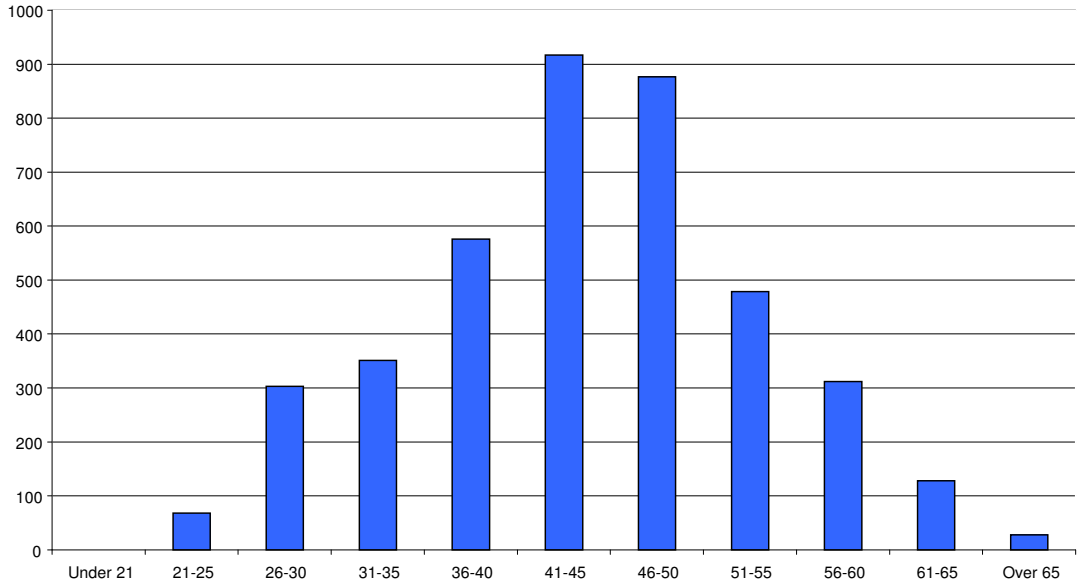
Chart 19 Age Profile of Supervisors practising at 31 March 2007



The data in Chart 20, regarding ages of North West midwives, reflects the age profile of supervisors – which is very positive regarding more young midwives taking on the role.

It also demonstrates that although the region largely conforms to the national picture, the number in the older age groups is significant. 22.7% of midwives were in the 41 – 45 age range, 21.7% were in the 46 – 50 age group, 11.9% were aged 51 – 55, 7.7% aged 56 – 60, 3.2% between 61 – 65 and 0.7% aged over 65. The fact that 68% of all midwives practising in the North West were over 41 and only 32% aged 40 and under, has significance for service planning and for the commissioning of pre-registration midwifery education programmes.

Chart 20 Age Profile of Midwives Practising as at 31 March 2007



6.2 Ongoing education for Supervisors of Midwives

NMC post-registration education and practice (PREP) requirements for Supervisors of Midwives meant that a minimum of 15 hours study specific to statutory supervision and which is LSA approved had to be undertaken over each three year registration period. The North West LSA encourages all supervisors to regularly attend Forums, Study Days and Critical Analysis Presentations.

A total of 167 delegates attended the two North West LSA Annual Forums for Supervisors of Midwives held on 19 October and 9 November 2006. The topic addressed was “Choice and Risk in Practice”, and the event was duplicated to allow maximum attendance. The style was participative and each day was extremely well evaluated by the supervisors present - the programme and evaluation details are included in Appendix 8 of this report.

Study days continue to be held annually for supervisors and midwives in the North West. The title on 29 June 2006 was “It depends….”, and 128 delegates attended this event - evaluations of the content were excellent, (action plan and programme in Appendix 5). Critical Analysis Presentation Days are also held twice a year to provide additional opportunities for professional development and sharing of supervisors learning experiences. These are consistently evaluated as excellent and 39 delegates attended the event held on 26 September 2006, with another 30 delegates attending on 13 February 2007. The titles of individual Supervisors of Midwives presentations are included with the programme for each day in Appendix 9.

A database is maintained of all attendances at educational and professional development events – so that any Supervisor of Midwives who is having problems maintaining her professional development is known to the LSA and can access support. This register of attendance is discussed at LSA audit visits as occasionally, difficulties are encountered with employers – who may be reluctant to allow a supervisor to take study time and more frequently, funding is an issue in Trusts.

6.3 Return to Practice Midwives

Even though national funding from the Department of Health has been discontinued, with PCTs taking over management of return to practice monies, North West SHA funding has continued to pay the educational fees for midwives who wish to return to practice and are appropriate to do so. This has been from a budget devolved to the LSA and then ”ring fenced” and requests from midwives for additional funding to cover travel, books and childcare have been directed to PCTs, but in the main have been unsuccessful.

TABLE 6– Number of Midwives funded for Return to Practice Courses in last 4 years

1 April 2003 – 31 March 2004	29
1 April 2004 – 31 March 2005	12
1 April 2005 – 31 March 2006	19
1 April 2006 – 31 March 2007	7

As illustrated in table 6, the number of midwives who were funded for return to practice courses in 2006 – 2007 was significantly less than in previous years. The amount of interest in returning to midwifery practice is high in the North West, compared to that in other LSAs, but some midwives are not suitable to undertake the course. In addition, as the number of midwifery vacancies across the area continues to decrease and many student midwives are unable to obtain employment on qualifying, concerns are increasing regarding the number of posts available for any midwives returning to practice in the future.

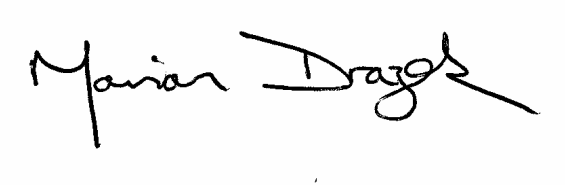
7. CONCLUSION

Supervisors in the North West are successfully supporting midwives in services that are experiencing a rising birth rate and an increase in medical complexity of case mix - with many women requiring high dependency care. They are also caring for significant numbers of pregnant women classed as 'high risk' because of their previous obstetric history, plus addressing the needs of a growing number of immigrant families moving into the area. Simultaneously they are striving to implement government policy, optimise normality and choice in childbirth, minimise risk, address local priorities and include service users in all aspects of planning and provision of care.

Through sound leadership, Supervisors of Midwives ensure provision of an effective and equitable midwifery service, addressing shortfalls and liaising with Trust management when this is not possible. They also identify - then address - clinical performance failures and as maternity services continue to be the biggest liability to the healthcare industry in the UK, it is vital that supervision continues to develop, to incorporate all aspects that safeguard service provision. Supervisors are working harder than ever due to the increasing number of investigations into midwifery practice and the subsequent organisation of periods of formal supervised practice and referrals to the North West LSA and the NMC. This activity plays an integral part in the clinical governance framework in Trusts and robust systems for execution of the statutory function are essential for compliance with CNST.

Whilst financial constraints in Trusts and reconfiguration plans are increasingly causing anxiety in many maternity services, Supervisors of Midwives also continue their efforts to maintain the morale of midwives, many of whom - whilst increasingly busy - worry about future employment prospects. Statutory supervision therefore, whilst appearing to be robust and successful, must continue to be respected, supported and recognised - as the pivotal safeguard to support midwives and thus protect the health of mothers and babies in the North West.

