

South Central Local Supervising Authority



Annual Report to the Nursing and Midwifery Council

1st April 2008- 31st March 2009

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Suzanne Cro
Local Supervising Authority
Midwifery Officer

South Central LSA

Document purpose

This document has been written to meet the standard set within the Nursing and Midwifery Council Rule 16 of the *Midwives Rules and Standards 2004*.

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Author Suzanne Cro

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Contact details



South Central Strategic Health Authority

Rivergate House
Newbury Business Park
London Road
Newbury
Berkshire
RG14 2PZ
www.southcentral.nhs.uk

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Executive Summary

This report is an analysis of the information provided by the Trust teams to the Local Supervising Authority (LSA) for the 08/09 year. The focus of the report this year has been to highlight the challenges to the supervisor of midwives and report on the LSA's action in response to these. Also this report highlights the many good areas of practice that support midwives and the women who use maternity services.

The strategic role of South Central LSA is to set the direction of the supervision of midwives in line with the Nursing and Midwifery Council. The LSA ensures that there are systems and processes in place to monitor the performance of the supervisors of midwives and midwives within the area.

The main drive and focus of the work in the last year has been to ensure that the LSA has engaged with women and the wider public. Firstly, the LSA has worked to ensure that it understands the expectations of the public and through this report is able to assure the public that it is carrying out its function effectively. Secondly, there is a related duty to ensure that all women having contact with midwives are aware of the existence and purpose of the LSA and should know how to make contact with the LSA should they wish to do so. The LSA has developed a public website to make sure that this information is more readily available. Thirdly, the LSA has developed robust and responsive procedures for dealing with members of the public who make contact with specific issues or queries relating to individual midwives, or indeed about wider matters.

For most women and their families' professional regulation is not a matter of immediate interest. Most people wish to be treated well by a competent practitioner and assume that there will be checks in place to ensure that there are good standards of conduct and practice. South Central LSA would like to report to the NMC that supervision is effective within the area and so protects the public. The LSAMO has engaged with key interest groups including women and their families, the public, midwife registrants, employers, and educators to ensure there is understanding of their views and priorities in relation to the supervision of midwives.

Introduction

The Local Supervising Authority (LSA) of NHS South Central is pleased to submit to the Nursing and Midwifery Council (NMC) this annual report covering the period from April 2008 to March 2009. For that reporting year the Chief Executive Officer for NHS South Central was Jim Easton and the Local Supervising Authority Midwifery Officer (LSAMO) was Suzanne Cro.

The Nursing and Midwifery Council (NMC) is the statutory body for the regulation of nurses and midwives. The core function of the NMC is to establish standards for education, training, conduct and performance of nursing and midwifery and to ensure those standards are maintained, thereby safeguarding the health and wellbeing of the public. The NMC's main objective is to safeguard the health and wellbeing of persons using or needing the services of registrants. The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001 (The Order).

The NMC also has responsibility under The Order for setting and monitoring the Rules and standards as to how Local Supervising Authorities (LSAs) carry out their role in relation to Statutory Supervision of Midwives. As part of this, any concerns that may impact upon the protection of women and their families from poor practice or upon the suitability of any clinical environment as a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery or nursing students should be made known to the NMC.

LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of a LSA is to safeguard the public. The NMC sets the rules and standards for the function of LSAs. Apart from the NMC the LSA is the only organisation that can suspend a midwife **from practice** and can only do so pending referral to the NMC with allegations of misconduct or intractable incompetence.

Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives' practice and the environment of care provided by the maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women 24-hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safely and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives' ability to care for women and their babies.

South Central LSA Profile

Geographical area covered

The counties covered by South Central LSA are Berkshire, Buckinghamshire, Hampshire, Oxfordshire and the Isle of Wight.

Commissioners and providers

NHS maternity services are commissioned by 9 Primary Care Trusts (PCTs) and provided by 9 acute Trusts (of which 4 are Foundation Trusts). The Isle of Wight commissions and provides maternity services. The Trusts providing maternity services have been listed below:

- Milton Keynes Hospital NHS Foundation Trust (MKHFT)
- Buckinghamshire Hospitals NHS Trust (BHT)
- Oxfordshire Hospitals NHS Trust (ORH)
- The Royal Berkshire NHS Foundation Trust (RBHFT)
- Heatherwood and Wexham Park NHS Foundation Trust (HWWPFT)
- Basingstoke and North Hampshire NHS Foundation Trust (BNHFT)
- Winchester and Eastleigh Healthcare Trust (WEHCT)
- Southampton University Hospitals NHS Trust (SUHT)
- Portsmouth Hospitals NHS Trust (PHT)
- Isle of Wight NHS Primary Care Trust (IoW)

Total number of women using NHS services

The total number of women giving birth using NHS services in the 08/09 year was 47956.

Midwives

A total of 1985 notified their intention to practice midwifery in South Central LSA.

Supervisors of midwives

There are currently 149 supervisors of midwives appointed to carry out the role in South Central.

Midwifery training providers

Midwifery training is provided by 6 universities. These are listed below:-

- University of Northampton
- University of Bedfordshire
- Oxford Brookes University
- Thames Valley University
- University of Southampton
- Bournemouth University

There are 201 planned midwifery training commissions for the 09/10 year.

Rule 16 Standard 1: Each local supervising authority will ensure their report is made available to the public

This report will be made available to the public once it has been approved by the SHA Board and then it will be posted on the South Central LSA website <http://www.southcentral.nhs.uk/> within the public board papers and also on the South Central LSA website <http://www.southcentral.nhs.uk/page.php?id=342>.

Hard and electronic copies report may be requested directly from the LSAMO or by accessing the communication services at the SHA. The report last year was made available to the public by being published on the NHS South Central and the NMC website.

- http://www.southcentral.nhs.uk/document_store/12290099033_ha08-109b_south_central_local_supervising_authority_annual_report_2007-08.pdf
- <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=5055>

Several direct requests were made for a copy of the report and approximately 15 copies were issued. Examples of organisation requesting the report

- Royal College of Midwives
- Health Care Commission
- Department of Health
- Health Service Journal
- Maternity Service Commissioners

South Central LSA's Recommendation for 09/10

- Ensure that this report is widely circulated and is available to the public online. The LSAMO should present a summary of this report to interested parties such as LMEs, HoMs, MSLCs, SoM teams and in the training of new LSA user representatives.

Rule 16 Standard 2: Numbers of supervisor of midwives appointments, resignations and removals

South Central LSA – Section 2 in summary 08/09

- There are currently a total of **149** SoMs appointed to South Central LSA. There are 11 SoMs who have taken a leave of absence in the 08/09 year. This means that there are 138 SoMs who are providing supervision to midwives whose main place of practice is South Central.
- **ALL SoMs receive an additional payment in recognition of the additional role and responsibilities they undertake on behalf of the LSA.**
- As of 1st April 2009 a total of 1985 midwives submitted a notification of intention to practice midwifery to South Central LSA as their main area of practice.
- The LSA has a 1:15 SoM to midwife ratio across the LSA
 - 1:13 (1985 midwives/149 SoMs)
 - 1:14 when adjusted because of 11 SoMs on a leave of absence
 - 1:15 when adjusted because of part time workers.
- During the year there were a total of
 - 17 SoM appointments (14 new appointments and 3 SoMs transferred in to the LSA and were then appointed)
 - 13 SoMs resigned
 - 1 SoM was removed (convicted of fraud)
 - 0 SoMs were suspended from their role
 - 24 midwives on the Supervisor of Midwives Preparation Programme
 - Bournemouth (15) and Thames Valley University (9).
- There is a robust recruitment strategy in place across the LSA. The LSAMO is holding selection interviews for the Preparation courses between May and August 2009 within most units for the 09/10 period.
- The SoM to MW ratio for each Trust was (as of 31/03/09)
 - MKG 1:16
 - BHT 1:12
 - ORH 1:13
 - RBH 1:21
 - HWWP 1:14
 - BNHFT 1:15
 - WEHT 1:14
 - SUHT 1:19
 - PHT 1:16
 - IoW 1:19

Appointments

There were a total of 149 SoMs appointed to South Central LSA area. Over the 08/09 period a total of 11 SoMs have needed to take a leave of absence for various personal reasons. This left a team of 138 SoMs actively working in a supervisory capacity.

Within this reporting year 17 supervisors of midwives have been newly appointed to the role within South Central. Three supervisors of midwives have moved into the area and were then appointed once they had been employed within a Trust for approximately 6 months. There were 14 new SoMs appointed after satisfactory completion of their preparation courses.

Ratio of supervisors of midwives to midwives

For South Central LSA the mean ratio of SoMs to midwives is **1:15** which meets the NMC recommended standard ratio of 1 SoM to 15 midwives. There are currently four Trusts which have levels above the 1:15 ratio:-

- **MKG 1:16**

- LSA Action plan

- 3 MWs to attend preparation programme in Sept 09.
 - LSAMO to monitor that SoMs are able to get protected time on a 3 monthly basis.
 - Attendance at local SoM meetings bi monthly.
 - Review 09/10.
 - Predicted ratio by Sept 09 1:16.

- **RBH 1:21**

- LSA Action plan

- 2 new SoMs will be appointed Sept 09.
 - Selection interviews will take place in July 09.
 - 2 SoMs will return from their leave of absence.
 - Predicted ratio by Sept 09 1:15.

- **SUHT 1:19**

- LSA Action plan

- 4 new SoMs will be appointed in Sept 09 and selection interviews will take place in July 09.
 - Predicted ratio by Sep 09 1:15.

- **PHT 1:16**

- LSA Action plan

- 5 new SoMs will be appointed in Sept 09 and 3 midwives will attend the Preparation Programme in Sept 09.
 - Predicted ratio by Sep 09 1:12.

- **IoW 1:19**

- LSA Action plan

- 2 new SoMs will be appointed in Sept 09.
- Predicted ratio 1:12 by Sept 09.

Table – Projected ratios SoM :MW ratios 09/10

| Trust | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IoW | Total LSA |
|-----------------------------------|------|------|------|------|----------------------|-------|------|------|------|------|-----------|
| Appointments 09 | 0 | 3 | 1 | 2 | 4 | 1 | 2 | 4 | 5 | 2 | 22 |
| Resignations | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 10 |
| Leave of absence | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 10 |
| Projected ratio Sept 09 | 1:16 | 1:10 | 1:12 | 1:15 | 1:13 (2 deferred) | 1:13 | 1:9 | 1:15 | 1:12 | 1:12 | 1:12 |
| MWs to commence programme Sept 09 | 3 | - | 2 | 3 | 2 | - | - | 3 | 3 | - | 16 |

SoM Caseloads

The next table provides a snapshot of the caseloads for each SoM as of 31/03/09. It should be noted that individual SoMs within the LSA have caseloads which are often much higher than the 1:15 ratio. This is discussed with the SoM teams at the annual LSA audit visit and a plan is put in place to ensure that recruitment programmes within the organisations are active and that the SoMs are able to take their protected time.

The LSAMO would like to make the following comment that the caseloads shown are a snapshot provided as of 31/03/08 and some of the uneven distribution shown on the table above can be accounted for because some SoMs are part time and have reduced caseloads. In addition, uneven distribution is because some SoMs are newly appointed and caseloads have not been adjusted following their appointment to the team.

