NHS
South West

The NHS South West (Local Supervising Authority) Annual Report 2007/08

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South West Strategic Health Authority

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Paper for the meeting of the South West Strategic Health Authority on 25 September 2008	
Author	Val Beale Local Supervising Authority Midwifery Officer
Responsible Director	Liz Redfern Director of Patient Care and Nursing
Main aim	To meet the statutory requirement as set out by the Nursing and Midwifery Council
Outcome of equality impact assessment process	The Nursing and Midwifery Council format for this paper and the supporting audit process does not include an equality assessment
Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales/review dates as applicable	Issues raised with Maternity Policy Lead
Groups/individuals consulted with as part of the impact assessment	Nil
Link to strategic objectives and priorities	Meets statutory requirements
Risk Register	Not currently on Register
Risks identified if not on risk register	Individual organisations not meeting requirement
Current controls to reduce risk	Audit and review plus Annual Report
Options/recommendations	Annual review
Resources implications	Nil
Details of residual risk following recommendations	Nil
Any legal implications or links to legislation	Yes – Nursing and Midwifery Order 2001, Midwives Rules (Nursing and Midwifery Council requirements)
Freedom of information including restrictions	Published on the website of the Authority – no restrictions
Public involvement history	Lay representation throughout the audit process but not with the actual content of the report
Previous considerations	Nil

Preface

The Nursing and Midwifery Council require the submission of an Annual Report by the Local Supervising Authority by 28 September 2008.

This report sets out how the South West Strategic Health Authority (as Local Supervising Authority) has achieved and maintained the supervision of midwives within its jurisdiction, in accordance with the standards set by the Nursing and Midwifery Council.

Sir Ian Carruthers OBE
Chief Executive
8 August 2008

South West Strategic Health Authority

The NHS South West (Local Supervising Authority) Annual Report 2007/08

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South West Strategic Health Authority

The NHS South West (Local Supervising Authority)
Annual Report 2007/08

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 are 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 and Standards (2004).

1.3 Rule 16 requires the submission of an Annual Report from the Local Supervising Authority, by 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 requires the Chief Executive to sign off the report, in order to assure them 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 2007/08 have been achieved, namely:

- Framework:
  - ∗ the South West Strategic Health Authority carries responsibility for the Local Supervisory function, to ensure that the standards set within the Midwives Rules (Nursing and Midwifery Council 2004) have been met;
- National Standards and Guidance:
  - ∗ development of new guidelines;
  - ∗ review and update of established national guidelines;

- Quality Assurance:

    * ensuring review mechanisms are in place for auditing statutory supervision of midwives and midwifery practice;

    * maintaining consistent Local Supervising Authority standards for the statutory supervision of midwives (National Guidelines now in place);

- Networks and Relationships:

    * maintaining effective relationships with key stakeholders, for example, the Department of Health, Nursing and Midwifery Council, Healthcare Commission and the National Patient Safety Agency;

    * developing new relationships with organisations, such as Care Services Improvement Partnership and commissioners in Primary Care Trusts;

    * encouraging public involvement by engagement with service users;

- Professional Leadership:

    * providing professional leadership in response to national policy and emerging local service development;

- Regulation:

    * actively informing and influencing debate about professional regulation of midwives;

    * responding to Department of Health documents,

    * working with the Nursing and Midwifery Council to further develop standards for supervision;

- Key issues for 2008/09 include:

    * continued work towards the National Service Framework for Children, Young People and Maternity Services (Standard 11);

    * working towards the targets set within Every Child Matters and Maternity Matters;

    * workforce issues;

    * strategic intent, with implementation of maternity care pathways and issues identified within the recent local review of Maternity Services by the Clinical Pathway Group established as part of The NHS Next Stage Review: Our NHS, Our Future.

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 2007 to 31 March 2008. The report includes the activities and achievements of the maternity units and the Local Supervising Authority Midwifery Officer.

1.3 The purpose of the report is to inform the South West Strategic Health Authority, Nursing and Midwifery Council and the public how the Local Supervising Authority of NHS South West has met the standards within the Midwives Rules and Standards (2004).

1.4 The report will be made available to the public via the website of the South West Strategic Health Authority.

1.5 The Local Supervisory function was carried out during this period by one full-time Midwifery Officer, Val Beale, and a part-time administrative assistant.

1.6 The South West has a population of 5.1 million. Although the South West is the healthiest place to live in England, this masks inequalities. There are wide socio-economic variations between neighbouring communities.

1.7 The total number of babies born in the South West in 2007/08 was 56,381 compared to 56,354 in 2006/07. Anecdotally, maternity units have reported a significant rise in the current birth rate, but this is not evidenced by the birth figures.

1.8 The appendices in this report contain information relating to clinical activity.

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.

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 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. Under special contractual arrangement, the States of Jersey and States of Guernsey 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.

3.5 The contact details for Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority, and Val Beale, Local Supervising Authority Midwifery Officer, can be found at Appendix 1.

4. The Standards for Local Supervising Authorities

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

- Article 43 (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)
  - ∗ 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.

4.2 The current Midwives Rules and Standards came into force on 1 August 2004.

5. NHS South West Local Supervising Authority

5.1 There are 16 acute units with 15 stand alone midwifery units. The units are listed in Appendix 2. 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 31 March each year.

5.3 A total of 2,732 midwives notified their intention to practise within the boundary of NHS South West during 2007/08.

5.4 There were 15 midwives who notified their intention to practise as "self-employed" during 2007/08.

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. The core functions of the Midwifery Officer are to:

- ensure that frameworks exist to provide equitable supervision for all midwives;
- provide a framework of support for supervisory and midwifery practice;
- ensure that communication networks facilitate the effective exchange of information between Local Supervising Authorities, statutory bodies supervisors and midwives;
- manage the "Intention to Practise" process;
- ensure that each midwife meets statutory requirements and is eligible to practise;
- investigate cases of alleged impairment to practise;
- determine when to suspend a midwife from practice;
- ensure the safe preservation of supervisory and midwifery records;
- lead the development of standards and audit of supervision;
- manage the appointment of Supervisors of Midwives;

- ensure the provision of initial and ongoing education for supervisors of midwives;
- publish Local Supervising Authority procedures and a written Annual Report for the Nursing and Midwifery Council.

Objectives of the NHS South West Local Supervising Authority

5.6 The objectives of the NHS South West Local Supervisory Authority are to:

- discharge the statutory function as specified in the Nursing and Midwifery Council Rules and Standards;
- ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision;
- promote excellence in midwifery practice and statutory supervision through audit and the dissemination of good practice;
- provide leadership and guidance to Supervisors of Midwives within NHS South West.

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 NHS South West Local Supervisory Annual Report will be available for broad dissemination following formal submission to the Nursing and Midwifery Council on 30 September 2008. It will be sent to local NHS Trusts, key stakeholders and the public. It will be available as a hard copy, or electronic version. The report will also be available through the website of the South West Strategic Health Authority: www.southwest.nhs.uk. The Annual Report for 2006/07 was also circulated widely, with 40 copies sent to various organisations. There were specific requests from a few key organisations (such as the Healthcare Commission, AIMS) during the year.

Standard 2

Numbers of Supervisors of Midwives Appointments, Resignations and Removals

6.2 The number of designated Supervisors of Midwives in NHS South West is 217; this is a very slight increase on figure for 2006/07, 211. The designated Supervisors of Midwives in NHS South West are listed in Appendix 3. Table 1 below sets out the number of additions, resignations and removals.

Table 1: Table of additions, resignations and removals

Additions, Resignations and Removals	2006/07	2007/08
Designated Supervisors	211	222
New appointments	18	20
Resignations/Retirements	9	9
Undertaking preparation	8	12

6.3 There were no suspensions or de-selections of Supervisors during 2007/08.

6.4 Although there is a wide variation in the number of Supervisors per area, most meet the minimum ratio of Supervisors to Midwives standard of 1:15 as set out in Table 2. The three NHS Trusts that have a higher ratio have midwives currently undertaking the preparation course, to be designated later this year.

