

BOARD PAPER HA06/028

ANNUAL REPORT OF THE LOCAL SUPERVISING AUTHORITIES OF THAMES VALLEY AND HAMPSHIRE AND ISLE OF WIGHT 2005-2006

Executive summary:

This report covers the period from April 2005 to March 2006 and focuses on the activities, key issues and trends affecting the supervision of midwives and midwifery practice for the Local Supervisory Authorities.

Actions requested:

The board is asked to approve this report.

Aim(s)/objective(s) supported by this paper:

The purpose of this report is to inform the Strategic Health Authority Board, the Nursing and Midwifery Council (NMC) and the public of how the Local Supervising Authorities (LSAs) of Thames Valley and Hampshire & Isle of Wight were meeting the standards set within the Midwives Rules and Standards (2004).

Risks attached to this project/initiative: None

Resource implications: None for the

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Local Supervising Authorities of Thames Valley and
Hampshire & the Isle of Wight

Annual Report

APRIL 2005 – MARCH 2006

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2 Executive summary

The purpose of this report is to inform the Strategic Health Authority Board, the Nursing and Midwifery Council (NMC) and the public of how the Local Supervising Authorities (LSAs) of Thames Valley and Hampshire & Isle of Wight were meeting the standards set within the *Midwives Rules and Standards* (2004).

Key points summarised

- This report meets with the standards set within Rule 16 of the *Midwives Rules and Standards* and the NMC Circular 15/2006.
- Overall for both SHAs the standards set for the LSAs have been met.
- This report will be made available to the public via the internet.
- The number of supervisors of midwives across both LSAs is just outside the NMC recommended supervisor to midwife ratio of 1:15 this is because of natural wastage and plans are in place to recruit and appoint more supervisors within the Trusts where the ratio has not been met.
- Midwives are provided with continuous access to a supervisor and have a choice of who is their supervisor. This has been demonstrated at the annual audits.
- The supervision of midwives is on the whole effective in the LSAs and this is audited on an annual basis.
- Service users have been involved in monitoring supervision of midwives with the annual audits.
- The LSA has engaged with higher education institutions in relation to midwifery education programmes.
- New *Standards and Guidance for Supervisors* have been written in collaboration with the LSAs across the South of England.
- Statistics have been provided within this report outlining developing trends affecting midwifery practice.
- There have been no complaints regarding the discharge of the LSA or supervisor of midwives' function.
- There were 2 LSA investigations undertaken during the year.

3 Introduction

This report covers the period from April 2005 to March 2006 and focuses on the activities, key issues and trends affecting midwifery practice for the Local Supervisory Authorities. This report will be made available to the public via the internet after it has been approved by the Board. The purpose of this report is to inform the Strategic Health Authority Board, the Nursing and Midwifery Council (NMC) and the public of how the Local Supervising Authorities (LSAs) of Thames Valley and Hampshire & Isle of Wight met with the standards set within the *Midwives Rules and Standards* (2004). The two strategic health authorities have now merged to form a new body called NHS South Central.

3.1 Context

The NMC was established under the Nursing and Midwifery Order 2001, as the body responsible for regulating the practice of those professions. Articles 42 and 43 of the Order stipulate that the practice of midwives must be supervised. The local bodies responsible for the discharge of this function are the Local Supervising Authorities. Within the provisions of *Shifting the Balance of Power* (2001) the Strategic Health Authorities were designated as the LSAs within England.

Each Strategic Health Authority (SHA) either directly employs an LSA Midwifery Officer (LSA MO), or has a service level agreement or consortium arrangement with other Strategic Health Authorities to ensure that the LSA function is carried out by a practising midwife as is required by the NMC. The four SHAs within the area covered by the former South-East Region have maintained a consortium arrangement. Kent and Medway SHA hold the contractual responsibility and budgetary arrangements for two LSA MOs who have responsibility across 4 SHAs. Locally, Hampshire and Isle of Wight SHA shares the LSA MO with Thames Valley. The LSA MO is accountable directly to the Chief Executive of the SHA.

The responsibilities of the LSA are identified within the *'Midwives Rules and Standards'* issued by the NMC in August 2004.

The LSA responsibilities include the following:

- Providing a framework of support for supervisory and midwifery practice;
- Receiving and processing an annual notification of intention to practise from every practising midwife;
- Ensuring that every midwife meets the statutory requirements for practice;
- Ensuring there is access to initial and continuing education and training for supervisors of midwives;
- Leading the development of standards and audit of supervision;
- Investigating cases of alleged impaired fitness to practise or misconduct;

- Determining whether to suspend a midwife from practice, in accordance with Rule 5 of the Midwives rules and standards (NMC, 2004).

The current post holder, Suzanne Cro, commenced employment 5th December 2005 as the previous post holder Caroline Simpson resigned to take up post at the Department of Health. The current post holder is on secondment to the post until 30th September 2006 from Gloucestershire Hospitals NHS Foundation Trust.

