THE NHS SOUTH WEST (LOCAL SUPERVISING AUTHORITY) ANNUAL REPORT 2006/07

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PREFACE

The Nursing and Midwifery Council require the South West Strategic Health Authority as Local Supervising Authority to compile an Annual Report and this paper is the Annual Report for 2006/07.

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CHIEF EXECUTIVE
21 August 2007

SOUTH WEST STRATEGIC HEALTH AUTHORITY

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SOUTH WEST STRATEGIC HEALTH AUTHORITY

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1. EXECUTIVE SUMMARY

1.1 The Nursing and Midwifery Order (2001) requires the Nursing and Midwifery Council to establish and maintain a register of qualified nurses and midwives and from time to time, establish standards of proficiency to be met by applicants to different parts of the register. The order requires the Nursing and Midwifery Council to set rules and standards for midwifery and the Local Supervising Authorities responsible for the statutory supervision of midwives.

1.2 The Nursing and Midwifery Council has published these requirements, together with the rules and standards for midwifery practice, in the Midwives Rules (2004).

1.3 Rule 16 requires the submission of an Annual Report from the Local Supervising Authority, by the 28 September each year, in a format specified by the Nursing and Midwifery Council.

1.4 This report contains details of the statutory requirements which need to be met by the Local Supervising Authority and sets out the roles, responsibilities and standards required by the Nursing and Midwifery Council.

1.5 The Nursing and Midwifery Council require the Chief Executive to sign off the report, in order to assure themselves that the Chief Executive of the Local Supervising Authority has read the report and is aware (and engaged) in the pertinent midwifery issues.

1.6 The report and appendices include detailed information that has been submitted by NHS Trusts in their Annual Reports to the Local Supervising Authority.

1.7 The key priorities for 2006/07 have been achieved, namely:

- Framework:
    - the Local Supervising Authority function has been aligned within the reconfigured Strategic Health Authorities to ensure the Midwives rules and standards are met;
- National Standards and Guidance:
    - development of new guidelines;
    - review and update established national guidelines;

- Quality Assurance:
    - review mechanisms are in place for auditing statutory supervision of midwives and midwifery practice;
    - maintain consistent Local Supervising Authority standards for statutory supervision of midwives;
- Networks and Relationships:
    - maintain effective relationships with key stakeholders, for example, the Department of Health, Nursing and Midwifery Council, Healthcare Commission and the National Patient Safety Agency;
    - develop new relationships with organisations, such as Care Services Improvement Partnership and Primary Care Trust Commissioners;
    - encourage public involvement by engagement with service users;
- Professional Leadership:
    - provide professional leadership in response to national policy and emerging local service development;
- Regulation:
    - actively inform and influence debate about professional regulation of midwives;
    - respond to Department of Health document, Regulation of non-medical health care professionals;
    - work with Nursing and Midwifery Council to further develop standards for supervision.

1.8 Key issues for 2007/08 include:

- working towards the National Service Framework for Children's Services (Standard 11);
- working towards the targets as set within Every Child Matters and Maternity Matters;
- development of an escalation plan (to address capacity issues) in NHS South West;
- continue to assess and address workforce issues.

THE NHS SOUTH WEST (LOCAL SUPERVISING AUTHORITY) ANNUAL REPORT 2006/07

1. INTRODUCTION

1.1 This report has been produced in order to meet the requirements of Rule 16, Midwives Rules and Standards (2004) published by the Nursing and Midwifery Council.

1.2 The report covers the period from 1 April 2006 to 31 March 2007. The report includes the activities and achievements of the maternity units and the Local Supervising Authority Midwifery Officer.

1.3 The appendices in this report contain information relating to clinical activity and manpower.

1.4 The report will be made available to the public via the NHS South West website.

2. THE NURSING AND MIDWIFERY COUNCIL

2.1 The Nursing and Midwifery Council was established under the Nursing and Midwifery Order 2001 (the Order) and came into being on 1 April 2002 as the successor to the United Kingdom Central Council.

2.2 The statutory supervision of midwives is primarily concerned with protecting the public through the establishment and maintenance of standards of midwifery practice.

2.3 Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. This function is the responsibility of the Local Supervising Authority. Strategic Health Authorities are designated as Local Supervising Authorities within England.

3. THE LOCAL SUPERVISING AUTHORITY

3.1 The Local Supervising Authority is the body responsible in statute for the general supervision of midwives practising within its boundaries.

3.2 Historically, the Nurses, Midwives and Health Visiting Act 1997, Section 15 (1) and the Health Authority Act 1995 designated Health Authorities as the Local Supervising Authorities in England. These orders were superseded by the Nursing and Midwifery order 2001.

3.3 In 1996 most Health Authorities in England formed consortia arrangements within each Region and delegated the Local Supervising Authority function to a Midwifery Officer, who is responsible for ensuring that the statutory requirements are fulfilled. This role and function continues to this day. The Jersey Board of Health and Guernsey Board of Health also form part of the NHS South West Local Supervising Authority.

3.4 Each Strategic Health Authority either employs a Local Supervising Authority Midwifery Officer, or has a Service Level Agreement of consortium arrangements with other Strategic Health Authorities to ensure that the Local Supervising Authority function is carried out by a practising midwife as required by the Nursing and Midwifery Council.

4. THE STANDARDS FOR LOCAL SUPERVISING AUTHORITIES

4.1 The functions of the Local Supervising Authorities are specified in Article 43 of the Nursing Order 2001.

Article 43 (2)

4.2 The Council may prescribe the qualifications of persons who may be appointed by the Local Supervising Authority to exercise supervision over midwives in its area, and no one shall be appointed who is not so qualified.

Article 43 (3)

4.3 The Council shall by rules from time to time establish standards for the exercise of Local Supervising Authorities of their functions and may give guidance to Local Supervising Authorities on these matters.

4.4 The current Midwives Rules and Standards came into force on 1 August 2004 (see also Appendix 2).

5. NHS SOUTH WEST LOCAL SUPERVISING AUTHORITY

5.1 There are 15 NHS Trusts providing care in a total of 16 acute units. There are 13 stand alone midwifery units. The area has a combination of urban and rural settings covering a large geographical area.

5.2 Statutory supervision monitors all midwives practising within the Local Supervising Authority boundary, whether employed in the NHS, independently, through agencies or in the private sector, in higher education, independent practice, prisons or employed by General Practitioners. All practising midwives must notify the Local Supervising Authority of their intention to practise by the 31 March each year.

5.3 A total of 2,577 midwives notified their intention to practise within the boundary of NHS South West.

5.4 There were 17 midwives who notified their intention to practise as “self-employed”.

Local Supervising Authority Midwifery Officer

5.5 The Local Supervising Authority Midwifery Officer is responsible for exercising the functions in relation to the supervision of midwives on behalf of the Local Supervising Authority.

5.6 The Local Supervising Authority office maintains several databases:

- midwives who notify their Intention to Practice;
- midwife enquiries regarding Return to Practise;
- contact details for Heads of Midwifery;
- contact details for Supervisors of Midwives;
- annual clinical information;
- Supervisors of Midwives updating evidence;
- midwives undertaking supported or supervised practice programmes.

6. NURSING AND MIDWIFERY COUNCIL REQUIREMENT: MIDWIVES RULES (RULE 16)

STANDARD 1

Each Local Supervising Authority will Ensure that their Report is made Available to the Public

6.1 The report will be made available though a number of different mediums. It is posted on the Strategic Health Authority website, disseminated to organisations and available upon request in both electronic and paper copy.

STANDARD 2

Numbers of Supervisors of Midwives Appointments, Resignations and Removals

6.2 The number of designated Supervisor of Midwives in NHS South West is 211, this is a very slight increase on last years figure (207). The designated Supervisors of Midwives are listed in Appendix 1. Table 1 below sets out the number of additions, resignations and removals.

Table 1: Table of additions, resignations and removals

April 2006 – March 2007	Total
Designated Supervisors	211
New appointments	18
Resignations	9
Undertaking preparation	8

Appendix 6 sets out the number of newly designated Supervisors of Midwives and number of deselections.

Although there is a wide variation in numbers of Supervisors per area, most meet the minimum standard of 1:15. The four NHS Trusts that have a higher ratio have midwives currently undertaking the preparation course, to be designated later this year.

6.3 Areas where the Supervision: midwives ratio is lower, generally have larger geographical areas or significant clinical issues to address (for example, areas of deprivation, domestic violence, drug or alcohol abuse, child protection issues, high rates of teenage pregnancy).

6.4 There has been general agreement and sign-up by most NHS Trusts to pay individuals for the supervision aspect of their role. Most have agreed an annual payment of between £1,500 to £2,000. Table 2 below sets out the Supervisor to midwife ratio and the payment agreed.

Table 2: Supervisor to Midwife average ratio by NHS Trust

Name of Trust	Supervisor to Midwife Ratio	Payment Agreed
Gloucestershire Hospitals NHS Foundation Trust	1:14	£2,000
Gloucestershire Primary Care Trust Maternity services	1:12	£2,000
North Bristol NHS Trust	1:15	£2,000
Northern Devon Healthcare NHS Trust	1:12	£1,000
Poole Hospital NHS Trust	1:14	£1,500
Plymouth Hospitals NHS Trust	1:20	£1.500
Royal Cornwall Hospitals NHS Trust		
Royal Devon and Exeter NHS Foundation Trust		£1,000
Salisbury NHS Foundation Trust	1 :13	Not yet agreed
South Devon Healthcare NHS Trust	1:10	Not yet agreed
Swindon and Marlborough NHS Trust	1:20	Not yet agreed
Taunton and Somerset NHS Trust	1:13	Not yet agreed

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	1:12	£2,000
United Bristol Healthcare NHS Trust	1:19	£2,000
West Dorset General Hospitals NHS Trust	1:16	£1,500
Weston Area Health NHS Trust	1:9	£2,000
Wiltshire Primary Care Trust	1:16	Not yet agreed
Yeovil District Hospital NHS Foundation Trust	1:12	Not yet agreed
Guernsey Health and Social services	1:15	£2,000
States of Jersey Board of Health	1:12	Not yet agreed

6.5 All Universities in the South West run the Preparation of Supervisors of Midwives Course ratified by the Nursing and Midwifery Council/Academic academies.

6.6 The Local Supervising Authority Officer is a member of the course planning team at all sites and participates in delivering the course content to midwives. The courses are provided at both Degree (level 3) and Masters (level 4).

6.7 All potential Supervisors go through a rigorous nomination and selection process before entering the course and prior to designation for the Local Supervising Authority. This process is described in the Local Supervising Authority guidance.

6.8 Professional updates for Supervisors of Midwives continue to be organised by the Local Supervising Authority, through Regional and National conferences, meetings and workshops. The national conference was held in April of this year at the East Midlands Conference Centre, Nottingham. The Regional Study Day was held on 23 March 2007. There was a specific request from the Supervisors of Midwives on this day for more frequent conferences. The next conference will be held on 27 September 2007 at Lyngford House, Taunton, Somerset.

STANDARD 3

Details of how Midwives are provided with Continuous Access to a Supervisor of Midwives

6.9 Each maternity unit undertakes an annual audit of supervision which provides evidence of continuous access to supervision. Occasionally cross-boundary cover has been organised to meet this standard throughout the year. The Local Supervising Authority Officer has been able to negotiate this locally.

6.10 During 2006/07, there was one NHS Trust where a number of Supervisors resigned or moved which necessitated supervisory cover from the neighbouring NHS Trust.

6.11 Midwives are asked to “choose” their Supervisor. In practice this means that they identify their top three Supervisors and are then allocated one of these. Due to demand/work constraints it is not always possible to allocate their first choice.

Every unit has an on-call rota specifically for Supervisors of Midwives. There is always an on-call Supervisor available in each location.

STANDARD 4

Details of how the Practice of Midwifery is Supervised

6.12 The Midwives rules and standards set out the requirements for supervision of Midwives. The Local Supervising Authority and Local Supervising Authority Officer ensure that guidance for Supervisors of Midwives is published locally. This is audited on a formal and informal basis. Submission of reports and the audit tool provide evidence of this procedure. The current methods of auditing the statutory supervision of midwives in individual services include of an audit form and/or a visit by the Local Supervising Authority Officer. Peer review by Supervisors from other NHS Trusts was introduced last year and has continued throughout this year.

6.13 The Local Supervising Authority Midwifery Officer is now located at the South West Strategic Health Authority, Wellsprings, Taunton, as part of the Patient Care and Nursing Directorate. This has enhanced links within the organisation and has ensured easy contact for Supervisors and other professionals.

6.14 The midwives rules and standards (2004) set out the following:

Rule 12 – The Supervision of Midwives (NMC 2004)

- Supervisors of Midwives are available to offer guidance and support to women accessing a maternity service that is evidence based in the provision of women centred care;

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

- Supervisors of Midwives provide professional leadership and nurture potential leaders;

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

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

Audit of Local Supervising Authority Standards

6.15 Supervisors of Midwives strive to ensure that midwives have a positive relationship with their named Supervisor that:

- facilitates safe and autonomous practice and promotes accountability;

- is based on open and honest dialogue;
- promotes trust and an assurance of confidentiality;
- enables midwives to meet with their Supervisor of Midwives at least once a year to help them evaluate their practice and identify areas of development; and enables the Supervisor to act as the midwife's advocate when required;
- ensures that the midwife acts an advocate for women.

6.16 There are five key standards set out in Appendix 3 for Supervision of Midwives.

6.17 The aim of the audit is to:

- review the evidence demonstrating that the Standards for Supervision are being met;
- ensure that there are relevant systems and processes in place for the safety of mothers and babies;
- ensure that midwifery practice is evidence-based, and practitioners are clinically competent;
- identify that midwives communicate effectively within the multidisciplinary team;
- review the impact of supervision on midwifery practice.

6.18 The audit process consists of a self audit against the standards, followed by a visit by the Local Supervising Authority Officer and other personnel.

6.19 Supervisors of Midwives in England now work to a common set of standards developed by the National Local Supervising Authority Forum, for the supervision of midwives and midwifery practice.

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

6.20 The new audit process requires lay representation throughout the audit process. The involvement of service users had been encouraged over the last few years but this year this process has become more formal and full representation (where possible) by lay representatives and users has been invoked.

STANDARD 6

Evidence of Engagement with Higher Education Institutions in Relation to Supervisory Input into Midwifery Education

Interface with Higher Education Institutions

6.21 The Higher Education Institutes are involved at all stages of the Supervision cycle in the South West. Supervisors represent midwives on planning groups, and the Higher Educations Institutes are closely involved in commissioning and delivering the courses for all aspects of midwifery and Supervisors training. The Universities provide training for midwives at Diploma and first degree level. There are midwives and Supervisors of Midwives on course boards and curriculum planning forums. The Local Supervising Authority Midwifery Officer meets regularly (quarterly) with each establishment, and is invited to all midwifery discussions. The Local Supervising Authority Midwifery Officer regularly lectures to Pre/Post Registration students and under/post graduate candidates.

6.22 Three universities provide training of midwives at Diploma and first degree level:

- Institute of Health Studies, Bournemouth University;
- University of West of England, Bristol;
- Institute of Health Studies, University of Plymouth.

6.23 All Universities have Midwives from local NHS Trusts on course boards. Three of the four universities have quarterly meetings with educationalists and Heads of Midwifery where there are opportunities to discuss under and post graduate programmes. The Local Supervising Authority Midwifery Officer attends when able.

6.24 The Preparation for Supervisors of Midwives course is available at both degree and masters level at all sites. The Local Supervising Authority Midwifery Officer liaises closely with the Lead Midwife for this course and contributes to quality assurance monitoring. The Local Supervising Authority Midwifery Officer is a member of the course management team and contributes to the planning and teaching and assessment of this course. The evaluation of the course is received and changes made to continually improve the course. The Local Supervising Authority Midwifery Officer lecturers on all midwifery courses.