Table 2: Ratio of Supervisors to Midwives

Ratio of Supervisors to Midwives	
Devon Primary Care Trust (Honiton, Okehampton, Tiverton)	1:15
Dorset County Hospital NHS Foundation Trust (Dorchester)	1:15
Gloucestershire Hospitals NHS Foundation Trust (Orchard Centre, Gloucestershire, St Paul's Cheltenham)	1:12
Gloucestershire Primary Care Trust (Stroud)	1:10
North Bristol NHS Trust (Southmead)	1:15
Northern Devon Healthcare NHS Trust (Barnstaple)	1:8
Plymouth Hospitals NHS Trust (Derriford)	1:18
Poole Hospital NHS Foundation Trust (St Marys Unit)	1:13
Royal Cornwall Hospitals NHS Trust (Helston, Penrice, St Mary's, Truro)	1:15
Royal Devon and Exeter NHS Foundation Trust (Exeter)	1:15
Salisbury NHS Foundation Trust	1:15
South Devon Healthcare NHS Foundation Trust (Torbay)	1:10
Swindon and Marlborough NHS Trust	1:16
Taunton and Somerset NHS Foundation Trust (Taunton, Mary Stanley Wing)	1:15
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	1:11
United Bristol Hospital NHS Trust (St Michael's)	1:15
Weston Area Health NHS Trust	1:9
Wiltshire Primary Care Trust (Chippenham, Frome, Royal United Hospital Bath, Paulton, Shepton Mallet, Trowbridge)	1:18
Yeovil District Hospital NHS Foundation Trust	1:14
Additional contractual arrangements for Guernsey and Jersey Boards of Health	1:8

6.5 Areas where the Supervisors: 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 or high rates of teenage pregnancy).

6.6 There has been general agreement and sign-up by all NHS Trusts in the NHS South West to pay individuals for the supervision aspect of their role.

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

6.8 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).

6.9 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.

6.10 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 22 and 23 April 2008 at The Grand Hotel, Torquay. Titled "Strictly Midwifery – Dancing to a new theme" and the Programme is set out in Appendix 4.

Standard 3

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

6.11 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.

Choosing a Supervisor

6.12 Midwives can choose their Supervisor. In practice, newly appointed midwives are allocated a Supervisor, with the understanding that they can 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. Most units have developed local information leaflets or photo boards giving background information about the specialist interests and areas of expertise of the Supervisor.

Contacting a Supervisor/contingencies

6.13 Every unit has an on-call rota specifically for Supervisors of Midwives. There is always an on-call Supervisor available in each location, rotas are made available through delivery suite/switchboard. A few sites are co-located, and manage the on-call rota together. If there is any difficulty in locating a supervisor, midwives can contact either another nominated Supervisor in their locality, or any designated Supervisor within NHS South West, either direct, or through the Local Supervising Authority Officer. Details of contact Supervisors in each location are published on an annual basis.

Audit

6.14 The units are required to evidence their procedures for compliance with continuous access to a Supervisor of Midwives during the annual audit process. All units were able to provide evidence of rotas, contact details and a review of "calls" usually on a monthly basis. Trends identified were complex child protection issues, capacity of service (either physical environment or staffing), or unusual clinical scenarios. Compliance was also reported in the Annual Report submitted to the Local Supervising Authority by each NHS Trust.

Standard 4

Details of how the Practice of Midwives is Supervised

6.15 The Midwives Rules and Standards (2004) set out the following:

Rule 12 – The Supervision of Midwives

- 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

6.16 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.

6.17 There are five key standards set for the Supervision Audit of Midwifery Practice as set out in Appendix 5:

- Standard 1 - Women Focused Maternity Services;
- Standard 2 – Supervisory Systems;
- Standard 3 – Leadership;
- Standard 4 - Equity of Access to Statutory Supervision of Midwives;
- Standard 5 - Midwifery Practice.

6.18 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 multi-disciplinary team;
- review the impact of supervision on midwifery practice.

6.19 The audit process consists of a self audit against the standards, followed by a visit by a team of auditors that included the Local Supervising Authority Midwifery Officer, Supervisor of Midwives, Educationalist and Lay Representative.

6.20 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.

6.21 Communication with Supervisors for day to day issues is through a cascade system. The Local Supervising Authority Midwifery Officer (or office) sends information to the contact Supervisor for onward dissemination. Information though the Local Supervising Authority database is developing; maternal death notification, serious untoward incident reporting and more general topics are now cascaded through this route. It is planned that direct communication with each Supervisor will be initiated throughout 2009.

6.22 Contact Supervisor meetings and Annual Conferences are also held, as well as invitations to ad-hoc meetings (for example; work-force planning, commissioning or the Payment by Results process).

Standard 5

<u>Evidence that Service Users have been involved in Monitoring Supervision of Midwives and Assisting the Local Supervising Authority Midwifery Officer with the Annual Audits</u>

6.23 The new audit process requires lay representation throughout. The involvement of service users had been encouraged over the last few years, but this year this involvement has become more formal. The intention is for full representation at each audit for the forthcoming year. If this cannot be arranged, the audit will be rescheduled. This is to ensure that lay representation forms a significant part of the review. The representatives are usually nominated through the local service. Initially training is then given by the Local Supervising Authority Midwifery Officer. The user representatives are also used as part of the selection process for candidates to undertake the preparation of supervisors of midwives course. Their input is extremely useful, and valued. The Local Supervising Authority pays nominal out of pocket expenses (for example travel, child care and parking) and refreshment is provided.

6.24 An information leaflet is available for users to give information about the Local Supervising Authority function in NHS South West.

Standard 6

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

Interface with Higher Education Institutions

6.25 Three Higher Education Institutes provide education for midwives and Supervisors:

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

6.26 The Higher Educations Institutes and Supervisors of Midwives are involved in the commissioning and delivery of courses for all aspects of midwifery and the supervision cycle.

6.27 The Local Supervising Authority Midwifery Officer meets quarterly with each establishment, and is invited to other pertinent midwifery discussions. The Local Supervising Authority Midwifery Officer regularly lectures to Pre/Post Registration students and under/post graduate candidates.

Preparation of Supervisor of Midwives

6.28 The Preparation for Supervisors of Midwives course is available at both degree and masters level at the three Universities. 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 and evaluation of this course.

6.29 The Local Supervising Authority Midwifery Officer lectures on all midwifery courses.

On-Going Professional Development of Supervisors

6.30 Each Supervisor is required to provide evidence of 15 hours (minimum) professional development and updating in each registration period.

6.31 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 The Grand Hotel, Torquay in April 2008. The theme this year was “Strictly Midwifery – Dancing to a new theme”. The programme is enclosed at Appendix 4.

Supported and Supervised Practice

6.32 There have been a number of supported and supervised practice programmes throughout the year. The interface between the Higher Education Institutions, local services and Local Supervising Authority has been excellent – leading to successful outcomes in most cases.

Standard 7

Details of any New Policies related to the Supervision of Midwives

6.33 The Local Supervising Authority is required to publish its procedures associated with the supervision of midwives. This information is available through the website of the South West Strategic Health Authority.

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

6.35 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 6. Local guidelines are currently being reviewed.

6.36 The new guidance includes:

- Guideline for the completion of the Intention to Practise form by a Registered Midwife;
- Investigation of a midwife's fitness to practice.

Standard 8

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

Clinical Activity

Comparison of statistical data 2006/07 – 2007/08

6.37 The total midwifery care for women with normal pregnancies and births has increased slightly from 57% in 2006/07 to 63% in 2007/08. Accelerated labours have decreased from 17% in 2006/07 to 12% in 2007/08, 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% in 2006/07 to 7% in 2007/08. This situation of less invasive delivery technique (often with epidural in-situ) probably accounts for the slight reduction in episiotomy rates from 7% in 2006/07 to 6% in 2007/08.