Table – Individual SoM caseloads (31/03/09)

| Trust | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IoW |
|------------|------|--------|--------|--------|------|--------|--------|------|--------|--------|
| SoM 1 | 1:19 | 1:11 | 1:14 | 1:18 | 1:15 | 1:15 | 1:11 | 1:19 | 1:22 | 1:17 |
| 2 | 1:14 | 1:12 | 1:12 | 1:21 | 1:14 | 1:14 | 1:13 | 1:23 | 1:11 | 1:13 |
| 3 | 1:15 | 1:11 | 1:20 | 1:16 | 1:17 | 1:14 | 1:15 | 1:29 | 1:35 | 1:18 |
| 4 | 1:19 | 1:7 | 1:22 | 1:25 | 1:6 | 1:15 | 1:14 | 1:28 | 1:3 | 1:16 |
| 5 | 1:16 | 1:13 | 1:11 | 1:20 | 1:12 | 0 (LA) | 1:12 | 1:21 | 1:2 | 1:13 |
| 6 | 1:17 | 1:15 | 1:5 | 0 (LA) | 1:5 | 1:15 | 1:14 | 1:25 | 1:36 | 0 (LA) |
| 7 | 1:16 | 1:13 | 1:15 | 0 (LA) | 1:14 | 1:16 | 1:15 | 1:5 | 1:5 | |
| 8 | 1:13 | 1:11 | 0 (LA) | 1:19 | 1:11 | 1:13 | 1:10 | 1:20 | 1:27 | |
| 9 | 1:2 | 1:14 | 1:16 | 1:22 | 1:13 | | 1:16 | 1:8 | 1:18 | |
| 10 | | 1:6 | 1:11 | 1:18 | 1:14 | | 1:14 | 1:15 | 1:22 | |
| 11 | | 1:13 | 1:7 | 1:11 | 1:4 | | 0 (LA) | 1:3 | 1:24 | |
| 12 | | 1:9 | 1:5 | 1:10 | 1:12 | | 0 (LA) | 1:13 | 1:7 | |
| 13 | | 1:11 | 1:15 | 1:8 | 1:13 | | | 1:24 | 1:9 | |
| 14 | | 1:10 | 1:12 | 1:21 | 1:14 | | | 1:19 | 1:15 | |
| 15 | | 1:14 | 1:10 | | 1:12 | | | 1:29 | 1:2 | |
| 16 | | 1:14 | 1:15 | | | | | | 1:25 | |
| 17 | | 1:16 | 1:12 | | | | | | 1:4 | |
| 18 | | 1:10 | 1:13 | | | | | | 1:22 | |
| 19 | | 0 (LA) | 1:10 | | | | | | 1:29 | |
| 20 | | 0 (LA) | 1:11 | | | | | | 0 (LA) | |
| 21 | | | 1:15 | | | | | | | |
| 22 | | | 1:4 | | | | | | | |
| 23 | | | 1:11 | | | | | | | |
| 24 | | | 1:14 | | | | | | | |
| 25 | | | 1:12 | | | | | | | |
| 26 | | | 1:12 | | | | | | | |
| 27 | | | 1:18 | | | | | | | |
| 28 | | | 1:12 | | | | | | | |
| 29 | | | | | | | | | | |
| 30 | | | | | | | | | | |
| Total SoMs | 9 | 20 | 28 | 14 | 15 | 8 | 12 | 15 | 20 | 6 |

Resignations

During the reporting period 13 supervisor of midwives resigned from their role. This is a decrease from last year when 15 SoMs resigned. The reasons for resignations are:

- Retirement x 5
- New post out of South Central x 4
- Personal reasons x 4

Leave of absence

During the year 11 SoMs took a leave of absence for personal reasons and all hope to return to the role in the 09/10 year.

Removals or suspensions

No supervisors of midwives have been suspended from their roles and there has been 1 removal. The SoM in question was removed after being convicted of fraud and referred to the NMC.

Table – Removals and SoMs on leave of absence

| Trust | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IoW | SC LSA |
|----------------------|------|------|------|------|------|-------|------|------|------|------|--------|
| Total SoMs | 9 | 20 | 28 | 14 | 15 | 8 | 12 | 15 | 20 | 6 | 149 |
| SoM Leave of absence | 0 | 2 | 1 | 2 | 0 | 1 | 2 | 1 | 1 | 1 | 11 |
| Removals | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Suspensions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEAN | 1:16 | 1:12 | 1:13 | 1:19 | 1:14 | 1:15 | 1:14 | 1:19 | 1:16 | 1:16 | 1:15.4 |

Trend data 2005-2009

- The total number of SoMs appointed to South Central has increased since 2005 by 28 (23%).
- The mean SoM to midwife ratio has improved from 1:18 in 2005 to 1:15 in 2009.
- The number of SoMs taking a leave of absence has increased each year.
- There were less SoM appointments this year.
- The number of resignations has slightly decreased this year.
- There has only been 1 SoM removal since 2005.
- There has never been a SoM suspension in South Central.

Table – Trend data April 2005- March 2009

| | Number of SoMs appointed to South Central LSA | | | | Mean SoM:MW ratio | | | | Numbers of SoMs taking leave of absence (LA) | | | | New SoM appointments | | | |
|--------------|---|-------|-------|-------|-------------------|-------|-------|-------|--|-------|-------|-------|----------------------|-------|-------|-------|
| | 08/09 | 07/08 | 06/07 | 05/06 | 08/09 | 07/08 | 06/07 | 05/06 | 08/09 | 07/08 | 06/07 | 05/06 | 08/09 | 07/08 | 06/07 | 05/06 |
| MKHFT | 9 | 7 | 7 | 4 | 1:16 | 1:18 | 1:14 | 1:27 | 0 | 2 | 1 | 4 | 1 | 2 | 4 | 1 |
| BHT | 20 | 21 | 22 | 21 | 1:12 | 1:13 | 1:11 | 1:11 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |
| ORH | 28 | 29 | 26 | 22 | 1:13 | 1:13 | 1:15 | 1:17 | 1 | 0 | 3 | 3 | 1 | 5 | 5 | 4 |
| RBHFT | 14 | 13 | 15 | 15 | 1:21 | 1:18 | 1:15 | 1:15 | 2 | 2 | 0 | 0 | 1 | 2 | 1 | 0 |
| HWWPFT | 15 | 15 | 15 | 11 | 1:14 | 1:13 | 1:12 | 1:15 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 3 |
| BHNFT | 8 | 9 | 9 | 5 | 1:15 | 1:14 | 1:15 | 1:20 | 1 | 1 | 0 | 0 | 1 | 1 | 3 | 2 |
| WEHCT | 12 | 10 | 9 | 8 | 1:14 | 1:15 | 1:14 | 1:18 | 2 | 1 | 1 | 0 | 2 | 3 | 2 | 1 |
| SUHT | 15 | 12 | 9 | 13 | 1:19 | 1:24 | 1:28 | 1:22 | 1 | 0 | 0 | 0 | 4 | 3 | 2 | 0 |
| PHT | 20 | 13 | 13 | 16 | 1:16 | 1:21 | 1:23 | 1:20 | 1 | 0 | 1 | 0 | 4 | 2 | 0 | 2 |
| IoW | 6 | 5 | 5 | 6 | 1:19 | 1:15 | 1:15 | 1:15 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 2 |
| TOTAL | 149 | 142 | 130 | 121 | 1:15 | 1:16 | 1:16 | 1:18 | 11 | 8 | 6 | 7 | 17 | 19 | 21 | 14 |

Table – Trend data April 2005- March 2009

| Year | Number of SoM resignations | | | | Number of SoM removals | | | | Number of midwives on Supervisor of Midwives Preparation Programme | | | |
|---------------|----------------------------|----------|-----------|----------|------------------------|----------|----------|----------|--|-----------|-----------|-----------|
| | 08/09 | 07/08 | 06/07 | 05/06 | 08/09 | 07/08 | 06/07 | 05/06 | 08/09 | 07/08 | 06/07 | 05/06 |
| MKHFT | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 4 |
| BHT | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 1 |
| ORH | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 3 | 6 |
| RBBHFT | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 1 |
| HWWPFT | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 4 | 1 | 0 | 3 |
| BNHFT | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 4 |
| WEHT | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 3 | 2 | 2 |
| SUHT | 1 | 0 | 5 | 1 | 0 | 0 | 0 | 0 | 4 | 4 | 3 | 2 |
| PHT | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 4 | 1 |
| IoW | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 |
| Totals | 13 | 6 | 13 | 9 | 1 | 0 | 0 | 0 | 24 | 17 | 21 | 24 |

NMC Alert Letter – Local Midwifery Services

This year was the first year that the NMC issued an alert letter, “Local Midwifery Services” following review of the 07/08 NHS South Central LSA Report. The letter was sent to the CEO South Central Strategic Health Authority on 11th February 2009 and highlighted 2 issues of concern as follows:

1. *“The ratio of supervisors of midwives does not meet the recommended NMC standard of 1:15”.*
2. *Areas of poor practice identified:*
 - *Poor decision making*
 - *Poor recordkeeping*

- *Substandard care*

The NMC commented, *“These areas are consistently reported from a number of organisations and may indicate a wider systemic approach to safety in maternity services”*.

The CEO South Central Strategic Health Authority responded to the NMC in writing and pointed out the following:

- The report detailed the robust planning and recruitment strategy for supervisors of midwives which intended to improve the regional ratio of SoMs to midwives to a level that was within the NMC guidance. This has been achieved and is reported in detail in this report.
- Practice issues were identified as a result of robust supervision and that concerns that identified were managed using programmes of supervised practice or developmental support for the individuals concerned.

South Central LSA’s Recommendation for 09/10

- To improve recruitment of midwives wanting to undertake the SoM role the LSAMO is currently developing a poster and leaflet which will be sent to all midwives electronically within the area encouraging them to contact the LSA office directly if they wish to find out more information on how to be selected.
- The LSAMO will monitor every SoM’s ability to take protected time (from their substantive post) to fulfil their SoM role on a regular basis throughout the year not just at the annual audit visit. This will be achieved through completion of a balanced score card for supervision which is in development.

Rule 16 Standard 3: Details of how midwives are provided with continuous access to a supervisor of midwives

Contact for named SoM

It is up to each individual supervisor of midwives to ensure that they provide the midwives they supervise with their contact details and also how to contact another supervisor if they are not available. Each Trust has slightly different methods for ensuring that each midwife has the contact details of all the supervisors. For example some Trusts have:

- Information sheets
- Introductory letters
- Supervision information folders
- SoM lists in all areas with contact details
- Information and picture boards in ward areas
- Contact lists with the main switch board
- Local Trust SoM website information.

If a midwife or a member of the public wanted to contact a SoM and was not aware of the system they could contact the main hospital switchboard or the labour ward staff who would be able to direct them to the SoM on call.

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

Emergency contact for a SoM

Each Trust team provides 24 hour access to a SoM through the provision of 24 hour on call rotas. On a few occasions, emergency on call cover has been provided by another Trust when unique problems have arisen. SoM teams have local arrangements to cover the possibility that the on call SoM cannot be contacted. Usually all other SoMs in the unit will be contacted until an available SoM is found.

Evidence that access to a supervisor is audited

The LSAMO can provide evidence that access to a supervisor has been audited within all Trusts within the LSA. At the annual audit the SoMs are required to provide evidence of their on call rota. Midwives have been questioned to ask if they know how to contact a SoM if they needed one and if they did were they able to. There have been no issues identified from the audits with 100% of midwives across the LSA stating that they had access to a SoM 24 hours a day.