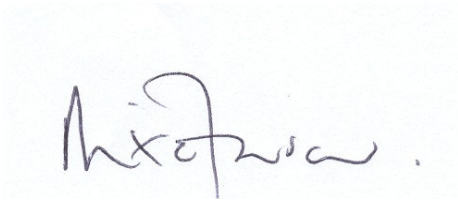
Report complied by



Marian Drazek

LSA Midwifery Officer
North West Local Supervising Authority

Report authorised by



Mike Farrar

Chief Executive
NHS North West

APPENDIX 1

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	**Notifications by Local Supervising Authority**				
	In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:				
	* Publish annually the name and address of the person to whom the notice must be sent	✓			North West LSA Guidance & annual advice letter
	* Publish annually the date by which it must receive intention to practise forms from midwives in its area	✓			North West LSA Guidance & annual advice letter
	* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	✓			Electronic transfer by LSA Office & verification by NMC
	* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	✓			Electronic transfer by LSA Office & verification by NMC
5	**Suspension from Practice by a Local Supervising Authority**				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
	* Publish how it will investigate any alleged impairment of a midwife's fitness to practise	✓			North West LSA Guidance
	* Publish how it will determine whether or not to suspend a midwife from practice	✓			North West LSA Guidance
	* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	✓			Individual correspondence to each midwife
	* Publish the process for appeal against any decision	✓			North West LSA Guidance
9	**Records**				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:				
	* Publish local procedures for the transfer of midwifery records from self-employed midwives	✓			North West LSA Guidance
	* Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	✓			North West LSA Guidance & LSA Audit
	* Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	✓			North West LSA Guidance & LSA Audit
	* Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	✓			North West LSA Guidance & LSA Audit
	* Publish local procedures for retention and transfer of records relating to statutory supervision	✓			North West LSA Guidance & LSA Audit
11	**Eligibility for Appointment as a Supervisor of Midwives**				
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:				
	* Publish their policy for the appointment of any new supervisor of midwives in their area	✓			North West LSA Guidance
	* Maintain a current list of supervisors of midwives	✓			North West LSA Database
	* Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period	✓			North West LSA Annual Report, LSA Database & LSA Audit
12	**The Supervision of Midwives**				
	To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:				
	* Publish the local mechanism for confirming any midwife's eligibility to practise	✓			North West LSA Database & LSA Audit
	* Implement the NMC's rules and standards for supervision of midwives	✓			North West LSA Guidance & LSA Audit
	* Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)	✓			North West LSA Database & LSA Audit
	To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:				
	* Set up systems to facilitate communication links between and across local supervising authority boundaries	✓			LSAMO Forum, North West LSA Contact SoMs, meetings with
	* Enable timely distribution of information to all supervisors of midwives	✓			North West LSA Contact SoM & email system, meetings with SoMs
	* Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	✓			Email & telephone access
	* Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice	✓			North West LSA meetings with SoMs, LSA Audits & Working Groups
	To ensure there is support for the supervision of midwives the local supervising authority will:				
	* Monitor the provision of protected time and administrative support for supervisors of midwives	✓			North West LSA Audit & local SoMs Annual Reports
	* Promote woman-centred, evidenced-based midwifery practice	✓			LSA Audit , annual clinical data collection, local SoMs annual
	* Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	✓			LSA Audit, local SoMs annual reports
	A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:				
	* Supervisors of midwives are available to offer guidance and support to women accessing maternity services	✓			LSA Audit & local SoMs annual reports
	* Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	✓			LSA Audit & local SoMs annual reports
	* Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	✓			Information on appointment, LSA Audit & local SoMs annual reports
	* Supervisors of midwives provide professional leadership	✓			LSA Audit & local SoMs annual reports
	* Supervisors of midwives are approachable and accessible to midwives to support them in their practice	✓			North West LSA Audit

13	**The Local Supervising Authority Midwifery Officer**				
	In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:				
	* Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer		✓		SHA systems would be in place when required
	* Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process		✓		SHA systems would be in place when required
	* Manage the performance of the appointed local supervising authority midwifery officer	✓			SHA systems in place
	* Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	✓			SHA systems in place & North West LSA office staff
	* Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to	✓			SHA systems in place & North West LSA Audit Reports
15	**Publication of Local Supervising Authority Procedures**				
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:				
	* Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all	✓			North West LSA Guidance
	* Publish the investigative procedure	✓			North West LSA Guidance
	* Liase with key stakeholders to enhance clinical governance systems	✓			North West LSA Audit & local meetings
	To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:				
	* Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives	✓			North West LSA Guidance & SHA systems in place
	* Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment	✓			North West LSA Guidance & SHA systems in place
	* Publish the process for appeal against the decision to remove	✓			North West LSA Guidance & SHA systems in place
	* Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority	✓			North West LSA Guidance & SHA systems in place
	* Consult the NMC for advice and guidance in such matters	✓			North West LSA Guidance & SHA systems in place
16	**Annual Report**				
	Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is				
	* Numbers of supervisor of midwives appointments, resignations and removals	✓			North West LSA Annual Reports & verification by NMC
	* Details of how midwives are provided with continuous access to a supervisor of midwives	✓			North West LSA Annual Reports & verification by NMC
	* Details of how the practice of midwifery is supervised	✓			North West LSA Annual Reports & verification by NMC
	* Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with	✓			North West LSA Annual Reports & verification by NMC
	* Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	✓			North West LSA Annual Reports & verification by NMC
	* Details of any new policies related to the supervision of midwives	✓			North West LSA Annual Reports & verification by NMC
	* Evidence of developing trends affecting midwifery practice in the local supervising authority	✓			North West LSA Annual Reports & verification by NMC
	* Details of the number of complaints regarding the discharge of the supervisory function	✓			North West LSA Annual Reports & verification by NMC
	* Reports on all local supervising authority investigations undertaken during the year	✓			North West LSA Annual Reports & verification by NMC

APPENDIX 2

NORTH WEST LOCAL SUPERVISING AUTHORITIES

POLICY REGARDING ACCESS TO SUPERVISORS OF MIDWIVES

NMC (2004) Midwives rules and standards - Rule 12 describes access to statutory supervision. In addition, the names and workplace of all Supervisors of Midwives practising within the North West will be sent by the LSA to the Contact Supervisor for each Trust, at least annually.

Continuous access by all Midwives to a Supervisor of Midwives

All midwives, whether practising within the NHS, in independent practice, or within other establishments (e.g. HM Prisons, GP Practices) must have access to a Supervisor of Midwives at all times. (NMC 2004 Midwives rules and standards -Rule 12).

To ensure compliance, the LSA will:-

(a) Appoint a minimum of three Supervisors per Trust.

(b) Work towards ensuring a ratio of Supervisors to Midwives of no more than 1 to 15 and no less than 1 to 5.

Supervisors of Midwives within each Trust should:-

1. Inform each midwife of her named Supervisor of Midwives.

2. Ensure midwives are aware of local arrangements to change their named Supervisor of Midwives.

3. Publish availability arrangements for Supervisors of Midwives.

4. Ensure access to Supervisors of Midwives by the public (examples on page 67).

5. Ensure that where there are insufficient Supervisors available within a Trust, appropriate arrangements are made with neighbouring Trusts for a Supervisor of Midwives to be accessible for advice.

6. Where such arrangements are made with neighbouring Trusts it is essential that those Supervisors of Midwives are familiar with the policies and protocols of the Trust in which they will be giving advice.

7. Forward plan to ensure that appropriate ratios of Supervisors to midwives are maintained.

ALLOCATION OF SUPERVISORS TO MIDWIVES

1. On commencing employment every practising midwife will be allocated a named Supervisor of Midwives (NMC 2004 Midwives rules and standards – Rule 12).

   Where practice is undertaken in more than one LSA, a copy of the Intention to Practise form is given to the Supervisor of Midwives in each area. However, one named Supervisor of Midwives should be identified to provide overall professional support and guidance.

   - In the case of midwives who have a substantive contract with a particular Trust and are employed on the bank of other Trusts, the named Supervisor of Midwives should be within the employing Trust where the substantive post is held.

   - In the case of midwives practising across Trust boundaries the named Supervisor of Midwives should be within the employing Trust where the substantive contract is held.

   - For independent midwives the allocation of a named Supervisor of Midwives is normally from the area of residence of the midwife or from within the geographical area in which the midwife is practising.

   These arrangements will facilitate continuity of support, effective liaison and a consistent approach and will also clarify which Trust will provide vicarious liability for an NHS employed midwife.

   This does not negate the responsibilities of Supervisors of Midwives in other Trusts, who, it is recommended, should act as “associate Supervisors” for midwives practising within their district boundaries.

2. On appointment, midwives will be allocated to their named Supervisor by a variety of methods which are designed to meet local needs and individual preferences. Examples include:

   - Temporary allocation for a short period of time after which the midwife may elect to change her Supervisor.
   - Allocation to a Supervisor working in the midwife's own clinical area, who may also be her manager.
   - Allocation to a Supervisor working outside the midwife's own clinical area who is not her manager.
   - Midwives practising anywhere in the service are randomly allocated to a Supervisor from the local team.

3. Considering the diverse activities Supervisors of Midwives must undertake, it is useful if the Supervisors in a local team represent a variety of backgrounds and experiences within the midwifery services, e.g. clinician, manager, educationalist. Each Supervisor of Midwives can bring different skills and perspectives to the role.

4. It is recommended that within the NHS midwives are allocated a named Supervisor of Midwives within the employing Trust for the following reasons/advantages:

   - To ensure continuous access to a named Supervisor of Midwives and availability for support and guidance, including "on call" arrangements for Supervisors of Midwives.

   - For organisation and continuity of annual supervisory interviews, receiving and verification of Intention to Practise forms, ensuring requirements of PREP are fulfilled.

   - Familiarity with the provision of maternity services within the Trust boundary, including local policies, procedures and guidelines of the Trust, local arrangements for medical aid, emergency services, statutory documentation, supplies and equipment, home births, etc.

   - To facilitate effective channels of communication and liaison with midwives, managers, Supervisors of Midwives and the LSA Midwifery Officer and also with medical personnel and GPs.

   - Familiarity with the practice environments in which the midwife is working.

   - Continuity of records of supervisory activities, maintaining confidentiality, safe storage of records.