On-Going Professional Development of Supervisors

6.25 Each Supervisor is required to demonstrate a commitment to evidencing 15 hours professional development and updating (15 hours minimum) in each registration period.

6.26 The Local Supervising Authority Midwifery Officer meets with various groups of Supervisors throughout the year and runs an Annual/Bi-Annual Conference. The last conference was held at Lyngford House, Taunton in April 2007. The theme this year was “Risk” (Programme enclosed Appendix 4).

6.27 A case review was used to demonstrate how a case was reviewed and then went through to a full Nursing and Midwifery Council Professional Conduct Hearing. This clearly illustrated the role of the Supervisor in the investigation of a case and the supporting role when the case proceeds to the Nursing and Midwifery Council. Overall, the evaluations from these days were excellent.

STANDARD 7

Details of any New Policies Related to the Supervision of Midwives

6.28 The Local Supervising Authority is required to publish its procedures associated with the supervision of midwives. This information is available through the Strategic Health Authority web-site.

6.29 Supervisors are informed of changes, with workshops to facilitate implementation.

6.30 The Local Supervising Authority guidance was last fully issued in April 2005. New National Standards have been developed and these are set out at Appendix 5. Local guidelines are currently being reviewed.

6.31 The new guidance includes:

- confirming midwives eligibility to practise;
- guidance on Supervised practice programmes;
- retention and transfer of records relating to statutory supervision;
- nomination, selection and appointment of Supervisors of Midwives;
- guidance for poor performance and de-selection of Supervisors of midwives;
- voluntary resignation from the role of Supervisor of Midwives;
- guideline preparation process;
- process for the notification and management of complaints against a Supervisor of Midwives or an Local Supervising Authority Midwifery Officer;
- transfer of records from self employed midwives;

- suspension of midwives from practice.

STANDARD 8

Evidence of Developing Trends Affecting Midwifery Practice in the Local Supervising Authority

Clinical Activity

Comparison of statistical data 2005/6-2006/07

6.32 Total midwifery care for women with normal pregnancies and births has stayed stable at 58% of total births. Accelerated labours have increased from 10% - 16%, whilst Instrumental deliveries have remained at a constant level, although there has been a reduction in the forceps rate, with a mirrored increase in Ventouse deliveries from 6%-7%. This situation of less invasive delivery technique (often with epidural in-situ) probably accounts for the slight reduction in episiotomy rates from 7% - 4%.

6.33 There has been a minor increase in planned caesarean sections from 9%-10% whilst emergency caesarean sections have remained stable at 10%. Many units have commenced intervention work following information and guidance from the Institute for Innovation and Improvement - Delivery Quality and Value, Focus on: caesarean section (2006). The implementation of this process should ensure a steady reduction of caesarean section rates within NHS South West. The national average for elective caesarean section rate is 10%, whilst the national average for emergency caesarean section rate is 12-13%.

6.34 The birth rate continues to rise (2,306 additional births during the year). Although this is a marginal increase (0.2%) the impact on current services has been significant.

6.35 The stillbirth rate has marginally increased to 1%, this is comparable to the national rate of 5.6 per 1,000.

6.36 The maternal death rate looks unusually high (double expected), but this due to the inclusion and reporting of all cases from the various services. The adjusted rate is exactly average at 12.9 per 1,000.

6.37 The United Kingdom maternal mortality rate is calculated using direct and indirect maternal deaths and the current national rate is 12 per 100,000 live births.

6.38 This would equate to approximately seven for 56,000 births in the region.

6.39 The Local Supervising Authority Midwifery Officer forms part of the Confidential Enquiry into Maternal and Child Health central assessment panel and has contributed to the Confidential Enquiry into Maternal and Child Health Triennial report (writing part of the midwifery chapter).

6.40 Breast feeding initiation has increased slightly from 66%-68%, with several large units gaining baby friendly status during the year. The majority of units have the "ten steps for breastfeeding" incorporated in their guidelines The Government is committed to reduce health inequalities and increase breastfeeding initiation rates by 2% per annum, especially focusing on women from disadvantaged groups.

6.41 The national initiation rate for breast-feeding is between 65 and 70%. There is one unit currently below 65% and six units with 80% and above. The units provide information regarding the number of women breastfeeding on discharge to the health visitor.

6.42 The United Kingdom has one of the highest rates of teenage pregnancy in Western Europe. Teenage mothers are prone to poor antenatal health, lower birth rate babies and higher infant mortality. The conception rates amongst teenage girls are low in the South West compared to England as a whole, and rates have fallen since 1998. Data was available from 12 NHS Trusts. The figures are for women giving birth under 18 years of age. The 2006/07 range is from 0.4 – 6% of women giving birth. These figures are very similar to the previous years**.**

6.43 A full list of clinical statistics is set out at Appendix 7.

Public Health

6.44 National confidential enquiries into maternal and neonatal deaths highlight the importance of recognising the relationship between adverse outcomes and social and economic disadvantage. There is a significant focus on public health issues, which has prompted the development of a number of different services, such as "One stop shop" for drug liaison services, smoking cessation programmes, and interventions for teenage pregnancies.

6.45 Psychiatric illness is a leading cause of maternal death (Department of Health 2004). Psychiatric services are very poor throughout the Region, with scanty information, poor access and follow up and a dearth of units (no mother and baby facility at all). This is one area that needs an urgent co-ordinated review, as highlighted through the recent work in relation to National Service Framework targets.

Smoking

6.46 Choosing Health: Making healthy choices easier, published by the Department of Health in 2004, set a target to reduce adult smoking rates from 26% to 21% or less by 2010. The 2006/07 range is from 2 – 22%. These figures are very similar to the previous year.

Capacity

6.47 Historically the maternity units have been able to cope well with the peaks and troughs of a fluid workload; but for the first time, we have witnessed the closure of many units due to capacity issues. This has necessitated the implementation of closure plans at a local level, and a requirement for a regional escalation policy.

Complexity

6.48 The overall complexity of cases has had a significant impact on service delivery. Units are finding that the level of women requiring high dependency care has escalated beyond all expectation. This has resulted in additional designation of high dependency areas, requirement for additional training for specialist midwives (complex care) and has had a major impact on the overall throughput of cases on delivery suites. For example, there is a marked increase in obese women, those with congenital abnormalities (that previously would not have reached conception age), multiple births (assisted conception), operative deliveries, use of epidural/spinal anaesthesia and a high level of expectation from the users.

Contemporary Issues and Issues for Consideration

6.49 The trends identified in last years report continue. The following are worthy of note:

- high expectations of women:
    - the demands and expectations of women continue to rise. This coupled with reductions of some services has resulted in a significant increase in complaints and a palpable frustration on the part of midwifery professionals;
- fitness to practice of three year course midwifery students (on point of registration):
    - this trend was identified last year in my submission to the Nursing and Midwifery Council but has continued throughout this year with a number of investigations into critical incidents resulting in either supported or supervised practice for a number of individuals within their first year of midwifery practice (some of the issues raised also relate to preceptorship, mentorship in the first year, and general philosophy/workings of the units);

- freebirthing:

    - a new trend here (common in America) this method of birthing, where the mother takes responsibility for the birth herself, has just started here. The “BBA” (Born Before Arrival) statistics have increased marginally from last year. There is some confusion amongst professionals, as they believe that it is illegal for women to birth without a midwife or doctor in attendance. The wording on the Act (the Nurses, Midwives and Health Visiting Act 1997) stipulates “that it is illegal for someone to act in the capacity of a midwife or doctor when attending a birthing woman”. It is perfectly legal for a woman to birth herself, but illegal for someone without training to assist her (except in emergency circumstances);

- Amish/new age communities:

    - there have been several interesting new age communities that have come to light, posing complex ethical and moral dilemmas for various health professionals. The “Amish” community in Mid Devon raised concern about the registration of births, whilst the women living in the “Tepee” commune in South Devon have required additional input and investigation into some independent midwifery practices;

- immigrant community

    - there have been small numbers of immigrant workers settling in locations throughout the South West. Each NHS Trust has made appropriate arrangements for interpretation and management of these women. There has been a rise in the number of HIV cases in this category of women.

Choice

6.50 There has been a small increase in home births (3% to 4%) and water births (2%-3%). The national homebirth rate for England is 2.18%.

Quality, Risk and reporting

6.51 Maternity services in England account for a significant proportion of the number and cost of claims each year. In response to this the Clinical Negligence Scheme for Trusts Maternity Clinical Risk Management Standards was developed. All units within the Local Supervising Authority have achieved Clinical Negligence Scheme for NHS Trusts Level 1 against Clinical Negligence Scheme for NHS Trust Maternity Standards.

6.52 Reaching Clinical Negligence Scheme for NHS Trusts Level 1, 2 and 3 is a significant achievement for maternity services. Attainment of Level 3 has only been achieved by eight NHS Trusts in England. Three of these (large, acute) NHS Trusts are located within NHS South West. Table 3 sets out the Clinical Negligence Scheme for NHS Trust Level achieved for maternity services.

Table 3: Clinical Negligence Scheme for NHS Trusts

NHS Trust	Clinical Negligence Scheme for NHS Trusts Level (Maternity)
Gloucestershire Hospitals NHS Foundation Trust	2
North Bristol NHS Trust	3
Northern Devon Healthcare NHS Trust	2
Poole Hospital NHS Trust	1
Plymouth Hospitals NHS Trust	2
Royal Cornwall Hospitals NHS Trust	2
Royal Devon and Exeter NHS Foundation Trust	2
Salisbury NHS Foundation Trust	1
South Devon Healthcare NHS Trust	2
Swindon and Marlborough NHS Trust	3
Taunton and Somerset NHS Trust	2
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	1
United Bristol Healthcare NHS Trust	3
West Dorset General Hospitals NHS Trust	1
Weston Area Health NHS Trust	2
Wiltshire Primary Care Trust	2
Yeovil District Hospital NHS Foundation Trust	2

6.53 The Clinical Negligence Scheme for NHS Trusts Maternity Standards is fully endorsed by both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. The enormity of preparation for these assessments is often underestimated. The workload is enormous for the NHS Trusts undergoing assessment, however, the benefits of robust systems and processes relating to risk, is evident when visiting the units.

6.54 It is important to ensure that once systems are in place they continue to be effective and that evidence is continually collated, reviewed, and evaluated. Some of the larger units have an identified person/midwife to undertake this role. There is agreement from the local Heads of Midwifery that these standards improve quality of care and encourage multi-professional training and working.

6.55 All Serious Untoward Incidents are referred to the appropriate Strategic Health Authority by the local NHS Trusts. The Local Supervising Authority Midwifery Officer is informed of all serious untoward incidents relating to maternity services and in-turn discusses and reviews each case with the local services and risk manager. The Local Supervising Authority Midwifery Officer then reports the outcomes to the Strategic Health Authority Clinical Governance Working Group. The Local Supervising Authority Midwifery Officer disseminates information and lessons learnt from these occurrences and makes sure that appropriate referral to the National Patient Safety Agency is carried out.

National Service Framework for Children, Young People and Maternity Services (Standard 11) (Department of Health 2004)

6.56 This document has set the framework and agenda for maternity services within England. The main principles continue to be set around continuity and choice for women and their families. Inter-agency and multi-professional working with women supports the holistic approach. The central aim is to support and improve the health and wellbeing of the mother, as this will have positive benefits for the development of the child and whole family. Local implementation of the National Service Framework is proving to be a challenge for most units, with most reviewing the models of care, in order to achieve the targets as set by 2009, particularly with the current tight financial constraints.

6.57 There are many examples of good practice and new developments. These include:

- Healthcare Commission Maternity service review;
- National Institute for Health and Clinical Excellence recommendations/benchmarking;
- health-led parenting projects;
- development of new models of care;
- continued use/analysis of birth-rate plus workforce tool;
- development of the maternity support worker;
- development and involvement in children's centres;
- systems to ensure midwives are first point of contact;

- new antenatal care drop-in facilities in Sainsbury's, Boots and ASDA;
- continued work to reduce teenage pregnancy/development of Sure Start services within Children's Centres;
- single point of referral for teenagers;
- continued commitment to increase breast feeding rates – implementation of local "latch-on" groups;
- midwifery links with Prison service;
- support for pregnant asylum seekers and substance mis-users;
- development of groups to assist those immigrants from Poland and Portugal (high numbers in Somerset);
- increased out of hospital births, working with fathers, developing user forums, smoking cessation support and robust child protection systems;
- development of "tongue-tie" service within the Region;
- development of "Safeguarding Boards".

6.58 The National Service Framework also has its challenges for the service including lack of dedicated perinatal mental healthy service, identification and response to domestic violence, implementation of Healthy Start programme, one to one care in labour, development of maternity support workers role, development of inclusive services for women with learning and physical disabilities, effective postnatal care, increased facilities for midwife-led care and water birth. To help support the maternity services for the new Strategic Health Authority it is recommended that there is a managed care network.

STANDARD 9

Details of the Number of Complaints Regarding the Discharge of the Supervisory Function

6.59 There have been no complaints against Supervisors or the discharge of the supervisory function.

STANDARD 10

Reports on all Local Supervising Authority investigations undertaken throughout the year

6.60 There have been three formal Local Supervising Authority investigations conducted throughout the year both relating to serious clinical incidents where midwifery practice had been called into question.

6.61 There were two referrals to the Nursing and Midwifery Council.

6.62 One situation related to the lack of competence demonstrated by a newly qualified midwife. The NHS Trust had provided orientation and induction to the midwife, but it quickly became apparent that the midwife did not meet the required standard for practice. She was initially put on a period of supported practice, followed by a formal period of supervised practice. Part way through this programme it was necessary to suspend her from practice as she was unable to meet level 3 competencies. The midwife had trained in an area outside the South West. Immediate referral to the Nursing and Midwifery Council was made.

6.63 The other case related to falsification of time sheets, mileage claims and clinical records.

6.64 Although there have only been a few cases that have required Local Supervising Authority investigation, there have been many cases requiring programmes of support, or more formal supervised practice. Main themes include:

- poor cardiotocograph interpretation (CTG);
- inappropriate attitude with an inability to recognise, (or willingness to amend) poor interpersonal skills;
- lack of competence in new role;
- adverse clinical outcome (lack of referral to senior personnel/medic);
- drug errors;
- health issues.

6.65 Issues requiring a formal programme of supervised practice include adverse clinical outcomes of which there were two.

6.66 In addition, there has been several local case reviews carried out by the Local Supervisory Authority Midwifery Officer on behalf of NHS Trusts. Mostly these cases relate to poor communication, poor record keeping and practice issues (often with poor outcome for either mother or baby).

6.67 Following the amalgamation of the Strategic Health Authorities a new leaflet has been devised and disseminated throughout NHS South West to professionals and women in order to meet the requirements of Rule 15 of the Nursing and Midwifery Council Rules 2004. The information contained in then leaflet will be posted onto the NHS South West website at the same time as the Local Supervising Authority Annual Report.

7. DEMOGRAPHICS

7.1 Midwifery staffing and midwife to birth ratios have continued to be hot topics for discussion. The Audit Commission (1995) recommended 1:35 while Birth-Rate Plus (1996) recommends 1:30 which varies slightly according to model of care. Many Heads of Midwifery report a continued and constant budgetary dilemma, with a perceived withdrawal/disinvestment in the total maternity service making delivery of services difficult. This is evidenced by the withdrawal of specialist posts (almost all removed). Heads of Midwifery report constant difficulties addressing the balance and requirements of the provision of choice for women versus a rising birth-rate, complexity of care and rising expectations (both women and professionals).

7.2 Due to the financial constraints within many NHS Trusts employment of midwives throughout this year has been difficult. Not all newly qualified midwives have been able to secure permanent posts. This is at odds with the anticipated shortfall that is likely to occur in 2009, and it is imperative that these new practitioners are harnessed into the total workforce.

7.3 The demographic age related issues are anticipated to impact from 2009, with a marked increase in this situation until 2013.