The LSAMO has tested the system in all the Trusts and was always able to speak to a supervisor during and out of office hours. There have been no complaints to the LSAMO about response times from supervisors of midwives. All SoMs keep a call log of all the calls they receive and the advice they give when they are on call and these are discussed at the monthly SoM meetings. The LSAMO reviews the call logs at the audit visits.

The LSA and the SoM teams have been developing website information for the public on the NHS South Central site and also the Trust websites. Five Trusts have completed the work and the other five have the work in progress. Examples

- South Central LSA – How to contact the LSAMO and a SoM
<http://www.southcentral.nhs.uk/page.php?id=348>
- MKHFT
http://www.mkgeneral.nhs.uk/patients/services/supervisors_of_midwives.asp
- BHT
<http://www.buckinghamshirehospitals.nhs.uk/supervision-of-midwives-contact-details.htm1?sksearchtext=SUPERVISOR>
- RBHFT
http://www.royalberkshire.nhs.uk/wards_departments/m/maternity/marsh_ward_midwifery/supervisors_of_midwives.aspx?theme=patient
- SUHT
<http://www.suht.nhs.uk/OurServices/Womenshealth/BirthPlaceChoices/HelpfulContacts.aspx>
- IoW –
<http://www.iow.nhs.uk/index.asp?record=916>

Raising the profile of supervision

The SoM teams have worked hard to raise the profile of their role and this work is supported by the regulatory body. The NMC have produced a new publication, *“Support for parents: How supervision and supervisors of midwives can help you”*. It is aimed at women and families to inform them about supervision of midwives and how a SoM can directly support them and the midwife giving them care.

The NMC have asked that midwives provide this information to women and families in their care to make them aware of the role of supervision and the benefits for them.

The LSA working in partnership with women

The LSA of South Central strongly believes that understanding the role of supervision is not just about women knowing how to complain about a midwife if care has been unsatisfactory (although this is important). It is much more about women, midwives and supervisors working in partnership to achieve a satisfying and safe birth experience.

South Central LSA's Recommendation for 09/10

- The LSAMO will audit response times from supervisors of midwives to requests for advice from midwives in challenging situations as requested by the NMC in their 07/08 report.
- The LSAMO will ensure that all Trust websites have the contact details for supervisors of midwives so that it is clear how SoMs can be contacted in an emergency.
- All the SoM teams will place the NMC information sheet for members of the public on their websites to ensure people have information on the role of the SoM available to them.

NMC - Support for Parents: How supervision and supervisors of midwives can help you
(<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3844>)

Rule 16 Standard 4: Details of how the practice of midwifery is supervised

South Central LSA is responsible for ensuring that the statutory supervision of midwives happens as set out in the Nursing and Midwifery Order (2001). Rule 12 – The supervision of midwives (Midwives rules and standards 2004) sets the standards for the supervision of midwives. In addition to this more detailed guidance is included in the South of England Guidance for Supervisors (April 2005 and updated September 2008).

This guidance document is available online at **South of England Guidance for Supervisors of Midwives**

Section 1

http://www.southcentral.nhs.uk/document_store/12423839131_south_of_england_guidance_for_soms_section_1_sep_2008.pdf

Section 2

http://www.southcentral.nhs.uk/document_store/12423839132_standards_and_guidance_for_soms_section_2_sep_2008.pdf

Section 3

http://www.southcentral.nhs.uk/document_store/12423839133_standards_and_guidance_for_soms_section_3_sep_2008.pdf

In order to provide details of how the supervisory function works across NHS South Central and to assure that processes are in place for the effective supervision of midwives the LSAMO has outlined the relevant Rules and LSA standards and has then described how systems have been operationalised.

Rule 3 - Notification of intention to practise

It is a midwife's responsibility to notify his/her intention to practise (ITP) midwifery in the South Central LSA area when he/she intends to practise midwifery. This notification process is there for **public protection** as the system enables the LSA to check that the midwife is eligible to practise and so protects the public by ensuring that only eligible midwives practise midwifery.

Currently midwives submit their ITP to their named SoM and this information is entered onto the South Central LSA database. A SoM must only sign the ITP if she can confirm that to the best of her knowledge that the information contained on the form is correct and the midwife has provided the SoM with the evidence that he/she has met the NMC PREP requirements to maintain registration as a midwife. PREP is a set of NMC standards and guidance which describes how much clinical and educational activity is required in each registration period. The NMC PREP Handbook was reissued in June 2008 and is available online at <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4340>.

The total number of midwives notifying their Intention to Practise (ITP) to the LSA South Central has increased. The total number of ITPs received by the SoMs by the 1st of April has increased from:-

- 1851 in 2007
- 1940 in 2008
- 1985 in 2009

This figure is not representative of the total number of midwives working in NHS Trusts in the area but indicates every midwife who notified their intention to practise as a midwife in the South Central LSA area. This figure includes midwives employed in Higher Education Institutions, agency midwives, bank midwives, midwives who work across SHA boundaries, self employed midwives.

Rule 4 - Notifications by LSA

The LSA published the date and the name and address of the LSAMO to whom the midwife must give notice under rule 3 (1). The SoMs send the notifications to the LSA via the web based electronic database and this information was uploaded to the NMC in March 2008 and subsequent notifications were thereafter uploaded weekly. This notification system enabled South Central LSA and the NMC to keep an updated record of all practising midwives.

The online system continues to be managed locally by the supervisors of midwives and is monitored by the LSAMO. The ITP upload failures are reported back to the LSA by the NMC and acted upon by the LSAMO once the report is received. There are very few upload failures (0.001% of all ITPs notified). The two main reasons for a failure notice were; an incorrect date of birth being entered onto the LSA system or the midwife's registration payment had not been processed by the NMC before the ITP was submitted. The LSAMO made certain that all failure notices were acted upon immediately in order to **protect the public** to ensure that only midwives who had current registration status were practising midwifery.

It is also the responsibility of the named SoM to carry out checks on the NMC website to ensure that midwives who are part of their caseload have had their ITPs successfully uploaded. This notification system identifies those midwives who are entitled and those who are not able to provide midwifery care.

Employers, SoMs and the public may verify a midwife's registration and entitlement to provide midwifery care status on the NMC online register. This verification system supports **public protection**. This register can be accessed via the NMC's website <http://www.nmc-uk.org/aNewSearchRegister.aspx>. Only the details of those registrants with effective registration will be displayed.

Rule 5 - Suspension from practice by a Local Supervising Authority

If anyone (service users, colleagues or managers) has concerns about a midwife's ability to practice safely and effectively this must be reported to a supervisor of midwives or directly to the LSAMO. Any concerns raised are investigated and through this process those midwives who may need additional support, supervised practice or on the rare occasion, need to be suspended from practice by the LSAMO in the interest of their own, or **public safety, are identified**. Section 11 in this report details the investigations, suspension and outcomes carried out in the 08/09 year and details how the public were protected.

Rule 6 – Responsibility and sphere of practice

The standards within this rule define what would be reasonably expected from someone who practices midwifery.

Rule 7 – Administration of medicines

SoMs audit individual records related to the administration of medicines and controlled drugs. Evidence of this is provided at the annual LSA audits. The audits show whether midwives are meeting standards and if any improvements to every day practise are needed. The NMC has produced new *Standards for medicines management* in 2008 and this document has been disseminated to all the SoMs within South Central (available on line at <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4585>).

Rule 8 - Clinical trials

There were very few midwifery clinical trials in South Central LSA and any that were in progress had been approved by the relevant ethics committee.

Rule 9 – Records

The SoMs must audit clinical records with their supervisees at their annual reviews. This exercise enables the SoM to have an open discussion about the standards for recordkeeping. SoMs also audit records annually in a variety of ways. During investigations the SoM will review records to ensure that an appropriate standard of care has been given and this is based on current evidence. Many SoM teams discuss recordkeeping at the mandatory training day in Trusts. The NMC has updated the guidance issued to Nurses and Midwives in July 2009 (available online at <http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=6269>).

Rule 10 – Inspection of premises and equipment

SoMs must monitor standards and methods of practice and this includes reviewing records, equipment and place of work.

Rule 11 - Eligibility for appointment as a supervisor of midwives

Information about this rule and how it protects the public has been given in section 3 of this report.

Rule 12 - The supervision of midwives

All midwives should meet with their named SoM at least once a year for the purpose of statutory supervision. This provides the midwife with an opportunity to discuss their professional development needs. The LSAMO can now monitor the percentage of annual reviews achieved via the LSA database.

Ninety five per cent of midwives had an annual review by their named SoM. The most common legitimate reason for a midwife not completing an annual review was absences from work due to long term sickness, a career break or maternity leave.

Methods of communication with supervisors

Each SoM has the means to contact the LSAMO by electronic, mobile or telephone. The LSA acts as a 'communication centre' receiving and transmitting information from the NMC regulatory body, Department of Health, Royal College of Midwives and locally from the SHA, Trusts, PCTs and from 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 LSA communication network:

National

- The NMC/LSA Strategic Reference Group - one of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives
- The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK) - this forum meets every 2 months and was established to provide all the LSAMO with support and to also make sure that supervision across the UK developed in consistent direction. The Forum has a website and published a strategy for the next 3 years. This document can be viewed at <http://www.midwife.org.uk/>
- RCM England Heads of Midwifery network.

Strategic

- The Contact Supervisors of Midwives (CSoM) forum meeting – this is a forum meeting with a representative from each Trust
- LSA, Heads of Midwifery/Consultant Midwives Forum South Central
- LME and HoMs meeting
- Maternity Board
- PCT HoMs and Commissioners meeting.

Trust/HEI meetings

- Local Trust Supervisor of Midwives meetings – the SoMs in each Trust meet on a regular basis and the LSAMO attends on an ad hoc basis
- LME/HEI meetings with Trusts.

LSA conferences

Supervisors who continue in the role are required to undertake a minimum of six hours relevant learning in each year of appointment. This is in addition to the 35 hours required to renew professional registration. There were 2 conferences held in the 08/09 practice year.

National

The National LSA conference took place in April. The South Central LSAMO was part of the conference planning team and also spoke at the conference. The event attracted approximately 450 delegates and keynote speakers included the Chief Nursing Officer, Dame Christine Beasley and Baroness Cumberlege (programme at appendix 3). A total of 20 SoMs were able to attend this event from across NHS South Central.

Local South Central LSA Conference

The local supervisor of midwives conference was hosted by the Basingstoke and North Hampshire SoM team and was held in The Ark Centre at Basingstoke on 19th November 2008 (programme at appendix 3). A total of 80 SoMs were able to attend this event and it was very well evaluated.

Rule 13 – The Local Supervising Midwifery Officer

South Central LSA appointed a LSAMO, Suzanne Cro, to ensure that the processes of statutory supervision are in place for the area. The LSAMO acts as an essential point of contact for supervisors of midwives to consult for advice on all aspects of supervision, and for advice with especially difficult or challenging situations.

The LSAMO has completed 10 annual audit and monitoring visits of the practice and supervision of midwives within the LSA 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 the LSA audits for the Trusts. These audit standards are published in *Standards and Guidance for Supervisors of Midwives* (April 2005 & now in the updated 2008 version Pg 28 http://www.southcentral.nhs.uk/document_store/12423839131_south_of_england_guidance_for_soms_section_1_sep_2008.pdf).