   - Supervision within an employing Trust will provide a significant contribution to risk management within the Trust, through standard setting, policies and guidelines, quality assurance, clinical audit and audit of records as well as critical incident investigations and analysis.

   - To facilitate professional development in relation to education, practice and the acquisition of new skills or competencies and updating in accordance with PREP requirements and NMC (2004) Midwives rules and standards.

   - To provide arrangements for implementing and supporting change related to practice issues based on research and evidence based practices, thereby enabling local strategies for developing key areas of practice.

   - Planning, monitoring and evaluating of supervised practice, with provision of support for the midwife.
   - Dissemination of information from the LSA, NMC, Department of Health, SHA and Trust Board.

   - Familiarity with local drug policies, standing orders and record keeping in accordance with statutory instruments and LSA guidance.

5. The midwife must be given the choice of changing her named Supervisor of Midwives. If a midwife wishes to change she may approach any Supervisor, however, it is recommended that the process be managed by one identified Supervisor of Midwives. Midwives wishing to change their Supervisor should be encouraged to indicate the reasons for doing so e.g. the expertise of a particular Supervisor in relation to that midwife regarding personal, clinical, managerial or educational issues. A tear-off slip attached to the annual supervisory meeting documentation could be utilised to request a change of Supervisor, or a separate form devised (sample attached).

6. Supervisors of Midwives should be aware of any midwife who changes her named Supervisor frequently and try to establish the reasons why.

7. If re-allocation of midwives to Supervisors becomes necessary due to the appointment or resignation of a Supervisor of Midwives, midwives being re-allocated should be asked to give a first and second choice of new Supervisor.

8. It must be emphasised to the midwife that she can approach any Supervisor of Midwives at any time if a problem arises. Thus, although midwives will have a named Supervisor of Midwives, other Supervisors should make themselves available to all midwives within the local team so that midwives can draw upon their particular expertise or qualities.

9. A Supervisor of Midwives also has the right to change the midwife/midwives she supervises. In this situation it is recommended that discussion takes place between all Supervisors within the Trust and agreement is reached to ensure appropriate supervision of the midwife/midwives in question.

10. In exceptional circumstances, it may be appropriate for a period of time, for a midwife to be allocated a Supervisor of Midwives in another Trust within the LSA:

    - Where there are insufficient Supervisors of Midwives available.
    - Where the midwife has specific justifiable reasons for this request.

    The decision regarding arrangements for a midwife to have a Supervisor of Midwives outside the employing Trust will be made by the LSA Midwifery Officer in conjunction with the local Supervisors of Midwives.

11. When the LSA or a Trust requests that a Supervisor of Midwives undertakes activities in an area other than her employing Trust, arrangements regarding vicarious liability must be identified.

NORTH WEST LOCAL SUPERVISING AUTHORITIES

INFORMATION FOR MIDWIVES NEW TO THE TRUST

WELCOME TO .....

Name:

.....

Your named Supervisor of Midwives is:

.....

(please state name and clinical area)

Contact numbers:

Bleep no. ..... Ext no. .....

There are ..... other Supervisors of Midwives within the Trust

1.
2.
3.
4.
5.
6. etc

(please state name, telephone number, extension number, place of work)

You may contact any Supervisor of Midwives at any time or when your named Supervisor is not available. You may change your allocated named Supervisor of Midwives if you wish.

PLEASE MAKE AN APPOINTMENT TO SEE YOUR NAMED SUPERVISOR OF MIDWIVES WITHIN THE NEXT TWO WEEKS TO DISCUSS YOUR SUPERVISION NEEDS.

This form should be adapted for local use

NORTH WEST LOCAL SUPERVISING AUTHORITIES

APPLICATION TO CHANGE NAMED SUPERVISOR OF MIDWIVES

..... TRUST

(Please complete and return to the Contact Supervisor)

.....

1. Whilst every attempt will be made to accommodate your 1st choice, would you please indicate your 1st and 2nd choice of new Supervisor of Midwives

   1st choice .....

   2nd choice .....

2. Would you like the opportunity to discuss this matter further with either the Contact Supervisor or any other Supervisor of Midwives? If so, please state the name of the Supervisor of Midwives with whom you wish to talk:

   .....

Signed: ..... **Date:** .....

This form should be adapted for local use

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	Met	Not Met	Partially Met	Not Applicable
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.	34	-	-	-
1.2 Information is available to women including local arrangements for statutory supervision.	34	-	-	-
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.	34	-	-	-
1.4 Supervisors support midwives to promote informed decision making about care for women and families.	34	-	-	-
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.	34	-	-	-

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	Met	Not Met	Partially Met	Not Applicable
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.	30	4	-	-
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.	26	6	2	-
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.	34	-	-	-
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.	34	-	-	-
2.5 LSA guidelines and policies are accessible to midwives and the public.	32	1	1	-
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.	34	-	-	-
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.	34	-	-	-
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.	34	-	-	-
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.	34	-	-	-
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.	34	-	-	-
2.11 There is a local strategy for supervision and an action plan is developed following audit.	34	-	-	-

Criteria	Met	Not Met	Partially Met	Not Applicable
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.	34	-	-	-
2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.	34	-	-	-
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.	34	-	-	-
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.	32	1	1	-
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.	34	-	-	-

Leadership

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

Criteria	Met	Not Met	Partially Met	Not Applicable
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.	34	-	-	-
3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.	34	-	-	-
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.	34	-	-	-
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.	33	-	-	1
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.	33	-	-	1
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.	34		-	-

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	Met	Not Met	Partially Met	Not Applicable
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.	34	-	-	-
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.	34	-	-	-
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.	34	-	-	-
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.	33	1	-	-
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.	32	1	1	-
4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.	34	-	-	-
4.7 Student midwives are supported by the supervisory framework.	34	-	-	-

Midwifery Practice

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

Criteria	Met	Not Met	Partially Met	Not Applicable
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.	34	-	-	-
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.	34	-	-	-
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.	34	-	-	-
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.	34	-	-	-
5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.	29	4	1	-
5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.	34	-	-	-
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.	34	-	-	-
5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.	34	-	-	-
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.	33	-	-	1

Criteria	Met	Not Met	Partially Met	Not Applicable
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.	33	-	-	1
5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.	34	-	-	-
5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.	34	-	-	-
5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.	34	-	-	-
5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.	34	-	-	-
5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules & standards and the Code of professional conduct are adhered to.	30	-	-	4

NORTH WEST LOCAL SUPERVISING AUTHORITIES

MEETING OF THE LSA MIDWIFERY OFFICER WITH SUPERVISORS OF MIDWIVES

10 May 2006 at 1.30 pm

IN THE LECTURE THEATRE AT WRIGHTINGTON HALL CONFERENCE CENTRE

A G E N D A

1. **Welcome to Supervisors of Midwives**

   Presentations by:

   - Sandra Cahill, Refugee Midwife and Supervisor of Midwives, St Mary's Hospital, Manchester – *"Maternity care for refugees".*
   - Kim Gibbon, Midwifery Locality Manager and Supervisor of Midwives, Arrowe Park Hospital, Wirral - *"Midwifery Led Care Audit".*

2. **Minutes of the meeting held on 31 January, 2006**
3. **Matters arising from the minutes of 31 January, 2006**
4. **North West LSA Issues**
   4.1 Local Supervisors of Midwives Annual Reports
   4.2 Meetings of SHA/Supervisors of Midwives/LSA to discuss issues arising from audit visits
   4.3 POSOM Courses
   4.4 ITP Forms for 2007
   4.5 LSA Events
5. **National LSA Issues**
   5.1 National LSA Newsletter
   5.2 National LSA Guidance on Supervised Practice
6. **NMC Issues**
   6.1 Changes to PREP Practice Standard
   6.2 Overseas Midwifery Registration
   6.3 New Professional Adviser Appointment
7. **DH Issues**
   7.1 Maternity Support Worker
   7.2 CNO 6 Point Action Plan for Midwifery
8. **RCM Issues**
   8.1 RCM Conference
9. **Other National Issues**
   9.1 Healthcare Commission
10. **Any other business**
11. **Date and time of next meeting** – 3 October, 2006

    To include presentations by Corina Casey Hardman, Head of Midwifery & Supervisor of Midwives, Halton PCT & Sue Edwards, Specialist Midwife and Supervisor of Midwives, Wirral Hospital NHS Trust

NORTH WEST LOCAL SUPERVISING AUTHORITIES

MEETING OF THE LSA MIDWIFERY OFFICER WITH SUPERVISORS OF MIDWIVES

3 October 2006 at 1.30 pm

IN THE LECTURE THEATRE AT WRIGHTINGTON HALL CONFERENCE CENTRE

A G E N D A

1. **Welcome to Supervisors of Midwives**

   Presentations by:

   - Lisa Bacon, Midwifery Lecturer & Supervisor of Midwives, Central Manchester & Manchester Children's University Hospitals NHS Trust – *"Maximising the synergy between Supervision and Education"*
   - Susan Edwards, Supervisor of Midwives, Arrowe Park Hospital, Wirral - *"A Conscientious Objection – A moral dilemma?"*