7.4 Heads of Midwifery are planning different models of care and different skill mix, in order to compensate for the anticipated impact. Workforce development department are currently working with several services to try to address the impact, and to identify course curriculum/content requirement. It is anticipated that a short course in midwifery (18 months) may need to be re-introduced in order to address the short-fall. Table 4 below sets out the demographics of the midwifery workforce in NHS South West.

Table 4: Registered Midwifery Workforce

	Registered Midwifery Workforce			
Area	**FTE**	**Heads**	**50-59**	**60+**
Bristol	326	433	84 (19%)	6 (1%)
Cornwall	160	210	53 (25%)	6 (3%)
Devon	406	526	109 (21%)	11 (2%)
Dorset	190	252	51 (20%)	7 (3%)
Gloucestershire	197	197	251 (18%)	5 (2%)
North Somerset	24	24	31 (23%)	1 (3%)
Somerset	144	185	39 (21%)	2 (1%)
Wiltshire	296	394	82 (21%)	7(2%)

8. SUMMARY

8.1 The clinical activity shows a marginal rise again. This is significant, as described earlier, the complexity of the cases are increasing. Most units have experienced a substantial reduction in budget, necessitating the withdrawal of key and innovative posts, this has been necessary simply to maintain a satisfactory level of care for labouring women.

8.2 The number of investigations and midwives undertaking supervised practice has increased therefore increasing the workload of the Supervisors of Midwives.

8.3 The maternity units are full of dedicated staff providing good care for the local women and their families.

8.4 The remuneration for Supervisors of Midwives is an urgent issue that needs to be addressed by the remaining few Trusts who have not reached agreement within the Strategic Health Authority.

8.5 It is essential that we ensure that maternity services remain safe whilst working within the current financial constraints.

8.6 Maintaining choice for women and their families for maternity services and place of birth is essential and needs to be taken into consideration when services are reconfigured.

8.7 Any comments and requests for further information should be addressed to:

Val Beale
Local Supervising Authority Midwifery Officer
South West Strategic Health Authority
Wellsprings Road
Taunton
Somerset
TA2 7PQ

01823 344216

APPENDICES

APPENDIX 1

DESIGNATED SUPERVISORS OF MIDWIVES IN NHS SOUTH WEST

This appendix sets out the designated Supervisors of Midwives in NHS South West.

APPENDIX 1

ABBOTT ELIZABETH
ARCHIBALD AVRIL
ASHFORD TERESA
ATKIN JUDITH
AUFFRET JANET
AXON CAROL
BAILEY JOANNE
BAILEY MARION
BAI;EY SYLVIA
BAIRD KATHLEEN
BAKER SYLVIA
BAMFORTH REBECCA
BARKER JANET
BARLING A
BARTLETT PATRICIA
BEALE VALERIE
BIRKETT JANICE
BOWLER SYLVIA
BRACE GLYNIS
BREWSTER MICHELLE
BRUNT CAROLINE
CASKEN PATRICIA
CHAPPELL VALERIE
CHURCHILL WENDY
CLARKSON JEANNE
COKER FIONA
COLLINS SUSAN
COMLEY JILL
COOK CECILY
COTTEY JOY
COX BELINDA
CULLIMORE ROBERTA
DAMSELL LISA
DAVIES DEE
DAVIS KIRSTY
DAVIS MARY
DAVIS SUE
DHANOWA BALWINDER
DORIS FAYE
DRURY JULIA
DUNSTAN SUSAN
EDWARDS AILISH
ETTLE HELEN
FARDON HELEN
FAULKNER GAYNOR
FIELDING RACHEL
FIGG TREENA
FLETCHER HILARY
FORD JENNIFER
FOWLER JANE
FRANCOMB HELEN
FRY KAREN
FURNER MARGARET
GALAN-BAMFIELD ALEXANDRA
GALDEANO NICOLA
GAMLIN JENNY
GANGADARAN KALA
GELL AMANDA
GIBSON AMANDA
GLASSON RACHAEL
GLYNN MAUREEN
GOVIER ALYSON
GRANT-JONES JOAN
GRANVILLE LISA
GREEN SARAH
GRELLIER JANE
HAKEN CLARA
HANCOCK SUSAN
HARRIS A
HARRISON KATHERINE
HEDLAY CAROLE
HEWITT PAULINE
HICKEN LINDA
HILL SUSAN
HILLAN-SANDMEIER RACHEL
HOOPER ANDREA
HORAN RACHEL
HOWES SALLY
HUDSON CATHERINE
HUTCHINS JEANNIE
HYLTON GRACE
JAMES ALISON
JAPPE GRAHAM
JAYES JOSEPHINE
JEFFERY EZIZABETH
JONES CAROLE
JONES HELEN-MARIE
JONES MARGARET
JPYCE CHRISTINE
KAHAN SUZANNE
KELSO HELEN
KENT ANN CATHERINE
KNIGHT ANGELA
LAWLESS SHARON
LEAMON JENNIFER
LEWIS PAUL
LEYSHON LYNNE
LOBLEY JAQUELINE
LORD CAROLE
LOVEN SALLY
LUKE VAL
LUPTON PHILLIPA
MACDONALD MAGGIE
MACPHAIL NICOLA
MANDY RACHEL
MANT SUSAN
MARSHALL LISA
MCGRATH TERESA

MCLAUGHLIN SIAN
MEADOWS EIRLYS
METCALFE MARGARET
MILES LUCY
MOLES HILARY
MOLLOY CATHY
MORGAN MARY PATRICIA
MORRALL DAWN
MORTIMORE VIVIEN
MORTON ALISON
MOXHAM JACQUELINE
MURPHY CLARE
MURPHY SUSAN
MYLES LINDA
NEUMANN DAISY
NOBLETT SUSANNE
NORTHROP JULIE
NURSE GWENDA
O'CALLAGHAN SIOBHAN
OLDAKER DENISE
ORCHARD BERYL
PALMER KATHRYN
PARKER HEATHER YVONNE
PATTERSON MARIA
PAYNE SHEENA
PEACHEY ELAINE
PEARSE CHRISTINE
PEARSON CLEOPATRA
PHILLIPS NICOLA
PHILLIPS TERESA
PODKOLINSKI JANE
POLLARD JANET
POOLE MICHELLE
PRICE SALLY
QUINN STEPHANIE
RATTIGAN CHRISTINA
READING SANDRA
REEVES TRACEY
REMMERS ANN
RICE RUTH
RICHARDS SANDRA
ROBERTS KATHERINE
ROBERTS LORRAE
ROBINSON SHIRLEY
ROSS MCGILL HELEN
ROUSSELL TUIJA
SAINT HONG
SCHOEN MARY
SHELDON SARA-JANE
SMITH JANET
SMITH MARGARET-E
SNELGROVE DEBBIE
STEBBINGS ANDREA
STILL MELANIE
STORRIE JACQUELINE
STOYLES KAREN
STRONG PATRICIA
STUCKEY BRIDGET
SUMMERS PENELOPE
TAYLOR LINDA
TAYLOR LOUISE
TAYLOR MARGARET
TENNANT SALLYANN
THOBURN ALISON
THOMAS JANETTE
THOMAS JAYNE
THOMPSON ANGELA
THOMSON LAURA
TICKELL CHRISTINE
TINSLEY VICTORIA
TIZZARD ANN
TOMAN ANDREA
TOMLIN NEIL
TORRANCE ELAINE
TREVELYAN ELIZABETH
TUBY SHARON
TUCKER CHRISTINE
UNWIN SALLY
WALKER BRENDA
WALKER LORRAINE
WALTERS LINDA
WARE SUSAN
WESTERBY AMANDA
WESTON ROSALIND
WHITING ANNE-MARIE
WHITWORTH SUSAN
WICKHAM CATHERINE
WILCOX HEATHER
WILKINS SHEILA
WILKINS-WALL BEVERLY
WILLIAMS HAZEL
WILLIAMS HELEN
WILLIAMS SUE
WILLIAMS SUSAN
WILLIAMS THERESA
WINDFELD SARAH
WINKETT JOANNE
WITHERS STEPHANIE
WOOD ELIZABETH
WRAY SUE

APPENDIX 2

THE STATUTORY REQUIREMENTS MET WITH REGARD TO THE MIDWIVES RULES AND STANDARDS (2004)

This appendix sets out the statutory requirements met with regard to the midwives rules and standards (2004).

APPENDIX 2

THE STATUTORY REQUIREMENTS MET WITH REGARD TO THE MIDWIVES RULES AND STANDARDS (2004)

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments See footnotes
4	**Notifications by Local Supervising Authority**				
	In order to meet statutory requirements for the supervision of midwives, a local supervising authority will:				
	Publish annually the name and address of the person to whom the notice must be sent	**x**			
	Publish annually the date by which it must receive intention to practise forms from midwives in its area	**x**			
	Ensure accurate completion and timely delivery of ITP data to the NMC each month	**x**			
	Ensure ITP notifications given after the annual submission are delivered to the NMC monthly	**x**			
5	**Suspension from practice by a local supervising authority**				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise. The Local Supervising Authority will:				
	Publish how it will investigate any alleged impairment of a midwife's fitness to practise	**x**			
	Publish how it will determine whether or not to suspend a midwife from practice	**x**			
	Ensure midwives are informed in writing of the outcome of any investigation by the Local Supervising Authority	**x**			
	Publish the process for appeal against any decision	**x**			
9	**Records**				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives Rules the Local Supervising Authority will:				
	Publish local procedures for the transfer of midwifery records from self employed midwives				
	Agree local systems to ensure Supervisors of Midwives maintain records of their supervisory activity	**x**			
	Ensure Supervisors of midwives records (relating to the statutory supervision of midwives) are kept for a minimum of 7 years	**x**			
	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	**x**			
	Publish local procedures for retention and transfer of records relating to statutory supervision	**x**			

APPENDIX 2

11	**Eligibility for appointment as a Supervisor of Midwives**				
	In order to ensure that Supervisors of Midwives meet the requirement of Rule 11 the Local Supervising Authority will:				
	Publish their policy for the appointment of any new Supervisor of Midwives in their area	**x**			
	Maintain a current list of Supervisors of Midwives	**x**			
	Demonstrate a commitment to providing continuing professional development and updating for all Supervisors of Midwives for a minimum of 15 hours in each registration period	**x**			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	**Notifications by Local Supervising Authority**				
	In order to meet statutory requirements for the supervision of midwives, a local supervising authority will:				
	Publish annually the name and address of the person to whom the notice must be sent	**x**			
	Publish annually the date by which it must receive intention to practise forms from midwives in its area	**x**			
	Ensure accurate completion and timely delivery of ITP data to the NMC each month	**x**			
	Ensure ITP notifications given after the annual submission are delivered to the NMC monthly	**x**			
5	**Suspension from practice by a local supervising authority**				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise. The Local Supervising Authority will:				
	Publish how it will investigate any alleged impairment of a midwife's fitness to practise	**x**			
	Publish how it will determine whether or not to suspend a midwife from practice	**x**			
	Ensure midwives are informed in writing of the outcome of any investigation by the Local Supervising Authority	**x**			
	Publish the process for appeal against any decision	**x**			

APPENDIX 2

9	**Records**				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives Rules the Local Supervising Authority will:				
	Publish local procedures for the transfer of midwifery records from self employed midwives	**x**			
	Agree local systems to ensure Supervisors of Midwives maintain records of their supervisory activity	**x**			
	Ensure Supervisors of Midwives records (relating to the statutory supervision of midwives) are kept for a minimum of 7 years	**x**			
	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	**x**			
	Publish local procedures for retention and transfer of records relating to statutory supervision	**x**			
11	**Eligibility for appointment as a Supervisor of Midwives**				
	In order to ensure that Supervisors of Midwives meet the requirement of Rule 11 the Local Supervising Authority will:				
	Publish their policy for the appointment of any new Supervisor of Midwives in their area	**x**			
	Maintain a current list of Supervisors of Midwives	**x**			
	Demonstrate a commitment to providing continuing professional development and updating for all Supervisors of Midwives for a minimum of 15 hours in each registration period	**x**			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
12	**The Supervision of Midwives**				
	To ensure that a local framework exists to provide equitable effective supervision for all midwives working within the Local Supervising Authority and that a Supervisor of Midwives is accessible at all times. The Local Supervising Authority will:				
	Publish the local mechanism for confirming any midwife's eligibility to practise	**x**			
	Implement the NMC's rules and standards for supervision of midwives	**x**			
	Ensure that the Supervisor of Midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1-15)	**x**			

APPENDIX 2

	To ensure a communications network which facilities ease of contact and distribution of information between Supervisors of Midwives, Local Supervising Authority's, the Local Supervising Authority will:				
	Set up systems to facilitate communications links between and across Local Supervising Authority boundaries	**x**			
	Enable timely distribution of information to all Supervisors of Midwives	**x**			
	Provide a direct communication link, which may be electronic, between each Supervisor of Midwives and the Local Supervising Authority Midwifery Officer	**x**			
	Provide for the Local Supervising Authority Midwifery Officer to have regular meeting with Supervisors of Midwives to give support and agree strategies for developing key areas of practice	**x**			
	To ensure there is support for the supervision of midwives the Local Supervising Authority will:				
	Monitor the provision of protected time and administrative support for Supervisors of Midwives	**x**			
	Promote women centred evidence based midwifery practice	**x**			
	Ensure that Supervisor of Midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	**x**			
	The Local Supervising Authority shall set standards for Supervisors of Midwives that incorporate the following broad principles:				
	Supervisors of Midwives are available to offer guidance and support to women accessing maternity services	**x**			
	Supervisors of Midwives give advice and guidance regarding women centred care and promote evidence based midwifery practice	**x**			
	Supervisors of midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives	**x**			
	Supervisors of Midwives provide professional leadership	**x**			
	Supervisors of Midwives are approachable and accessible to midwife to support them in their practice	**x**			

APPENDIX 2

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
13	**The Local Supervising Authority Midwifery Officer**				
	In order to discharge the local supervising authority supervisory function in its area through the Local Supervising Authority Midwifery Officer, the Local Supervising Authority will:				
	Use the NMC core criteria and person specification when appointing a Local Supervising Authority Midwifery Officer	**x**			
	Involve an NMC nominated and appropriately experienced midwife in the selection and appointment process	**x**			
	Manage the performance of the appointed Local Supervising Authority Midwifery Officer	**x**			
	Provide designated time and administrative support for the Local Supervising Authority Midwifery Officer to discharge the statutory supervision function	**x**			
	Arrange for the Local Supervising Authority Midwifery Officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met	**x**			
15	**Publication of Local Supervising Authority Procedures**				
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the Local Supervising Authority Midwifery Officer, the Local Supervising Authority will:				
	Develop mechanisms with NHS authorities and private sector employers to ensure that the Local Supervising Authority Midwifery Officer is notified of all such incidents		**x**		
	Publish the investigative procedure		**x**		
	Liaise with key stake holders to enhance clinical governance systems		**x**		
	To confirm the mechanisms for the notification and management of poor performance of the Local Supervising Authority Midwifery Officer of Supervisors of Midwives the Local Supervising Authority will:				
	Publish the process for the notification and management of complaints against any Local Supervising Authority Midwifery Officer or Supervisor of Midwives	**x**			
	Publish the process for removing the Local Supervising Authority Midwifery Officer or Supervisor of Midwives from appointment	**x**			
	Publish the process for appal against the decision to remove	**x**			
	Ensure that the Local Supervising Authority Midwifery Officer or Supervisor of Midwives is informed of the outcome of any investigation of poor performance following completion	**x**			
	Consult the NMC for advice and guidance in such matters	**x**			

APPENDIX 2

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
16	**Annual Report**				
	The annual Local Supervising Authority report should reach the midwifery committee of the NMC in a form agreed by the NMC council by 30th September each year. Each Local Supervising Authority will ensure their report is made available to the public. The report will include but necessarily be limited to the following:				
	Numbers of Supervisors of Midwives, appointments, resignations and removals	**x**			
	Details of how midwives are provided with continuous access to a Supervisor of Midwives	**x**			
	Details of how the practice of midwifery is supervised	**x**			
	Evidence that service users have been involved in monitoring supervision in midwives and assisting the Local Supervising Authority Midwifery Officer with annual audits	**x**			
	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	**x**			
	Details of any new policies related to the supervision of midwives	**x**			
	Evidence of developing trends affecting midwifery practice in the Local Supervising Authority	**x**			
	Details of the number of complaints regarding the discharge of supervisory function	**x**			
	Reports on all Local Supervising Authority investigations undertaken during the year	**x**			

APPENDIX 3

SUPERVISION AUDIT OF MIDWIFERY PRACTICE

This appendix sets out the supervision audit of midwifery practice.