4 The Supervision of Midwives

Midwives are unique among health professionals in having a system of supervision prescribed by statute. Midwives can practise without referring to a doctor. Therefore, midwives are accountable in a different way for their practice than registered nurses. The supervisor of midwives has an important role in ensuring that midwives are fit to practise with that level of autonomy, and for initiating action when concerns are raised about a midwife's fitness to practise.

Supervisors are accountable to the LSA for all supervisory activity. The role of the supervisor of midwives is to protect the public by empowering midwives and students to practise safely and effectively. This includes all midwives in whatever situation they may practise, including within National Health Service (NHS) Trusts, Primary Care Trusts (PCTs), self-employed and Higher Education Institutions (HEIs).

The next section outlines the current position of the LSA in regards to the standards set within the *Midwives rules and standards*.

4.1 Rule 3 Notification of intention to practise

It is a midwife's responsibility to notify her intention to practise to each LSA within whose area she or he intends to practise midwifery. This enables the LSA to check that the midwife is eligible to practise. The LSAs of Thames Valley and Hampshire & Isle of Wight received **2496** notifications in April and **2783** notifications altogether over the year 2005/06.

4.2 Rule 4 Notifications by LSA

The LSA publishes the date and the name and address of the LSA MO to whom the midwife must give notice under rule 3 (1). The supervisors of midwives sent the notifications to the LSA and this was sent to the NMC. The system enables the NMC to keep an updated record of practising midwives.

A new online system to manage Intention to Practise forms (ITPs) was purchased in December 2005. The LSAs managed to successfully upload the information by the 25th March 2006 as requested by the NMC. The new system will enable the LSA to upload data to the NMC as frequently as

required. The online system is managed locally by the supervisors of midwives and is monitored by the LSA MO and the LSA admin support. The database will enhance public protection by ensuring that midwives have met their requirements to remain on the midwives' part of the register.

Employers or the public may verify a midwife's registration at the NMC and they will be informed if a valid intention to practise is noted on the register and to which LSA it applies. This can be accessed via the NMC's website www.nmc.org.uk.

4.3 Rule 5 Suspensions from practice by the LSA

The LSA publishes within the *Standards and Guidance for Supervisor of Midwives (2005)* how it will investigate any alleged impairment of a midwife's fitness to practice and this includes suspension from practice. All midwives involved in investigation are informed in writing of the outcome of any LSA investigation and within the letter are informed of the process of appeal.

4.3.1 LSA Investigations

If the Local Supervising Authority has concerns about a midwife's practice then the midwife will be investigated by the LSA MO. The midwife will be notified of any investigation and will also be invited to be involved. If there is clear evidence that the midwife's practice poses significant risk to women or their babies, or to the midwife him/herself, then the LSA will suspend the midwife from practice to protect the public and refer the registrant to the NMC. The LSA suspension means that the midwife will not be able to practise as a midwife anywhere in the UK pending a decision from the Nursing and Midwifery Council.

4.3.2 LSA Suspensions

There were no suspensions from practice in this period but an investigation concluded in April 2006 and this registrant was suspended from practice.

Table 1.0 LSA investigations and suspensions Thames Valley and Hampshire & Isle of Wight

LSA investigation	Key trigger	Nature and process of investigation	Conclusion	LSA action
1 TVSHA	Registrant failed extended supervised practice programme	Review of supervised practice and documentation	It is alleged that the practitioner lacks competence to practise without supervision.	Referral to the NMC. LSA suspension (concluded April 06)
2. TVSHA	Concerns raised about midwife's practice	Review of complaints interview with midwife	Registrant to undergo 3 months supervised practice which was successfully completed.	Successful completion of programme.

4.4 Rule 9 Records

There are National Guidelines (England) written and agreed by all the LSA MOs on the maintenance, storage and transfer of supervisory records. This standard is monitored at the annual LSA audit (*Standards and Guidance for Supervisors of Midwives for the LSAs in the South of England 2005*).

4.5 Rule 11 Eligibility for appointment as a supervisor of midwives

It is vital that the LSA appoints an adequate number of supervisors of midwives to exercise supervision over practising midwives in the area. This ensures that the supervisor of midwives to midwife ratio reflects local need and circumstance.

To become a supervisor of midwives, a midwife will need to go through a selection process as set up by the LSA. The selected midwives are required by the Nursing and Midwifery Council to be prepared to undertake the role of supervisor by a validated programme.

Midwives in both LSAs can access the programme at three universities:

- Thames Valley University - which currently only offers the programme at degree level and are planning to add a master's level;
- Bournemouth University - which provides the preparation programme at both first degree and master's levels;
- University College Northampton - which also offers the course at masters and degree level study.

Successful completion of the course does not mean that the midwife automatically becomes a supervisor, as she has to be appointed by the LSA to undertake the role. It is only at this point that a midwife can be called a supervisor of midwives.