6.38 There has been a minor decrease in planned caesarean sections from 10% in 2006/07 to 8% in 2007/08, whilst there has been a minor increase from 10% in 2006/07 to 11% in 2007/08 in emergency procedures. Overall, the caesarean section rate has reduced by 1% from 2006/07. Many units are using the information and guidance from the Institute for Innovation and Improvement to further reduce caesarean section rates.

6.39 The birth rate has increased very slightly by 2% from 2006/07, (despite an anecdotally reported rise in the births from most units). The activity figures show a marked rise in some acute units, from 12% in 2006/07 to 27% in 2007/08. This trend reflects the changes in clinical practice (BMI, measurement of the fundus by tape measure, recognition of change in complexity in pregnancy) with early referral to acute service provision.

6.40 The stillbirth rate has reduced marginally. This compares favourable to the national rate of 5.6 per 1,000.

6.41 There were six maternal deaths reported throughout the year, of which four were indirect deaths and two were direct deaths. There were no trends identified.

6.42 During this year, a ruling by a Coroner was received in relation to a maternal death reported in 2004. There were concerns expressed about the supervisory annual reviews, individual performance reviews and the requirement for mandatory training. This led to a further discussion about strengthening the relationship between the different appraisal systems together with the introduction of formal update days to address specific clinical training needs. The NHS Trust identified in this ruling has acknowledged these requirements. The Local Supervising Authority will ensure that this information is disseminated to all Supervisors of Midwives across NHS South West.

6.43 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.

6.44 Breast feeding initiation has increased slightly from 66% in 2006/07 to 68% in 2007/08. Two units were successful in gaining Baby Friendly status this year. There are now six units in the South West that have full accreditation, including two large units in the Bristol area, whilst the remaining units are either working towards Baby Friendly accreditation or have incorporated the “ten steps for breastfeeding” in their guidelines.

6.45 A full list of clinical activity is set out at Appendix 7.

Teenage pregnancies

6.46 The National Teenage Pregnancy strategy aims to tackle the underlying determinants of health and reducing health inequalities by reducing the rate of teenage conceptions by 50% by 2010.

6.47 There are three areas within NHS South West that are currently rated as red by the teenage support unit, with two areas (Bristol and Torbay) appearing on the ministerial list of the 21 worst areas for teenage pregnancies. Both of these units have received a Teenage Pregnancy National Support Team visit.

6.48 There are four areas that are rated green (Bournemouth, Gloucestershire, North Somerset and Dorset) with the remaining areas rated as amber as set out in the table in Appendix 8 showing the progress towards the target for the reduction in teenage conceptions by Local Authority in the South West.

Public Health

6.49 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.

6.50 Psychiatric illness has been identified as a leading cause of maternal death (Department of Health 2004). Mental health services are very poor with no mother and baby facilities. This is an area that needs an urgent co-ordinated review, as highlighted through the recent work in relation to National Service Framework targets.

Smoking

6.51 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 2007/08 range is from 2 – 22%. These figures are very similar to the previous year, despite the introduction of a co-ordinated smoking cessation intervention programme.

Capacity

6.52 Historically, maternity units have been able to cope well with the peaks and troughs of a fluid workload; but for the first time, there has been the temporary closure of many units due to capacity or staffing issues. This has necessitated the implementation of closure plans at a local level, and a requirement for local closure plans to be invoked.

Complexity

6.53 As reported in 2006/07, 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, the 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, the use of epidural/spinal anaesthesia and a high level of expectation from the users.

Choice

6.54 There has been a small increase in the home birth rate from 3% to 4% (average) and also water births from 2% to 3%, compared with 2006/07. The national homebirth rate for England is 2.18%.

Quality, Risk and Reporting

6.55 Serious Untoward Incidents are referred to the South West 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. Each case is reviewed with the local service and risk manager from the South West Strategic Health Authority. This information is shared with the Strategic Health Authority Patient Safety Action Team.

6.56 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.

6.57 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. The new standards have been set, and are being piloted in a number of units commencing in autumn 2008. Therefore, there has been little movement in the reported progress of units against standards this year.

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

6.58 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.

6.59 The Healthcare Commission Maternity Service Review was published in March 2008. Overall, NHS South West was assessed as performing very well. There were only two units that were viewed as "least performing" (Plymouth and St Michaels, Bristol). Appendix 9 shows the Healthcare Commission Review Overall Assessment in NHS South West.

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

- National Institute for Health and Clinical Excellence recommendations / benchmarking;
- health-led parenting projects;
- the development of new models of care;
- the continued use/analysis of birth-rate plus workforce tool;
- the development of the maternity support worker;
- the 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;
- the continued work to reduce teenage pregnancies;
- single point of referral for teenagers;
- continued commitment to increase breast feeding rates – implementation of local "latch-on" groups;
- midwifery links with HM Prison Service;

- support for pregnant asylum seekers and substance mis-users;
- development of groups to assist those immigrants from Poland and Portugal (of which there are high numbers in Somerset);
- increased out of hospital births, working with fathers, developing user forums, smoking cessation support and robust child protection systems;
- the development of “tongue-tie” service within the South West;

6.61 The National Service Framework also has its challenges for the service including lack of dedicated perinatal mental health 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.

6.62 As part of The NHS Next Stage Review: Our NHS, Our Future, the South West Strategic Health Authority has developed The Draft Strategic Framework for Improving Health in the South West 2008/09 to 2010/11; this includes the requirements of Standard 11 of the National Service Framework for Children, Young People and Maternity Services. The ambitions for expectant mothers and newborn include:

- choice of how to access maternity care, including self referral to the local maternity service by March 2009;
- choice of type of antenatal care, including midwifery care or team care by 31 March 2009;
- through responding to individual choices, to increase the percentage of babies born at home from 4% to 10% and in midwife-led units from 10% to 30% by 31 March 2011;
- increase the normal birth rate by 1% per year and as a result, reduce the caesarean section rates to an optimum level with a clear improvement in maternal and perinatal morbidity;
- increase the percentage of women breast feeding their children at 6-8 weeks from 37% to 60% by March 2011;
- achieve United Nations Children’s Fund Baby Friendly Initiative status or equivalent in all maternity service by 31 March 2010.

Standard 9

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

6.63 There have been no complaints against Supervisors or the discharge of the supervisory function. There was one complaint from an independent midwife about the process used to suspend her from practice. The Local Supervising Authority considered the complaint, acknowledged her concerns and re-initiated the process used in the published guidance. The midwife was referred to the Nursing and Midwifery Council. The Nursing and Midwifery Council placed an interim suspension on the midwife with immediate effect. The case has not yet been heard.

Standard 10

Reports on all Local Supervising Authority investigations undertaken throughout the year

6.64 There have been four formal Local Supervising Authority investigations conducted during the year, relating to serious clinical incidents where midwifery practice had been called into question.

6.65 There was one referral to the Nursing and Midwifery Council. This referral related to the practice of an independent midwife. The midwife was immediately suspended pending investigation by the Nursing and Midwifery Council. The case has not yet been heard.

6.66 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. The main themes (as reported last year) include:

- poor cardiotocograph interpretation;
- 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;
- lack of understanding about Professional accountability.

6.67 There were five formal programmes of supervised practice throughout the year.

6.68 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 a poor outcome for either mother or baby).

Workforce issues

6.69 Heads of Midwifery are planning different models of care and different skill mix, in their services in order to compensate for the anticipated impact of the rising birth rate and demographic time bomb. Work is currently being undertaken with several services to try to address the impact, through a series of pilots, and to identify course curriculum/content requirement.

6.70 It is anticipated that a short course in Midwifery (18 months) will need to be re-introduced in order to address the short-fall.

7. Conclusion

7.1 The statutory requirements as set out within the Midwives Rules and Standards (2004) have been met as set out in Appendix 10.