2. **Minutes of the meeting held on 10 May, 2006**
3. **Matters arising from the minutes of 10 May, 2006**
4. **North West LSA Issues**
   - 4.1 LSA Database
   - 4.2 Supervisors of Midwives CPD
   - 4.3 LSA Events
   - 4.4 POSOM Courses
   - 4.5 Suspensions from Practice
   - 4.6 Annual Report
5. **National LSA Issues**
   - 5.1 SHA Boundaries
   - 5.2 Retirements
   - 5.3 "Supervision in Action" & "Advice & Guidance" Booklets
   - 5.4 National Guidance
6. **NMC Issues**
   - 6.1 Standards of proficiency for the preparation of Supervisors of Midwives education programme and continuance in the role
   - 6.2 Resource Pack for Supervisors of Midwives
   - 6.3 "Standards to support learning and assessment in practice" – NMC standards for mentors, practice teachers and teachers
   - 6.4 Referrals to the NMC
   - 6.5 Standards for Supervised Practice for Midwives
   - 6.6 Trigger List
7. **DH Issues**
   - 7.1 The Foster Report
8. **RCM Issues**
   - 8.1 Anne Jackson-Baker's Retirement
9. **Any other business**
10. **Date and time of next meetings**: Extraordinary Meeting - 21 November, 2006 at 1.30pm & next regular meeting - 11 January, 2007 at 1.30pm.

NORTH WEST LOCAL SUPERVISING AUTHORITIES

MEETING OF THE LSA MIDWIFERY OFFICER WITH SUPERVISORS OF MIDWIVES

11 January 2007 at 1.30 pm

IN THE LECTURE THEATRE AT WRIGHTINGTON HALL CONFERENCE CENTRE

A G E N D A

1. **Welcome to Supervisors of Midwives**

   Presentations by:

   - Bernie Williamson, Supervisor of Midwives, Wirral Hospitals NHS Trust – *"Advanced Midwife Practitioner – The Impact".*
   - Corina Casey-Hardman, Supervisor of Midwives, Halton Primary Care Trust - *"Women's knowledge of midwifery led care.*

2. **Minutes of the meeting held on 3 October, 2006**

3. **Matters arising from the minutes of 3 October, 2006**

4. **Matters arising from December 2006 LSA Newsletter**

5. **North West LSA Issues**
   - 5.1 North West LSA Guidance for Supervisors of Midwives
   - 5.2 North West LSA Database
   - 5.3 Bi-regional POSOM Course Changes
   - 5.4 Venue for LSA Meetings with Supervisors of Midwives
   - 5.5 LSA User Leaflet

6. **NMC Issues**
   - 6.1 Ownership & sharing of midwives records
   - 6.2 Review of help and advice systems
   - 6.3 Orientation programme

7. **Closure of North West Maternity Units**

8. **Any other business**

9. **Date, time and venue of next meeting** – 13 April, 2007 at 1.30pm at Birchwood Park Conference Centre, Warrington

NORTH WEST
LOCAL SUPERVISING AUTHORITIES

STUDY DAY

It depends.....

Study Day
Thursday, 29 June 2006

Preston Marriott Hotel
Garstang Road
Broughton
Preston
PR3 5JB

Thursday
29 June 2006

Special Guests

Caroline Simpson
Professional Advisor
Maternity & Family Health
Department of Health

Jill Demilew
Midwifery Advisor
Women's & Maternal
Health Team
Department of Health

LSA Approved

PROGRAMME

9.15am - 9.45am
Coffee & Registration

9.45am - 9.50.am
Welcome & domestic arrangements by the Chairperson – Sheena Byrom, Consultant Midwife & Supervisor of Midwives, East Lancashire Hospitals NHS Trust

9.50am - 10.30am
GIVING WOMEN A VOICE:
Alison Lloyd, North West LSA User Auditor & NCT Teacher

10.30am - 11.30am
"WORKING OUTSIDE BOUNDARIES", THROUGH THE LENS OF A WOMAN, A MIDWIFE, A SUPERVISOR, AN OBSTETRICIAN
Rineke Schram, Consultant Obstetrician & Medical Director, Joanne Darwin, Midwife, Helen Dyson, Supervisor, East Lancashire Hospitals NHS Trust. Plus a recent "User" of the service, will speak about partnership working

11.30am - 12 noon Coffee

12 noon - 12.30pm
HOME BIRTH SUPPORT GROUP
Alison Ramsay, Head of Midwifery & Link Supervisor of Midwives, Stockport NHS Foundation Trust & Jane Nicholson, North West LSA User Auditor

12.30pm - 1.45pm Lunch

1.45pm - 1.50pm
Introduction to afternoon session

1.50pm - 2.35pm
BIRTH DAY THEATRE GROUP
"Speech to Rita"

2.35pm - 3.20pm
"IT'S A PROFESSIONAL ISSUE – ISN'T IT?"
Judith Kurutac, LSA Midwife

3.20pm - 3.50pm Tea

3.50pm - 4.35pm
HOMING-IN AUDIT
Diane Chadderton, Supervisor of Midwives, Pennine Acute Hospitals NHS Trust

4.35pm - 4.45pm Closing Remarks

4.45pm - Certificates & Depart

NORTH WEST LOCAL SUPERVISING AUTHORITIES

LSA APPROVED STUDY DAY – THURSDAY, 29 JUNE 2006

It depends.....

ACTION PLAN FOR PERSONAL DEVELOPMENT

Learning Outcomes	Awareness of issues and challenges for midwifery practice
Where am I now?	
In what ways would I like to develop my knowledge?	
What have I learned from this Study Day?	
How can I translate this into practice?	

APPENDIX 6

Local Supervising Authorities
North West

NHS

Tenterfield
Brigsteer Road
Kendal
Cumbria
LA9 5EA

Tel: 01539 797815
Fax: 01539 797843
Mobile: 07768 386086
Email: marian.drazek@clha.nhs.uk

Our Ref: MD/gg
Date: 21 April 2006

Dear Colleague

Thank you for taking part in last years successful initiative of recruiting and training Service Users and Peer Supervisors to undertake LSA Audits of Supervision and midwifery practice in North West Maternity Units.

We believe that the increased involvement of both Service Users and Peer Supervisors has led to different perspectives being gained during the visits and is an invaluable tool to help everyone see services in a different light. Comments from all concerned have been extremely positive and we wish to further develop this way of working over the next 12 months.

Therefore, we would like to invite you to attend a feedback session, at which we will review the process and see what lessons can be learned from last year. This has been arranged for Friday, 19th May at 2.00pm in the Willow Suite, Holiday Inn, Haydock (Junction 23 of the M6).

We are also intending to invite any Service Users and Peer Supervisors who have not yet been involved in Audits but who are interested in doing so this year. If you know of anyone that meets this description, please let Geraldine at the LSA office know and she will contact them.

Although lunch will not be provided at the meeting, there are facilities available for you to eat in the Hotel prior to the start of the meeting if you wish. Refreshments, i.e. tea, coffee and biscuits will be served during the afternoon and the LSA will pay travel expenses and child care costs.

I would be grateful if you could confirm your attendance or otherwise with Geraldine Gannon, LSA Services Manager on 01539 797815 or email Geraldine.gannon@clha.nhs.uk

Please do not hesitate to ring Geraldine or myself if you require any further details.

I look forward to seeing you on 26 July, 2007.

Yours sincerely

Marian Drazek
LSA Midwifery Officer

TRAINING FOR USER AUDITORS & PEER SUPERVISORS OF MIDWIVES

FOR NORTH WEST LSA AUDIT VISITS

26 July 2006

AT

Holiday Inn Haydock
Lodge Lane
Newton Le Willows
Merseyside WA12 0JG

(Junction 23 – M6)

Facilitator: Marian Drazek, North West LSA Midwifery Officer

1.30PM	Introductions	Marian Drazek
1.45PM	Overview of Statutory Supervision	Marian Drazek
2.00PM	Reason for audit visits	Marian Drazek
2.15PM	Framework & timetable of visits	Marian Drazek & Geraldine Gannon
2.30PM	Feedback from 2006 visits	Current Peer Supervisors & User Auditors
3.00PM	Expectations	Group Work
3.15PM	Coffee/tea	
3.30PM	Feedback from group work	Facilitators
3.45PM	Ground rules for visits	Marian Drazek
4.00PM	Diary dates and contacts for the future	Geraldine Gannon

APPENDIX 7

ANNUAL SUPERVISORY REVIEW FORM

Name:	**Named Supervisor of Midwives:**
PIN:	**Date of Review Meeting:**
NMC Registration Renewal **Date:**	**Current Post:** **NMC PREP practice requirements met? Yes/No**
PIN Checked : Yes/No	**NMC CPD requirements met? Yes/No**

Please bring the following items with you to the review:

- NMC card
- Evidence of meeting NMC Continuing Professional Development requirements
- Evidence of hours worked to meet NMC practice requirements
- KSF Profile

DEFINITION OF SUPERVISION – to ensure the safety and wellbeing of women and babies by maintaining high standards of midwifery care.