The LSA MO continues to be involved with the planning, delivery and monitoring of all these programmes. It is planned that an evaluation of all three programmes will be undertaken next financial year to determine the extent to which the course prepared the supervisors to undertake their role, to identify strengths and weaknesses of each of the courses and to provide information and feedback to the course management teams.

4.5.1 Continuing professional development for supervisors

In order to ensure that supervisors of midwives meet the requirements, which is a minimum of 15 hours study in each registration period, the LSA MO held a local conference in December 2005. Speakers addressed contemporary issues and the day provided opportunities for the supervisors to network, share challenging situations and to discuss best supervisory practice. The next local conference was planned for 29th June 2006 and all supervisors of midwives were invited to attend.

The LSA MO has made a commitment to personally meet with as many supervisors of midwives as possible on a one-to one basis to discuss their development needs. The ongoing development of student /new supervisors of midwives will continue with the LSA MO holding local supervisory surgeries and attending local supervisor of midwives meetings.

4.6 Rule 12 Supervision of midwives

Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. The LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard within its geographical boundary. It is the responsibility of the LSA to appoint an adequate number of supervisors to exercise supervision over practising midwives in its area. Each Trust that has a supervisor of midwife to midwife ratio of greater than 1:15 has an action plan in place for succession planning and also for obtaining funding for courses.

Table 2.0 Number of supervisors of midwives, supervisor to midwife ratios, appointments, resignations and removals by Trust

NHS Maternity Services	Trusts	SoMs	SoM:MW ratio	SoMs leave of absence	Appt.	Resig.	Removals	MWS on SoM preparation Course
Thames Valley LSA								
Milton Keynes General Hospital		4	1:27*	4	1	2	0	4
Buckinghamshire Hospitals		21	1:11	0	1	1	0	1
Oxford Radcliffe Hospitals		22	1:17	3	4	0	0	6
Royal Berkshire and Battle Hospitals		15	1:15	0	0	1	0	1
Heatherwood and Wexham Park Hospitals		11	1:15	7	3	1	0	3
TOTALS		73		5	9	5	0	15
Hampshire & Isle of Wight LSA								
North Hampshire Hospital Trust		5	1:20	0	2	2	0	4
Winchester and Eastleigh		8	1:18	0	1	1	0	2

NHS Trusts Maternity Services	SoMs	SoM:MW ratio	SoMs leave of absence	Appt.	Resig.	Removals	MWS on SoM preparation Course
Healthcare Trust							
Southampton University Hospitals Trust	13	1:22	0	0	1	0	2
Portsmouth Hospitals Trust	16	1:20	0	2	0	0	1
Isle of Wight Healthcare Trust.	6	1:15	0	2	0	0	0
TOTALS	48		0	5	4	0	9
TOTALS	121		7	14	9	0	24

(*See section 5.1)

4.6.1 Resources made available to supervision

While supervisors of midwives are appointed by the LSA, they do not receive payment from the LSA as they are usually employed by NHS Trusts. To maximise the effectiveness of the supervision of midwives resources must be made available for this activity. It is up to the Trust that employs the midwife to allocate resources for the activity.

The LSA has monitored the allocation of resources through regular meetings with the supervisors of midwives and through the LSA audit process. The two key areas monitored were the provision of protected time and the provision of dedicated administrative support. Overall every Trust has struggled to allocate resources specifically to supervision. This is compounded by an increased head count of midwives as 60% of midwives now work part time, and still require the same amount of supervision, and also by the fact that a number of supervisors are themselves part time and therefore have been allocated a reduced caseload.

The LSA MO has identified actions to assist supervisors of midwives in carrying out their statutory role:-

- Each unit to include the supervision of midwives in the Trusts' Directorate business plan and this should make explicit the value of supervision to midwives and how it enhances public protection.
- Each supervisor of midwives should find out how much protected time each Trust has allocated for supervision and then they should monitor whether they get this time and what their activity is during this time. When difficulties arise the supervisor should make it known to the Trust and the LSA MO.
- Each team of supervisors to seek agreement under Agenda for Change for appropriate remuneration for the role.

4.6.2 Communications network for LSA and supervisors of midwives

Each supervisor of midwives has the means to contact the LSA MO (electronic, mobile or telephone). The LSA acts as 'communication hub' receiving and transmitting information from the regulatory body, Department of Health, Royal College of Midwives and locally from the SHA, Trusts and the supervisors. Information flows in both directions allowing the national bodies to be aware of local issues affecting maternity services and ensuring that supervisors of midwives have information distributed directly to them.