Each Trust was visited for either 1, 2 or 3 days depending on the size of the service and the location of the midwifery led units. The LSA has continued to use both formal and informal processes for the audits. The main difference being that for a formal audit a team visits and for an informal audit just the LSAMO attends. On completion of the audit visit a report was prepared for each Trust highlighting good practice and identifying suggested areas for development. Overall, all the 5 standards for the supervision of midwives, have been met within South Central LSA. Some of the individual criterion within the standard have been challenging to some Trusts.

Table - Annual LSA audit visits 08/09

| Trust | Audit process | Date | LSA MO & SoM auditors | Student SoMs | Lay auditor |
|-------|---------------|--|--|-------------------------------------|-------------------|
| BHT | Informal | 30 th April 2009 | Suzie Cro | | |
| ORH | Formal | 26 th , 27 th , 28 th 29 th Jan 2009 | Suzie Cro Jean Sangha Barbara Skinner | Kate Nash | Catherine Pearson |
| RBH | Informal | 24 th March 2009 | Suzie Cro | | |
| HWWP | Formal | 17 th & 18 th Feb 2009 | Suzie Cro Tracey Payne | Alison Simms | Sarah Fishburn |
| MKH | Informal | 10 th Dec 2008 | Suzie Cro | | Sarah Fishburn |
| BNHFT | Formal | 16 th March 2009 | Suzie Cro Debbie Bandey | Catherine Verrechia Sarah Bailey | |
| WEHT | Informal | 8 th Dec 2009 | Suzie Cro | | |
| SUHT | Informal | 23 rd Dec 2008 | Suzie Cro Sue Way (visitor) | | Catherine Pearson |
| PHT | Formal | 4 th , 5 th , 6 th March 2009 | Suzie Cro Helen Allen | | Sarah Fishburn |
| IoW | Informal | 31 st March 2009 | Suzie Cro Denise Waugh Ellen Kitson Reynolds | Pauline Ferns | Catherine Pearson |

Examples where supervision within South Central LSA has improved care for women

- **Good practice point** - In the **IoW** the SoM team have supported the community midwives in increasing the home birth rate to 5.7%. The SoMs have been proactive in meeting women who request home birth (who may be considered at higher risk) with the intention of supporting the women and the midwives at the visit and helping to devise an individualised care plan.
- **Good practice point** – In **PHT** a national company has sponsored the production of a leaflet advising women that they can contact a SoM if they require extra support. This leaflet is given to all women in the Trust ‘Welcome Pack’.
- **Good practice point** – In **SUHT** the SoM team are all rostered to attend a daily clinical events meeting which is a multiprofessional meeting that discusses cases that have gone well and also discusses also how could be improved.

- **Good practice point** – The team at **WEHCT** supported all the midwives through the ordeal of a very stressful inquest into 2 maternal deaths that occurred in Dec 2007. The supervisors proactively supported the staff, the families and were involved in the detailed root cause analysis of both deaths. The reports are now in the public domain and are available online at:-

WEHT maternal deaths review and coroner's verdict

<http://www.wehct.nhs.uk/index/ournews.htm?newsid=9231>

Serious Untoward Incident (SUI) report

http://www.wehct.nhs.uk/sui_panel_report_final-april2008.pdf

- **Good practice point** - All the supervisors of midwives at **BNHFT** have attended the NCT Voices training. The training was designed to help the all members of the local MSLC to:
 - Understand how to operate as a member of the group and improve their committee skills
 - Increase confidence and enable problem solving
 - Appreciate the perspectives of all those involved in healthcare
 - Learn together how the health services operates
 - Explore effective partnership working.
- **Good practice point** – At **HWWPFT** nearly all the SoM team have completed 'TEREMA' leadership training which has been supported by the Head of Midwifery.
- **Good practice point** – At **RBHFT** the supervisors have developed a user participation strategy with the key objectives being to:
 - Encourage all women to feedback their views and experiences of the maternity services
 - Develop collaborative partnership working with women in developing action plans for service development
 - Involve service users in the audit of maternity service.
- **Good practice point** – At **BHT** the SoM team offer women the opportunity to be contacted by a supervisor of midwives if they wish to discuss their birth as part of the debriefing service. Every woman receives a form in the postnatal period and can tick a box and leave a contact number if she wishes to be contacted.
- **Good practice point** – Promoting normal birth at **MKHFT** is one of the SoM team's top priority. The team are providing multiprofessional workshops and are actively implementing strategies to reduce the caesarean section rate.
- **Good practice point** – Collaborative working at **ORH** has led to the successful implementation of a mental health care pathway for women.

Challenges identified by the South Central SoMs that impede effective supervision

- The SoM teams are non hierarchical and this sometimes creates challenges as no one is 'in charge' when the team are all busy. The biggest challenge is to ensure that the meetings are effectively chaired and the audits are adequately prepared for with the work being planned and shared.

LSA Action- The next LSA conference planned for South Central focuses on leadership and will be held in November 2009. The LSAMO has held regular training with the Contact SoMs to improve the leadership of local teams.

- Minimal clerical support in some units.

LSA Action- The LSAMO will continue to monitor this provision for all units.

- Protected time for supervision being compromised when clinical activity increases.

LSA Action – The balance score care for supervision will enable the LSAMO to routinely monitor that SoMs are securing their protected time.

- Achieving 100% of annual reviews for all midwives.

LSA Action – Improvement of recording the annual review on the LSA database so that this can be monitored and adding this to the supervision balanced score card.

Rule 14 – Exercise by a LSA of its functions

The NMC has a duty to verify that the standards set for the LSA are being met and has therefore developed a system for reviewing LSAs and this is contained in the document available on the NMC website online at <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3085>. The aim is to ensure that the rules and standards for statutory supervision of midwives and the function of the LSA are being met and to highlight any concerns around protection of the public. The NMC midwifery department have reviewed all the LSA profiles via the LSA annual reports and have decided which LSAs to review. South Central LSA has not been chosen for review in the 08/09 year. The risk score has been included in this report (in appendix 1a and the previous year's score in appendix 1b). The LSA has improved its risk score from 43 (06/07) to 27 (07/08).

The two areas of concern that the NMC highlighted were:

- SoM/MW ratio above 1:20 within individual services or across the LSA

LSA Action – The SoM to midwife ratio is now 1:15 and the anticipation is that it will be 1:13 in the next reporting year. The LSAMO has an action plan in place for all services with a ratio above 1:15 (see section 2 of this report).

- Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.

LSA Action – The LSAMO works closely with the maternity workforce planning team. NHS South Central has this as a key work area and have several key projects planned over the 09/10 year. The birth rate this year has not risen as significantly as previous years.

The South Central LSAMO has been part of the NMC review team and has visited 3 other LSAs (Grampian, Western Isles and London LSA).

Rule 15 – Publication of Local Supervising Authority procedures

The National LSA Forum website contains guidelines for the LSAMOs and Supervisors of midwives across the United Kingdom at www.midwife.org.uk. Locally the LSAMO has developed web pages for the LSA within the NHS South Central site. These pages give the name and address of the LSAMO, the procedure for reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practice, and the procedure by which such reports will be investigated. (<http://www.southcentral.nhs.uk/page.php?id=342>).

Rule 16 – Annual report

This report is the evidence of compliance with rule 16. The NMC guidance document is available to the public on the NMC website at (<http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=5290>).

South Central LSA's Recommendation for 09/10

- The LSA will continue to provide the NMC with details of action taken and evidence in response to risks communicated to them as requested.

Rule 16 Standard 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

Users have been involved in the work of the LSA and the LSA audits in this area since 2005. The user representatives are valued members of the audit team. Before the user representative commences work with the LSAMO each year they receive training and this year the LSAMO trained an additional auditor. The training for the new auditor consisted of:

- attendance at an informal audit (1 day)
- one to one training with the LSAMO to learn about the supervision of midwives, conflict management, giving constructive feedback, confidentiality and managing difficult conversations (2 days)
- attendance at a MSLC user representative conference hosted by NHS South Central.

This year the focus for service user when visiting the units has been women’s experience of the services. The user representatives went to the ward areas and spoke to women and their families of their experience of the maternity service. They used a structured audit questionnaire, which had been developed with the aid of users, to talk to women about their experiences (see appendix 4).

The responses that women gave were on the whole very positive. On the day of the audit the user representative fed back to the SoM team and executive team members and informed them of their findings. After the audit they then wrote a summary report which was included in all the Trust LSA audit reports. The women’s questionnaires were also collated and these responses were included in each unit’s reports. The total number of women spoken to on all the formal audits was 73 and this overview provides the LSAMO with a ‘snap shot’ picture of women’s experience of the services.

Table – Service user involvement at LSA audits

| Trust | Audit process | Date | Lay auditor | |
|-------|---------------|--|-------------------|---|
| ORH | Formal | 25 th -28 th Jan 2009 | Catherine Pearson | “Over the past 3 days I have interviewed 23 women (and their families) and I’m really pleased and assured to say that the majority of women have had a very positive experience. The average score the women gave their experience was 9/10 . This is fantastic! The women felt that they were on the whole treated with kindness and respect by the midwives, when they had queries or worries, they felt that they could contact someone at any time and if they did need help and advice was always at hand.” |

| Trust | Audit process | Date | Lay auditor | |
|---------------|---------------|--|-------------------|---|
| HWWPFT | Formal | 17 th & 18 th Feb 2009 | Sarah Fishburn | "15 women were interviewed and the majority of women scored their overall experience positively giving a score of 8/10" |
| PHT | Formal | 4 th , 5 th & 6 th March 2009 | Sarah Fishburn | "The feedback (from the 16 women interviewed) was generally very positive about care both in labour and on postnatal wards and in birth centres. Midwives were described as caring, supportive and "fab" by most women" |
| BNHFT | Formal | 16 th March | Sarah Fishburn | "The feedback from most women was very positive about the staff caring for them: "all superb" was one comment (10 women were interviewed)" |
| IoW | Formal | 31 st March 2009 | Catherine Pearson | The lay auditor met with 9 women and the overall comments were positive. One lady commented about her experience and stated "...from top to bottom everyone has been supportive and nothing is too much trouble." |

At the LSA audit, and in their annual reports, SoMs describe their engagement with user representative as they themselves must engage with user groups and voluntary organisations. Below is a list of some of their activities:-

Good practice

- At **HWWPFT** the maternity information leaflet has been translated into Polish and into Urdu.
- In November 2008 a workshop was arranged at the MSLC to ascertain with views of women in **SUHT** area.
- There is a user representative on the Intrapartum Committee of **ALL** Trust maternity services (this has been a CNST requirement).
- At **BNHFT** breastfeeding peer support training focusing on teenage parents has been set up by a SoM.
- Women are provided with a questionnaire as part of their postnatal pack. The woman can either make a comment anonymously or if they wish to be contacted they can give their details and a SoM or a manager will call them back.
- At **WEHCT** the SoM team have excellent links with the NCT breastfeeding support counsellors.
- Many Trusts offer a birth 'afterthoughts' debriefing service and on a regular basis the manager of the service feedback to the SoM team.
- At **PHT** 'small talk' cards are given to enable women to comment on the service they have received. Every response is collated and a report produced showing the action taken (if necessary) in response to the comments made.
- At the instigation of a supervisory investigation the woman and her family, if it is appropriate, are contacted and are invited to meet with the SoM to discuss their experiences.
- Women are involved in the Maternity Patient Information Groups.

- **RBHFT** are currently recruiting to a Divisional Patients Panel. The panel will work very closely with the management team.
- **BHT** has a place of birth leaflet designed to explain all the choices available to women which was collated with the support and input of user representatives.