PURPOSE OF SUPERVISION

- To provide an empowering environment for midwives to work within the full scope of their role as it relates to their current sphere of practice.
- To provide a partnership between supervisor and midwife to maintain the midwife's development and support the quality of the mother's experience.
- To provide an opportunity for confidential review of contemporary midwifery practice and the provision of holistic care, encompassing the midwifery philosophy.

PRINCIPLES SUPPORTING THE REVIEW PROCESS

Both the midwife and supervisor recognise:

- that the midwife is an accountable and professional practitioner
- the need to keep up to date and informed
- the intention of the discussion is to focus on developing safe and effective practice which minimises the risk to both mother and baby
- that modern midwifery practice is evidence based
- that midwives do not work in isolation
- that the process can enable the midwife to meet her full potential

Do you know how to change your named Supervisor of Midwives? **Yes/No**

Do you have a copy of the following NMC publications?

1.	Midwives rules and standards (August 2004)	Yes	No
2.	The code of professional conduct: standards for conduct, performance and ethics (November 2004)	Yes	No
3.	Guidelines for administration of medicines (August 2004)	Yes	No
4.	Guidelines for records and record keeping (January 2005)	Yes	No
5.	PREP Handbook (August 2006)	Yes	No

Are you familiar with the following NMC publications?

6.	Practitioner Client Relationship and Prevention of Abuse (2004)	Yes	No
7.	Complaints about unfitness to practise: A Guide for Members of the Public (August 2004)	Yes	No
8.	Standards of proficiency for pre-registration midwifery education (August 2004)	Yes	No

N.B. All NMC publications are available from www.nmc.org and it is your responsibility to obtain the latest versions.

Are you familiar with the following publications in relation to the statutory supervision of midwives?

9.	North West Local Supervising Authorities – Guidance for Supervisors of Midwives (Spring 2005)	Yes	No
10.	Local publications relating to statutory supervision	Yes	No

N.B. Publications in sections 9 and 10 are available from your Supervisor of Midwives.

Summary of midwifery experience in the last year

_____

_____

_____

_____

Please identify and list skills and knowledge that you would like to obtain within the next 12 months

_____

_____

_____

_____

What aspect of your practice, in the past year, has made you feel most positive?

_____

_____

_____

_____

_____

How did this develop your practice?

_____

_____

_____

_____

_____

_____

Were there any challenges in your practice in the last year?

_____

_____

_____

Did you contact a supervisor about these challenges? If yes, how did this help?
If no, how do you think they may have been able to support your learning/coping?

_____

_____

_____

Are you a mentor? **Yes/No**
If so, how do you feel about this role?

_____

_____

_____

Do you feel that any local policies or guidelines limit your midwifery practice?

If so, please list:

_____

_____

_____

Are there any issues that you would like to discuss with your supervisor at this time?

_____

_____

Any other issues discussed

_____

_____

_____

_____

Record keeping audit undertaken **Yes/No**

Outcome of Audit

_____

_____

_____

_____

Recommendations/Action Plan from Review Meeting

_____

_____

_____

_____

The midwife and the supervisor agree with the above recommendations and/or action plan and also agree to:

- meet at regular intervals to review progress if required
- provide support to achieve the action plan
- communicate if additional support is needed
- provide constructive feedback relating to progress and achievements
- work together to achieve goals in a supportive environment

	Name	**Signature**	**Date**
Midwife	_____	_____	_____
Supervisor	_____	_____	_____

N.B. A copy of this review form will be kept with your supervisory records which will be passed on to any future named Supervisor of Midwives.

Appendix 1

In order to meet the PREP CPD requirement you are required to undertake a minimum of 35 hours activity in each 3-year NMC registration period. This form may help to demonstrate your compliance and should be presented to your supervisor at your annual review meeting.

NAME _____**DATE OF LAST REGISTRATION** _____

DATE	TITLE/TYPE OF ACTIVITY	TOTAL HOURS PER SESSION/ACTIVITY	RUNNING TOTAL

Activities which contribute to Continuing Professional Development may include: relevant reading and reflection, internet searches, shadowing, discussion groups, study days and workshops, contributions to guidelines and developments.

NB: Evidence of these activities may be requested by your Supervisor of Midwives.

I confirm that this is a true record of educational activities undertaken since my last renewal of registration with the NMC.

Midwife _____ **Date** _____

Appendix 2

In order to meet the PREP Practice standard, you are required to complete 450 hours of midwifery practice in every 3-year NMC registration period. This form may help to demonstrate your compliance and can be presented to your supervisor at your annual review meeting.

NAME _____**DATE OF LAST REGISTRATION** _____

DATE	CLINICAL AREA	HOURS WORKED	SUB TOTAL	TOTAL HOURS WORKED

I confirm that this is a true record of the hours worked in midwifery practice since my last renewal of registration with the NMC.

_____ _____

Midwife **Date**

North West Local Supervising Authorities

Choice & Risk In Practice

The Willow Suite

Holiday Inn, Haydock (M6, Jct 23)
Lodge Lane
Newton Le Willows
WA12 0JG

19 October &
9 November 2006

Chair: Jill Demilew
Midwifery Adviser,
Women's & Maternal Health Team
Department of Health

LSA Approved

PROGRAMME

8.45am - 9.15am: Coffee & Registration

9.15am - 9.30am: Welcome & Introduction by Chair
Jill Demilew, Midwifery Adviser, DH

9.30am -10.00am: Freedom and Response-Ability
Ruth Hadikin, Ruth Hadikin Associates

10.00am - 10.40am: A question of influence
Janine Wyn Davies, Senior Lecturer, University of Glamorgan

10.40am - 11.10am: Coffee

11.10am - 12.15pm: Debate: *"This house believes that birth centres present unnecessary risk for women and expense for maternity services"*
For the motion - Dame Lorna Muirhead, Clinical Midwife & Ex President RCM
Against the motion - Debbie Garrod, Supervisor of Midwives, Stockport Foundation NHS Trust
Chaired by Lisa Bacon, Midwife Teacher & Link Supervisor of Midwives

12.15pm - 13.30pm: Lunch

13.30pm - 14.15pm: Round table group work
Ruth Hadikin, Ruth Hadikin Associates

14.15pm 15.00pm: Features of a maternity hospital that promote obedient behaviour from a midwife
Caroline Hollins Martin, Midwifery Lecturer, University of Manchester

15.00pm - 15.30pm: Tea

15.30pm-16.00pm Concluding work
Ruth Hadikin, Ruth Hadikin Associates

16.00: Closing Remarks
Jill Demilew, Midwifery Adviser, DH

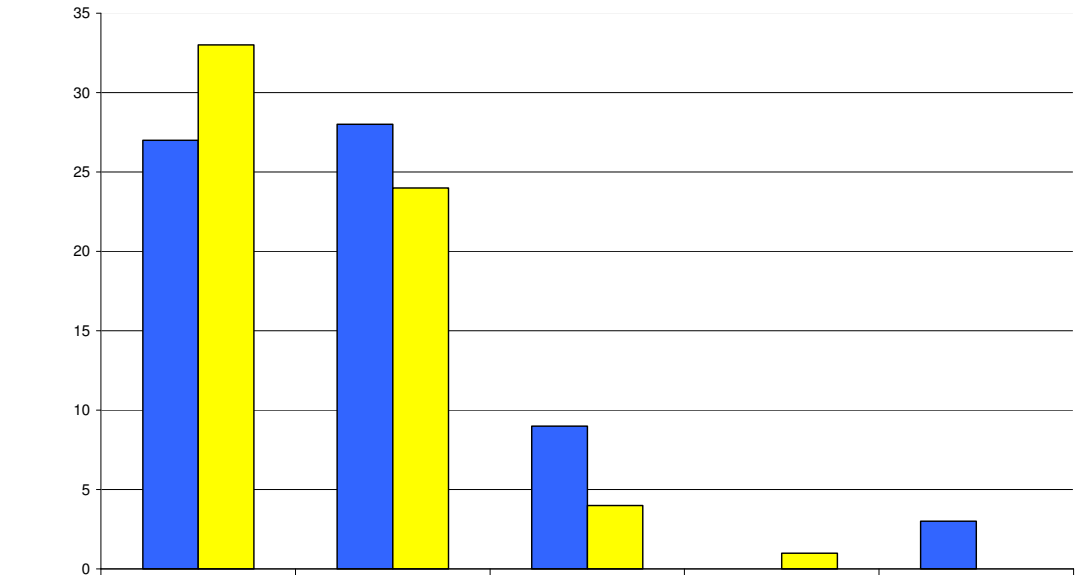
Choice & Risk In Practice

Evaluation Feedback

The annual North West LSA Forums for Supervisors were held on 19 October and 9 November at the Holiday Inn, Haydock. We would like to thank everyone who took the time to complete an evaluation form. Both days were very well evaluated and a breakdown of the evaluations are shown in the attached pages.