7.2 Global changes and profound advances in treatments are transforming public expectations of health and social services. Women are less willing to passively accept what has been traditionally offered. They rightly expect to make choices, to be kept informed and to play an active part in decisions which affect their lives. There are also growing expectations for services to be flexible and responsive to a variety of personal circumstances.

7.3 NHS South West is making good advances in meeting the expectations of women and their families. The services are still full of dedicated staff providing excellent care for the local population.

7.4 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.

7.5 The clinical activity overall shows a very small increase in births over the last year, despite many units seemingly reporting a significant rise in activity overall. It will be interesting to see whether the figures next year demonstrate another significant increase in births, or more complex care bundles.

7.6 The number of investigations and midwives undertaking supported and supervised practice has increased leading to a heavier work-load for Supervisors of Midwives and educationalists.

7.7 Any comments or requests for further information should be addressed to:

Val Beale
Local Supervising Authority Midwifery Officer
South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

Appendices

Appendix 1	Chief Executive Officer and Local Supervising Authority Midwifery Officer contact details
Appendix 2	Maternity Units in NHS South West
Appendix 3	Designated Supervisors of Midwives in NHS South West
Appendix 4	Supervisors of Midwives Conference 22 and 23 April 2008 Programme
Appendix 5	Supervision Audit of Midwifery Practice
Appendix 6	Local Supervising Authority Agreed National Guidance (2007): K - Guideline for the completion of The Intention to Practise Form by a Registered Midwife L - Investigation of a Midwife's Fitness To Practise
Appendix 7	Clinical Activity
Appendix 8	Progress towards the target for the reduction in teenage conceptions by Local Authority in the South West
Appendix 9	Healthcare Commission Review Overall Assessment in NHS South West
Appendix 10	The statutory requirements met with regard to the Midwives Rules and Standards (2004)

Appendix 1

Chief Executive Officer and Local Supervising Authority Midwifery Officer contact details

This appendix sets out the contact details for the Chief Executive Officer and Local Supervising Authority Midwifery Officer.

Appendix 1

Chief Executive Officer and Local Supervising Authority Midwifery Officer Contact Details

Chief Executive Officer

Sir Ian Carruthers OBE
South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

01823 361303

Local Supervising Authority Midwifery Officer

Val Beale
South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

01823 361234

www.southwest.nhs.uk

Appendix 2

Maternity Units in NHS South West

This appendix lists the Maternity Units in NHS South West.

Appendix 2

Maternity Units in NHS South West

Devon Primary Care Trust (Honiton, Okehampton, Tiverton)

Dorset County Hospital NHS Foundation Trust (Dorchester)

Gloucestershire Hospitals NHS Foundation Trust (Orchard Centre, Gloucestershire, St Paul's Cheltenham)

Gloucestershire Primary Care Trust (Stroud)

North Bristol NHS Trust (Southmead)

Northern Devon Healthcare NHS Trust (Ladywell Unit, Barnstaple)

Plymouth Hospitals NHS Trust (Derriford)

Poole Hospital NHS Foundation Trust (St Mary's Unit)

Royal Cornwall Hospitals NHS Trust (Helston, Penrice, St Mary's, Truro)

Royal Devon and Exeter NHS Foundation Trust (Exeter)

Salisbury NHS Foundation Trust

South Devon Healthcare NHS Foundation Trust (Torbay)

Swindon and Marlborough NHS Trust

Taunton and Somerset NHS Foundation Trust (Mary Stanley Wing, Taunton)

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

United Bristol Healthcare NHS Trust (St Michael's) (University Hospitals Bristol NHS Foundation Trust from 2 June 2008)

Weston Area Health NHS Trust

Wiltshire Primary Care Trust (Chippenham, Frome, Royal United Hospital Bath, Paulton, Shepton Mallet, Trowbridge)

Yeovil District Hospital NHS Foundation Trust

Additional contractual arrangements for Guernsey and Jersey Boards of Health

Appendix 3

Designated Supervisors of Midwives in NHS South West

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

Appendix 3

Abbott Elizabeth
Archibald Avril
Ashford Teresa
Atkin Judith
Auffret Janet
Axon Carol
Bailey Joanne
Bailey Marion
Bailey Sylvia
Baird Kathleen
Baker Sylvia
Bamforth Rebecca
Barker Janet
Barling A
Bartlett Patricia
Bedwell Eileen
Birkett Janice
Brace Glynis
Brewster Michelle
Brunt Caroline
Casken Patricia
Chappell Valerie
Churchill Wendy
Clarkson Jeanne
Coker Fiona
Collins Susan
Comley Jill
Cook Cecily
Cottey Joy
Cottrell Sally
Cox Belinda
Crocker-Eakins Linda
Cullimore Roberta
Damsell Lisa
Davies Dee
Davis Kirsty
Davis Mary
Davis Sue
Deakin Wendy
Dhanowa Balwinder
Doris Faye
Dorrington Diane
Drury Julia
Dunstan Susan
Edwards Ailish
Elliman Rebecca
Ettle Helen
Fardon Helen
Faulkner Gaynor
Fielding Rachel
Figg Treena
Fitzpatrick Sarah
Fletcher Hilary
Ford Jennifer
Fowler Jane
Francomb Helen
Fry Karen
Furner Margaret
Galan-Bamfield Alexandra
Galdeano Nicola
Gamlin Jenny
Gangadaran Kala
Geary Julie
Gell Amanda
Gibson Amanda
Glasson Rachael
Glynn Maureen
Govier Alyson
Grant-Jones Joan
Granville Lisa
Green Sarah
Grellier Jane
Hancock Susan
Harris A
Harrison Katherine
Hatfield Esther
Hedlay Carole
Hewitt Pauline
Hicken Linda
Hill Susan
Hillan-Sandmeier Rachel
Hooper Andrea
Horan Rachel
Hudson Catherine
Hurrell Sharon
Hutchins Jeannie
Hylton Grace
James Alison
Jappe Graham
Jayes Josephine
Jeffery Ezizabeth
Jones Carole
Kahan Suzanne
Kelso Helen
Kent Ann Catherine
Killah Doreen
Knight Angela
Lawless Sharon
Leak Helen
Leamon Jennifer
Lewis Paul
Leyshon Lynne
Lobley Jaqueline
Lord Carole
Loven Sally
Luke Val
Lupton Phillipa
Macdonald Maggie

Macphail Nicola
Mandy Rachel
Mant Susan
Marsh Alison
Marshall Lisa
May Mcwhinnie Roberta
Mcgill Pauline
Mcghee Pat
Mcgrath Teresa
Mclaughlin Sian
Meadows Eirlys
Melbourne Kim
Metcalfe Margaret
Miles Lucy
Moles Hilary
Molloy Cathy
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
Oxby Deborah
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
Rashleigh Christine
Rattigan Christina
Read Moira
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
Seddon Wendy
Sheldon Sara-Jane
Smith Janet
Smith Margaret-E
Smith Pat
Smith Sally-Ann
Snelgrove Debbie
Stebbings Andrea
Still Melanie
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
Tilk Helen
Tinsley Victoria
Tizzard Ann
Toman Andrea
Tomlin Neil
Torrance Elaine
Trevelyan Elizabeth
Tuby Sharon
Tucker Christine
Tully Jacqueline
Unwin Sally
Walker Brenda
Walker Lorraine
Walters Linda
Ware Susan
Westerby Amanda
Whiting Anne-Marie
Whitworth Susan
Wilcox Heather
Wilkins Sheila
Wilkins-Wall Beverly
Williams Hazel
Williams Helen
Williams Sue
Williams Susan
Williams Theresa
Williamson Francis

Appendix 3

Windfeld Sarah
Winkett Joanne
Withers Stephanie

Appendix 4

Supervisor of Midwives Conference 22 and 23 April 2008 Programme

This appendix sets out the programme for the Supervisors of Midwives Conference held on 22 and 23 April 2008.