APPENDIX 3

SUPERVISION AUDIT OF MIDWIFERY PRACTICE

Standard 1 - Women Focused Maternity Services

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

Standard 2 – Supervisory Systems

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

Standard 3 – Leadership

Supervisors of Midwives provide professional leadership and nurture potential leaders.

Standard 4 - Equity of Access to Statutory Supervision of Midwives

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

Standard 5 - Midwifery Practice

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

APPENDIX 3

APPENDIX 4

SUPERVISOR OF MIDWIVES CONFERENCE 23 MARCH 2007

This appendix sets out the programme from the Supervisors of Midwives Conference held on 23 March 2007.

APPENDIX 4

SUPERVISOR OF MIDWIVES CONFERENCE 23 MARCH 2007

PROGRAMME

"RISK"

0900	Arrival, Registration and refreshments	
0930	Introduction to the day	**Val Beale** **Local Supervising Authority** Supervising Authority NHS South West
1000	Tabletop Discussion and Feedback	**Mandy Cox** NSF Lead NHS South West
1100	Coffee	
1130	Counter Fraud Investigation	**Barry Hards** Counter Fraud Manager Dorset Primary Care Trust
1200	Update on the Code and Nursing and Midwifery Council Audit of Local Supervising Authority	**Val Beale**
1230	Lunch	
1330	The Institute for Innovation – Caesarean Section Pathways	
1430	Adverse Outcome Notification (Serious Untoward Incidents (SUI))	**Yvonne Rees** Associated Director of Patient Safety NHS South West
1500	Risk Management Scenarios – Round Table	
1600	Close and refreshments	

APPENDIX 4

APPENDIX 5

LOCAL SUPERVISING AUTHORITY AGREED NATIONAL GUIDANCE (2007)

This appendix sets out the Local Supervising Authority Agreed National Guidance (2007).

APPENDIX 5

LOCAL SUPERVISING AUTHORITY AGREED NATIONAL GUIDANCE (2007)

CONFIRMING MIDWIVES ELIGIBILITY TO PRACTISE

1. INTRODUCTION

1.1 The Local Supervising Authority standard contained within Rule 12 of the Midwives Rules and Standards (NMC 2004) determines that local supervising authority will publish the local mechanism for confirming any midwife's eligibility to practise.

1.2 This guideline sets out the principles of confirming any midwife's eligibility to practise. Each individual midwife will have her eligibility to practise confirmed at annual review by her named Supervisor of Midwives. The review provides an opportune moment to review the individual's eligibility to practise. It will assist the Supervisor of Midwives to sign and confirm on the Intention to Practise form that the midwife has met the Nursing and Midwifery Council requirements to maintain registration as a midwife.

2. PROCESS

2.1 In order to be eligible to practise a midwife must:

- hold current registration on part 2 of the Nursing and Midwifery Council Register;
- notify her intention to practise to each local supervising authority where she intends to practise on a yearly basis;
- meet and maintain the post-registration education and practice standards as set by the Nursing and Midwifery Council;
- practise within the Midwives Rules and Standards (NMC 2004);
- practise within the Nursing and Midwifery Council code of professional conduct: standards for conduct, performance and ethics (NMC 2004).

2.2 The PREP handbook (NMC 2006) gives clear instruction as to the requirements for renewing registration. It also gives clear guidance on both the PREP practice and education standards.

2.3 Prior to taking up employment employers will check that the midwife is registered with the Nursing and Midwifery Council as a midwife. The midwife is required to submit her Intention to Practise to her named Supervisor of Midwives prior to or on the day of commencing employment. On receipt of the Intention to Practise the Supervisor of Midwives must ensure that the midwife's registration is live with the Nursing and Midwifery Council.

3. CONFIRMATION OF REGISTRATION WITH THE NURSING AND MIDWIFERY COUNCIL

3.1 The Nursing and Midwifery Council offers three ways to confirm registration status:

Online

- the Nursing and Midwifery Councils on-line confirmation service provides 24-hour access. Simply log on to www.nmc-uk.org and follow the step by step instructions. This system also allows an official confirmation report to be printed for each confirmation checked;

Telephone

- the Nursing and Midwifery Council operates an automated registration confirmations hotline 24 hours a day, 7 days a week. The registration confirmations hotline is 020 7631 3200. A written status report will be generated by the Nursing and Midwifery Council and sent to you in the post;

Written

- for bar coded blank written confirmation forms email the Nursing and Midwifery Council with the subject heading Blank Confirmations Forms Request along with your caller code, contact name, company name and address. A pack will then be sent out to you. Please do not fax in written requests as these are bar coded documents which cannot be scanned in to their systems.

3.2 If a valid Intention to Practise for the practice year is not on record, the caller will be advised to contact the Local Supervising Authority Midwifery Officer to see if they (the Local Supervising Authority) have received one recently.

3.3 The Supervisor of Midwives will as part of the annual review discuss with the midwife her eligibility to practise. Records of the supervisory review must be made in accordance with Nursing and Midwifery Council and Local Supervising Authority guidance.

3.4 In addition the Supervisor or nominated officer must check with the Nursing and Midwifery Council confirmation service that the midwife has re-registered/paid their fees by the renewal date.

REFERENCES

NMC (2004) *Midwives rules and standard:* Nursing and Midwifery Council London - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

NMC (2004) *The NMC code of professional conduct: standards for conduct, performance and ethics:* Nursing and Midwifery Council London - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=201

NMC (2006) *The PREP Handbook:* Nursing and Midwifery Council London - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1636

APPENDIX 5

GUIDANCE OF SUPERVISED PRACTICE PROGRAMMES

1. INTRODUCTION

1.1 This guideline sets out the principles of a Supervised Practice Programme as agreed by the Local Supervising Authority Midwifery Officers in England. Programmes should reflect the principles of this guidance.

2. RATIONALE FOR SUPERVISED PRACTICE

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

2.2 The recommendation for a midwife to undertake a supervised practice programme is a professional one made by a Supervisor of Midwives. It will usually follow an investigation or clinical review, which may have arisen, from a significant clinical incident or recurrent impaired midwifery practice. Supervised practice should only be considered when the level of concern is such that the midwife's practise could warrant referral to the Nursing and Midwifery Council (NMC) Conduct and Competence Committee. In reaching this decision, the Supervisor of Midwives should be clear that there is objective and impartial evidence, that the midwives rules and standards (NMC 2004) and / or other nursing and midwifery council codes and professional guidance have been breached. Advice should be sought from the Local Supervising Authority Midwifery Officer.

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

3. SUPPORTED PRACTICE

3.1 In the majority of situations a supported practice programme will be more appropriate. This is where a midwife, in conjunction with her/his Supervisor of Midwives, has identified personal learning needs.

3.2 These may have arisen from a clinical incident or a gap in experience (such as extended sick leave or maternity leave). The emphasis of a supported practice programme is the need to regain confidence, as well as competence, in specific skills and knowledge:

Objectives of a Supervised Practice Programme

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

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

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

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

4. PRINCIPLES UNDERPINNING A SUPERVISED PRACTICE PROGRAMME

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

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

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

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

4.5 In exceptional circumstances it may be possible for a midwife to transfer to another trust to undertake supervised practice. The Local Supervising Authority Officer will be able to assist in arranging this.

4.6 Where midwives are not NHS Trust employees the human resource department may be involved with arranging an honorary contract or letter of authority.

4.7 The midwife to whom the programme relates should, where possible, have input into the selection of the clinical mentor and professional development midwife or equivalent (refer to roles of individuals).

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

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

4.10 Wherever possible the professional development mentor should be a Supervisor of Midwives.

5. THE ROLE OF THOSE INVOLVED WITH A SUPERVISED PRACTICE PROGRAMME

Role of the Supervisor of Midwives

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

5.2 The named Supervisor of Midwives of the midwife will provide confidential support for the midwife during the programme.

5.3 The Supervisor will inform the Local Supervising Authority Midwifery Officer of the supervised practice programme and will provide a brief report to the Local Supervising Authority of the outcome. This gives the Local Supervising Authority Midwifery Officer the opportunity to offer support and advice to the Supervisors of Midwives involved.

Role of Clinical Mentor(s)

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

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

5.6 Overall, the clinical mentor will be responsible for assessing the clinical competence of the midwife and will be expected to provide the Supervisor of Midwives with informal interim and formal final assessments of the progress made.

Role of the Professional Development Midwife

5.7 The professional development midwife will assist in setting the objectives of the programme.

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

5.9 In addition, the professional development midwife will provide guidance on updating theoretical knowledge and accessing the evidence to inform practice, and will also assess any written work included as part of the programme.

5.10 The professional development mentor will be expected to provide the Supervisor of Midwives with informal interim and formal final assessments of the progress, based on the learning outcomes.

6. UNSUCCESSFUL OR INCOMPLETE PROGRAMME

6.1 The Local Supervising Authority Midwifery Officer should be informed of a midwife who is struggling to meet the competencies and in conjunction with the midwife and the Supervisor of Midwives, progress should be reviewed. The Local Supervising Authority Midwifery Officer should be kept informed of progress and the final outcome.

6.2 Where a midwife does not achieve the required level of competence and has been given every reasonable opportunity and support to do so, the Local Supervising Authority Midwifery Officer may refer the case to the Nursing and Midwifery Council.

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

6.4 Rarely, a midwife may be unwilling to undertake a supervised practice programme. The Supervisor of Midwives should refer the case to the Local Supervising Authority Midwifery Officer. The midwife should understand that this might result in referral to the Nursing and Midwifery Council. Such a referral would be based on the findings of the initial investigation or clinical review.

Evaluation

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

REFERENCES

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Nursing Standard 11 (2) p34 – 38

Peach L (1999) Fitness for practice. UKCC commission for nursing and midwifery education. NMC, London

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Date : June 2003
Prepared by: LSA National Forum, England
Revised: November 2004
Review Date: November 2007

APPENDIX 5

APPENDIX 5

GUIDANCE FOR RETENTION AND TRANSFER OF RECORDS RELATING TO STATUTORY SUPERVISION

1. INTRODUCTION

1.1 This guideline addresses the above Local Supervising Authority standard as it is related within Rule 9 of the Nursing and Midwifery Council Midwives rules and standards (2004). It is the responsibility of Supervisors of Midwives to ensure that accurate, contemporaneous records are maintained of all Supervising issues and activities. These records are to be stored safely and securely, separate from personal records. Local guidelines should reflect a clear process that is subject to audit.

2. PROCESS

2.1. All records relating to statutory supervision of midwives must be kept separately from employment records.

2.2. Records should ideally be accessible only to the named Supervisor; otherwise they should be kept in a locked cabinet accessible only to Supervisors of Midwives.

2.3. Supervisors' records relating to the statutory supervision of midwives must be kept for a minimum of seven years, (Nursing and Midwifery Council Midwives rules and standards 2004).

2.4. Any supervisory records relating to investigations of clinical incident, alleged misconduct or incompetence relating to a midwife must be kept for 25 years. Any formal supervised practice programme and the outcome details must be retained for 25 years.

2.5. In accordance with the Nursing and Midwifery Council Midwives Rules and Standards (2004), the individual midwives will be given a copy of the records of her annual supervisory review and a copy will be retained within personal supervision record kept by the Supervisor of Midwives.

2.6. When a midwife moves practice area or changes her named Supervisor, the supervisory record should be transferred to the new Supervisor of Midwives – Nursing and Midwifery Council (2004) Midwives Rules and Standards – Rule 12. A sample form for this purpose is included in this Guidance.

2.7. The Supervisor of Midwives must keep an index of supervisory records transferred out.

2.8. Self-employed midwives who are Supervisors of Midwives must ensure that they transfer any records in their possession to the Local Supervising Authority if they cease to undertake the duties a Supervisor of Midwives.

2.9. It is important that midwives realise, that although supervisory records are confidential, in certain circumstances they may be disclosed, for example, in a Local Supervising Authority or Nursing and Midwifery Council investigation. In other circumstances, a court order would be required before disclosure of these records.

2.10. The use of electronic records is becoming common, and a website database is maintained in some organisations for the maintenance and secure storage of supervisory records. The same principles apply as for written records. Under the Data Protection Act 1998, the Supervisor of Midwives must inform the Data Protection Officer within the organisation of the type of information stored.

REFERENCES

Nursing and Midwifery Council (2004) Midwives rules and standards NMC London
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

Data Protection Act 1998
http://www.opsi.gov.uk/acts/acts1998/19980029.htm

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Transfer form for supervisory records
from one named Supervisor of Midwives to another

Name of midwife: _____

NMC PIN: _____

Please find attached the supervisory records relating to this midwife commencing from *(date)* until *(date).*

These records comprise the following:

(List briefly the records being transferred).

Signed: _____ Signed: _____
Named Supervisor of Midwives Midwife

Date: _____ Date: _____

Address: _____

_____

_____

Tel. No: _____

✂----------

I confirm that I have received the supervisory records of:_____

Signed: _____ Date: _____
Named Supervisor of Midwives

APPENDIX 5

APPENDIX 5

GUIDELINE FOR THE NOMINATION, SELECTION AND APPOINTMENT OF SUPERVISORS OF MIDWIVES

1. INTRODUCTION

1.1 This guideline sets out the principles for the nomination, selection and appointment of Supervisors of Midwives. The process will be open to all midwives with the appropriate skills and experience, in accordance with the Nursing and Midwifery Council Rules and Standards - Rule 11 (2004) and the person specification in the appendix to this guideline.

1.2 A midwife who wishes to be considered for a place on a preparation programme must:

- be a practising midwife;
- have at least three years experience as a practising midwife, of which at least one shall have been in the two year period immediately preceding the appointment.

1.3 The guideline has been agreed by the UK Local Supervising Authority Midwifery Officers. Any local arrangements must reflect the principles of this guidance.

2. RATIONALE FOR PROCESS OF NOMINATION, SELECTION AND APPOINTMENT

2.1 Supervisors of Midwives must have credibility with the midwives they supervise and with Trusts senior management. They should be able to demonstrate ongoing professional development at a minimum of degree level. They must be experienced midwives, academically able, perceived as approachable by their colleagues and able to communicate effectively with senior management - in order that they may contribute effectively to developments in midwifery practice. (ENB 1999)

2.2 Supervisors play a pivotal role in safeguarding and enhancing the quality of midwifery care provided to women and their babies. It is useful if the Supervisors in a local team have a variety of backgrounds and experiences. This enables them to bring different skills and perspectives to the role (McCormick 1996).

2.3 The evidence suggests that where midwives are fully involved in the process of nomination of prospective Supervisors of Midwives, they nominate those peers who they feel will meet the needs of local midwives (Stapleton, Duerden & Kirkham 1998).

3. NUMBER OF SUPERVISORS

3.1 The number of Supervisors required for each maternity service, to meet local needs, will be confirmed with the Local Supervising Authority Midwifery Officer and will not normally exceed a ratio of 1:15. This will ensure that the supervisory workload does not exceed that recommended by the Nursing and Midwifery Council. A minimum number of Supervisors will be identified in order to maintain the high standards and quality of supervision.

4. PROCESS

Advertising

4.1 An advertisement for the role of Supervisor of Midwives will be displayed locally. Applicants may apply through:

- self nomination;
- peer nomination;
- nomination by others, for example, Supervisors, midwifery educationalists, midwifery managers.