We would especially like to thank Jill Demilew, Midwifery Advisor, Department of Health for chairing both days, Also Ruth Hadikin, Janine Davies, Caroline Hollins Martin, Dame Lorna Muirhead Debbie Garrod and Lisa Bacon for their valued contribution to both events.

Q1 Ruth Hadikin

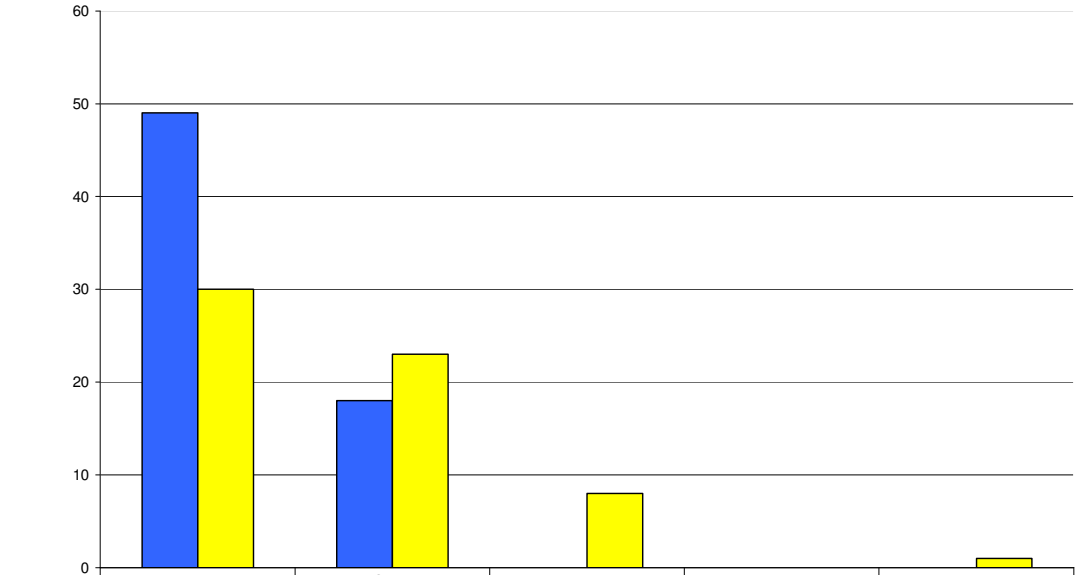


	Excellent	Good	Average	Poor	Not Answered
19-Oct-06	27	28	9	0	3
09-Nov-06	33	24	4	1	0

Q1 Ruth Hadikin
Selection of comments from 19 October & 9 November:

- Very motivational & extremely interesting.
- Excellent on many levels, so interesting & empowering, I learned a lot.
- Good sessions - different approach.
- Really enjoyed these sessions – inspirational.
- Took a while to grasp the concept of self awareness & emotional intelligence but now aware that it has an important place in myself.
- Excellent – very thought provoking – I'm keen to practise.
- Very insightful & interesting.
- .Brilliant – loved all of it.
- Very useful tool to develop self awareness.
- Informative, interesting & stimulates discussion.
- Humorous. Passionate about her methods. Does make you think.
- Useful reminder of reflection of self and need for support for one another.
- Easy to listen to – enjoyed the presentation.
- What a woman! I'd like to meet her one-to-one.
- Very enthusiastic about her subject – certainly emphasised the importance of self awareness and communication skills.
- Nice to know that other people feel that we are important.
- Excellent start to the day.
- Excellent tools to employ in reducing stress in the workplace.
- Idealistic – SoMs work within many constraints which inhibit practice and therefore personal needs secondary to professional needs through necessity.
- Informative and practical advice which I could utilise.
- Excellent presentation, very valid points. Puts things into perspective which are easily forgotten.
- Plan to share ideas and advice.

Q2 Janine Wyn Davies

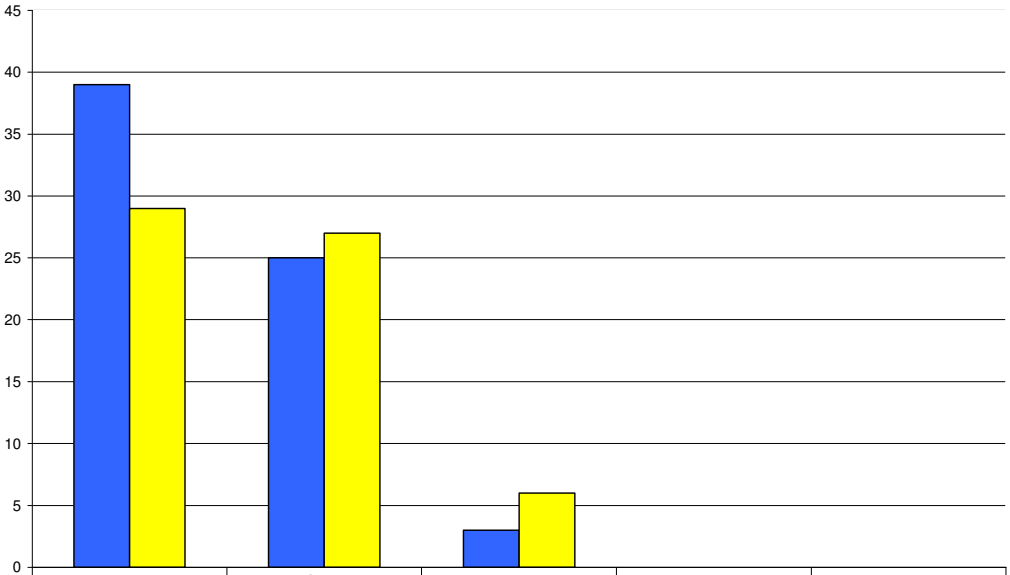


	Excellent	Good	Average	Poor	Not Answered
19-Oct-06	49	18	0	0	0
09-Nov-06	30	23	8	0	1

Selection of comments from 19 October & 9 November:

- Riveting speaker & outstanding presentation – more please.
- An excellent presentation – thought provoking & enabling.
- An interesting presentation delivered in a unique way.
- Very powerful presentation.
- Why couldn't you be one of my lecturers? Great fun.
- Very informative & entertaining.
- Great concept to use courtroom setting.
- Absolutely phenomenal.
- A lively & good presenter - stimulating.
- Very funny, but got her point across.
- Brilliant, very detailed, entertaining & perceptive.
- Excellent, powerful presentation.
- Excellent speaker, gave us food for thought regarding our role as supervisors.
    - Thought provoking – time to reflect to ensure that I'm not becoming that midwife.
    - Good example to initiate thoughts for the following debate.
    - Brilliant. Everyone was talking about this presentation and people we need to "sort out" back in the workplace.
    - Easy to follow, entertainment plus education at the same time
    - Excellent speaker. Very relevant.
    - Well presented – very animated.
    - We all have this person – lets use supervision to change her!
    - Can't praise this high enough, thought provoking, inspiring, challenging and all with humour – brilliant.
    - Makes you reflect on normality and what it actually means to individuals.
    - Fantastic presentation – will take back and use.

Q3 The Debate – Dame Lorna Muirhead & Debbie Garrod

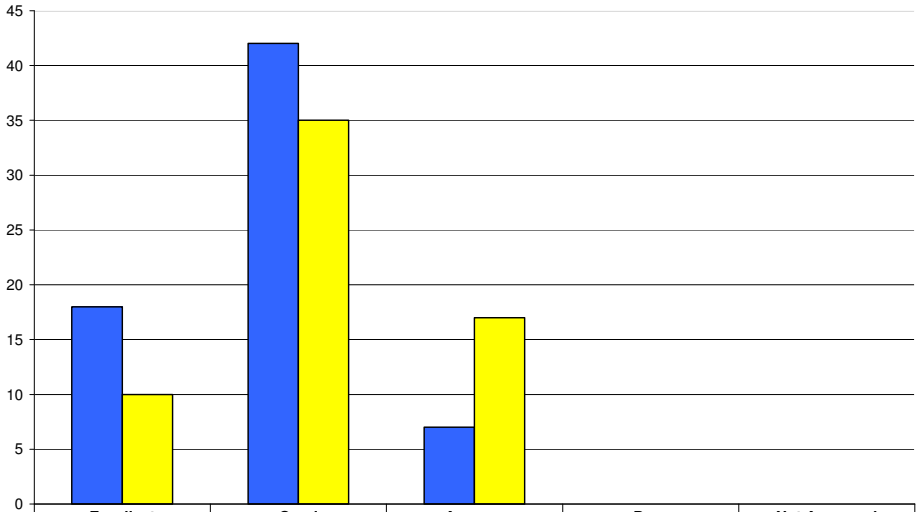


	Excellent	Good	Average	Poor	Not Answered
19-Oct-06	39	25	3	0	0
09-Nov-06	29	27	6	0	0