Good progress has been made on the development of the South Central LSA user involvement strategy. The areas in which improvements have been made are:

- user representation at 75% of the SoM interview panels. It is hoped that this will be improved to be 100% next year
- a recruitment and reimbursement package for service users is in the process of being developed in collaboration with NHS South East Coast
- there will be 2 user representatives at each LSA audit in the future
- User views were sought for the National LSAMO Forum National Guideline L.

South Central LSA's Recommendation for 09/10

- The LSA will ensure that each SoM team continue to develop and/or update the user involvement strategy.
- The user recruitment and reimbursement package should be approved for use by NHS South Central.
- The LSA will use 2 lay representatives at each formal audit in 09/10. The value of the lay contribution is clear in improving the understanding and use of patient experience to improve service delivery (depending on the flu pandemic).

Rule 16 Standard 6: Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education

National Forums

All the LSAMOs meet with the Lead Midwives for Education (LME) nationally at the NMC/LSA/LME Strategic reference group held annually. This meeting provides an opportunity to debate and discuss national issues relating to the training and education of students and midwives.

South Central Higher Education Institution (HEI) Forums

The LSAMO attends meetings with Universities on a regular basis to give advice and guidance. The LSAMO has attended and contributed to NMC monitoring visits to HEIs. Also LMEs and midwife teachers have been involved with the LSAMO with the development of programmes during supervised practice programmes. This partnership is required to meet the standards set within the NMC document *Standards for the supervised practice of midwives* (NMC 2007 available at <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=3288>).

South Central hosted a joint meeting with all the LMEs (6 Universities) who provide student midwifery education and the Senior Midwifery Leaders (Heads of Midwifery, Consultant Midwives, South Central Maternity Leads and the LSAMO). The meeting was attended by a NMC representative and was considered a success. There is a plan to hold this meeting twice a year and the plan is to invite the South Central Education commissioning team to this meeting.

SoMs engagement with HEIs

The SoMs continue to contribute to the development, teaching and assessment programmes of education leading to registration and the continuous professional development of all midwives. The SoM involvement is monitored by the LSA at the annual audit visit. 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 student assessment processes
- Continued to be involved in curriculum planning
- Attended 'Higher Education Institute Forums' (or equivalent) meetings
- Continued to be involved in strategy groups to conduct training needs analysis/commissioning
- Ensured that midwives remain updated and undertake continuous professional development to meet their registration requirements
- Attended planning meetings for postgraduate study days
- Participated in link teacher's forum
- Involved in the NMC Quality Assurance exercises

- Undertaken lectures on both pre and postgraduate programmes.

Clinical Learning environment

The LSA gains information about the clinical learning environment for pre registration student midwives by:-

- being involved in the NMC Quality Assurance processes
- speaking to student midwives on the Trust LSA audit day
- talking to supervisors of midwives about educational issues
- discussing student midwifery education at the Contact SoM forum
- attending and participating in HEI meetings
- advising supervisors of midwives about concerns/issues related to student midwives and then discussing the issues with the LMEs directly.

Preparation of Supervisor of Midwives Programmes

Any midwives wanting to become a supervisor of midwives may contact the LSAMO directly for more information and an application pack. This information is publicly available on the LSA web site and is sent out annually as an email to all supervisors for distribution to their midwife supervisees.

The pre requisites of attending a preparation programme are that midwives are required to be nominated by their midwifery peers and then must go through the LSA selection processes before attending the preparation programme. The aim of the programme is to prepare midwives for the statutory role and to help them to understand and evaluate the role together with the significance of professional self regulation in terms of safe guarding the public.

Only NMC approved educational institutions can deliver the preparation programmes. The programmes are approved and monitored annually through the NMC quality assurance processes. Programme planning teams must include representation from the LSA and key stakeholders, including service users. There are 2 Universities providing the SoM course to South Central midwives.

Thames Valley University <http://www.tvu.ac.uk>

Module lead – Sandra MacDonald

The Preparation Course commences in September and is run as a part time module at level 6 (degree) and level 7 (masters). The LSAMO lectures on the course and is involved in the planning and evaluation of the module with the LSAMO from London.

Bournemouth University <http://www.bournemouth.ac.uk/>

Module lead – Dr Jen Leamon

The preparation course held at Bournemouth also can be taken at degree or masters level. The programme commences in September. The LSAMOs at South Central and the South West are part of the team delivering and evaluating the programme.

Bournemouth ran a very successful workshop for mentors to ensure that they understood their role in supporting and mentoring the midwives.

The LMEs at the end of each programme inform the LSA of all the students who have passed, deferred or failed to complete the programme. The LSA then completes the LSA database to ensure that records are kept. At the end of the programme the midwives will have been supported through the academic and practice based learning supervisor of midwives preparation programme by supervisor of midwives mentors and midwife teachers. On completion of the course the midwives must achieve the proficiencies of practice before they are appointed by South Central LSA. The LSA appointment process is described in National Guideline C (available at www.midwife.org.uk) and local guidance.

South Central LSA's Recommendation for 09/10

- The LSA will continue to feedback to HEIs, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives.
- The LSA will explore collaborative working relationships with organisations with a patient safety remit such as the National Patient Safety Agency and the Care Quality Commission.

Rule 16 Standard 7: Details of any new policies related to the supervision of midwives

The LSAMO Forum continues to use a UK wide approach to guideline development. The current national guidelines are listed below. These are available to all SoMs online at www.midwife.org.uk . It is the responsibility of one LSAMO to ensure that these guidelines are updated as new NMC guidance is produced.

The national guidelines are:

- B- Retention and transfer of records relating to statutory supervision
- C - Nomination, selection and appointment of supervisors of midwives
- D - Poor performance and de-selection of supervisors of midwives
- E - Voluntary resignation from the role of supervisor of midwives
- F - LSAMO Forum UK National guideline preparation process
- G - Process for the notification and management of complaints against a supervisor of midwives or an LSA Midwifery Officer, including appeals process
- H - Transfer of midwifery records from self employed midwives
- I - LSA suspension of midwives from practice (**under review**)
- J - Confirming midwives eligibility to practise
- K - Guideline for the completion of the Intention to Practise form by a registered midwife
- **Updated Jan 2009** L -Guideline and process for investigation into a midwife's fitness to practise by a Supervisor of Midwives on behalf of the Local Supervising Authority
- **New 2009** – example letters and reports for SoMs to download and use.
- **NEW 2008** M – Guidance on the role of the Contact Supervisor of Midwives.

The local LSA guidance which has been written for the South of England (South Central, South East Coast & South West) has been reviewed and has been available for all SoMs since September 2008 (<http://www.southcentral.nhs.uk/page.php?id=342>). The new local guidance was launched to the SoM teams at the conference in November 2008.

Rule 16 Standard 8: Evidence of developing trends affecting midwifery practice in the local supervising authority

Public Health Picture

The public health picture of the population of South Central can be found on the South East Public Health Observatory (SEPHO) website available at <http://www.sepho.org.uk>.

SoMs have an influential role to play within the maternity service and also on the public health agenda. Listed below are good practice examples which are supported by supervision and midwives:

BHT& WEHCT Good Practice

- The maternity services are working towards the Baby Friendly Initiative accreditation
- There are also plans to audit and tackle obesity issues within the service.

MKHFT Good practice

- The teenage pregnancy service is co-ordinated by a specialist midwife working at the local council. There are special parentcraft classes and a home visit service
- Two health promotion midwives work with vulnerable groups offering them with additional support, advice and guidance.

IoW Good practice

- All the SoMs take lead roles in the safeguarding agenda offering support and advice to all midwives. One midwife has 15 hours of protected time to also take forward this agenda and work collaboratively with the Trust team and social services
- The team are actively involved in the Safer Babies Campaign due to launch in the autumn.

ORH Good practice

- Maternity Support Worker roles have been developed to work specifically with teenagers
- A mental health care pathway has been developed which incorporates the Infant Parent Perinatal Service
- A new obesity care pathway has been developed which includes the PCT providing women with vouchers for weight control programmes.

SUHT Good practice

- There is going to be a specialist midwife for obesity to plan a strategy for dealing with this public health issue.
- There is a dedicated specialist midwife (0.2 wte) to deal with women who suffer domestic abuse.
- There are four areas that have been recognised as areas of deprivation and 3 Sure start teams and one 'New Deals for Communities' team fully caseload these areas.
- The 'Young Persons Maternity Group' continues to provide case loading care to the teenage population.

HWWPFT Good practice

- The Crystal Midwifery Team is a specialist team working in the community and providing care to vulnerable women
- The Women's Aid Shelter staff support the provision of staff training in dealing with domestic abuse
- Daily drop in centres are held to promote and help with breastfeeding problems/issues.

RBHFT Good practice

- The Trust undertook a pilot (Oct 2008- Jan 2009) to try to help reduce the number of women smoking at the time of birth. The pilot involved 10 midwives and the Stop Smoking Advisory Service Co-ordinator so far the results have shown a 1% reduction in smoking
- The Maternity Service has been involved in a programme to 'Support Weight Management in Pregnancy' to reduce obesity levels. Women with a BMI greater than 30 at booking were recruited to a pilot project to attend a weight management course led by the consultant midwife and a PCT dietician
- A project for young mums to attend a life skills course has been funded.

PHT Good practice

- The Trust and PCT have collaboratively produced guidance and a leaflet for working women with a raised BMI
- Staff received domestic abuse training to enable them '*to ask the question*' and a recent audit was undertaken to ensure that the '*question was asked*'. The results will form part of the commissioning report to the PCT.

Next Stage Review

In December 2007 South Central Strategic Health Authority published a report on how the Next Stage Review would be delivered within the Maternity and Newborn Care Pathway. The aim of the review was to create a local service that is clinically-driven, patient-centred and locally accountable.

[http://www.southcentral.nhs.uk/document_store/12111869711_maternity & newborn report .pdf](http://www.southcentral.nhs.uk/document_store/12111869711_maternity_%20newborn_report.pdf).

Since production of this report the Strategic Health Authority NHS South Central is being reorganised to deliver the clinical improvement pathways and a Clinical Director for the Maternity and Newborn Pathway has been appointed. The LSA will be supporting the delivery of the pathway. The key work streams are:-

- Normal birth
- Access to maternity services
- Keeping mothers and vulnerable babies together
- Workforce development
- Leadership and IT solutions.

Data collection for workforce and birth trends

The methodology used by the LSA to gather workforce and birth trend data is that in April each year South Central LSA asks the Contact SoMs to compile a Trust Annual Report. The Trusts are advised that the data will be published. The completed report is returned to the LSAMO and the data entered onto spreadsheets and used to present as evidence for this LSA Annual Report. The Trust Annual reports contain details of:

- Workforce and birth trends
- Supervisory data
- Clinical outcome data
- Maternity incident data (Rule 15)

The LSA Midwifery Officer has no dedicated support to assist with the collation of statistics but there is a plan to recruit to an LSA Administrator in September 2009 at a band 4 for 2 days a week. Data quality is a continuing concern for all the organisations.

Clinical Activity

The total number of women birthing and using NHS services has increased by 173 in the 08/09 year (0.36%). This is the smallest percentage increase in the last 5 years.