Supervisor of Midwives Conference 22 and 23 April 2008

STRICTLY MIDWIFERY – DANCING TO A NEW TUNE
22 and 23 April 2008

THE GRAND HOTEL TORQUAY

Day One

1000 Arrival/Registration
Tea/Coffee

1030 Introduction to the Conference – Val Beale, LSA Midwifery Officer South West

1045 Infection control – Chris Perry, Associate Director of Nursing (Infection Control) NHS South West

1145 NMC update – Dr Susan Way, Midwifery Advisor, NMC

1215 Lunch

1330 Notification of Serious Untoward Incidents to LSA/SHA
Bridget James, Patient Safety Manager NHS South West

1400 Workforce Planning – Christine Whitehead, Associate Director Workforce Planning and Productivity NHS South West

1430 Safe Births – Everybody's business – Dr Anna Dixon, Acting Director of Policy, King's Fund

1530 Tea

1600 Birthplace Research Project – Carol Puckett, Regional Co-ordinator, South West Region

1630 Round Table exercise

1700 Close of Day

REST AND RELAXATION

Appendix 4

STRICTLY MIDWIFERY – DANCING TO A NEW TUNE
22 and 23 April 2008

THE GRAND HOTEL TORQUAY

Day Two

0900 Arrival/Registration
Tea/Coffee

0930 Introduction to Day Two – Val Beale, LSA Midwifery Officer South West

0940 Overview of South West Region – Liz Redfern, Director of Patient Care and Nursing NHS South West

1015 Education update - Clare Chivers, Workforce Development and Quality Manager NHS Education South West

1045 Coffee

1115 NSF Update/Safeguarding children – Mandy Cox, NSF Lead Children and Young People NHS South West

1145 Care Services Improvement Partnership update – Linda Parker, Regional Change Agent Care Services Improvement Partnership

1215 Mental Health update – Adrian Childs, Associate Director of Nursing NHS South West

1245 Lunch

1400 LSA Guidelines/strategy/update – Val Beale

1430 Round table exercise

1600 Tea/Close

Appendix 5

Supervision Audit of Midwifery Practice

This appendix sets out the Supervision Audit of Midwifery Practice.

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 6

Local Supervising Authority Agreed National Guidance (2007)

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

Guideline for the completion of the Intention to Practise form by a registered midwife

Guideline produced by: Joy Kirby Local Supervising Authority Midwifery Officer

Guideline production date: July 2007

Consultation process:
Draft reviewed by Local Supervising Authority Midwifery Officers and Supervisors of Midwives.

Guideline approved by: LSANF

Guideline approval date: July 2007

Guideline Implementation date: November 2007

Guideline review Date: November 2010

LSAMO identified for archiving guideline: Joy Kirby

Paper copies of this guideline may not be the most recent version. The definitive version is held at www.yorksandhumber.nhs.uk

Guideline for the completion of the Intention to Practise form by a registered midwife

Introduction

A midwife shall give notice to each Local Supervising Authority in whose area she intends to practise or continue to practise –

a) before commencing to practise there; and thereafter
b) in respect of each 12 month period (NMC 2004: Rule 3).

This will be on an annual basis by a date published by the Local Supervising Authority (NMC 2004: Rule 4 (b)).

The reverse of the ITP form should be completed where:

- the midwife has provided care to a woman or baby in an emergency in another LSA
- the midwife regularly works across boundaries in another LSA

In the event of the above the midwife must copy both sides of her ITP form and send it to a Supervisor of Midwives (SoM) in the new LSA having filled in the additional information required.

The ITP is now linked to the registrant's entry on the midwives part of the register. This enables the NMC to confirm eligibility to practise rather than just confirming effective registration and this information is available to the public in addition to employers. Midwives should be encouraged to give their PIN to women who may wish to verify that they are on the midwives part of the register and therefore entitled to practise as a midwife.

Council also agreed that the term "intention to practise" (ITP) be used to harmonise the differing titles used throughout the UK and avoid confusion with notification of practice (NOP), which is used by the NMC for re-registration purposes.

1. Receiving the form

1.0 The annual pre-printed Intention to Practise form is sent direct from the NMC to the midwives' home address. It should arrive prior to **30 January.**

1.1 A personalised form is sent to all Registered Midwives who notified their intention to practise in the previous year. Any midwife who has not received a form by 30 January should notify the NMC direct on 020 7333 9333.

2. Completing the form

2.0 **Name** - This should come already completed.

2.1 **Date of birth** – The date of birth must be entered here if not already completed.

2.2 **PIN** – If not already completed, the midwife's Personal Identification Number (PIN) should be entered here. This number can be found on the card issued by the NMC following payment of the registration fee.

2.3 **Registration expiry date** - This refers to the month and year in which the midwife will be required to pay her registration fee to the NMC.

2.4 **Name of LSA -** Yorkshire and the Humber LSA.

2.5 **LSA Code -** This code relates to the particular Local Supervising Authority that the midwife is notifying. In the case of the Yorkshire and the Humber LSA this number will be **96**. The code number for each LSA in the UK appears on the back of all Yorkshire and the Humber LSA Briefings from December 2007.

2.6 **Supervisors of Midwives** - if you are an appointed Supervisor of Midwives, please put a tick in the box provided.

2.7 **Signature** - It is vital that the form is signed and dated as it remains invalid without a signature.

2.8 If any of the information supplied by the NMC is incorrect, the midwife must contact the NMC directly on 020 7333 9333 to amend personal details. They must also amend the details on the form, in order for them to be input correctly onto the database**.**

3. LSA Information

3.1 The information in this section is required by the LSA and **every question must be completed**. Failure to complete **any** part of this section will necessitate the form being returned for completion as the database cannot save personal details or ITP history without this information.

3.2. **Main Employer -** This refers to the midwife's main area of practice. Please tick one box only.

3.3 **Name and address of main employer -** Please complete for the main area of practice.

3.4 **Main practice details -** This is about current employment status for the midwife's main area of practice only ie either **full-time or part-time** – **this must be completed**. If they are practising for more than 35 hours a week then the NMC considers that they are working full-time. If they are working less than 35 hours a week this is defined as part-time.

3.5 **Named Supervisor of Midwives -** The midwife's named Supervisor of Midwives must be from the LSA covering her main area of practice (NMC 2004 Rule 7). Local arrangements must be made to provide a suitable alternative where a Supervisor of Midwives is not available to countersign a midwives ITP form.

3.6 **Date of last supervisory review -** If a supervisory review has not taken place in the previous year please indicate reason by ticking the relevant box. If a midwife has transferred from another unit, the date must be obtained from the previous Supervisor of Midwives. In the case of newly appointed midwives or M/W who have not had a review in the last year, a date must be entered for a planned review. Please do not leave this section blank.

3.7 The midwife should ensure that every section of the ITP has been completed before handing directly to her/his named Supervisor of Midwives.

3.8 **Counter signing the form -** This gives the Supervisor of Midwives the opportunity to confirm the midwife's continued eligibility to practise and to review how the midwife is maintaining her knowledge and skills to practise safely. It also confirms that the information on the form is correct. If the encounter between the Supervisor of Midwives and the midwife relates only to signing the ITP form, it should not be considered as a supervisory meeting. This is also the point for the Supervisor of Midwives to check the form's completeness and any missing information must be entered.

- A Supervisor of Midwives cannot refuse to sign a midwife's ITP unless the registrant is not effective on the midwives part of the register and/ or does not meet the PREP requirements. If there are any concerns about the midwife's fitness to practise or about any entry on the form the midwife must be informed and the concerns shared with the relevant Local Supervising Authority Midwifery Officer (LSAMO).

3.9 **The back of the form -** The reverse of the ITP form should be completed where:

- the midwife has provided care to a woman or baby in an emergency in another LSA
- the midwife regularly works across boundaries in another LSA

3.9.1 In the event of the above the midwife must copy both sides of her ITP form and send it to a Supervisor of Midwives in the new LSA having filled in the additional information required.

3.9.2 Midwives should be advised to keep the original competed ITP form as they may need to use it for making copies for notifications to other LSAs. A copy should be provided for her named Supervisor of Midwives in order to input the data into the LSA database. No paper copies will be kept by the LSA.