The following forums facilitate the communication network

- Quarterly meetings with the Contact supervisors for each Trust.
- Attendance of the LSA MO at local supervisors of midwives meetings in the Trust
- Quarterly meetings with the Nursing and Midwifery Council
- Two monthly meetings with the LSA MOs in England (invited speakers attend this forum).
- Quarterly meetings of the RCM Heads of Midwifery network
- Quarterly meetings with the Heads of Midwifery in Thames Valley and Hampshire and Isle of Wight.
- Direct access for each SoM to LSA MO via email and mobile phone contact.

4.6.3 Named supervisor

Each practising midwife within the LSA has a named supervisor of midwives covering her main area of practice. Midwives can approach the LSA MO directly if they are unable to find a supervisor of midwives. This is monitored at the annual audit visits, via the notification of intention to practise process and the LSA database.

4.6.4 Annual reviews

At least once a year each supervisor of midwives meets each midwife for whom she is the named supervisor to review the midwife's practice and identify her training needs. The purpose of the annual review is to provide the midwife with an opportunity to discuss personal and professional development.

The LSA MO was informed that within each Trust the percentage of annual reviews achieved has greatly improved in the last 2 years after the introduction of the need for the supervisor of midwives to write in the date of the last annual review and to sign the ITP. Exact figures are not available but this figure will be available in the next financial year because the date of the annual review will now be recorded on the LSA database and will give the LSA MO access to accurate information for the 06/07 report period. Where 100% of annual reviews have not been achieved this is often due to sickness, maternity leave and problems with supervisors getting time from their employer to carry out their role.

4.6.5 24 hour access to a supervisor of midwives

Supervisors of midwives arrange with their own supervisees how they can be contacted and if they are not available then the arrangement is that at each Trust there is a supervisor on call so that all practising midwives have 24 hour access to a supervisor of midwives.

The system for audit is that -

- LSA MO has telephoned each Trust and asked to speak to a supervisor of midwives at the main hospital switchboard or via the delivery suite.
- Midwives views have been elicited as to whether they have a supervisor of their choice and are asked how easy it is to change.
- Midwives are asked when the LSA audit is carried out.

There have been no real issues identified from auditing with nearly 100% of midwives across both LSAs having a supervisor of their choice, also 95% of midwives stating that it would be easy to change supervisor if they wished and the LSA MO was able to speak to a supervisor out of hours 100% of the time.

4.7 Rule 13 The Local supervising midwifery officer

The LSAs appointed a LSA MO who was responsible for exercising its functions and the performance of the LSA MO was managed by the SHA. Designated time to carry out the role was provided and 2 ½ days a week administrative support was made available to discharge the statutory function.

Women have contacted the LSA MO directly to discuss any aspect of their care that they did not feel had been addressed through other channels. The LSA MO has played a pivotal role in clinical governance by ensuring the standard of supervision of midwives and midwifery practice meets that required by the NMC.

4.7.1 Annual LSA audits and monitoring visits

The LSA MO completed an annual audit of the practice and supervision of midwives within the area to ensure the requirements of the NMC are being met. The *Midwives Rules and Standards* (2004) set broad principles for supervisors of midwives and the LSAs in the South of England have joined to set the standards for audit. These audit standards are published in *Standards and Guidance for Supervisors of Midwives* (April 2005).

The audits of standards of supervision took place and every Trust was visited as part of the monitoring function, reviewing the supervision of midwives and midwifery practice. The audits were either formal audits (a team comprising of 2 supervisors of midwives from other Trusts, a service user and the LSA MO) or informal (this meant the LSA MO went alone).

Table 3.0 Annual LSA audit visits

Trust	Audit process	Date
Buckinghamshire Hospitals	Formal	20 th & 21 st March 2006
Oxford Radcliffe Hospitals	Informal	2 nd & 3 rd October 2006
Royal Berkshire and Battle Hospitals	Formal	29 th March 2006
Heatherwood and Wexham Park Hospitals	Informal	31 st March 2006
Milton Keynes General	Formal	23 rd November 2005
North Hampshire Hospital Trust	Informal	6 th March 2006
Winchester and Eastleigh Healthcare Trust	Formal	17 th January 2006
Southampton University Hospitals Trust	Formal	13 th & 14 th December 2005
Portsmouth Hospitals Trust	Informal	10 th March 2006
Isle of Wight Healthcare Trust	Informal	16 th March 2006

A report was prepared following these visits highlighting good practice and identifying areas for development as appropriate. All 5 standards of supervision have been met overall within Thames Valley LSA and Hampshire & Isle of Wight LSA. Some of the individual criteria of the standards have been challenging and have not been met. Copies of the standards and the criteria have been included in appendix 1a.