Nomination

4.2 Midwives may self nominate on the basis that a highly motivated Supervisor of Midwives is more likely to be effective. Midwives may also be nominated by peers and colleagues, as research suggests that local midwives must find nominees approachable so that their individual needs can be met (ENB 1999).

4.3 If nomination is from peers or colleagues, this must be from more than one midwife. Nominated midwives will provide a statement in support of their application and also supply the names of those midwives who support them.

4.4 Each nominated candidate will then receive information on how to apply to become a Supervisor of Midwives. The information provided will ensure that all candidates understand the role of the Supervisor of Midwives and are prepared to undertake the added responsibilities that the role entails. It will also ensure that all candidates are able to meet the requirements of both the Local Supervising Authority and Nursing and Midwifery Council. As a minimum this information should provide the applicant with:

- Nursing and Midwifery Council Standards for the preparation and practice of Supervisors of Midwives (2006);
- role description and responsibilities;
- person specification.

Selection

4.5 The local selection process should be transparent, equitable and democratic; a closed ballot system for example encompasses these principles. Those midwives who are successful in the local selection process will be invited to a Local Supervising Authority selection panel interview, on the basis that they will have reflected on their own skills and experience, against the person specification, prior to application. Unsuccessful candidates will be offered constructive feedback locally with Supervisors of Midwives.

Selection Panel Interview

4.6 The panel for interview will be led by the Local Supervising Officer Midwifery Officer and may also include; a Supervisor of Midwives in practice – ideally the candidate's mentor, the preparation programme leader, a service user representative, the local Head of Midwifery. This will help to ensure that the successful candidate meets the required standards, both professionally and educationally. The panel will ratify those nominations for midwives to undertake the programme. Where needed, the Local Supervising Authority Midwifery Officer will have the casting vote. In order to finalise the nomination process, the appropriate documentation will be completed as soon as possible by successful midwives and forwarded to the Local Supervising Authority and Higher Education Institution. This is because only nominated Supervisors of Midwives may undertake the preparation course.

Preparation of Supervisors of Midwives

4.7 Successful candidates will attend an Nursing and Midwifery Council approved and accredited Preparation of Supervisors of Midwives Programme, in accordance with Nursing and Midwifery Council Standards for the preparation and practice of Supervisors of Midwives, Section 3 (2006) and the Midwives rules and standards – Rule 11 (2)(c) (2004).

4.8 Each student Supervisor of Midwives will have an agreed mentor at local level to offer support and guidance throughout the preparation course and afterwards. Allocated Supervisor mentors must meet the standard of a Nursing and Midwifery Council mentor, as described in Nursing and Midwifery Council Standards to support learning and assessment in practice (2006). Supervisors of Midwives will also need to demonstrate recent relevant experience of undertaking the role of mentor and will be considered appropriate to provide mentorship by local Supervisors of Midwives and by the Local Supervising Authority Midwifery Officer.

Appointment

4.9 On successful completion of the programme of preparation, the Supervisor of Midwives will be eligible for appointment by the Local Supervising Authority. However, successful completion of the preparation course does not automatically ensure appointment as a Supervisor of Midwives. Appointment is by mutual agreement between the Local Supervising Authority Midwifery Officer and the midwife.

4.10 Midwives who have undertaken the supervisory role within another Local Supervising Authority will need to be re-nominated by local Supervisors and undergo the same selection process as those applying to undertake a preparation programme. This is to ensure that the midwife is familiar with practice in the new area and is known to the midwives. A satisfactory reference from the previous Local Supervising Authority Midwifery Officer will be required and ideally, the 'Supervisor' will have been in post for a period of time prior to nomination; three to six months is appropriate.

Preceptorship

4.11 New Supervisors will require support from the team of local Supervisors and a period of preceptorship must be established for a minimum of three months (full time or equivalent) as per Nursing and Midwifery Council standards (4.1). The level and type of support required will vary but must be relevant to the individual Supervisor's needs.

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Supervisors of Midwives. Chiltern Press. Luton.

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Stapleton H, Duerden J, Kirkham M (1998) Evaluation of the impact of the supervision of midwives on professional practice and the quality of midwifery care. ENB. London.
ENB Research Highlights No 29 May 1998
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=750

APPENDIX 5

Person Specification

KEY AREAS	Essential Attributes	Desirable attributes
Professional and Academic Eligibility	• A registered and practising midwife • Three years experience as a practising midwife of which at least one shall have been in the period of two years immediately preceding the appointment • Respected and supported by colleagues • Evidence of recent professional and academic development • Demonstrates an understanding of the role of the Supervisor of Midwives • Commitment to a philosophy of working in partnership with women and their families • Demonstrates an awareness of current midwifery research and ability to critically evaluate the findings.	• Understanding of statutory framework for supervision • Demonstrates knowledge of introducing and facilitating change • Evidence of Practical experience of monitoring standards of midwifery practice through audit • Understanding of current national policy impacting on midwifery • Understanding and application of clinical governance and risk management strategies. • Evidence of previous study at degree level

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KEY AREAS	Essential Attributes	Desirable attributes
SKILLS	**Leadership skills** • Respected by peers and acts as role model • Disseminates knowledge • Challenges practice • Ability to influence in a multi disciplinary setting **Communication skills** **Understands the need for confidentiality while continuing to work in partnership with other professionals and agencies** Clear, concise and accurate written skills Verbal skills, ability to listen effectively and to distil and impart information Negotiation skills	**Investigative Skills** Ability to retrieve, interpret and analyse written and verbal information Ability to objectively/sympathetically undertake an investigation **Presentation skills** **Clear and concise** Use of visual aids
Attitude and Personal Circumstances	Approachable Diplomatic Open minded /non-judgemental Ability to fulfil the duties of Supervisor of Midwives in addition to current responsibilities Ability to be 'on call' for supervision.	

APPENDIX 5

ROLE DESCRIPTION FOR SUPERVISOR OF MIDWIVES

1. INTRODUCTION

1.1 The aim of statutory supervision of midwives is to safeguard and enhance the quality of care for the childbearing mother and her family. The Supervisor is a source of sound professional advice on all midwifery matters and is accountable to the Local Supervising Authority for all supervisory activities.

1.2 The responsibilities of the Supervisor in accordance with Local Supervising Authority policy include:

Statutory

- receiving and processing Notification of Intention to Practise forms to verify that the statutory requirements for practice have been met;
- ensuring that midwives practise within the statutory Midwives Rules and Standards (2004) and that regulations for the supply, storage, administration and destruction of drugs used within the sphere of their role are met;
- providing guidance on maintenance of registration and identifying updating opportunities in relation to statutory requirements;
- investigating critical incidents to identify the action required, while seeking to achieve a positive learning experience for the midwives involved, liaising with the Local Supervising Authority as appropriate;
- reporting to the Local Supervising Authority serious cases involving professional conduct where the Nursing and Midwifery Council Rules and Codes have been contravened and when it is considered that local action would not achieve safe practice, recommending referral to the Nursing and Midwifery Council;
- being available for midwives to discuss issues pertaining to their practise and to provide support. This includes those midwives who practise outside of an NHS Trust environment. Supervisors of Midwives must participate in providing 24 hour supervisory cover;
- arranging regular review meetings with individual midwives, at least once annually, to help them to evaluate their practice and identify areas for development and agree the means by which their midwifery expertise can be maintained and developed;
- ensuring that effective communication exists with all appropriate stakeholders engaged in determining health services policy, in order that relevant issues are appropriately addressed and resolved;

Professional

- recognise own accountability to the Local Supervising Authority for all supervisory activities;

- provide professional leadership to create a practice environment, which supports the practitioner role and empowers professional practice through evidence -based decision making;

- enhance knowledge of own role and individual professional development needs. Attend regular meetings convened by the Local Supervising Authority Midwifery Officer, to discuss relevant issues and share information and experience;

- monitor the integrity of the service to ensure that safe and appropriate care is available to all women and neonates;

- identify when peer Supervisors are not undertaking the role to a satisfactory standard and take appropriate action;

- audit the standards for statutory supervision (at least) annually. The Local Supervising Authority Midwifery Officer, through visits to practice sites, will validate maintenance of the standards. Validation of standards may also be achieved by external audits performed by other Supervisors;

- maintain records of all supervisory activities for at least seven years. Records may be electronic or written and must be stored in such a way as to maintain confidentiality. Participate in the safekeeping of all maternity and midwives' records for 25 years;

Practice Issues

- ensure that midwives have access to the statutory rules and guidance, evidence and local policies to inform their practice;

- monitor the standards of midwifery practice through audit of records and assessment of clinical outcomes and take appropriate action;

- contribute to activities such as Confidential Enquiries into Maternal and Child Deaths, risk management strategies, frameworks for clinical governance or any other relevant enquiry relating to the maternity services;

- lead activities such as standard setting, clinical audit and the development of evidence based guidelines and protocols;

- contribute to curriculum development of pre-registration and post-registration education programmes for midwives;

- participate in the preparation and mentorship of new Supervisors of Midwives;

- issuing of controlled drug authorities, if required, for midwives undertaking home births;

- be available to guide and support midwives through difficult clinical situations;

- one Supervisor in each local team will be designated as the contact Supervisor of Midwives. She will act as the point of contact for disseminating information from and to the Local Supervising Authority. The role may be rotated at agreed intervals (6 months – 1 year) between all members of the supervisory team. This structure does not preclude direct communication between any individual Supervisor of Midwives and the Local Supervising Authority.

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SUPPORTING PAPER FOR NOMINATION AS SUPERVISOR OF MIDWIVES

Name:	**Trust**	**PIN Number:**
Current Job Title and Grade:		
Please indicate, in no more than 1000 words, why you wish to be considered for the role of Supervisor of Midwives focusing on the following areas: • What 'supervision of midwives' means to you • Why you wish to become a Supervisor of Midwives • What experience and skills can you offer to the role of Supervisor of Midwives? • What personal qualities and attributes you hold which would help you to fulfil the role of Supervisor of Midwives? It is expected that references will be used accordingly.		
Signature:		**Date:**

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BALLOT PAPER FOR SELECTION OF SUPERVISORS OF MIDWIVES

The following midwives have expressed an interest in undertaking the role of Supervisor of Midwives.

To ensure that Supervisors are able to meet the needs of local midwives, you are being asked to indicate whether or not you would support the nominees in their application. Before deciding, please think very carefully if you would like each of the midwives below as your named Supervisor.

Please tick "Yes" or "No" for **each** of the following candidates:-

(Please note that if you select 'no' it is helpful if you state the reason)

	YES	**NO (give reason…….)**
Midwife 1	☐	☐
	YES	**NO (give reason…….)**
Midwife 2	☐	☐
	YES	**NO (give reason…….)**
Midwife 3	☐	☐

Please return this form to:……
(Insert name of Supervisor co-ordinating the nominations)

Ballot Number……

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APPENDIX 5

VOLUNTARY RESIGNATION FROM THE ROLE OF SUPERVISOR OF MIDWIVES

1. INTRODUCTION

1.1 These guidelines have been developed in order to support Supervisors of Midwives who may wish to voluntarily resign from their role (ENB 1999).

Reasons for Voluntary Resignation

1.2 A Supervisor of Midwives may resign from the role for a number of reasons including retirement, moving away from the area, a change in employment, assuming a post inappropriate to the role of Supervisor, health issues and other personal reasons (ENB 1999).

1.3 The Supervisor of Midwives should notify the contact Supervisor and the Local Supervising Authority Midwifery Officer in writing. In some instances, the Local Supervising Authority Midwifery Officer may be able to offer support to the Supervisor, which will enable her to continue in the role.

2. INFORMING THE LOCAL SUPERVISING AUTHORITY

2.1 If the Supervisor of Midwives herself does not write to the Local Supervising Authority, the contact Supervisor of Midwives should do so. This will ensure that the correct information is held on the Local Supervising Authority database.

2.2 The Local Supervising Authority Midwifery Officer will notify the Nursing and Midwifery Council of the Supervisor's resignation. This information will be entered on the Nursing and Midwifery Council database.

3. LONG – TERM BREAKS

3.1 If any Supervisor of Midwives takes a long-term break from statutory supervision, for example, secondment out with maternity services, extended maternity leave or career break, the Local Supervising Authority should also be notified in writing to ensure that the Local Supervising Authority database holds current information on practising Supervisors of Midwives.

4. TIME LIMITED BREAKS

4.1 In exceptional circumstances, a Supervisor of Midwives may temporarily discontinue the role for a time limited period (usually no longer than 6 months to 1 year). Examples may include ill health, study leave, maternity leave or the need for time out. The Supervisor of Midwives should inform the Local Supervising Authority Midwifery Officer when intending to discontinue/resume the role.

4.2 Voluntary resignation/long-term break does not necessarily preclude reappointment as a Supervisor of Midwives. Those Supervisors intending to return to the role may find it helpful to keep their supervisory portfolios up to date. This will enable them to evidence their PREP requirements on returning to the role.

4.3 It is important that the Supervisor of Midwives receives additional support when returning to the role and duties of a Supervisor of Midwives. The Local Supervising Authority Midwifery Officer may recommend a facilitated, structured orientation programme, prior to resuming the full responsibilities of the role.

REFERENCES

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Prepared by: LSA National Forum. England
Revised: November 2004
Review Date: 20 November

APPENDIX 5

PROCESS FOR THE NOTIFICATION AND MANAGEMENT OF COMPLAINTS AGAINST A SUPERVISOR OF MIDWIVES OR AN LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER.

1. INTRODUCTION

1.1 This guideline describes the process to be followed should there be cause for complaint against the performance within the framework of statutory supervision of any Local Supervising Authority Midwifery Officer or Supervisor of Midwives.

1.2 Nursing and Midwifery Council Midwives Rules and Standards (2004) – Rule 15 states:

"Each Local Supervising Authority will publish: The procedure by which it will deal with complaints or allegations against its Midwifery Officer or Supervisors of midwives within its area."

1.3 The Local Supervising Authority Standard indicates that in order to confirm the mechanisms for the notification and management of poor performance of a Local Supervising Authority Midwifery Officer or Supervisor of Midwives the Local Supervising Authority will:

- publish the process for notification and management of complaints;
- ensure the Local Supervising Authority Midwifery Officer or Supervisor of Midwives is informed of the outcome of any Local Supervising Authority investigation of poor performance.

1.4 Rule 14 states that where there are concerns about Local Supervising Authority Midwifery Officers and Supervisor of Midwives meeting the standards these may be discussed with the Council.

1.5 The guidance states there should be open and transparent processes in place for complaints to be reported and managed. Service users, midwives, Supervisor of Midwives and employers should all be able to access the published details of how, when, why and to whom a complaint should be made.

2. MAKING A COMPLAINT AGAINST A SUPERVISOR OF MIDWIVES

2.1 Midwives, NHS bodies and the public should have access to information about how to raise concerns about a Supervisor of Midwives.

2.2 Complaints should be addressed to the Local Supervising Authority Midwifery Officer.

2.3 The Local Supervising Authority Midwifery Officer will require a detailed description of the allegations. If the complaint is from an NHS body, details of what has taken place to substantiate the allegations would be expected.

3. IMPLEMENTATION PROCESS

3.1 Information about how and to whom a complaint should be made must be within the public domain. This may take various forms and differ from area to area:

- leaflets for stakeholders;
- verbal or written information to client group of childbearing women;
- information on Local Supervising Authority and NHS Trust websites.

4. PROCESS OF INVESTIGATION

4.1 The Local Supervising Authority Midwifery Officer will inform the Supervisor of Midwives of the complaint and the allegations being made.

4.2 Dependent on the nature of the complaint and evidence available, the Local Supervising Authority may consider suggesting the Supervisor of Midwives take leave of absence from their supervisory duties and, if appropriate, from midwifery practice until the full investigation is complete.