4. Returning the ITP information

4.1 Where an electronic ITP system is used (LSA Database) Supervisors of Midwives must update the information for their own supervisees on the LSA database. This information is then uploaded to the NMC electronically. There should be no need to keep paper copies of the ITP form and the original should be returned to the midwife.

4.2 Where a manual ITP system is used, a copy of the completed information should be forwarded to the LSA once signed and verified by the SoM. The Supervisor of Midwives should also keep a copy and the midwife should keep the original.

4.2.1 The completed and verified information must then be forwarded **as soon as possible** by the Supervisor of Midwives **to the LSA Office** – very latest date for receipt will be notified annually by the LSA

5. The LSA Responsibilities

5.1 The LSA will return to the named SoM any information which is not accurately completed.

5.2 The relevant information required by the NMC from the database will be uploaded electronically on a weekly basis by LSA database support at 13.00 hours every Monday. The last upload to reach the NMC by their deadline will be notified by the LSA. It is imperative that this deadline is met.

References

Nursing and Midwifery Council (2004) Midwives Rules and Standards
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

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

Guideline for Investigation of a midwife's fitness to practise

Guideline produced by: Suzanne Truttero Local Supervising Authority Midwifery Officer

Guideline production date: July 2007

Consultation process:
Draft reviewed by Local Supervising Authority Midwifery Officers and Supervisors of Midwives.

Guideline approved by: LSANF

Guideline approval date: July 2007

Guideline Implementation date: November 2007

Guideline review Date: November 2010

LSAMO identified for archiving guideline: Joy Kirby

Paper copies of this guideline may not be the most recent version. The definitive version is held at www.yorksandhumber.nhs.uk

Guideline for investigation of a midwife's fitness to practise

1. Introduction

1.1 This guideline describes the process for a supervisory investigation and a subsequent investigation by a Midwifery Officer on behalf of the Local Supervisory Authority (LSA). The aim is to describe the mechanism for the notification to the LSA of an allegation of a midwife's impaired fitness to practice.

1.2 It is the primary role of the Supervisor of Midwives to ensure the safety of women and their babies by supporting the competent, professional practice of midwives. Part of this role is to identify when poor practice has occurred and to work with the midwife to achieve safe practice for the future. Through investigation of untoward incidents, allegations of professional misconduct and/or lack of competence, the Supervisor of Midwives will identify what action needs to be taken. Such action may identify the need for additional support for the midwife, supervised practice or, on the rare occasion, the need to be suspended from practice by the LSA in the interest of public safety (NMC 32/2007).

2. Background

<u>Legal Framework</u>

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

Lack of competence has been defined as:

"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" (NMC 04/2004).

<u>Recognising lack of competence</u>

Characteristics of lack of competence include some, or all, of the following:

Over a prolonged period of time a registrant makes continuing errors or demonstrates poor practice which involves, for example:

a) Lack of skill or knowledge.
b) Poor judgement.
c) Inability to work as part of a team.
d) Difficulty in communicating with colleagues, patients or clients.

A training need is identified and supervised practice or developmental support is arranged for the registrant, but their work may show only a temporary improvement, which slips back when the programme is completed.

The registrant may show no insight into their lack of competence.

Employer responsibilities

New employees should have:

- A thorough induction into their work area.
- Training and supervision where necessary.
- Preceptorship and mentoring.
- Ongoing access to professional development.
- All employees should receive regular appraisals during which their training needs should be identified.
- Role of the LSA

The responsibility of the LSA to investigate allegations of misconduct or lack of competence and to determine whether to suspend a midwife from practice and refer her to the NMC, is laid down in statute, pursuant to The Nursing and Midwifery Order 2001, paragraph 43 (2).

Guidance is issued in accordance with Rule 5 of the Midwives rules and standards (NMC 05/2004), in order to protect the public.

The NMC will not normally consider a case if it cannot be demonstrated that considerable measures have already been taken to address the situation at a workplace level.

Unfitness to Practise

Employers, managers and Supervisors of Midwives deal with situations concerning the misconduct, lack of competence or poor health of registrants. Most of these incidents are managed at a local level and do not give rise to wider concerns about public protection.

The NMC role is to protect the public from registrants whose fitness to practise is impaired and whose situation cannot be managed locally. In these circumstances NMC committees can restrict or remove a practitioner's registration. Reporting a case of unfitness to practise to the NMC is appropriate only when it is believed that the conduct, practice or health of a registrant is impaired to the extent that public protection may be compromised.

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 untreated serious mental illness.

- 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 NMC register.

3. Process for dealing with alleged unfitness to practise

When a midwife is suspected of serious lack of competence or misconduct it is the responsibility of the Supervisor of Midwives to:

3.1 Inform the Local Supervising Authority Midwifery Officer (LSAMO).

3.2 Carry out an investigation.

Investigate the incident/issue employing root cause analysis as soon as possible with sensitivity to all parties and then write a detailed unbiased report.

The midwife involved will be informed of the investigation taking place and will be involved in providing details to the investigating Supervisor. The midwife will also have the support of a named Supervisor of Midwives throughout the investigation process.

3.3 Recommendation to the LSA on completion of the investigation:

(a) Produce a report determining whether or not there is a case to answer.

(b) If there is a case to answer decide whether the matter is to be resolved locally or referred to the LSA.

(c) Inform the midwife in writing of the outcome of the investigation.

(d) If the matter is to be reported to the LSA, do so in writing, giving a clear, concise outline of the alleged misconduct or lack of competence issue and making a recommendation for action that will usually be a period of supervised practice or referral to the NMC.

3.4 It is the responsibility of the LSA on receipt of the written report to:

(a) Arrange for a meeting to take place at the earliest opportunity between the LSA Midwifery Officer and the investigating Supervisor of Midwives. This meeting will afford the investigating Supervisor the opportunity to present her detailed report of the issues to the LSA and to discuss the concerns.

(b) Arrange for a meeting to take place at the earliest opportunity after the above meeting between the LSA Midwifery Officer, the investigating Supervisor, the midwife and her named Supervisor (or/and alternative support person of the midwife's choice).

(c) This meeting will enable the midwife to discuss the issues involved. On completion of the meeting with the midwife the LSAMO will decide whether or not the case is to be reported to the NMC and whether or not the midwife is to be suspended from practice. The midwife shall be informed in writing as soon as the decision is made.

3.5 If the matter is to be reported to the NMC:

(a) The matter will be reported to the NMC in writing by the LSA Midwifery Officer at the earliest opportunity.

(b) The midwife will be informed in writing by the LSA Midwifery Officer of the decision to report her to the NMC, together with details of suspension from practice.

(c) The investigating Supervisor of Midwives will be informed by the LSA Midwifery Officer in writing of the decision to report the matter to the NMC, together with any decision to suspend the midwife from practice.

(d) The Strategic Health Authority will be notified by the LSA Midwifery Officer if a midwife is to be suspended from practice.

(e) If a midwife is suspended from practice by the LSA Midwifery Officer, the NMC must immediately be informed in writing giving the reasons for the suspension and details of the investigation carried out by the LSA that led to that suspension. If the NMC upholds the suspension then the NMC register will record this fact and the suspension will be effective throughout the UK.

(f) When a midwife is suspended from practice the NMC will automatically consider interim suspension from other parts of the register.

4. Investigation of a Midwife's Fitness to Practise by a Supervisor of Midwives

Allegations of serious misconduct or lack of competence are not common and an investigation is challenging for all those concerned. It is important that an investigation, including root cause analysis, is undertaken as soon as possible (within 20 days) following the incident. This is to ensure that a speedy resolution is arrived at, that appropriate action is taken to deal with any risk to the public and to ensure that the events are still fresh in the mind. A supervisory investigation takes up a large amount of time and it is important that the Supervisor of Midwives undertaking the investigation is given time out from her substantive role to gather evidence and prepare a report.