Table - Total number of women giving birth in the South Central LSA area

| SHA | TVSHA LSA & HIOWSHA LSA | TVSHA & HIOWSHA | TVSHA & HIOWSHA | South Central | South Central | South Central |
|--|-------------------------|-----------------|-----------------|-----------------|---------------|-----------------|
| Year | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/8 | 2008/09 |
| Total no. Women | 41077 | 42650 | 43667 | 45540 | 47783 | 47956 |
| Year/year increase No. of women Percentage | | ↑1573 (3.8%) | ↑1017 (2.4%) | ↑1873 (4.3%) | ↑2243 (5%) | ↑176 (0.36%) |

Three Trusts that showed an increase in the number of women giving birth were PHT, SUHT and MKHFT. The previous year all services showed an increase apart from the IoW whose numbers remained static.

Table - Total number of women birthing with each provider service

| Year | Total SC | MKHFT | BHT | ORH | RBHFT | HWWPFT | BNHFT | WEHT | SUHT | PHT | IoW |
|-------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 08/09 | 47956 | ↑ 3884 | 5703 | 8575 | 5834 | 5376 | 2811 | 3038 | ↑ 5853 | ↑ 5693 | 1189 |
| 07/08 | 47783 | ↑ 3782 | ↑ 5712 | ↑ 8633 | ↑ 5863 | ↑ 5409 | ↑ 2931 | ↑ 3051 | ↑ 5708 | ↑ 5465 | = 1229 |
| 06/07 | 45475 | 3620 | 5334 | 8262 | 5464 | 5194 | 2578 | 3044 | 5375 | 5375 | 1229 |

Women are offered a choice of place of birth and the following table shows the clinical activity for these areas.

In South Central:-

- 86% of women gave birth in consultant led services
- 7% of women gave birth at in-hospital birth centres
- 4.8% of women gave birth in stand alone birth centres
- 3.1% of women gave birth at home (planned and unplanned)
- 2.7% of women had planned home births.

Table – Place of birth

| 2008/09 | South Central | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IoW |
|---|----------------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|
| Total number of women giving birth = | 47956 | 3884 | 5703 | 8575 | 5834 | 5376 | 2811 | 3038 | 5853 | 5693 | 1189 |
| Place of birth | | | | | | | | | | | |
| Total Consultant unit births | 41375 | 3654 | 4791 | 6989 | 5290 | 4201 | 2865 | 2701 | 5367 | 4393 | 1124 |
| Consultant unit births site 1 | | 3654 | 1846 | 5782 | 5290 | 4201 | 2865 | 2701 | 4241 | 4393 | 1124 |
| Consultant unit births site 2 | | | 2945 | 1707 | | | | | | | |
| Total no. births in-hospital birth centre | 3191 | | 152 | 397 | 216 | 655 | | | 1126 | 645 | |
| Total no. In hospital birth centre transfers | | | 110 | | 89 | 215 | | | 747 | 302 | |
| Birth centre births | | | | | | | | | | | |
| Total no . Birth centre births | 2306 | 0 | 0 | 424 | 0 | 354 | 0 | 202 | 241 | 1085 | 0 |
| 1. Birth centre - 1 | | | | 197 | | 354 | | 202 | 241 | 248 | |
| 2. Birth centre - 2 | | | | 91 | | | | | | 189 | |
| 3. Birth centre - 3 | | | | 136 | | | | | | | |
| Births at home | | | | | | | | | | | |
| Total births in the home | 1504 | 114 | 184 | 239 | 228 | 83 | 69 | 135 | 224 | 163 | 65 |
| Total of planned home births | | 83 | 150 | 220 | 165 | - | - | 15 | 154 | 113 | - |
| % Planned home births (total woman/planned births) | 2.7% | 2.1% | 2.6% | 2.6% | 2.8% | 1.5% | 2.4% | 0.5% | 2.6% | 1.9% | 5.46% |
| Total of unplanned home births | | 31 | 34 | 19 | 63 | - | - | 120 | 26 | 49 | - |

Caesarean section rates

The published NHS Maternity Statistics show that in England the Caesarean section (CS) rates have increased every year:-

- 2005/06 = 24.1%
- 2006/07 = 24.3%
- 2007/08 = 24.6%

This data is reported in the NHS Maternity Statistics, England: 2007-08 Information Centre website at -

<http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/maternity/nhs-maternity-statistics-england:-2007-08>

Additional tables available at-

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1009> .

This data is for England and is for the 07/08 year (rather than the 08/09 year) and is the latest data that is available for benchmarking. The current South Central CS is just slightly higher (0.1%) than the published national rate at 24.7%. CS rates within Trusts range from 19.7% (IoW) to 28.2% (RBHFT & WEHCT). The NHS Institute for Innovation and Improvement have held joint workshops with NHS South Central to work with clinicians to implement the CS toolkit in each of the units. The last of these events will be held in October 08/09.

Table – CS rates

| 08/09 | Total SC | MKHFT | BHT | ORH | RBHFT | HWWPFT | BNHFT | WEHT | SUHT | PHT | IoW |
|-------|----------|-------|-------|------|-------|--------|-------|-------|-------|-------|-------|
| Women | 47956 | 3884 | 5703 | 8575 | 5834 | 5376 | 2811 | 3038 | 5853 | 5693 | 1189 |
| CS | 11833 | 1060 | 1394 | 1881 | 1648 | 1477 | 596 | 859 | 1202 | 1482 | 234 |
| % | 24.7% | 27.8% | 24.4% | 22% | 28.2% | 27.5% | 21.2% | 28.2% | 20.5% | 26.0% | 19.7% |

Perinatal mortality

The death of a baby is a tragic event and so it is important for the LSA to monitor the overall perinatal mortality figures. Between 2000 and 2007 the UK wide perinatal mortality rate has decreased significantly from 8.3 per 1000 total births to 7.7 per 1000 total births <http://www.cmace.org.uk/Publications/CEMACH-Publications/Maternal-and-Perinatal-Health.aspx> . NHS South Central has one of the lowest stillbirth rates in England. The LSA relies on the data produced by CEMACH and receives an annual report.

Table – Perinatal mortality

| | Area | Live births | Stillbirth rate | Perinatal mortality rate | Neonatal Mortality rate |
|-------------|---------------|-------------|-----------------|--------------------------|-------------------------|
| 2007 | UK Wide | 772 815 | 5.2 | 7.7 | 2.3 |
| 2007 | South Central | 47775 | 3.5 | 4.8 | 1.7 |

Maternal deaths

The number of maternal deaths reported to the LSA was 7. The causes were; RTA, pelvic embolus, cardiac problem, teenage suicide, gastrointestinal problems, amniotic fluid embolus and postnatal group B streptococcus infection.

- 7 08/09
- 3 07/08
- 8 06/07

The LSAMO and the SoM teams were involved in the investigations of the deaths. Two midwives went on to undertake supervised practice as a consequence of the investigation of one of the deaths. No midwives have been reported to NMC.

Workforce data

The NMC have requested information on the midwife to birth ratio for each provider Trust. The overall midwife to birth ratio has improved from 1:35 in the last reporting year to 1:32 in this year. The NHS South Central workforce planning team supply the Board and the Department of Health with detailed maternity workforce data. This data is closely monitored and there are several events scheduled in the 09/10 year to look at maternity workforce in its entirety rather than just focusing on midwife numbers. The first event is schedule to take place on 16th September 2009.

Table – Midwife to birth ratio to funded establishment (WTE)

| Year | Total SC | MKHFT | BHT | ORH | RBHFT | HWWPFT | BNHFT | SUHT | WEHT | PHT | IoW |
|------------------------|----------|-------|------|------|-------|--------|-------|------|------|------|------|
| 08/09 | 47956 | 3884 | 5703 | 8575 | 5834 | 5376 | 2811 | 5853 | 3038 | 5693 | 1189 |
| Midwife to Birth ratio | 1:32.1 | 1:35 | 1:35 | 1:32 | 1:35 | 1:34 | 1:33 | 1:31 | 1:31 | 1:28 | 1:27 |

The following table shows the midwifery workforce data for the 08/09 and 07/08 years.

Table - Workforce by Trust 06/07 & 07/08

| Year | MKHFT | | BHT | | ORH | | RBHFT | | HWWPFT | | BNHFT | | WEHCT | | SUHT | | PHT | | IOW | |
|---|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|-------|-------|-------|-------|--------|--------|--------|--------|-------|-------|
| | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 | 07/08 | 08/09 |
| Total no women giving birth | 3782 | 3884 | 5971 | 5703 | 8633 | 8575 | 5863 | 5834 | 5409 | 5376 | 2931 | 2811 | 3070 | 3038 | 5708 | 5853 | 5465 | 5693 | 1229 | 1189 |
| Funded WTE | 110.8 | 108.49 | 167.78 | 165.26 | 263.8 | 270 | 149.91 | 102.27 | 150.27 | 152.57 | 76.73 | 87.49 | 91.5 | 97.05 | 182.74 | 190 | 222.01 | 213.55 | 43.39 | 43.39 |
| In post WTE | 100.34 | 88.49 | 165.98 | 142.32 | 248.17 | 259 | 147.3 | 87.45 | 134.67 | 138.69 | 59.9 | 80.86 | 90.35 | 95.98 | 162.24 | 177.67 | 217.55 | 202.95 | 42.82 | 43.25 |
| Overall births to mw establishment | 1:36 | 1:35 | 1:35 | 1:35 | 1:33 | 1:32 | 1:39 | 1:35 | 1:37 | 1:34 | 1:38 | 1:33 | 1:32 | 1:31 | 1:31 | 1:31 | 1:24.6 | 1:28 | 1:28 | 1:28 |
| Ratio of births to mw in post WTE | 1:38 | 1:39 | 1:35 | 1:39 | 1:34.7 | 1:33 | 1:40 | 1:40 | 1:40 | 1:38 | 1:46 | 1:34 | 1:33 | 1:32 | 1:35 | 1:33 | 1:25.1 | 1:30 | 1:28 | 1:28 |
| Total no of mw employed | 106 | 118 | 245 | 206 | 398 | - | 202 | 201 | 159 | 164 | 86 | 111 | 123 | 128 | 247 | 196 | 307 | 302 | 69 | 69 |
| Vacancies according to funded establishment | | 19.59 | | 16 | | 11 | | 13.52 | | 13.88 | | 7 | | 5.21 | | 12.33 | | 10.6 | | - |

Rule 16 Standard 9: Details of the number of complaints regarding the discharge of the supervisory function

There have been no complaints in this reporting year regarding the discharge of the supervisory function. The LSA would use the national guidance if it had to deal with a complaint about a SoM and the LSA would use the SHA processes to deal with a complaint about the LSAMO.

There were 3 appeals lodged with the LSA in the 08/09 year. All the appeals were about the supervisory recommendation to do supervised practice.

- **APPEAL 1** - The LSAMO reviewed all the information for one registrant and the appeal was upheld and the programme was downgraded to a supported development programme because new information had become available. The LSAMO had supported the SoM recommendation at the time but because new information had come to light which changed the whole emphasis of the investigation the LSAMO also supported the change. The SoM involved was also supportive of the change. The midwife registrant was pleased with the outcome of the appeal and satisfactorily completed the programme. The length of time for the appeal process to conclude was approximately 4 weeks.
- **APPEAL 2** – The LSAMO reviewed all the information and asked another LSAMO colleague to also review all the information to ensure impartiality. Both LSAMOs agreed with the recommendation for supervised practice and did not uphold the appeal as there were serious failings on the registrant’s part and clear evidence that the midwife required supervised practice. The supervised practice continued whilst the LSAMO dealt with the appeal and the registrant required an extension to her programme to complete all the learning outcomes. The length of time for the appeal process to conclude was approximately 4 weeks.
- **APPEAL 3** – The registrant appealed to the LSAMO about the recommendation for supervised practice. The LSAMO asked 2 experienced SoMs from another organisation to review all the paperwork to ensure impartiality and they also agreed with the recommendation for supervised practice as the registrant had shown serious failings in her practice (she left a woman unattended coming up to second stage and the woman birthed her baby on her own and also there had been several serious complaints about her poor behaviour and attitude at work from 4 women). The registrant was informed that the appeal was not upheld. Subsequently the registrant had an interim review and was told that she was not achieving her objectives and so she decided to leave the employ of the Trust. She refused to allow the LSAMO to try and find a placement elsewhere and so the LSAMO has referred the matter to the NMC to review at the request of the registrant. The length of time for the appeal process to conclude was approximately 4 weeks.