Selection of comments from 19 October & 9 November:

- Made me think of issues I hadn't previously thought about.
- Excellent debate – very relevant to discussions within our unit.
- Excellent – enjoyed enormously – very useful.
- Emphasised inequality of care & resources. Refreshing viewpoint from Dame Lorna which balanced Debbie's presentation.
- Interesting but did not succeed in changing my original view.
- Thought provoking & although I didn't change my vote, Dame Lorna did speak some home truths.
- Most intriguing & interesting – made me reconsider some views.
- Raised a lot of issues - lots of pertinent suggestions & comments.
- Debates well presented – but I was not won over.
- Really good food for thought – made me change my mind.
- Agree with elements of both sides.
- Good presentations by both debaters.
- Good debate – time to think how all women can have "the best".
- Refreshing to hear a common sense argument presented by Lorna Muirhead, who was advocating equality in service provision.
- Great – I changed completely after the debate.
- Interesting to note the final result which supported the motion more strongly than prior to the presentation. A privilege to listen to such a distinguished speakers.
- Interesting discussion afterwards.
- Difficult to come to a decision one way or the other. Expect the same care in 1:1 care in labour in a DGH – with the same normality philosophy.
- Excellent debate – some good arguments put forward.
- Difficult to vote as agreed with some of the evidence, normality should be given as choice to all women irrespective of birth location.

Q4 Caroline Hollins Martin

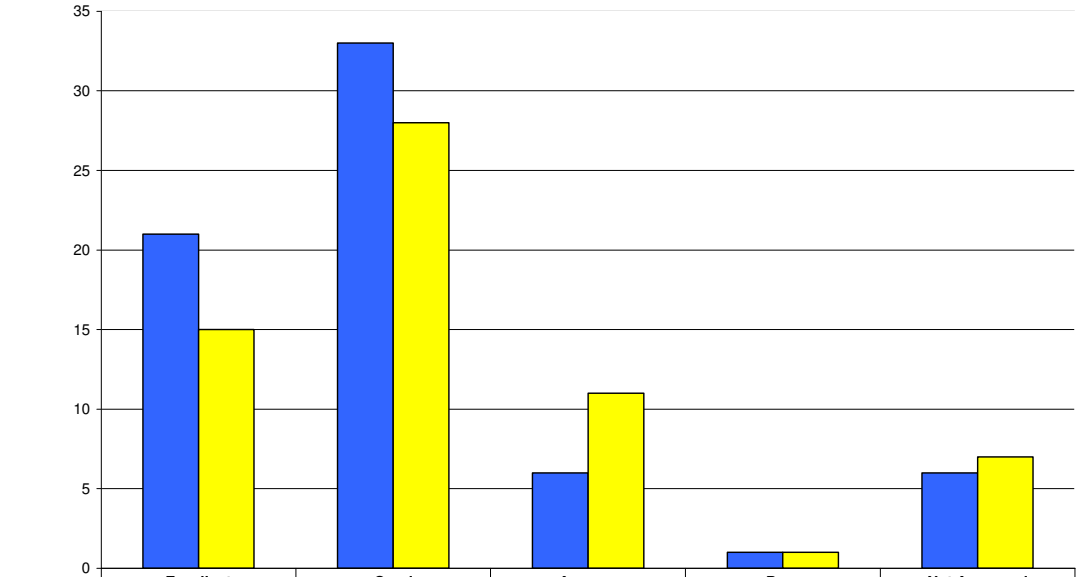


	Excellent	Good	Average	Poor	Not Answered
19-Oct-06	18	42	7	0	0
09-Nov-06	10	35	17	0	0

Selection of comments from 19 October & 9 November

- Sobering presentation – some unpalatable 'truths' presented.
- Very interesting research - Thought provoking.
- Good session. Only by allowing people to make their own decisions, based on evidence & patient decisions, can practice improve & midwives gain experience.
- Lots of issues to think & talk about.
- I hope this topic gives me some courage to challenge some policies to allow our women more freedom of choice.
- Lots of food for thought about how we – as supervisors – can change things.
- An excellent presentation based on evidence – many uncomfortable midwives in the room I'm sure.
- Made me consider aspects which have been brushed to one side for many years & simply accepted as "part of the job".
- A good theme & would have liked deeper exploration of the issues.
- Very interesting – but very disappointing to think that Supervision was not used in situations of supporting midwives.
- An interesting presentation – my analysis clouded by the thought of asking Consultants permission for home birth.
- Excellent presentation of evidence but clear that supervision not evident in those areas.
- Enjoyed this presentation – food for thought.
- Relate more to supervision, to make changes, support change, get rid of bullying.
- Food for thought.
- A lot of information in a short time but interesting.
- It would be interesting to see how strong effective role models influence care within the unit.
- If the hospital policies are evidence based, unless you do have evidence to support your practice, you should follow policy. There is a need to have a supportive hierarchy within a service.

Q5 Have your aims/objectives for the day been clearly met overall?



	Excellent	Good	Average	Poor	Not Answered
19-Oct-06	21	33	6	1	6
09-Nov-06	15	28	11	1	7

Selection of comments from 19 October:

- A good learning experience for the POSOM course.
- Fully.
- Yes.
- Exceeded expectations.
- Need more acknowledgement that midwives choose to work in a hospital setting because they enjoy it. They can still support natural childbirth within that setting and as most midwives work here, perhaps more emphasis needs to be put on encouraging normality here – we all can't leave and work in birth centres.
- Would have liked more discussion around the features of a maternity unit that promote obedient behaviour.
- Excellent day as usual, good variety of topics.

Selection of comments from 9 November:

- Although a very enjoyable day which provided "food for thought", my expectations were perhaps of case senarios/risk management issues in relation to supervision/midwifery.
- I feel that the role is becoming more involved and expanding – could do with more discussion and views around this.
- Network has been very beneficial.
- Given me some ideas to try and change culture.
- The study day has taken a different direction than what I expected – not a bad thing.

Critical Analysis Presentations

Tuesday, 26 September, 2006

P R O G R A M M E

Chairperson – Marian Drazek, LSA Midwifery Officer

Facilitators: Judith Kurutac, Lisa Bacon, Dorothy Farmer, Grace Hopps, Marie Collier

09.15 – 09.45	Registration & Coffee
09.45 – 10.00	Introduction and Domestic Arrangements
10.00 – 10.30	Presentation 1
10.30 – 11.00	Presentation 2
11.00 – 11.15	Coffee
11.15 – 11.45	Presentation 3
11.45 – 12.15	Presentation 4
12.15 – 12.45	Presentation 5
12.45 – 13.30	Lunch
13.30 – 14.00	Presentation 6
14.00 – 14.30	Presentation 7
14.30 – 15.00	Presentation 8
15.00 – 15.30	Feedback, Summary & Tea
15.30	Close and Certificates of Attendance

LIST OF CRITICAL ANALYIS PRESENTATIONS – SEPTEMBER 2006

- Failure to follow up abnormal antenatal blood screening results.
- A delayed PKU – consequences and challenges of change.
- Supporting a midwife through Supervised Practice.
- Use of water during labour.
- Dilemma - live birth following termination of pregnancy.
- Critical incident – the supportive role of the Supervisor of Midwives.
- Midwives delivering friends.
- Supervisory involvement with Nurse Practitioner carrying out antenatal examinations.
- The vulnerability of a midwife when there is a lack of recognition of the importance of record keeping.
- CTG interpretation in labour.
- Improvement of maternity services to pregnant prisoners.
- Supervision of midwives in the event of maternal deaths.
- Management of an antepartum haemorrhage.
- Pool birth – low risk women with Group B Streptococcus.
- Midwife cared for a woman with an epidural but did not continuously monitor the fetus electronically.
- 30 week premature labour and neonatal death.
- Management of a drug error.
- Supervisor's investigation following an emergency hysterectomy.
- Midwives requesting supervisor's support in unusual circumstances; patient in ITU, unconscious 23/40.
- Home birth – the conflict between choice and safety.
- Midwifery and politics – how statutory supervision can help midwives to 'harness the tide'.
- The conflicts between nursing and midwifery.
- Undiagnosed hydrocephalic baby.
- Alleged prescription and administration of "Prescription Only Medicine" by a midwife.
- Sub-optimal care - which led to a mother undergoing an emergency hysterectomy.
- Whose Baby? Proactive supervision.
- Investigation into unsafe practice of a midwife caring for a pregnant woman known to be high risk.
- Parents refusal – on religious grounds – for an ill newborn to receive a blood transfusion.