A supervisory investigation is independent of an investigation by a manager. Whenever possible it is recommended that the 'fact finding' processes are combined, as this reduces the time taken, the number of interviews conducted and statements prepared and minimises the stress involved. It should be made clear to the midwife that this is happening and of the different possible outcomes. The Supervisor is undertaking an investigation on behalf of the LSA and the recommendations made will be independent of any managerial outcomes. The supervisory investigation is confidential to the Supervisor and the LSA and any information obtained through supervision may not be used in disciplinary proceedings.

The following principles should guide the supervisory investigation:

- Protection of the public and the midwife's fitness to practise safely are paramount.
- The midwife concerned is informed that the investigation is taking place.
- The midwife should have access to supervisory support from her named Supervisor who should not normally conduct the investigation.
- A fair opportunity should be provided for the midwife to explain her actions.
- As much evidence as is relevant and appropriate is gathered.

- Any similarities or discrepancies between items of evidence are identified, seeking clarification where appropriate.

- An open mind and avoidance of judgement must be maintained until all the evidence has been examined.

- A record of any interviews must always be kept, with a witness present, e.g. another Supervisor of Midwives.

- Any extenuating circumstances or mitigating factors are identified.

Supervisors of Midwives in the team are a good source of support and advice for the Investigating Supervisor. The LSA Midwifery Officer is available for advice and it is usually beneficial to consult the LSA at the beginning of the process.

Standard of Proof

The statutory framework governing the Fitness to Practise procedures at the NMC closely follows the legal framework. The standard of proof that the NMC is presently obliged to establish (i.e. the level at which the facts of the case must be proved) is that as is applied to criminal courts, i.e. “beyond reasonable doubt’. The standard of proof applying to Trust disciplinary procedures is that of civil law, i.e. on the ‘balance of probabilities’.

Taking appropriate action

Having completed the investigation and considered the facts, the circumstances surrounding the event and any other mitigating factors, a decision will have to be made as to what further action is required.

There are three options available:

- No further action required – e.g. the midwife acted entirely appropriately; the midwife’s actions were justified in the circumstances; there was a minor error of judgement, but the midwife has identified this and the learning from the situation.

- Local action only – such as professional development needs, a period of supported development for the midwife involved or amendment/production of local guidance.

- Submit a written report to the LSA with a recommendation for further action – such as the need for a period of supervised practice to update the midwife’s knowledge, experience or decision-making skills, or referral to the NMC and suspension from practice, should there be serious concerns about the midwife’s continued fitness to practise.

Preparing a report for the LSA

In deciding whether to report a case to the LSA, the following factors need to be taken into consideration:

- Whether women and/or babies would be at risk should the midwife continue to practise midwifery.
- Whether the midwife understands what the risks were to the mother or baby and how they could have been avoided.
- Whether a local action plan would address these issues and ensure that the midwife is safe to practise.

Appeal Process against a Supervisory Investigation

The relationship between the midwife and the Supervisor should be an enabling and supportive one. Occasionally, a Supervisor of Midwives may make a judgement and decide on a course of action with which the midwife cannot agree.

If a midwife considers that a decision made about her practice by her Supervisor is unfair or unjustified she may appeal against the process to the LSA. The appeal must be received within three weeks of the midwife receiving notification of the outcome of the investigation. The LSA Midwifery Officer will examine the evidence and discuss the case with the Supervisor of Midwives and the midwife involved prior to making a decision.

The decision made by the LSA Midwifery Officer is final.

References

DOH (2001) The Nursing and Midwifery Order (2001) www.opsi.fov.uk/si/2002/20020253.htm.

NMC (2002) Preparation of Supervisors of Midwives Pack. NMC, London.

NMC (05/2004) Midwives rules and standards. NMC, London. http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

NMC (04/2004) Reporting unfitness to practise: A guide for employers and managers. NMC, London. http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=65

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

Appendix 6

NMC Circular 32/2007. Standards for the supervised practice of midwives. NMC, London
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3288

Appendix 6

Annex 1

Format for Supervisory Investigations

Action to take as Investigating Supervisor might include:

- Arranging to see the midwife as soon as possible in order to:
  - Find out how she feels about the incident that occurred.
  - Ask for her account of what happened, her actions and reasons for those actions and to prepare a written statement.
  - Determine whether suspension from duty would be appropriate.
  - Explain that you must investigate the incident and obtain statements from the other people involved.
  - Offer access to another Supervisor of Midwives for support.

- Telephoning the LSA Midwifery Officer/LSA Midwife to inform her of the incident and that you are undertaking an investigation.

- Beginning a 'diary' to record the events and the actions you take, as they occur. This will be an invaluable future reference for you, because details of cases are easily forgotten and hearings may take place months or even years later.

- Planning and beginning the investigation. In some instances this may be undertaken in conjunction with an investigation as part of the disciplinary procedure and/or for the risk management process.

- Referring to the midwife's supervisory or personnel records; to find out what education or updating opportunities had been made available to her in the past and if there have been concerns about her previous practice.

Mitigating circumstances might include:

- Absence of recognised supervision to help the midwife identify or address any deficiencies in her practice.
- Ill health affecting the midwife's behaviour or intellectual function.
- Denial of access to updating opportunities by Managers or Supervisors.
- Inadequate local policies.
- Unusually heavy workload or inadequate staffing.

Your recommendations to the LSA:

These will reflect the conclusions reached on the outcome of the investigation and your subsequent meeting with the midwife. In particular, your judgement will be influenced by the midwife's perception of her practice and accountability.

Of the options available to you as a Supervisor, it is probable that if appropriate practice in the future is doubtful, you would recommend referral to the NMC and suspension from practice.

Appendix 6

Annex 2

TEMPLATE FOR A SUPERVISORY INVESTIGATION REPORT

Section 1 – Personal Details

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

Section 2 – Summary of incident:

Appendix 6

Section 3 – Allegations

Section 4 – Rules Breached

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

Section 5 – Conclusion

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

Appendix 6

Annexe 3

Considerations when undertaking a Supervisory Investigation

	Action	Completed (✓)
1.	Review initial evidence and relevant NMC documents.	
2.	Consider whether the incident has jeopardized the safety of the mother and/or baby. If proven, is it sufficiently serious to warrant removal from the Register?	
3.	If yes, proceed with an investigation (it may be necessary to proceed with an investigation even if the answer is no). Determine whether your investigation will also run parallel to any managerial investigation.	
4.	Define the allegation(s) to be investigated.	
5.	Seek any support or advice you need, perhaps from your Contact Supervisor, a Link Supervisor or the LSA Midwifery Officer/LSA Midwife.	
6.	Inform the LSA that you are proceeding with an investigation.	
7.	Consider whether to invite a human resources officer to provide support during the investigation.	
8.	Inform the midwife, verbally and in writing, of the allegations - as soon as possible.	
9.	Advise the midwife of her right to representation and access to relevant records. If the investigation will serve both supervisory and management functions, the midwife must be informed of this.	
10.	Discuss with the midwife the supervisory support available to her.	
11.	For an NHS employee: consider (or discuss with the appropriate manager) suspension from duty. For non-NHS employee: if appropriate, recommend that the midwife cease practising until you have completed your investigation. Confirm this advice in writing and keep a copy of the letter.	
12.	Identify the people who may be able to provide evidence.	
13.	Consider the conduct you might have expected of the midwife under the circumstances in the alleged incident.	
14.	From this, prepare some questions for the midwife to elicit why she acted in the way she did, her views of this in hindsight and why your expectations were not fulfilled.	
15.	Review the requirements for the LSA report, to ensure that you have collected all the information you need.	
16.	Identify any extenuating circumstances.	
17.	Consider all the evidence very carefully, in particular, indications of how the midwife would act in a similar situation in the future.	
18.	Consider whether you will recommend suspension from practice to the LSA or whether alternatives such as supervised practice, supported practice or relevant updating would be more appropriate.	
19.	Consider whether or not to recommend to the LSA that the case should be reported to the NMC.	
20.	Inform the midwife of your recommendations to the LSA, as well as the reasons for these recommendations.	
21.	Inform the LSA of your recommendation by telephone and submit a report as soon as possible. Send the report by Recorded or Special Delivery.	