All letters posted to midwife registrants on conclusion of investigations highlight to the midwife who he/she can write to if they wish to complain or appeal against any decisions made.

Midwives can raise concerns with the LSAMO. The Deputy Chief Nurse South Central Strategic Health Authority should be contacted if a registrant wishes to appeal against LSA processes.

Rule 16 Standard 10: Reports on all local supervising authority investigations undertaken during the year

South Central LSA - Section 10 at a glance 08/09

In summary in the 08/09 year:-

- Incidents were reported and alleged concerns were raised with the LSA in a number of ways (telephone, email and a reporting form).
- The total number of LSA investigations was 74. The SoMs carried out a total of **62** supervisory investigations after reported incidents/alleged concerns and the LSAMO carried out 7 investigations.
- The LSA has requested no external (to the LSA) supervisor of midwives to complete investigations.
- Two supervisors of midwives have carried out investigations on behalf of the LSA in other Trusts.
- The number of SoM investigations has increased from **37** (07/08) to **62** (08/09). This increase is not due to more incidents but due to supervisors of midwives being more engaged in the investigation processes required of them and investigating all incidents irrespective of outcome for the mother and the baby.
- On conclusion of the SoM investigations it was recommended that:-
 - no further action was required in **40** investigations (this includes reflective activity undertaken by the midwife).
 - a total of **12** midwives undertook a period of developmental support
 - a total of **9** midwives undertook formal supervised practice programmes.
- The number of supervised practice programmes has remained constant at 9 midwives requiring programmes in the 07/08 and 08/09 reporting years.
- The SoMs have continued to use the NHS South Central LSA template document for supervised practice which has ensured consistency in the organisation of the programmes.
- The LSAMO has attended 80% of the initial meetings when the midwife has first started supervised practice to ensure that the programmes are commenced in a timely manner and that everyone is clear what their role is.
- The key trends identified in the investigations where the outcome was supervised practice were:
 - Failure to maintain adequate records to show that an appropriate standard of care was given
 - Failure to assess risk and then plan appropriate care for women and their babies
 - Failure to adequately monitor the fetal condition in labour
 - Failure to recognise established labour and plan care appropriately
 - Failure to refer to an appropriate medical practitioner in a timely manner when deviations from the norm became apparent in either the maternal or fetal condition
 - Failure to behave in a professional manner at all times.
- The LSAMO will be reviewing this information on a national basis with the LSAMO

Forum UK and locally with the Heads of Midwifery, SoM teams and Lead Midwives for Education.

- Two midwives commenced on supported development programmes that then were changed to supervised practice programmes when further deficiencies in their competence were identified.
- There has been 1 programme of supervised practice that has not been implemented due to employer dismissal. The LSAMO has referred the midwife to the NMC.
- One midwife has refused to do supervised practice and this midwife will now be referred to the NMC.
- The LSA has been involved in the review of one Trust by the Healthcare Commission.
- The SoM teams have not identified any concerns directly with the LSA relating to the competence of newly qualified midwives.
- The LSA communicates with the NMC on matters of concern regarding midwifery practice by:-
 - informing the NMC of potential and actual concerns raised which impact on the safety and wellbeing of mothers and babies
 - referral of midwifery registrants to the Fitness to Practice Department at the NMC when there are allegations of misconduct or intractable incompetence.
 - completing this annual report.

Maternity incident/concern reporting

The maternity service under Rule 5 & 15 of *The Midwives Rules* must ensure that concerns about individuals practice and incidents that cause serious concern relating to maternity care or midwifery practice are notified to the LSA. South Central LSA is informed of all incidents relating to midwifery practice in a number of ways:

- Telephone contact with the LSAMO
- Confidential email
- Monthly reporting 'Rule 15' form
- SHA Serious Untoward Incident reporting scheme
- LSA Database.

The system for tracking incidents is the LSA database. The LSAMO is working with the database manager to make improvements to this system. Anyone can notify the LSA of an allegation of fitness to practice to the LSA and there is no time limit within which an allegation has to be referred although early referral is preferable as older referrals can be more difficult to investigate. The LSA requires reports of concerns about impairment of fitness to practice made by the public to:

- Identify themselves by full name and postal address
- Make their referral in writing
- Identify the midwife involved
- Give a clear description of the incident or behaviour leading to the allegation and
- Support the allegation with appropriate evidence.

Local Supervising Authority investigations

NHS South Central LSA considers all investigations carried out by SoMs and the LSAMO as LSA investigations. Therefore, the total number of investigations in the 08/09 year was 74 (SoMs 62 & LSAMO 7). The LSA did not commission any external investigations therefore all investigations were carried out within the LSA.

Supervisor of midwives investigations

Once an incident or concern is reported it is in the interest of safeguarding the public that the investigation of the event takes place and is concluded promptly. The process and guidance for carrying out an investigation is available within National LSAMO Guidance entitled *L- Guideline and process for investigation into a midwife's fitness to practise by a Supervisor of Midwives on behalf LSA* (2009) and this document is available online at www.midwife.org.uk.

Irrespective of the clinical outcome, it is essential that a detailed and independent investigation of an untoward event or near miss be carried out by a SoM to ensure that midwifery practice has been safe and woman centred. The investigating SoM should not have been involved in the original incident. This is to reduce any potential conflict of interest. On conclusion of an investigation the SoM makes a recommendation(s) to the LSA and the LSA then considers the SoMs recommendations which could be:

- no further action required (this included reflective activity only)
- a period of supervised practice is required for an individual midwife
- or a supported development opportunity needs to be facilitated through the supervisory mechanism.

Supervised practice and supported development programmes

After appropriate investigation a SoM may recommend for a midwife to undertake a programme of supervised practice. This should only be considered if the allegation is serious enough to warrant referral to the NMC. Any supervised practice programme is a formal process which includes academic and practice learning outcomes. The aim is to assist a midwife to improve her knowledge and skills so she can demonstrate that she is competent in practice and may be assessed as fit to remain on the NMC Register. The responsibility for overseeing the supervised practice process sits with the LSA. In October 2007 the NMC produced standards for '*Supervised Practice for Midwives*'

<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=3288>.

The LSAMO has worked with the SoM teams to ensure that this guidance is used for every programme that is developed. The number of programmes developed has not increased and there were a total of nine programmes commenced in this reporting period (9 programmes developed in the 07/08 year).

The SoMs have continued to use the NHS South Central LSA template document for supervised practice which has ensured consistency in the organisation of the programmes. Whenever the recommendation for supervised practice is made the LSAMO emails the template document to the co-ordinating supervisor of midwives and organises for a conference call so that the SoM is clear about her role and responsibilities. In order to improve the consistency of supervised

practice the LSAMO has attended the initial programme meeting at the start of the all the programmes.

The key trends identified in the LSA (supervisory) investigations where the outcome was supervised practice were:

- Failure to maintain adequate records to show that an appropriate standard of care was given
- Failure to assess risk and then plan appropriate care for women and their babies
- Failure to adequately monitor the fetal condition in labour
- Failure to recognise established labour and plan care appropriately
- Failure to refer to an appropriate medical practitioner in a timely manner when deviations from the norm became apparent in either the maternal or fetal condition
- Failure to behave in a professional manner at all times.

The LSAMO discusses this information on a national basis with the LSAMO Forum UK and locally with the Heads of Midwifery, SoM teams and Lead Midwives for Education.

Two midwives commenced on supported development programme were escalated to supervised practice programmes when further deficiencies in their competence were identified. There has been 1 programme of supervised practice that has not been implemented due to employer dismissal. The LSAMO has subsequently referred the midwife to the NMC. One midwife has refused to do supervised practice and this midwife will now be referred to the NMC.

LSAMO investigations

The LSAMO carried out a total of 7 investigations:

- Investigation 1&2 - Two investigations were conducted jointly with other LSAs (London and Wales). One resulted in the midwife being referred to the NMC and the other concluded with the recommendation that the midwife must complete a supervised practice programme. Both midwives had worked in other organisations when there had been a recommendation to complete supervised practice.
- Investigation 3 – The outcome of this investigation was that the midwife was suspended by the LSA and referred to the NMC.
- Investigation 4 – The outcome of this investigation was that the LSAMO had been unable to find a suitable placement for supervised practice and therefore the registrant was referred to the NMC.
- Investigation 5 – Midwife unable to complete supervised practice because of longstanding health problems during the investigation. The midwife lapsed her registration and the LSAMO concluded the investigation and informed the midwife that if she ever considered returning to the profession she must complete the programme of supervised practice.
- Investigation 6&7 – Both midwives lapsed their registration after failure to commence supervised practice and therefore the LSA concluded the investigation. Both midwives were of retirement age and cited ill-health as the reason for lapsing their registration. Both midwives have been written to advising them that if they ever return to practice then they must complete supervised practice.

The LSAMO seeks advice from the NMC and the Fitness to Practice department as necessary when carrying out and concluding investigations. The LSAMO has not raised any concerns about the competence of newly qualified midwives.

South Central LSA's Recommendation for 09/10

- The LSA will carry out a quality assurance exercise to audit the equitability of recommendations made at the end of investigations.

Table – Anonymised summary of LSA Referrals to the NMC FtP 08/09

| Referral made by | LSA Action | Additional information | NMC action |
|------------------|---|--|--|
| LSAMO May 08 | SoM recommended referral to the NMC LSAMO supported this recommendation and suspended the midwife from practice | There was evidence that the practice of this midwife posed serious public protection issues and the incidents were related to the administration of controlled drugs | Interim orders – midwife suspended |
| LSAMO Sept 08 | This was a joint investigation with London LSA | This registrant midwife worked at HWWPFT whilst undergoing a supervised practice programme in London and had been advised not to work elsewhere | The case is ongoing |
| LSAMO Oct 08 | LSA referral to FtP | This midwife was referred after she was dismissed by the Trust the LSAMO was unable to find a supervised practice placement | Interim orders – this midwife must not practice midwifery until supervised practice has been completed |

Conclusion and assurance to NMC and South Central SHA

The LSAMO would like to take this opportunity to thank all the SoM teams for providing an individual report pertaining to each Trust providing maternity services. The information within this report is an analysis of the information and provides assurance to the NMC Council and to South Central SHA that this LSA is meeting the requirements of Rule 16.

South Central LSA has a robust approach to the supervision of midwives that is shared and valued by the Trust SoM teams. The LSA has acknowledged the challenges in carrying out the statutory function and also has highlighted the numerous examples of good practice. Statutory supervision (self regulation of the profession) must continue to be valued, appreciated and recognised as the fundamental safeguard to support midwives and thus protect the safety of mothers and babies in the South Central LSA.