CRITICAL ANALYSIS PRESENTATIONS

Tuesday, 13 February 2007

P R O G R A M M E

Chairperson – Marian Drazek, LSA Midwifery Officer

Facilitators: **Lisa Bacon, Dorothy Farmer, Grace Hopps, Alison Ramsay, Marie Collier, Sue Benson**

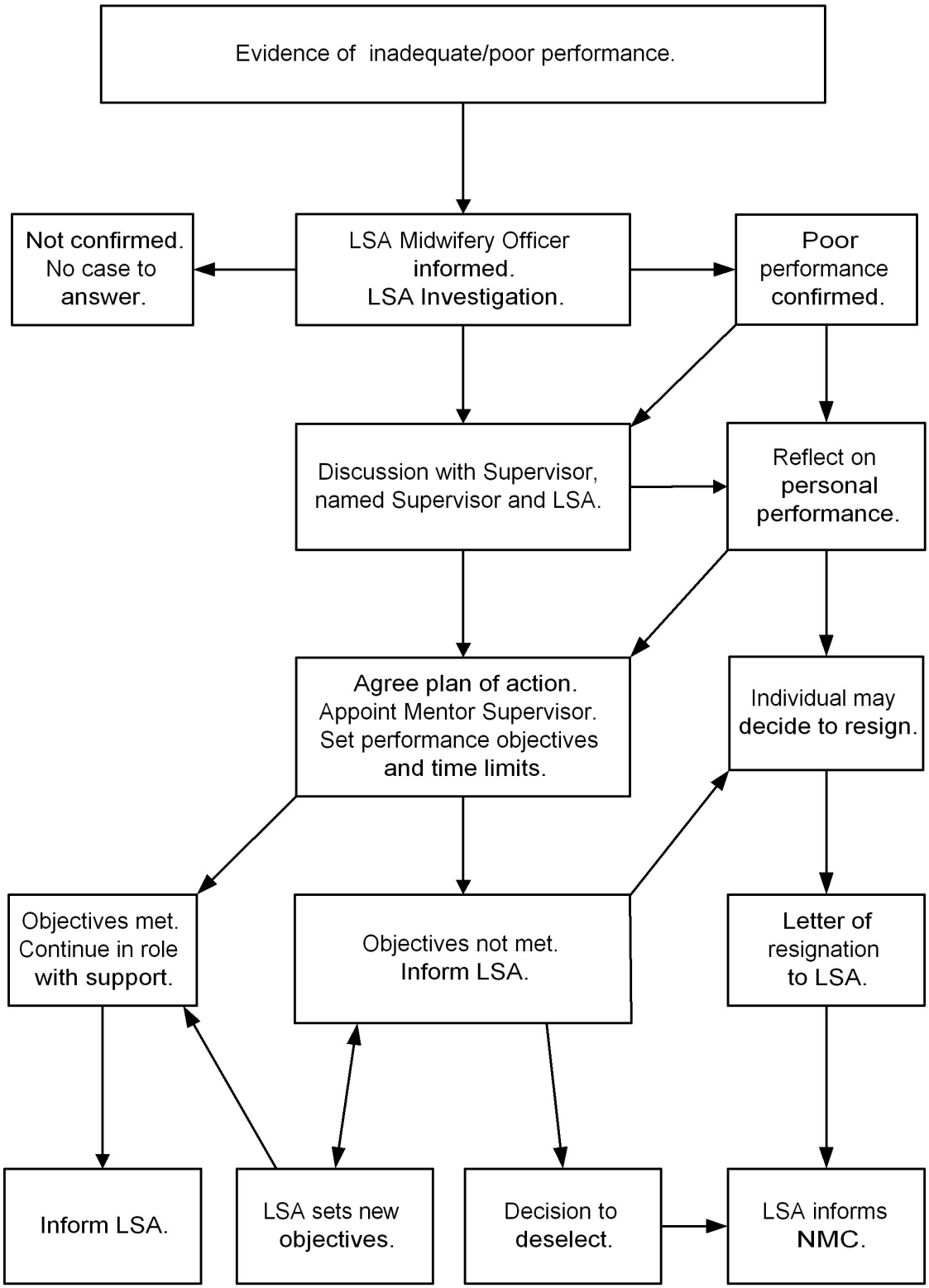
09.15 – 09.45	**Registration & Coffee**
09.45 – 10.00	**Introduction and Domestic Arrangements**
10.00 – 10.30	**Presentation 1**
10.30 – 11.00	**Presentation 2**
11.00 – 11.30	**Coffee**
11.30 – 12.00	**Presentation 3**
12.00 – 12.30	**Presentation 4**
12.30 – 13.30	**Presentation 5**
13.30 – 14.30	**Lunch**
14.30 – 15.00	**Presentation 6**
15.00 – 15.30	**Presentation 7**
15.30 – 15.45	**Feedback, Summary & Tea**
15.45 – 16.00	**Close and Certificates of Attendance**

LIST OF CRITICAL ANALYSIS PRESENTATIONS – FEBRUARY 2007

- 'When the trouble is at the top'. How effective supervision and team work can have a positive outcome when the midwife involved holds a senior position.
- Supporting a clinical midwife coming to terms with her alcohol problem.
- Identification of the newborn – consequences of failure to follow policy and poor record keeping.
- Update of bladder care policy following an incident.
- A midwife suffering from long term alcohol abuse and its effect on her career and health.
- Surrogacy.
- Choice at what cost? When a woman's choice affects midwives' safety.
- Sudden infant death on the maternity unit.
- Incorrect passing of a nasogastric tube and the subsequent investigation.
- Pro-active supervision; back to practice midwife needing support.
- Debriefing of a woman following a traumatic birth experience
- Management of patients with raised Body Mass Index.
- Failure in communication and midwifery practice leading to an intrauterine death.
- Supporting women in making choices.
- Stepping outside spheres of practice – Trainee Advanced Midwife Practitioner.
- Supporting midwives during excessive work load.
- A case of mistaken identity; incorrect patient details used on a laboratory sample.
- Who is accountable – lead midwife caring for woman in labour, senior midwife supporting lead carer, labour ward co-ordinator or specialist Registrar?
- Looking at midwives undergoing supervised practice and the effects this has on supervisors and midwives
- Sub-optimal care; "I am devoid of all blame but was sacked – why?"
- Supervisor supporting a midwife following a notice of referral to NMC Investigating Committee.
- Swab counting – how much does it count?
- Supervisors of Midwives supporting practitioners to maintain their midwifery registration.
- Supervision of independent midwives.
- Issues surrounding care of a Jehovah's Witness woman
- Proactive supervision in action – supporting a woman wishing a home birth with a high-risk pregnancy.
- Supporting maternal choice – safely; mother choosing to birth her second child at home following a previous, emergency caesarean section.

APPENDIX 10

Flow Chart for Inadequate/Poor Performance of a Supervisor of Midwives



APPENDIX 11

NORTH WEST LOCAL SUPERVISING AUTHORITIES

LEARNING CONTRACT FOR SUPERVISED PRACTICE

NAME:	**GRADE:**
PIN:	**PIN EXPIRES:**
QUALIFICATIONS:	
SUPERVISOR:	**MENTOR:**

REASON FOR SUPERVISED PRACTICE *(Identify problems and main areas of poor practice)***:**
SUMMARY OF ACTION PLAN AND OBJECTIVES: .

START DATE:	**REVIEW DATES:**

DATE AGREED:
MIDWIFE'S SIGNATURE:
SUPERVISOR'S SIGNATURE:
MENTOR'S SIGNATURE:

NORTH WEST LOCAL SUPERVISING AUTHORITIES

ACTION PLAN FOR SUPERVISED PRACTICE

MIDWIFE'S NAME:	**SUPERVISOR'S NAME:**
MENTOR'S NAME:	**CLINICAL AREA:**

OBJECTIVES/COMPETENCY TO BE ACHIEVED	OPPORTUNITIES/RESOURCES REQUIRED	Target Date for Completion	Objectives Achieved Yes	No	Signature of Mentor

EVALUATION OF SUPERVISED PRACTICE:		
Date:	**Signature of Midwife:**	**Signature of Supervisor of Midwives:**

APPENDIX 12

Template for Supervisory Report

Section 1 – Personal Details

Name of Midwife:	
NMC PIN:	
Date of Registration as a Midwife:	**Date of periodic renewal of registration:**
Home Address:	
Post held:	
Place of Employment:	

Section 2 – Summary of incident:

Section 3 – Allegations

Section 4 – Rules Breached

NMC Midwives rules and standards
The NMC code of professional conduct: standards for conduct, performance and ethics

Section 5 – Conclusion

Action taken by Supervisor of Midwives:
Outcome of investigation:
Mitigating circumstances:
Midwife's previous record:
Recommendations to Local Supervising Authority
Signed ……. **Date ……..**