Main themes identified from all ten audits:-

- Supervisors are facing difficulty achieving the 100% standard target for annual reviews for a variety of reasons which includes -
 - Sickness
 - Lack of protected time for the supervisor role
 - Midwives not being released by employers
- The recommended ratio of supervisor to midwife ratio of 1:15 has not been met in all Trusts but there are succession plans in place to improve this standard and this will be monitored by the LSA MO.
- Midwives were sent questionnaires in each Trust and on the whole within both LSAs the supervision of midwives was viewed positively and valued by midwives.
- From the supervisors confidential questionnaires it was apparent that supervisors of midwives are facing difficulties getting designated time to undertake their role. The LSA MO has asked supervisors of midwives to log their activity to ensure that SoMs maintain accurate data and records of all their supervisory activity and to continue to engage with the Trust that employs them to get recognised dedicated time. This will be monitored closely by the LSA MO.
- At most Trusts there was a lack of dedicated administrative support.
- The supervisors have strived hard to promote a woman centred service and evidence based midwifery practice.
- Supervisors have raised their profile and are more often giving guidance and support to women accessing maternity services
- Supervisors are developing their leadership skills and are providing leadership for the midwifery profession.

- Most risk management systems and clinical governance processes within the Trusts have acknowledged the role supervision plays in protection of the public.

4.7.2 Service user involvement with LSA audits

The Nursing and Midwifery Council standards for supervisors and LSAs include the requirement to involve service users in supervision, including the audit process of the standards to ensure that they are aware of the function of supervision.

The LSA MO successfully recruited 7 service users to help with the LSA Trust audits and training went ahead in July 2005. The service users helped with 4 out of 5 planned formal audits across both LSAs. The service users went to clinical areas to talk to women about their experiences of childbirth and the service. The information obtained by them was very useful as it gave a 'snap shot' picture of the service as experienced by the women. All the service users who participated in the audit process found the experience very enlightening and very useful. The comments that were obtained have also been fed back to the supervisors of midwives in their LSA annual audit report.

4.8 Rule 14 Exercise by a LSA of its function

There have been no complaints related to any person or organisation involved in the discharge of the supervisory function in either LSA (that is the LSA, the LSA Midwifery Officer or a supervisor of midwives).

The process used to investigate a complaint about a supervisor of midwives is laid out in the Local Supervising Authorities for the South of England *Standards and Guidance for Supervisors of Midwives* (April 2005).

Any complaints or concerns about the LSA MO should be made to the Lead Nurse within South Central Strategic Health Authority. Any complaints about the LSA should be made directly to the Nursing and Midwifery Council.

4.9 Rule 15 Publication of LSA procedures

4.9.1 Reporting and investigation of adverse incidents & fitness to practise

If anyone (service users, colleagues, or managers) has concerns about a midwife's ability to practise safely and effectively this must be reported to a supervisor of midwives, who will liaise closely with the LSA MO. The supervisors of midwives have a duty under Rule 15 to report incidents that cause serious concern to the LSA. The supervisor of midwives will investigate the concerns and then make a recommendation for action. The actions are that there is no cause for concern and therefore there is no need for further action or that the midwife may require;

- additional support
- a supportive practice programme
- supervised practice, or
- suspension by the LSA from practise

Supervised practice is a formal programme of clinical experience, which is planned to address practice development needs identified from a serious incident, and which, if not successfully completed could result in referral to the NMC. The aim of supervised practice is to support the midwife to enable him/her to develop the required level of competence within a framework of support and encouragement.

Table 4.0 Midwives on supervised practice 2005/06

Supervised practice LSA	Reason for action	Programme length	Outcome
1. HIOWSHA	Concerns about behaviour and allegations of bullying from women.	3 months	Successful achievement of objectives
2. HIOWSHA	Behaviour and practice concerns	3 months	Successful achievement of all objectives
3. TVSHA	Failure to monitor progress in labour adequately. Failure to monitor the condition of the fetus.	3 months	Successful achievement of all objectives
4. HIOWSHA	5 clinical incidents in 5 years	6 months in total 3 months SUHT failed to meet objectives Programme extended moved to another Trust for 3 months.	Successful achievement of all objectives
5. TVSHA	Clinical incident & complaints	5 months in total 3 months placement within own Trust failed to meet objective. Programme extended and moved to different Trust for 2 months	Referred to NMC for alleged intractable incompetence. LSA suspension from practise April 06

4.10 Rule 16 Annual report

The NMC has a duty to monitor that LSAs are meeting the required standards and this report provides the Council and the public about activities key issues, good practice and trends affecting maternity services.

4.10.1 Engagement with Higher Education Establishments in relation to midwifery education programmes

The LSA MO attends meetings with Universities on a regular to give advice and guidance. All Trusts within both LSAs have student midwives working with mentors in the clinical areas.

The supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and the continuous professional development of all midwives. Supervisors of midwives have:-

- Set up systems of support within the Trusts they work to ensure the continued support of student midwives.
- Continued to be involved with return to midwifery practice courses and assessment processes.
- Continued to be involved in curriculum planning
- Continued to be involved in strategy groups to conduct training needs analysis/commissioning.
- Ensured that midwives remain updated and undertake continuous professional development.

As a steering group member the LSA MO has been involved in contract reviews with Thames Valley Strategic Health Authority in the capacity of independent advisor for the contract specifications for the delivery of pre-registration Midwifery Education.