4.3 The Supervisor of Midwives should be offered support and advice by her own named Supervisor of Midwives.

4.4 If, for a valid reason, it is inappropriate for the Local Supervising Authority Midwifery Officer to investigate the allegations, an Local Supervising Authority Midwifery Officer from another Local Supervising Officer (Investigating Officer) or an experienced Supervisor of Midwives will be appointed.

4.5 A response should be sent to the complainant in writing within five working days, informing them that the complaint is being investigated.

4.6 The Supervisor of Midwives will have the right of representation by a professional body, trade union or anyone acting in a non-legal capacity.

4.7 During the course of the investigation, if other concerns or allegations are made, these will be considered separately. Anecdotal information will not be taken into account.

4.8 At any point considered appropriate, advice may be sought from the Nursing and Midwifery Council.

Role of the Investigating Officer:

4.9 The role of the Investigating Officer is to:

- gather documentary evidence and statements;
- arrange interviews in appropriate venues with relevant parties, ensuring they have information in writing prior to the interview;
- organise the recording of interviews by either audio/written methods;

- provide a detailed, clear, concise report written in an unbiased manner.

5. CONCLUSION OF THE INVESTIGATION

5.1 The Local Supervising Authority Midwifery Officer, having concluded the investigation, will decide whether there is a case to answer.

5.2 If another Local Supervising Authority Midwifery Officer or Supervisor of Midwives has carried out the investigation (Ref. 4.4) then a report will be forwarded to the Local Supervising Authority Midwifery Officer who has requested the investigation with recommendations about whether there is a case to answer.

5.3 The report will refer to evidence which either supports or refutes the complaint and any factors that may be used in mitigation.

5.4 If there is no case to answer all parties will be informed in writing.

5.5 The Supervisor of Midwives will be offered de-briefing and support for the future.

5.6 If the allegations are proven, the Local Supervising Authority Midwifery Officer will determine a course of action, for example:

- a development programme with written objectives and specified;
- a timeframe for completion. This will be monitored by the Local Supervising Authority Midwifery Officer;
- removal from the role of Supervisor of Midwives either permanently or for a specified time (if there have been mitigating circumstances, for example, health problems).

5.7 The Supervisor of Midwives would have the right of appeal to the Local Supervising Authority Midwifery Officer within 28 days of the decision who will arrange for the appeal to be heard by a panel which may include a Local Supervising Authority Midwifery Officer from a different Local Supervising Authority and an experienced Supervisor of Midwives.

6. MAKING A COMPLAINT AGAINST A LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER

6.1 Stakeholders should have access to information about how to raise concerns about the performance of a Local Supervising Authority Midwifery Officer. Such information should be in the public domain using written and electronic means.

6.2 A complaint may be raised by members of the public, Supervisors of Midwives, midwives, NHS bodies or peers.

6.3 Complaints or concerns should be addressed to the designated officer within the Local Supervising Authority Midwifery Officers employing authority who will decide the appropriate method of investigation.

6.4 The Complaints procedure of the employing authority will be followed to investigate the complaint.

6.5 Following the investigation, the Local Supervising Authority Midwifery Officer would have the right of appeal in accordance with the employing authorities Appeals Procedure.

6.6 The Local Supervising Authority Midwifery Officer will be offered a de-briefing and support for the future.

References:

LSA Standard in relation to NMC Midwives rules and standards (2004) Rule 14 and 15

Local Employing Bodies Complaints Procedure

APPENDIX 5

PROCEDURE FOR THE TRANSFER OF MIDWIFERY RECORDS FROM SELF-EMPLOYED MIDWIVES

1. INTRODUCTION

1.1 This guideline describes the process to be followed when self-employed midwives wish to transfer their midwifery records to the Local Supervising Authority.

1.2 Nursing and Midwifery Council Rules and Standards (2004) Rule 9 (1) states:

"A practising midwife shall keep, as contemporaneously as is reasonable, continuous and detailed records of observations made, care given and medicine and any form of pain relief administered by her to a woman and a baby".

1.3 Nursing and Midwifery Council Rules and Standards (2004) Rule 9 (4) states:

"Immediately before ceasing to practise or if she finds it impossible or inconvenient to preserve her records safely, a midwife shall transfer them –
(a) if she is employed by an NHS authority, to that authority;
(b) if she is employed by a private sector employer, to that employer;
(c) if she is not covered by paragraph (a) or (b), to the Local Supervising Authority in whose area the care took place.

1.4 In this instance the records referred to in paragraph 1 shall be kept in a form approved by the Local Supervising Authority covering the midwife's main area of practice.

1.5 The Local Supervising Authority standards state that the Local Supervising Authority will "publish local procedures for the transfer of midwifery records from self-employed midwives".

2. RETENTION AND STORAGE OF PAPER OR ELECTRONIC RECORDS

2.1 A midwife must ensure that her records are not destroyed. These include records of clinical care, work diaries if they contain clinical information and file notes of information/advice which is sought or given in relation to clinical care.

2.2 The Local Supervising Authority will approve the method of retention which normally will be that the self-employed midwife will retain the records for 25 years or transfer them to the Local Supervising Authority, who will arrange safe storage for 25 years.

2.3 Any transfer of records between a midwife and the Local Supervising Authority must be duly recorded by both parties and retained with the records. The process will be subject to audit trail to ensure compliance.

2.4 It is the responsibility of self employed midwives to inform women they care for that the records may be transferred to the Local Supervising Authority.

3. GOOD PRACTICE

3.1 The Nursing and Midwifery Council offers general advice on record keeping to all registrants which is published in Guidelines for records and record keeping. Supervisors of Midwives will ensure midwives access and adhere to the guidance.

3.2 The Local Supervising Authority will liaise and inform the designated Caldicott Guardian regarding transfer of paper and or electronic records from self employed midwives.

3.3 Electronic records and paper records which have been stored on microfiche will be managed in accordance with the standards within guidelines.

REFERENCES

NMC Midwives rules and standards (2004) Rule 9
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

NMC Guidelines for records and record keeping (2005)
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1120

NMC Circular 0/2 (2007) ownership and sharing of midwifery records
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=2454

APPENDIX 5

GUIDANCE FOR SUPERVISORS ON SUSPENSION OF MIDWIVES FROM PRACTICE

1. INTRODUCTION

1.1 Suspension from practice is solely the responsibility of the Local Supervising Authority. The purpose is to protect the public and not to punish the midwife and as such must be justified as essential in the interest of public protection. Supervisors of midwives have no power to suspend a midwife from practice and they should not confuse suspension from practice with an employer's authority to suspend an employee from duty.

1.2 The midwives Rules and Standards (Nursing and Midwifery Council 2004) Rule 5 – Suspension from practice by a local supervising authority states that:

"Subject to the provisions of this rule a local supervising authority may, following an appropriate investigation (which is to include, where appropriate, seeking the views of the midwife concerned), suspend from practice:

a) A midwife against whom it has been reported a case for investigation to the Council, pending the outcome of the Council's investigation; or

b) A midwife who has been referred to a Practice Committee of the Council, pending the outcome of that referral."

2. LEGAL FRAMEWORK

2.1 The Nursing and Midwifery Order 2001 (Part V) established the Conduct and Competence Committee to investigate allegations of incompetence and misconduct, which is termed 'impaired fitness to practise' within the Order. The Nursing and Midwifery Council is required to define what is meant by lack of competence and the process by which any such allegations will be investigated.

Unfitness to practise

2.2 Fitness to practise may be impaired by:

- Misconduct:
  - misconduct is conduct which falls short of that which can reasonably be expected of a registrant;
- lack of competence:
  - a lack of knowledge, skill or judgement of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified, or seeks to practise;

- a conviction or caution:

    - the types of conviction or caution that could lead to a finding of unfitness to practise include: theft, fraud or other dishonest activities, violence, sexual offences, accessing or downloading child pornography or other illegal material from the internet, illegally dealing or importing drugs;

- physical or mental ill health:

    - health conditions that might lead to a finding that a registrant's fitness to practise is impaired include: alcohol or drug dependence and mental illness;

- other factors:

    - a finding by any other health or social care regulator or licensing body that a registrant's fitness to practise is impaired.

3. PROCESS

Alleged lack of Competence/Unfitness to Practise

3.1 When a midwife is suspected of impaired fitness to practice, lack of competence or misconduct, it is the responsibility of the Supervisor of Midwives to:

- investigate the incident/allegation as soon as possible;

- inform the Local Supervising Authority Midwifery Officer of the incident/allegation;

- write a detailed report;

- forward a copy of the report to the Local Supervising Authority.

Responsibilities of the Local Supervising Authority

3.2 It is the statutory responsibility of the Local Supervising Authority to investigate prima facie cases of lack of competence /unfitness to practise or misconduct and to determine whether there is a case to answer which requires referral of the midwife to the Nursing and Midwifery Council as laid down in Paragraph 43(1) of the Nursing and Midwifery Order (2001). The Local Supervising Authority will also determine whether there is a requirement to suspend the midwife from practice under Rule 5 of the midwives Rules and Standards (2004) in order to protect the public.

3.3 The Local Supervising Authority Midwifery Officer will undertake an independent investigation, usually involving meetings with the:

- midwife against whom the allegations have been made;
- the Supervisor of Midwives who undertook the local investigation;
- any other relevant persons.

3.4 Suspension from practice would be considered when the Local Supervising Authority has evidence following an investigation that any of the following have occurred and can no longer be supported as a local issue or is of extreme severity, such as the following:

- misconduct;
- lack of competence;
- a conviction or caution;
- physical or mental ill health;
- a finding by any other health or social care regulator or licensing body that a registrant's fitness to practise is impaired;
- a fraudulent or incorrect entry in the Nursing and Midwifery Councils register;
- failure to complete supervised practice.

3.5 Following the above, the Local Supervising Authority Midwifery Officer will:

- decide whether there are grounds or not to refer the case to the Nursing and Midwifery Council Fitness to Practise department;
- inform the midwife of the outcome of the investigation and confirm this in writing;
- inform the contact Supervisor of Midwives of the outcome if employed in an NHS Trust;
- if a period of supervised practice is set up ensure that any agreed development programme is undertaken with regular updates to the Local Supervising Authority Midwifery Officer.

3.6 The Nursing and Midwifery Council expects lack of competence to have been managed locally as far as possible, giving the registrant has been given the opportunity to address their weaknesses with clear aims and objectives and a timescale for achieving these i.e. supervised practice. If the objectives have not been met and there is no scope for improvement, or if the midwife refuses to undertake supervised practice the midwife should be suspended and referred to the Nursing and Midwifery Council.

3.7 If suspension from practice is decided upon the Local Supervising Authority will:

- confirm in writing to the midwife the decision and the reasons;
- confirm the allegations and the midwives rules and standards, and Nursing and Midwifery Council codes etc that have been breached;
- refer the matter to the Nursing and Midwifery Council;
- inform the appropriate Strategic Health Authority;
- inform the contact Supervisor of Midwives;
- inform the Head of Midwifery if employed by an NHS Trust.

Following suspension

3.8 When a midwife is suspended by the Local Supervising Authority and referred to Fitness to Practise Directorate at the Nursing and Midwifery Council the case is referred to a panel of the Investigation Committee.

3.9 The registrant is sent a copy of the allegations and supporting information and is invited to submit a written response for the panel to consider.

3.10 The panel may ask for more information, for example, may ask a solicitor to investigate, ask a registrant to undergo practice or medical assessments.

3.11 The panel of the investigating committee has to decide whether there is ‘a case to answer’. This means the panel must be reasonably satisfied both that the facts of an allegation are capable of being proved and that if proved those facts could lead to a finding that the registrant’s fitness to practise is impaired.

3.12 If the panel finds there is no case to answer it will close the case. If it finds there is a case to answer, it will refer the case either to the Conduct and Competence Committee or to the Health Committee.

3.13 The Interim Suspension Panel of the Investigation Committee must consider whether or not to make an interim suspension order or interim conditions of practice order in respect of the midwife concerned.

3.14 Where the Interim Suspension Panel does not uphold the suspension order the Local Supervising Authority must revoke the suspension.

3.15 If the Interim Suspension Panel does make an interim suspension order but that order is subsequently revoked, the Local Supervising Authority must revoke their suspension.

4. LOCAL SUPERVISING AUTHORITY APPEALS PROCESS

4.1 The Local Supervising Authority shall notify the midwife in writing of the process for appeal against any decision. If a midwife is suspended from practice by a Local Supervising Authority, a hearing by the Interim Suspension Panel of the Investigating Committee or Health Committee is arranged by the Nursing and Midwifery Council Fitness to Practise Department to review the complaint against the midwife. The midwife is entitled to attend this hearing with representation should he/she wish, to answer questions and to give their views of the allegations against them. The Interim Suspension Panel can decide to uphold the Local Supervising Authority suspension from practice by replacing it with an interim suspension order. If this is not the case the Local Supervising Authority must revoke the suspension.

4.2 Where the Local Supervising Authority Midwifery Officer has suspended a midwife registrant from practice following investigation the midwife has the right to appeal to the Local Supervising Authority against the process of the investigation. The midwife must lay out the concerns in writing within 21 days of receipt of the notification of the decision to suspend him/her. The Local Supervising Authority will use Strategic Health Authority (or equivalent) complaints procedures to manage and deal with the complaint.

REFERENCES

HMSO (2002) Part V Fitness to Practise. Part VIII Midwifery. *Nursing & Midwifery Order 2001* Statutory Instrument 2002 No.253**.** www.hmso.gov.uk/si/si2002/20020253.htm

London LSA (2005) *Guidance for Supervisors on Suspension of Midwives from Practice* http://www.midwife.org.uk/

London LSA (2005) *Procedure for Suspension of a Midwife from Practice by the LSA* http://www.midwife.org.uk/

NMC (2004) *Midwives rules and standards* - Rule 5 – Suspension from practice by a local supervising authority. http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

NMC (2004) *Reporting lack of competence: A guide for employers and managers* http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=66

NMC (2004) *Reporting unfitness to practise: A guide for employers and managers* http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=65

APPENDIX 5

APPENDIX 5

GUIDANCE FOR POOR PERFORMANCE AND DE-SELECTION OF SUPERVISORS OF MIDWIVES

1. INTRODUCTION

1.1 These guidelines have been developed in order to support Supervisors of Midwives and midwives, in identifying poor performance on the part of a Supervisor of Midwives and to clearly outline the process for removal from appointment (Nursing and Midwifery Council 2004).

1.2 In the case of sub optimal performance, removal from appointment may be indicated. Removal from appointment of a Supervisor of Midwives should never be undertaken lightly, but may need to be implemented in the best interests of the individual Supervisor, mothers, babies and midwives.

Identifying Poor Performance

1.3 Supervisors of Midwives should develop, as part of their local philosophy and framework for statutory supervision, a mechanism for midwives and/or Supervisors of Midwives to report incidents of poor or inappropriate supervision.

1.4 Evidence of sub-standard performance of a Supervisor of Midwives may emerge from sources such as failure to undertake annual reviews, failure to undertake investigation of suspected poor practice, failure to meet the Local Supervising Authority standards for supervision or failure to provide adequate support for midwives. These examples are only a guide. Circumstances will differ depending on the local situation.

1.5 The Local Supervising Authority may receive evidence of inadequate or poor performance on the part of a Supervisor of Midwives from Supervisor of Midwives colleagues, midwives or women.

Improving Poor Performance

1.6 The Local Supervising Authority will ensure that all action taken as a result of alleged sub-standard performance by a Supervisor of Midwives is done so in a fair and consistent manner.

1.7 The Local Supervising Authority Midwifery Officer will fully investigate all allegations made against the Supervisor of Midwives. This will usually be undertaken with the help of another experienced Supervisor of Midwives.

1.8 The Local Supervising Authority will notify the Supervisor of Midwives concerned that her supervisory practice has been questioned and enable her to prepare her evidence and details of any mitigating circumstances.

1.9 Possible outcomes following the investigation are as follows:

- no case to answer – events documented, no further action to be taken;
- a period of retraining/updating with agreed outcomes and regular review;
- removal from appointment as Supervisor of Midwives;
- referral to the Nursing and Midwifery Council where unsatisfactory supervisory performance is proven.