Report compiled by

Suzanne Cro
Local Supervising Authority
Midwifery Officer South Central LSA

Report released by

Jim Easton
Chief Executive
NHS South Central



Suzanne Cro



Recommendations

NHS South Central LSA will:

1. Ensure that this report is widely circulated and is available to the public online. The LSAMO should present a summary of this report to interested parties such as LMEs, HoMs, MSLCs, SoM teams and in the training of new LSA user representatives.
2. To improve recruitment of midwives wanting to undertake the SoM role the LSAMO will develop a poster and leaflet which will be sent to all midwives electronically within the area encouraging them to contact the LSA office directly if they wish to find out more information on how to be selected.
3. The LSAMO will monitor every SoM's ability to take protected time (from their substantive post) to fulfil their role on a regular basis throughout the year not just at the annual audit visit. This will be done through completion of a balanced score card for supervision which is in development.
4. The LSAMO will audit response times of supervisors of midwives to requests for advice from midwives in challenging situations as requested by the NMC in their 07/08 report.
5. The LSA will ensure that all Trust websites have the contact details for supervisors of midwives so that it is clear how SoMs can be contacted in an emergency.
6. All the SoM teams will place the NMC information sheet for members of the public on their websites to ensure people have information on the role of the SoM available to them. *NMC - Support for Parents: How supervision and supervisors of midwives can help you* (<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3844>).
7. The LSA will continue to provide the NMC with details of action taken and evidence in response to risks communicated to them as requested.
8. The LSA will ensure that each SoM team continue to develop and/or update their user involvement strategy.
9. The user recruitment and reimbursement package will be approved for use by NHS South Central.
10. The LSA will use 2 lay representatives at each formal audit in 09/10.
11. The LSA will continue to feedback to HEIs, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives.
12. The LSA will explore collaborative working relationships with organisations with a patient safety remit such as the National Patient Safety Agency and the Care Quality Commission.

13. The LSA will carry out a quality assurance exercise to audit that the recommendations made at the end of investigations are equitable.

Appendices

Appendix 1 (a) NMC Risk Score 07/08

Table - NMC Risk Score for South Central LSA 07/08 Report

| | | | |
|--------------|---------------|---------------------------------|---|
| LSA | South Central | Chief Executive | Jim Easton |
| LSAMO | Suzie Cro | Contact details of LSAMO | suzie.cro@southcentral.nhs.uk 01635275500 |

Numbers of Supervisors of Midwives, appointments, resignations and removals

| | | | | | | |
|---|---|-------------------|---|---|---|-------------|
| 1 | SoM/MW ratio above 1:20 within individual services or across the LSA. | LSA Annual Report | Elements of supervisory framework unachievable or unsustainable due to lack of supervisors. | 3 | 4 | 12 AMBER |
|---|---|-------------------|---|---|---|-------------|

Evidence of Developing Trends affecting midwifery practice in the local supervising authority

| | | | | | | |
|---|---|-------------------|--|---|---|-------------|
| 2 | Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio. | LSA Annual Report | Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students | 3 | 5 | 15 AMBER |
|---|---|-------------------|--|---|---|-------------|

NMC risk score: 27

Appendix 1 (b) - South Central risk profile 2006/07

| | | | |
|--------------|---------------|--------------------------|-------------------------------|
| LSA | South Central | Chief Executive | Jim Easton |
| LSAMO | Suzie Cro | Contact details of LSAMO | suzie.cro@southcentral.nhs.uk |

| Ref | Date | Summary of concern / information | Source | Risk | Risk score | | |
|-----|--------|---|-------------------|--|------------|--------|-------------|
| | | | | | Likelihood | Impact | Overall |
| 2 | Jan 08 | SoM/MW ratio above 1:20 within individual services or across the LSA | LSA Annual Report | Elements of supervisory framework unachievable or unsustainable due to lack of supervisors. | 3 | 4 | 12 AMBER |
| 8 | | Limited information or description provided on maternal death trends within LSA and interface with supervisory framework. | | Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public. | 4 | 4 | 16 RED |
| 9 | | No description of complaints process or number of complaints | | Possibility that complaints process is not in place or is not robust. | 3 | 5 | 15 AMBER |

Score 43

Appendix 2 – Progress on recommendations for South Central LSA in the previous report 2007/08

South Central Local Supervising Authority Annual Report 2007/08

Recommendations to the Board made 07/08 and update

- 1. Publish the findings of this report on the South Central SHA website.**

Update 08/09

Report published see Rule 16 standard 1.

- 2. Continue to use the data, from this and the Trusts reports, to furnish the LSA assurance framework for reviewing and auditing Trusts within the LSA area.**

Update 08/09

Data from the LSA report and the Trust reports were used for LSA assurance purposes and data were used to inform the LSA audit reports.

- 3. Develop a risk scoring audit system for the Trust teams which will highlight areas of concern and then enable the LSAMO to mitigate against those risks with the development of action plans which will be monitored closely by the LSA.**

Update 08/09

The LSAMO drafted a risk scoring system which was used to score the Trust reports this year and will inform the focus of the LSA audit reviews.

- 4. Work with stakeholders to ensure that data collected for this report informs PCT commissioning plans which must include the statutory supervision of midwives.**

Update 08/09

Copy of LSA report sent to maternity commissioners.

- 5. Work towards the aspiration of having a SoM to midwife ratio of less than 1:15 to allow for sudden changes in the SoM team numbers.**

Update 08/09

The SoM to midwife ratios have improved across the LSA and there are action plans in place to improve the ratio in all Trusts with a ratio above 1:15 this is outlined in standard 2 of this report.

- 6. Ensure that all SoMs in the South Central LSA area are appropriately remunerated for the additional role they undertake.**

Update 08/09

100% of SoMs remunerated.

- 7. Continue to recruit and train more service users to undertake the annual audits with the LSAMO.**

Update 08/09

One new service user trained and a plan in place to recruit and train 2 more next year.

- 8. Further develop the questionnaire that the lay members of the LSA audit team use to gather data from service users.**

Update 08/09

Questionnaire updated with input from lay MSLC members and LSA user representatives (questionnaire included in appendices).

- 9. Continue to share good practice and innovation where supervision enhances midwifery practice and effectively protects women and their babies.**

Update 08/09

Achieved.

- 10. Through a variety of media, hold educational development opportunities for the SoM teams around the patch, to meet their continuous professional development requirements.**

Update 08/09

In the year there were 2 conferences (national and South Central). The LSAMO has attended Trust SoM away days and has presented on any topics requested by the SoM team (which has included investigations, project management and conflict management). The LSAMO has started Master Classes for supervisors of midwives on 'Managing difficult conversations' and 'Supervised practice'. Also there is a continuing development programme for the Contact Supervisors of Midwives which has included a session on chairing effective meetings and speakers are also invited to this forum.

Appendix 3 – LSA conference posters

4TH LSA UK NATIONAL CONFERENCE 29TH APRIL 2008 'THE VISION IN SUPERVISION' EAST MIDLANDS CONFERENCE CENTRE NOTTINGHAM PROGRAMME

9.00am Arrival, registration and coffee

(Book your therapy sessions now and check your seminar numbers - view exhibition.)

9.30am Welcome and remarks by Chair - **Professor Suzanne Truttero**

Midwifery Adviser Department of Health

9.45am **Claire Roberts**, Investigations Manager - Healthcare Commission

'Using information to challenge and improve'

10.15am **Baroness Cumberlege CBE** - "Who's in charge?"

10.45am Coffee and exhibition

11.15am Good practice seminars

12 noon **Professor Chris Beasley**, Chief Nursing Officer Department of Health

'Improving maternity care together: Policy and Practice'

12.30pm **Yvonne Bronsky** Chair of LSAMO Forum UK - **Launch of LSA Strategy**

12.45 pm Lunch - 1st Sitting - Exhibition viewing and therapy sessions

1.15 pm Lunch - 2nd Sitting - Exhibition viewing and therapy sessions

2.00pm Welcome back and remarks by Chair

2.15pm **Dr Patricia Gillen** - Coordinator of Post Registration Commissioned and

Non-Commissioned Business University of Ulster - 'Take care - bully at work.'

2.45pm Good practice seminars

3.30pm **Professor Lesley Page** - Adviser to the King's Fund Committee

'Safe Births: Everybody's Business? An Independent Inquiry into the Safety of Maternity Services in England.'

4.00pm **Dr Peter Lachman** - Consultant for Service Redesign & Transformation, Great Ormond Street Hospital for Children NHS Trust - 'Transforming care - how to move to the future'

4.30 pm Chair's closing remarks

Tea and depart

South Central LSA Supervisors of Midwives Local Conference



'Going by the Book'

Protecting the public through statutory supervision

Date – 19th November 2008

Time - 0930 - 1630

Venue – Basingstoke and North Hampshire NHS Foundation Trust Postgraduate
Centre
The Arc

The ARK Conference Centre Ltd.
Dinwoodie Drive
Basingstoke
Hampshire
RG24 9NN

MAP

<http://www.arkcentre.com/conferencecentre/contact-us/map/>

Programme

Programme

0830 - 0930 Coffee and registration

| | | |
|---------------------------|---|--|
| 0930 | Welcome & opening remarks Donna Green Chief Operating Officer and Nurse Director | Suzie Cro LSA MO & BNHT SoM Team |
| Woman centred care | | |
| 0945-1030 | 'Strictly supervision – going by the book' | Suzie Cro LSAMO South Central LSA BNHFT SoM Team |
| 1030 -1115 | A year in the life of the SoM team at Basingstoke | |
| 1115 - 1145 | Coffee | |
| Leadership | | |
| 1145- 1230 | NPSA Update & Foresight Training | Sara Johnson Head of Child Health and Maternity Care National Reporting and Learning NPSA |
| 1230-1315 | Leadership and reflection | Dr Jen Leamon Senior Midwifery Lecturer |
| 1315 – 1400 | Lunch | |
| Midwifery practice | | |
| 1400-1430 | Safeguarding from 0-18 years-implications for Maternity services | Sue Sylvester Children, Young People and Maternity Lead |
| 1430-1500 | Promoting and sustaining change in normality the Supervisor of midwives role | Jane Rogers Consultant Midwife Supervisor of Midwives |
| Supervision | | |
| 1500 -1545 | Supporting midwifery registrants the trade union role | Judy Slessar RCM Regional Union Rep |
| 1545 - 1615 | Supervision in the Dragon's Den | BHT SoM team |

Appendix 4 - LSA maternity service user representative questionnaire

South Central LSA Questionnaire for women

Trust:

Date:

Interviewer:

Clinical Area:

1. What were the three best things about your care?

a)

b)

c)

2. What would have made it better?

3. Did you feel that you were involved in planning your own care with information, advice and support from professionals?

Yes / No

Comments -

4. Did you feel you were given enough information so that you could choose where you wanted to give birth?

Choice of birth place -

Actual place of birth -

Comments: -

5. When you were in established labour did you have 1:1 care from a midwife?

Yes / No

Comments -

6. Did the service promote breastfeeding whilst supporting you in whatever method of feeding you chose?

Breastfeeding promoted Yes / No

Supported in chosen method Yes / No

Chosen method –

Comments -

7. Have you heard of a supervisor of midwives?

Yes

No

8. Do you know what supervisors of midwives do?

Yes

No

9. Have you ever contacted a Supervisor of Midwives about your care?

Yes

No

10.0 Is there anything else you want to add?

Overall summary of care received and key points from interview:

Summary –

Overall experience (1 poor - 10 excellent)

1 2 3 4 5 6 7 8 9 10