4.10.2 New policies related to the supervision of midwives

A revised edition of the *Standards and Guidance for Supervisors of Midwives* within the South of England has been produced (April 2005). This document contains the procedures for the South of England LSAs associated with the supervision of midwives. It is available to all supervisors of midwives in the South of England and also is available to the public on the South Central website.

4.10.3 Developing trends affecting midwifery practice

Clinical activity and workforce statistics

Births

The total number of births has risen across both LSAs by 1017 births (2.4%).

The total number of births for Thames Valley LSA has risen by 769 and the total number of births for Hampshire and Isle of Wight has risen by 248 births.

Table 5.0 Clinical activity

	South Central			TVSHA			HIOWSHA		
	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6
Total women delivered	41077	42650	43667	24351	26128	26897	16726	16522	16770
Home births	1142	1148	1413	637	574	752	505	574	661
Births in midwife led units	3538	3905	3753	1043	1299	1185	2495	2606	2568

Detailed clinical activity

The LSA MO collects annual statistics from the units and below is a snapshot of some of the data collected. A more detailed breakdown of clinical activity can be found in appendix b.

- Caesarean section (CS) rate
 - Thames Valley- the average CS rate was 24.3% and the range was between 20.4 – 27.5%
 - Hampshire and Isle of Wight - the average CS rate was 23.1% and the range was between 21.3- 25.8%.

- Maternal deaths

There was 1 direct and 6 indirect maternal deaths across the LSAs.

- Stillbirths

There were 233 stillbirths in the year which represents 0.5% of all births.

- Breastfeeding initiation

A total of 28,998 women initiated breastfeeding (66.5%).

Unit closures over the year

There is no data available on unit closures over the year but this will be reported on in the next report.

Workforce issues impacting on the safety of women and their families**Workforce, recruitment and retention**

In 2005-06 there was an average vacancy rate 6.53 across both LSAs according to the local funded establishment of the unit. The average birth to midwifery establishment ratio (adjusted to take into consideration sickness and vacancies) was 1:36. This figure is higher than the nationally

recommended average made by Birth Rate Plus (BR+) of 1:31. BR+ is a maternity workforce planning tool.

Table 6.0 Workforce statistics

TVHA & HIOWSHA	MKGH	BHT	ORH	RBBH	HWWP	NHHT	WEHCT	SUHT	PHT	IOW
Total no women giving birth	3427	5518	7966	5225	4761	2414	2779	5118	5308	1151
Funded WTE	102.4	147.81	258	143.91	113.47	72.97	94	163.04	211.70	42.83
In post WTE	94.58	138.74	256.71	137.06	105.69	66.56	84.56	163.04	204.93	41.56
Overall births to mw establishment	1:35	1:37	1:30	1:37	1:42	1:38	1:36	1:31	1:25	1:28
Ratio of births to mw in post WTE	1:38	1:40	1:30.5	1:39	1:45	1:40	1:41	1:34	1:26	1:29
Adjusted (sickness) ratio of births to mw	1:41	1:41	1:34	1:39	1:46	1:41	1:43	1:35	1:29	1:31
Total no of mw employed	110	212	380	182	130	89	106	210	270	71
Vacancies according to funded establishment	6.64	9.07	1.29	6.85	7.78	6.41	8.0	11	7	1.27
BR +	2003	2003	2003	2002	2004	2004	2002	2002	2005	2002
Vacancies according to BR+		57	64	42	58.24	16	6.0	28	7	1.27

Return to Practice

There continues to be a steady stream of return to practice enquires of on average 2/3 emails, phone calls or letters a month. The LSA MO assesses the minimum required length of clinical practice placement required and sends this in a letter to the 'returnee' with advice on approaching units for clinical placements and information on higher education institutions running courses. It is up to each Trust to find funding for return to practice midwives as the funding is now held locally with the PCTs.

The NMC are introducing a new practice standard from 1 August 2006 that simplifies PREP requirements by bringing the standards for nursing, midwifery and specialist community public health nursing together over a three-year period. The revised practice standard for all parts of the register will now be for 450 hours over three years. This will make the standard simpler for registrants to understand and unify the requirements of the three parts of the register but this means that potentially there will be an increased number of midwives looking for programmes.

Independent or external reviews of maternity services in the LSA and what was the outcome

There has been one independent review at one Trust which had a cluster of stillbirths. The review will be concluding in May 2006 and so this information will be included in the next annual report.

5 Challenges and achievements for the LSA

5.1 Sudden reduction in number of supervisors at one Trust

Six supervisors, from one organisation, either resigned or took leave of absence (for 12 months) leaving 4 supervisors of midwives to carry out the statutory functions. This meant that the supervisor of midwives to midwife ratio was well above the NMC recommended level of 1:15 (SoM to midwife ratio 1:27). The LSA MO informed the NMC and then drew up an action plan for the LSA to ensure that statutory supervision happened at the Trust.