1.10 If a period of retraining/updating is decided upon an appropriate mentor Supervisor of Midwives to support the Supervisor of Midwives will be identified. Clear objectives and a time scale for achievement will be agreed. Regular dates for review of progress will be set.

1.11 If achievement of the objectives is evident, the Supervisor of Midwives will continue in the role with appropriate support and no further action is required.

1.12 If the Supervisor of Midwives fails to achieve the agreed objectives, the Local Supervising Authority in consultation with the mentor Supervisor of Midwives and the Supervisor of Midwives concerned may set new objectives to be achieved within a new time scale.

1.13 However, if the Supervisor of Midwives consistently fails to meet the agreed objectives, the Local Supervising Authority may take the decision to remove from appointment. The concerns of the Local Supervising Authority will be discussed with the Nursing and Midwifery Council in accordance with Rule 14 (NMC 2004).

Removal from Appointment of a Supervisor of Midwives

1.14 Removal from appointment may need to be considered:

- when the safety of mothers and babies has been compromised;
- following the investigation of complaints by midwives – which have been substantiated;
- there has been a breach in confidentiality;
- evidence of failure to fulfil Rule 11 (6) of Midwives Rules and Standards;
- evidence of misconduct (removal from appointment may follow a disciplinary process).

1.15 It is recommended that removal from appointment of a Supervisor of Midwives occurs when:

- the standard of supervision falls below that which is deemed acceptable by the Local Supervising Authority as measured against the standards for supervision;
- there is evidence of consistent failure by the Supervisor of Midwives to fulfil the duties as confirmed by annual audit (ENB 1999);
- the Supervisor of Midwives fails to achieve agreed objectives following investigation into allegations of poor performance.

1.16 The appointment of a Supervisor of Midwives is to a particular Local Supervising Authority, for example a Strategic Health Authority. If a Supervisor of Midwives is removed from appointment, the responsibility for the statutory supervision of midwives is relinquished and her/his name will automatically be removed from the database of Supervisors of Midwives both at the Local Supervising Authority and Nursing and Midwifery Council.

1.17 The Local Supervising Authority Midwifery Officer will notify the following that the Supervisor is to be removed from the Local Supervising Authority database as a practising Supervisor of Midwives:

- the Nursing and Midwifery Council;
- the Supervisor of Midwives professional manager;
- the Local Supervising Authority Consortium representative within the relevant Strategic Health Authority;
- re-instatement of supervisory status is only possible by re-application.

Appeal Process

1.18 The Supervisor of Midwives concerned has the right of appeal against the decision made by the Local Supervising Authority Midwifery Officer. In the event of an appeal, the case will be reviewed by another Local Supervising Authority Midwifery Officer and an experienced Supervisor of Midwives. The appeal should be received within three weeks of the date of the initial meeting with the Local Supervising Authority Midwifery Officer.

1.19 This decision will be final.

REFERENCES

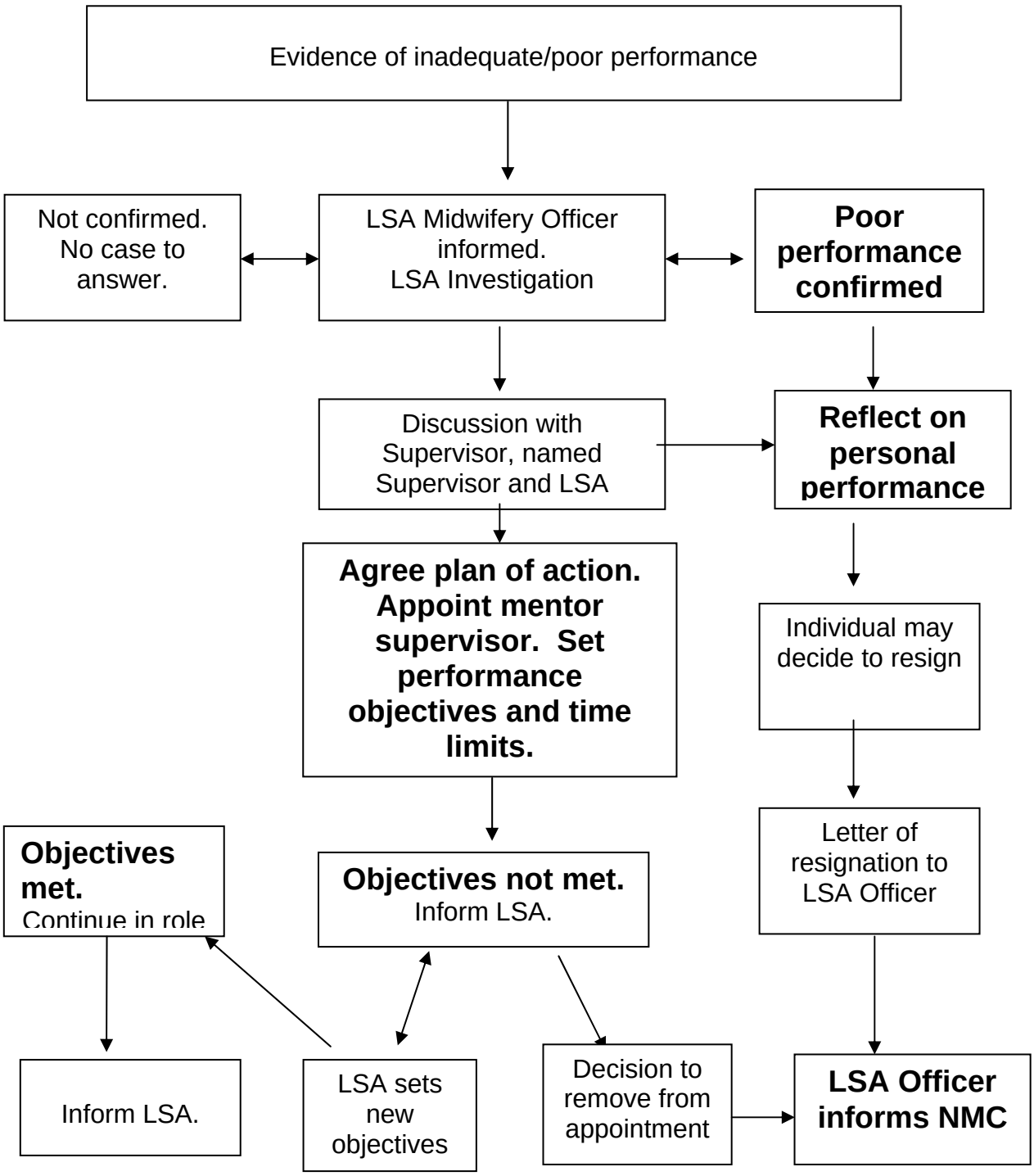
Nursing and Midwifery Council (2004) *Midwives rules and standards*. London; NMC

English National Board (1999) *Advice and Guidance for Local Supervising Authorities and Supervisors of Midwives*. Chiltern Press. Luton.

Date: October 2003
Prepared by: LSA National Forum, England
Revised: November 2004
Review Date: November 2007

APPENDIX 5

FLOW CHART FOR INADEQUATE/POOR PERFORMANCE OF A SUPERVISOR OF MIDWIVES



APPENDIX 5

APPENDIX 5

GUIDELINE PREPARATION PROCESS

1. INTRODUCTION

1.1 This guideline describes the process for the writing, review and dissemination of Local Supervising Authority National Forum guideline for the statutory supervision of midwives. The guidelines are written in order to support Supervisors of Midwives in their role and to ensure that the statutory requirements are met.

1.2 It must be emphasised that there are occasions when additional advice and guidance may be sought from the Local Supervising Authority Midwifery Officers .

2. GUIDELINE LAYOUT

2.1 The process of writing and ratification of the guideline will be on the first page. The national template will be used. Arial font 12, justified will be the standard.

Header

2.2 The header will be the full title of the "Local Supervising Authority National Forum guidelines for the statutory supervision of midwives. Each page of the guideline will have the 'Protecting the public through statutory supervision of midwives' logo in the top left hand corner.

Title

2.3 This should be succinct but clear, with a subtitle where necessary.

Front Page

2.4 The front page should include:

- guideline produced by;
- guideline production date;
- consultation process ;
- draft produced by;
- draft reviewed by;
- guideline approved by;
- guideline approval date;
- guideline Implementation date;
- guideline review date;

- Local Supervising Authority Midwifery Officer identified for archiving guideline;
- disclaimer “Paper copies of this guideline may not be the most recent version”. The definitive version is held at the Local Supervising Authority Office).

Introduction

2.5 This section will give explanation as to the reason for the guideline e.g. NMC (2004) Midwives rules and standards.

Process

2.6 All guidelines will be robust and clear, based on the best available evidence. Cross-references of other guidelines must be clearly identified.

References

2.7 All references should be recorded using the Harvard system.

Footer

2.8 The footer should contain the following information in order:

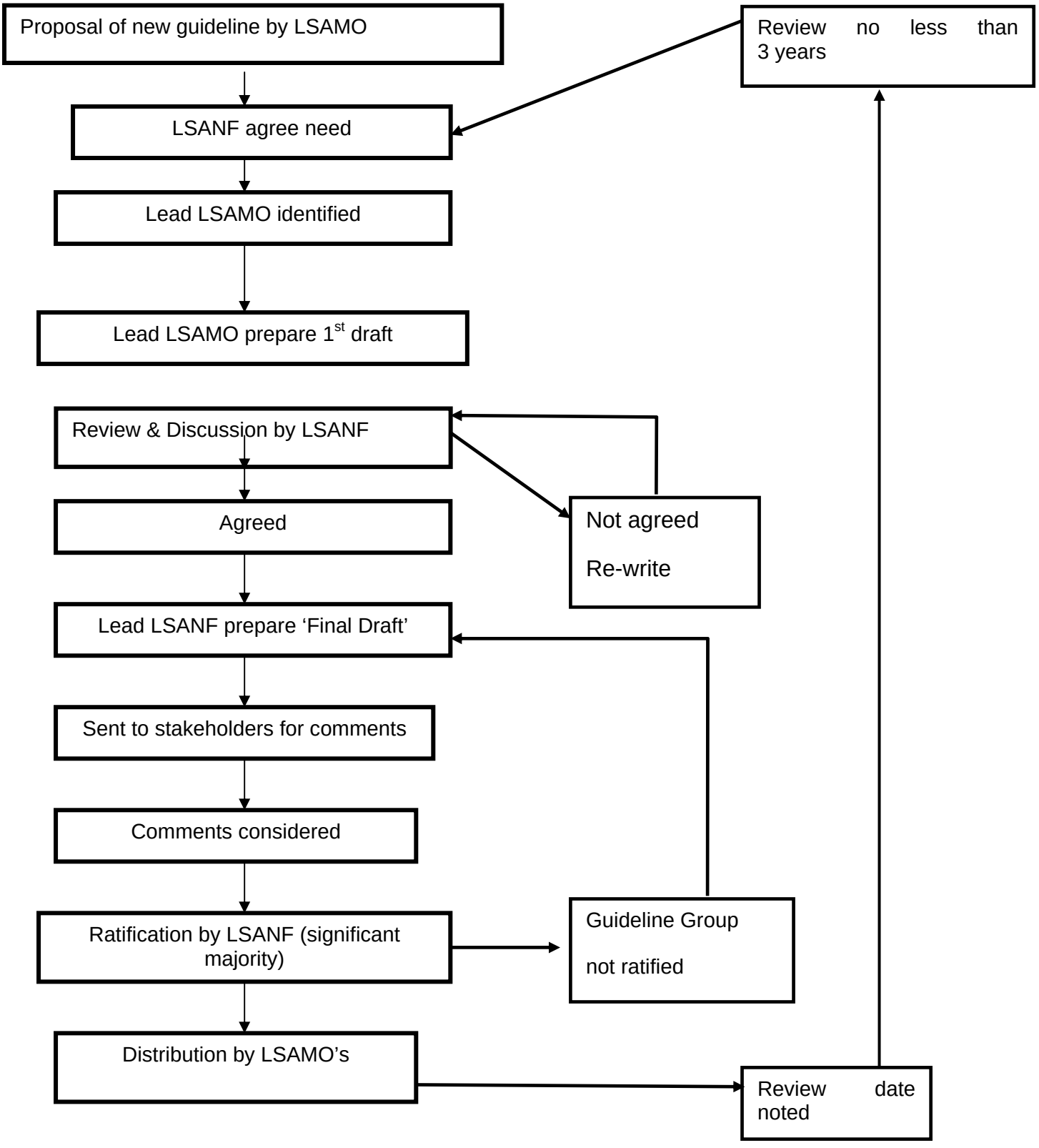
- page order should be noted e.g. Page 1 of 4;
- version X (this is 1 at first writing and follows on after review dates);
- review date – 3 years after revision date (e.g. November 2008).

Reference

2.9 East Midlands and South Yorkshire Guideline and Education Group (April 2006) Guideline Writing.

APPENDIX 5

NATIONAL GUIDELINE PREPARATION PROCESS



APPENDIX 5

APPENDIX 6

NUMBER OF NEWLY DESIGNATED SUPERVISORS OF MIDWIVES AND NUMBER OF DESELECTIONS

This appendix sets out the number of newly designated supervisors of midwives and the number of deselections.

APPENDIX 6

NUMBER OF NEWLY DESIGNATED SUPERVISORS OF MIDWIVES AND NUMBER OF DESELECTIONS

Name	Date of Appointment	Date of Deselection	Hospital
J Atkin	01.11.2006		Yeovil
A Barling	25.09.2006		Royal Devon and Exeter
S Bowler	01.11.2006		Yeovil
V Chappell	01.04.2006		Royal Bournemouth
R Cullimore	01.11.2006		Gloucester
L Damsell	01.08.2006		United Bristol
D Davies	31.08.2006		Royal Devon and Exeter
J Gamlin	25.09.2006		Weston super Mare
C Haken	08.08.2006		Bournemouth
A Harris	26.09.2006		North Bristol
R Hilan-Sandmeier	26.09.2006		North Bristol
S Loven	01.08.2006		Bournemouth
M Metcalfe	01.08.2006		Salisbury
H Parker	08.08.2006		South Devon
M Patterson	08.08.2006		Royal Devon and Exeter
S Reading	01.08.2006		Taunton and Somerset
L Thomson	25.09.2006		Guernsey
R Weston	08.08.2006		North Devon
K Harrison		01.10.2006	Royal Devon and Exeter
J Hawke		14.06.2006	
H Wright		10.07.2006	Tiverton
V Marshall		02.07.2006	
L McCann		31.12.2006	
M O'Brien		02.07.2006	Plymouth
D Oliver		01.08.2006	
H Tilke		01.10.2006	
A williams		10.07.2006	Plymouth

APPENDIX 6

APPENDIX 7

CLINICAL ACTIVITY

This appendix sets out the clinical activity.

APPENDIX 7

Trust Maternity Units	Total Women delivered (All births)	Home Births		Born Before Arrival		Waterbirths		Stillbirths		Planned inductions		Accelerated labours		Episiotomies		Epidurals with vaginal delivery		Planned Caesareans		Emergency Caesareans		Forceps		Ventouse		Breech	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	**2,546**	52	2	10	0		0	12	0	658	26	402	16	142	6	502	20	285	11	304	12	164	6	249	10	8	0
Gloucestershire Royal Hospitals NHS Foundation Trust	**2,781**	18	1	4	0	142	5	18	1	495	18	130	5	413	15	340	12	358	13	153	6	223	8	24	1	0	0
Gloucestershire PCT Maternity services (Stroud)	**314**	71	23	5	2	82	26		0		0		0	8	3		0		0		0		0		0		0
North Bristol NHS Trust	**5,112**	137	3	23	0	58	1	23	0	1,039	20	885	17	224	4	886	17	675	13	910	18	244	5	379	7	20	0
North Devon NHS Trust	**1,517**	73	5	8	1	83	5	6	0	222	15	113	7	86	6	209	14	192	13	173	11	32	2	72	5	4	0
Poole Hospitals NHS Trust	**3,655**	58	2	6	0	81	2	25	1	779	21	189	5	118	3	727	20	77	2	242	7	414	11	210	6	272	7
Plymouth Hospitals NHS Trust	**4,150**	140	3	11	0	30	1	35	1	826	20	1,503	36	461	11	637	15	287	7	576	14	178	4	389	9	32	1
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	**500**	107	21	15	3	138	28	0	0		0		0	7	1		0		0		0		0		0	2	0
Royal Cornwall Hospitals NHS Trust			#####		#####		#####		#####		#####		#####		#####		#####		#####		#####		#####		#####		#####
Royal Devon & Exeter NHS Foundation Trust	**3,575**	102	3	10	0	146	4	29	1	728	20	565	16	101	3	331	9	415	12	415	12	65	2	232	6	15	0
Salisbury NHS Foundation Trust	**1,886**	97	5	9	0	90	5	3	0	260	14	213	11	38	2	148	8	470	25	339	18	103	5	143	8	18	1
South Devon Healthcare NHs Trust	**2,374**	271	11	23	1	81	3	5	0	452	19		0	70	3	503	21	198	8	287	12	63	3	188	8	16	1
Swindon & Marlborough NHS Trust	**3,559**	33	1	14	0	44	1	20	1	435	12	154	4	676	19	397	11	537	15	46	1	367	10	23	1	1	0
Taunton & Somerset NHS Trust	**2,967**	71	2	17	1	36	1	11	0		0		0		0		0		0		0		0		0		0
United Bristol Healthcare NHS Trust	**4,902**	97	2	33	1	51	1	25	1	1,069	22	806	16	313	6	756	15	542	11	618	13	323	7	311	6	17	0
West Dorset General Hospital NHS Trust	**1,919**	68	4	1	0	32	2	3	0	598	31	117	6	117	6	164	9	164	9	249	13	53	3	101	5	10	1
Weston Area Health NHs Trust	**1,973**	27	1	2	0	0	0		0		0		0		0		0		0		0		0		0		0
Wiltshire PAW Acute and Bath Mwled	**5,192**	126	2		0	149	3	38	1	635	12		0	688	13		0	407	8	660	13	149	3	472	9	38	1
Yeovil District Hospital NHS Foundation Trust	**1,280**	30	2		0		0		0		0		0		0		0		0		0		0		0		0
Total South West	**50,202**	**1,578**	**3**	**191**	**0**	**1,243**	**2**	**253**	**1**	**8,196**	**16**	**5,077**	**10**	**3,462**	**7**	**5,600**	**11**	**4,607**	**9**	**4,972**	**10**	**2,378**	**5**	**2,793**	**6**	**453**	**1**
Female Mid Year Population Estimates for South West (15 ~49)	**1,130,300**																										
Percentage giving birth	**4.44**																										

Trust Maternity Units	Total Women delivered (All births)	Midwifery Led Care		Initiating Breast Feeding		Maternal Death		Medical Terminations		No of in-utero transfers - In		Neo-natal transfers - In		Number of in-utero transfers - out		Neo-natal transfers - out		Nett Effect	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	**2,546**	916	36	2,019	79		0		0	17	1	56	2	50	2	25	1	(-2)	0
Gloucestershire Royal Hospitals NHS Foundation Trust	**2,781**	1,735	62	2,063	74		0		0	17	1	31	1	35	1	35	1	(-22)	(-1)
Gloucestershire PCT Maternity services (Stroud)	**314**	1,793	571	261	83	1	0		0	133	42		0		0	10	3	123	39
North Bristol NHS Trust	**5,112**	3,063	60	3,714	73	2	0		0		0		0		0		0	0	0
North Devon NHS Trust	**1,517**	1,039	68	1,117	74		0		0	3	0	9	1	28	2	15	1	(-31)	(-2)
Poole Hospitals NHS Trust	**3,655**	14	0	2,910	80		0	18	0		0	60	2	26	1	158	4	(-124)	(-3)
Plymouth Hospitals NHS Trust	**4,150**	2,158	52	2,933	71		0		0		0		0		0		0	0	0
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	**500**	2,327	465	450	90		0		0	150	30		0	19	4		0	131	26
Royal Cornwall Hospitals NHS Trust			#####		#####		#####		#####		#####		#####		#####		#####	0	#####
Royal Devon & Exeter NHS Foundation Trust	**3,575**	1,921	54	2,533	71		0	8	0	30	1	52	1	5	0	34	1	43	1
Salisbury NHS Foundation Trust	**1,886**	1,087	58	690	37		0		0	44	2		0	36	2		0	8	0
South Devon Healthcare NHs Trust	**2,374**	1,622	68		0		0		0	39	2		0		0	46	2	(-7)	0
Swindon & Marlborough NHS Trust	**3,559**	782	22	2,718	76	10	0	20	1	11	0		0	29	1	27	1	(-45)	(-1)
Taunton & Somerset NHS Trust	**2,967**	1,973	66	2,099	71		0		0		0		0		0		0	0	0
United Bristol Healthcare NHS Trust	**4,902**	3,226	66	3,734	76	3	0		0	45	1		0		0	174	4	(-129)	(-3)
West Dorset General Hospital NHS Trust	**1,919**	1,342	70	1,443	75		0	3	0		0		0		0		0	0	0
Weston Area Health NHs Trust	**1,973**	593	30	294	15		0		0		0		0		0		0	0	0
Wiltshire PAW Acute and Bath Mwled	**5,192**	3,433	66	3,955	76		0		0	383	7		0		0		0	383	7
Yeovil District Hospital NHS Foundation Trust	**1,280**		0		0		0		0		0		0		0		0	0	0
Total South West	**50,202**	**29,024**	**58**	**32,933**	**66**	**16**	**0**	**49**	**0**	**872**	**2**	**208**	**0**	**228**	**0**	**524**	**1**	**328**	**1**

APPENDIX 7

Trust Maternity Units	Total Women delivered (All births)	Home Births		Born Before Arrival		Waterbirths		Stillbirths		Planned inductions		Accelerated labours		Episiotomies		Epidurals with vaginal delivery		Planned Caesareans		Emergency Caesareans		Forceps		Ventouse		Breech	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	**2,692**	57	2	21	1	64	2	9	0	635	24	410	15	136	5	549	20	287	11	354	13	204	8	223	8	9	0
Gloucestershire Royal Hospitals NHS Foundation Trust	**2,958**	16	1	18	1	92	3	23	1	692	23	504	17	132	4	432	15	362	12	382	13	192	6	293	10	18	1
Gloucestershire PCT Maternity services (Stroud)	**336**	78	23	7	2	106	32	1	0	0	0	0	0	8	2	0	0	0	0	0	0	0	0	0	0	0	0
North Bristol NHS Trust	**5,471**	177	3	38	1	62	1	24	0	1,048	19	3,734	68	264	5	844	15	590	11	752	14	312	6	388	7	12	0
North Devon NHS Trust	**1,521**	85	6	7	0	72	5	8	1	233	15	134	9	66	4	182	12	165	11	214	14	27	2	93	6	7	0
Poole Hospitals NHS Trust	**3,974**	44	1	9	0	126	3	17	0	886	22		0	137	3	933	23	374	9	214	5	27	1	225	6	15	0
Plymouth Hospitals NHS Trust	**4,663**	113	2	11	0	29	1	27	1	914	20	1,624	35	340	7	1,144	25	863	19	72	2	147	3	522	11	47	1
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	**548**	47	9	6	1	176	32	0	0	0	0	58	11	6	1	0	0	0	0	0	0	0	0	1	0	0	0
Royal Cornwall Hospitals NHS Trust	**4,194**	300	7	12	0	133	3	22	1		0		0		0	649	15	244	6	427	10	507	12		0	27	1
Royal Devon & Exeter NHS Foundation Trust	**3,586**	149	4		0		0	23	1	673	19		0		0		0	401	11	453	13	97	3	222	6	16	0
Salisbury NHS Foundation Trust	**2,247**	131	6	7	0	0	0	11	0	292	13		0	32	1	281	13	209	9	365	16	151	7	120	5	7	0
South Devon Healthcare NHs Trust	**2,468**	291	12	19	1	102	4	15	1	468	19		0		0	526	21	160	6	355	14	77	3	205	8	19	1
Swindon & Marlborough NHS Trust	**3,770**	32	1	16	0	50	1	11	0	1,020	27	233	6	206	5	688	18	362	10	529	14	118	3	384	10	10	0
Taunton & Somerset NHS Trust	**3,060**	174	6	14	0	126	4	38	1	0	0	0	0	0	0	0	0	309	10	404	13	132	4	167	5	20	1
United Bristol Healthcare NHS Trust	**5,128**	102	2	29	1	32	1	25	0	1,181	23	891	17	283	6	866	17	540	11	573	11	306	6	394	8	26	1
West Dorset General Hospital NHS Trust	**2,023**	71	4	2	0	63	3	8	0	385	19	571	28	105	5	177	9	179	9	145	7	60	3	192	9	9	0
Weston Area Health NHs Trust	**282**	22	8	5	2	1	0	1	0	0	0		0		0		0		0		0		0		0	0	0
Wiltshire PAW Acute and Bath Mwled	**5,038**	83	2	10	0	57	1	14	0	548	11	534	11	595	12	587	12	351	7	680	14	241	5	429	9	27	1
Chippenham	**546**	22	4	9	2	141	26	0	0		0		0	17	3		0		0		0		0	6	1	1	0
Trowbridge	**391**	9	2	10	3	63	16	0	0		0		0	22	6		0		0		0		0		0		0
Shepton Mallett	**83**	2	2	1	1	7	8	0	0		0		0	2	2		0		0		0		0		0	0	0
Yeovil District Hospital NHS Foundation Trust	**1,375**	49	4	6	0	3	0	6	0	295	21	191	14	48	3	248	18	125	9	197	14	55	4	78	6	3	0
Total South West	**56,354**	**2,054**	**4**	**257**	**0**	**1,505**	**3**	**283**	**1**	**9,270**	**16**	**8,884**	**16**	**2,399**	**4**	**8,106**	**14**	**5,521**	**10**	**6,116**	**11**	**2,653**	**5**	**3,942**	**7**	**273**	**0**
Female Mid Year Population Estimates for South West (15 ~49)	**1,130,300**																										
Percentage giving birth	**4.99**																										
Guernsey Health & Social services	**634**	8	1	4	1	0	0	1	0	51	8	49	8	26	4		0	78	12	73	11.5	17	3	54	9	0	0
Jersey General Hospital	**965**	5	1	3	0	6	1	2	0	179	19		0	39	4	76	8	88	9	149	15.4	38	4	99	10	2	0
Total Channel Islands	**1,599**	**13**	**1**	**7**	**0**	**6**	**0**	**3**	**0**	**230**	**14**	**49**	**3**	**65**	**4**	**76**	**5**	**166**	**10**	**222**	**14**	**55**	**3**	**153**	**10**	**2**	**0**
Total South West and Channel Islands	**57,953**	**2,067**	**4**	**264**	**0**	**1,511**	**3**	**286**	**0**	**9,500**	**16**	**8,933**	**15**	**2,464**	**4**	**8,182**	**14**	**5,687**	**10**	**6,338**	**11**	**2,708**	**5**	**4,095**	**7**	**275**	**0**

Trust Maternity Units	Total Women delivered (All births)	Midwifery Led Care		Initiating Breast Feeding		Maternal Death		Medical Terminations		No of in-utero transfers - In		Neo-natal transfers - In		Number of in-utero transfers - out		Neo-natal transfers - out		Nett Effect	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	**2,692**	1,695	63	2,187	81	1	0	2	0	53	2	44	2	14	1	38	1	45	2
Gloucestershire Royal Hospitals NHS Foundation Trust	**2,958**	1,853	63	1,971	67	2	0		0	38	1	40	1	166	6	92	3	(-180)	(-6)
Gloucestershire PCT Maternity services (Stroud)	**336**	432	129	282	84	1	0	0	0	114	34	0	0	0	0	4	1	110	33
North Bristol NHS Trust	**5,471**	1,222	22	3,975	73	1	0	21	0		0		0		0		0	0	0
North Devon NHS Trust	**1,521**	1,026	67	1,095	72		0		0	27	2	15	1	4	0	26	2	12	1
Poole Hospitals NHS Trust	**3,974**	4,029	101	2,822	71	0	0	8	0	28	1	43	1	165	4	22	1	(-116)	(-3)
Plymouth Hospitals NHS Trust	**4,663**	2,932	63	3,173	68	1	0	19	0		0		0		0		0	0	0
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	**548**		0	478	87	0	0	0	0	182	33	0	0	0	0	28	5	154	28
Royal Cornwall Hospitals NHS Trust	**4,194**	2,979	71	2,460	59	2	0	16	0	11	0	2	0	4	0	21	1	(-12)	0
Royal Devon & Exeter NHS Foundation Trust	**3,586**		0		0	0	0	14	0		0		0		0		0	0	0
Salisbury NHS Foundation Trust	**2,247**	1,030	46	1,663	74	0	0		0	14	1	28	1	5	0	18	1	19	1
South Devon Healthcare NHs Trust	**2,468**	1,841	75	1,950	79		0	21	1	39	2		0		0	50	2	(-11)	0
Swindon & Marlborough NHS Trust	**3,770**	2,414	64	2,941	78	0	0	21	1	15	0	22	1	28	1	44	1	(-35)	(-1)
Taunton & Somerset NHS Trust	**3,060**	2,256	74	2,479	81	1	0	27	1	34	1		0	46	2		0	(-12)	0
United Bristol Healthcare NHS Trust	**5,128**	3,284	64	3,747	73	1	0	406	8	19	0		0		0		0	19	0
West Dorset General Hospital NHS Trust	**2,023**	1,275	63	1,618	80	2	0	27	1	20	1	1	0	11	1	15	1	(-5)	0
Weston Area Health NHs Trust	**282**	568	201	280	99	0	0	20	7	100	35	0	0	0	0	10	4	90	32
Wiltshire PAW Acute and Bath Mwled	**5,038**	1,995	40	2,987	59	0	0	18	0	34	1		0		0		0	34	1
Chippenham	**546**	546	100	467	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trowbridge	**391**	391	100	308	79		0	0	0		0		0		0		0	0	0
Shepton Mallett	**83**	83	100	69	83	0	0	0	0		0		0		0		0	0	0
Yeovil District Hospital NHS Foundation Trust	**1,375**	914	66	1,091	79		0	10	1	22	2	0	0	0	0	14	1	8	1
Total South West	**56,354**	**32,765**	**58**	**38,043**	**68**	**12**	**0**	**630**	**1**	**750**	**1**	**195**	**0**	**443**	**1**	**382**	**1**	**120**	**0**
Guernsey Health & Social services	**634**	0	0	446	70.4	0	0	4	1		0		0		0		0	0	0
Jersey General Hospital	**965**	585	61	783	81.1	0	0	14	1		0		0		0		0	0	0
Total Channel Islands	**1,599**	**585**	**37**	**1229**	**76.9**	**0**	**0**	**18**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total South West and Channel Islands	**57,953**	**33,350**	**58**	**39,272**	**67.8**	**12**	**0**	**648**	**1**	**750**	**1**	**195**	**0**	**443**	**1**	**382**	**1**	**120**	**0**

APPENDIX 7

NHS South West Midwifery Age Profile (Excluding Bank Staff)

	< 30	30 ~ 34	35 ~ 39	40 ~ 44	45 ~ 49	50 ~ 54	55 ~ 59	60 +	Total
Midwifery Managers		1	1	5	9	6	2		**24**
Midwifery Modern Matrons	1		1	3	5	5	2	1	**18**
Registered Midwives	256	219	300	510	481	317	154	45	**2282**
Total Registered Midwives	**257**	**220**	**302**	**518**	**495**	**328**	**158**	**46**	**2324**