The action plan included

- The LSA MO attended all the local supervisor of midwives meetings to monitor how the practice of midwives was supervised.
- Ensuring that all midwives at the Trust had 24 hour access to a supervisor of midwives. The remaining supervisors covered the rota until arrangements had been made for Buckinghamshire Hospitals NHS Trust and the Oxford Radcliffe NHS Trust to provide on call cover for 9 months.
- A plan was made to increase the number of supervisors at the Trust to achieve the recommended 1:15 ratio. It was identified that 4 supervisors of midwives would be needed covering a day a fortnight. Contracts were developed and savings identified to fund this cover. Three supervisors from other organisations joined the team to support the Trust.
- There was a focus on annual reviews – only 75% of midwives had had an annual review the remaining supervisors of midwives worked hard and managed to increase this to 98% by year end.
- Succession planning has already commenced with four midwives having commenced their training. They are undertaking the training at Northampton University over a four month period. In the autumn three further students will start their training. Mentorship for the current students is being provided by the supervisors from Stoke Mandeville and the Oxford Radcliffe NHS Trusts.

5.2 Learning the lessons from other investigations into maternity services

During this year the supervisors of midwives have reflected on the Health Care Commission and NMC reviews of the maternity services at North West London. The report contains a number of key findings and makes recommendations for future care provision and service design. The LSA MO has requested that individual units benchmark themselves against the report recommendations.

5.3 National Service Framework – Children Young People and Maternity Services


The LSA MO has worked with the Children's & Maternity leads and the network co-ordinators to ensure the continued implementation work of the Maternity Standard of the NSF.

6 Conclusion

This report has shown the achievement and challenges to the LSA in ensuring the statutory supervision happened within Thames Valley and Hampshire and Isle of Wight. The number of supervisors of midwives is sufficient and succession plans are in place to ensure the continued appointments of supervisors.

Supervisors in every Trust have faced difficulty in achieving one to one meetings with midwives. This has arisen because of the lack of designated protected time for supervision and from midwives not being released to attend because of staffing shortages and in some Trusts not enough supervisors.

The main challenge to the LSA in the forthcoming year is to continue to ensure that resources are not lost to support this activity as this will compromise the effectiveness of supervision.

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7 Appendices

Appendix a - Standards for Supervision of Midwives

Standard 1 - Women Focused Maternity Services

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

- 1.1 Supervisors of Midwives participate in 'Maternity User forums' to ensure that the views and voice of service users inform the development of maternity services.
- 1.2 Information available to women includes local arrangements for statutory supervision.
- 1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.
- 1.4 Supervisors support midwives promote informed decision-making about care for women and families.
- 1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and develop an individualised care plan.

Standard 2 - Supervisory Systems

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

- 2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to midwives.
- 2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.

- 2.3 LSA processes are followed in the nomination and selection and appointment of Supervisors of Midwives.
- 2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.
- 2.5 LSA guidelines and policies are accessible to midwives and the public.
- 2.6 Supervisors of Midwives receive the Intention to Practise (ITP) forms, check for accuracy and validity prior to forwarding them to the LSA, or entering on the LSA database, within the agreed time frames.
- 2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.
- 2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.
- 2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.
- 2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.
- 2.11 There is a local strategy for supervision and an action plan is developed following audit.
- 2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.
- 2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.
- 2.14 Each Supervisor of Midwives meets with the LSA Midwifery Officer locally and through LSA events.
- 2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.
- 2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.

Standard 3 - Leadership

Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria

- 3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.
- 3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.
- 3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.
- 3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.
- 3.5 There are supervisory mechanisms to support leadership development in a variety of ways.
- 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.

Standard 4 - Equity of Access to Statutory Supervision of Midwives

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

Criteria

- 4.1 There is 24-hour access to Supervisors of Midwives for all midwives irrespective of their employment status.
- 4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.
- 4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice is reviewed and any education and development needs are identified and a written action plan agreed.
- 4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years, and outcomes inform the local strategy for supervision.
- 4.5 Confidential supervisory activities are undertaken in rooms that ensure privacy.

- 4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.
- 4.7 Student midwives are supported by the supervisory framework.

Standard 5 - Midwifery Practice

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

Criteria

- 5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.
- 5.2 Supervisors of Midwives participate in developing policies and evidence-based guidelines for clinical practice.
- 5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.
- 5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.
- 5.5 Supervisors undertake audit of the administration and destruction of controlled drugs.
- 5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.
- 5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of a named Supervisor of Midwives.
- 5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.
- 5.9 The recommendation for a midwife to undertake a period of supervised practise is discussed with the LSA Midwifery Officer, who is also informed when such a programme is completed.
- 5.10 Allegations of serious professional misconduct are reported to the LSA Midwifery Officer together with a full written report and recommendations and these records are retained for 25 years.

- 5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.
- 5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.
- 5.13 The LSA Midwifery Officer is informed of any serious incident relating to maternity care or midwifery practice.
- 5.14 Audit of record-keeping of each midwife takes place annually and outcome feedback is provided.
- 5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules and standards and the Code of Professional Conduct are adhered to.

Appendix b – Detailed clinical activity

Table 7.0 Thames Valley LSA detailed clinical activity

TVSHA	MKGH			BHT			ORHT			RBBH			HWWPH		
	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6
Total women delivered	3107	3311	3427	5493	5481	5518	6204	7569	7966	5046	5208	5225	4501	4559	4761
Home births	76	106	107 (3.1%)	102	87	155 (2.8%)	184	194	205 (2.6%)	181	163	205 (3.9%)	94	93	80 (1.6%)
Births in midwife led units	0	0	0	0	0	83	505	534	519 (6.5%)	538	765	429 (8.2%)			154 (3.2%)
Births cared for by midwives	2132	2140	no stats	3486	3486	no stats	4094	5003	4997	2978	2980	3181	2730	2834	2614
Planned CS	289 (9.1%)	283 (8.5%)	298 (8.9%)	490 (8.9%)	445 (8.1%)	428 (7.7%)	696 (11.2%)	867 (11.2%)	954 (11.9%)	536 (10.6%)	557 (10.7%)	600 (11%)	568 (12.6%)	381 (8.3%)	455 (9.4%)
Emergency CS	414 (13.3%)	475 (14.3%)	575 (17.5%)	738 (13.4%)	763 (13.9%)	832 (15%)	521 (8.4%)	686 (9%)	684 (8.5%)	745 (14.8%)	828 (15.9%)	864 (16.5%)	675 (15%)	693 (15.2%)	736 (15.3%)
Combined %	22.4	22.8	26.2	22.8	22	22.7	19.6	20.5	20.4	25.4	26.6	27.50%	27.6	23.5	24.7
Instrumental deliveries	289	422	305 (8.8%)	706	777	801 (14.5%)	824	1074	1197 (15%)	673	707	765 (13.8%)	482	485	448 (9.4%)
Ventouse deliveries by MWs	0	0	0	0	0	0	0	0	0	46	65	53	0	0	0
Induction of labour	544	462	605 (17.6%)	433	389	1206 (21%)	843	919	2056 (25%)	1000	1114	694 (13.2%)	225	252	887 (18.6%)
Vaginal breech births	12	14	16	19	17	11	42	51	30	20	22	19	6	3	3

Table 7.1 Hampshire and Isle Wight LSA detailed clinical activity

	HIOWSHA	NHHT			WEHT			SUHT			PHT			IOW		
		2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6	2003-4	2004-5	2005-6
Total women delivered		2591	2386	2414	2771	2658	2779	4815	4914	5118	5428	5385	5209	1121	1179	1151
Home births		48	49	64 (2.6%)	118	126	140 (5%)	172	180	204 (3.9%)	131	109	199 (3.8%)	36	43	54 (4.6%)
Births in midwife led units		0	0	0	207	190	219 (7.8%)	1098	1247	1321 (25.8%)	1190	1169	1028 (19.7%)	0	0	0
Births cared for by midwives		1885	1662	1175 (48.7%)	1903	no stats	no stats	3219	3245	3353 (0.65%)	3584	3445	No stats	657	805	773 (67.1%)
Planned CS		199 (7.7%)	192 (8%)	235 (9.7%)	248 (8.9%)	274 (10.3%)	297 (10.6%)	362 (7.52%)	361 (7.35%)	371 (7.25%)	443 (8.2%)	495 (9.2%)	504 (9.7%)	86 (7.7%)	99 (8.4%)	116 (10.0%)
Emergency CS		221(8.5 %)	307 (12.9%)	310 (12.84)	246 (8.9%)	485 (14.2%)	425 (15.2%)	694 (14.41%)	671 (13.65)	721 (14.08)	766 (14.1%)	859 (16%)	803 (15.4%)	169 (15.1%)	179 (15.2%)	133 (11.5%)
Combined %		16.2	20.9	22.5	18.80%	28%	25.80%	21.93%	21%	21.34%	22.30%	25.20%	25.10%	22.80%	23.60%	21.50%
Instrumental deliveries		287	228	275 (11%)	334	376	376 (13.5%)	603	614	674 (13%)	601	674	575 (11%)	101	101	98 (8.5%)
Ventouse deliveries by MWs		0	36	26	18	0	35	47	37	37	4	0	0	0	0	0
Induction of labour		544	462	481 (19.9%)	433	389	404 (14.5%)	843	919	1024 (20%)	1000	1114	998 (19%)	225	252	134 (12%)
Vaginal breech births		18	42	5	13	14	16	37	31	36	32	18	23	6	3	8