This checklist may be adapted to accommodate local requirements

Appendix 7

Clinical Activity

This appendix sets out the clinical activity.

Appendix 7

NHS South West

Maternity Figures 2007/08

Trust Maternity Units	Total Women delivered (All births)	Home Births		Born Before Arrival		Waterbirths		Stillbirths		Planned inductions		Accelerated labours		Episiotomies	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	2,699	38	1	14	1	33	1	10	0	596	22	479	18	133	5
Gloucestershire Royal Hospitals NHS Foundation Trust	3,172	28	1	4	0	71	2	26	1	710	22	552	17	136	4
Gloucestershire PCT Maternity services (Stroud)	359	56	16	14	4	94	26	0	0	0	0	0	0		0
North Bristol NHS Trust	5,770	194	3	15	0	110	2	24	0	1,127	20	993	17	431	7
North Devon NHS Trust	1,584	50	3	4	0	123	8	6	0	221	14	146	9	54	3
Poole Hospitals NHS Trust	4,299	54	1	5	0	0	0	15	0	905	21		0	95	2
Plymouth Hospitals NHS Trust	4,630	145	3	9	0	28	1	18	0	890		878	19	914	20
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	479	59	12	12	3	171	36	0	0	0	0		0		0
Royal Cornwall Hospitals NHS Trust	4,236	391	9	26	1	151	4	27	1	676	16		0		0
Royal Devon & Exeter NHS Foundation Trust	3,381	68	2	2	0	0	0	17	1	760	22	276		99	3
Salisbury NHS Foundation Trust	2,398	153	6	7	0	73	3	9	0	739	31	739	31	48	2
South Devon Healthcare NHs Trust	2,228	283	13	23	1	114	5	6	0	493	22		0	74	3
Swindon & Marlborough NHS Trust	4,087	113	3	6	0	44	1	14	0	1,021	25	958	23	219	5
Taunton & Somerset NHS Trust	2,783	184	7		0	45	2	18	1	410	15	629	23	216	8
United Bristol Healthcare NHS Trust	5,223	151	3	12	0	0	0	0	0	1,330	25	967	19	327	6
West Dorset General Hospital NHS Trust	2,171	81	4	2	0	0	0	3	0	373	17	660	30	104	5
Weston Area Health NHs Trust	250	23	9	3	1	1	0	1	0	0	0		0	10	4
Wiltshire PAW Acute and Bath Mwled	5,155	55	1	4	0	12	0	20	0	474	9	474	9	685	13
Yeovil District Hospital NHS Foundation Trust	1,477	49	3	5	0	0	0	2	0	265	18	164	11	77	5
Total South West	**56,381**	**2,175**	**4**	**167**	**0**	**1,070**	**2**	**216**	**0**	**10,990**	**19**	**7,915**	**14**	**3,622**	**6**
Female Mid Year Population Estimates for South West (15 ~49)	1,130,300														
Percentage giving birth	4.99														

Trust Maternity Units	Epidurals with vaginal delivery		Planned Caesareans		Emergency Caesareans		Forceps		Ventouse		Breech	
	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	587	22	304	11	356	13	188	7	247	9	10	0
Gloucestershire Royal Hospitals NHS Foundation Trust	436	14	393	12	507	16	200	6	300	9	0	0
Gloucestershire PCT Maternity services (Stroud)	0	0	0	0	0	0	0	0	0	0	0	0
North Bristol NHS Trust	916	16	667	12	818	14	315	5	356	6	13	0
North Devon NHS Trust	241	15	192	12	160	10	39	2	108	7	9	1
Poole Hospitals NHS Trust		0		0		0	325	8	216	5	13	0
Plymouth Hospitals NHS Trust	667	14	347	7	627	14	187		511	11	44	1
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust		0		0		0		0		0		0
Royal Cornwall Hospitals NHS Trust	1,138	27	336	8	411	10	146	3	306	7	35	1
Royal Devon & Exeter NHS Foundation Trust	530		448	13	436	13	184	5	245	7	18	1
Salisbury NHS Foundation Trust	152	6	173	7	270	11	249	10	118	5	21	1
South Devon Healthcare NHs Trust	532	24	195	9	344	15	62	3	266	12	9	0
Swindon & Marlborough NHS Trust	699	17	410	10	573	14	114	3	399	10	19	0
Taunton & Somerset NHS Trust		0	320	12	363	13	189	7	116	4	17	1
United Bristol Healthcare NHS Trust	939	18	559	11	606	12	353	7	408	8	26	1
West Dorset General Hospital NHS Trust	162	7	241	11	307	14	105	5	144	7	11	1
Weston Area Health NHs Trust	0	0	0	0	0	0	0	0	0	0	0	0
Wiltshire PAW Acute and Bath Mwled	804	16	424	8	743	14	615	12	301	6	28	1
Yeovil District Hospital NHS Foundation Trust	250	17	146	10	198	13	45	3	85	6	6	0
Total South West	**7,114**	**13**	**4,596**	**8**	**6,113**	**11**	**2,963**	**5**	**3,718**	**7**	**253**	**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	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Cheltenham General Hospital	2,699	1,210	45	2,188	81	0	0	1	0	14	1	65	2	56	2	39	1
Gloucestershire Royal Hospitals NHS Foundation Trust	3,172	1,417	45	2,114	67	0	0	3	0	135	4	45	1	16	1	91	3
Gloucestershire PCT Maternity services (Stroud)	359	285	79	220	61	0	0	0	0	0	0	0	0	133	37	6	2
North Bristol NHS Trust	5,770	1,762	31	4,300	75	0	0		0	42	1		0	35	1		0
North Devon NHS Trust	1,584		0	1,145	72	0	0		0	4	0	30	2	25	2	24	2
Poole Hospitals NHS Trust	4,299		0		0	0	0		0		0		0		0		0
Plymouth Hospitals NHS Trust	4,630	2,957	64	3,275	71	0	0	13	0		0		0		0		0
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	479	2,700	564	380	79	0	0	0	0	0	0	0	0	213	44	15	3
Royal Cornwall Hospitals NHS Trust	4,236	2,971	70	3,224	76	0	0		0		0	10	0		0	29	1
Royal Devon & Exeter NHS Foundation Trust	3,381	1,129	33	2,978	88	1	0	22	1		0	48	1	34	1	54	2
Salisbury NHS Foundation Trust	2,398	941	39	1,748	73	0	0		0	15	1	22	1	15	1	23	1
South Devon Healthcare NHs Trust	2,228	283	13	1,600	72	1	0		0		0		0	30	1		0
Swindon & Marlborough NHS Trust	4,087	938	23	3,127	77	2	0	12	0	10	0	20	0	8	0	43	1
Taunton & Somerset NHS Trust	2,783		0		0	1	0		0	32	1	36	1				0
United Bristol Healthcare NHS Trust	5,223	943	18	3,929	75	1	0	21	0	0	0	28	1		0		0
West Dorset General Hospital NHS Trust	2,171	1,371	63	1,914	88	1	0	9	0	10	0	8	0	25	1	28	1
Weston Area Health NHs Trust	250	520	208	187	75	0	0	19	8	0	0	0	0	209	84	9	4
Wiltshire PAW Acute and Bath Mwled	5,155	73	1	2,987	58	0	0	15	0		0		0	28	1		0
Yeovil District Hospital NHS Foundation Trust	1,477	714	48		0	0	0	9	1	0	0	11	1	31	2		0
Total South West	**56,381**	**20,214**		**35,316**				**124**		**262**		**295**		**858**		**361**	

Appendix 7

NHS SOUTH WEST BIRTH COMPARISONS 2005-2008

Total Women delivered (All births)

Trust Maternity Units	2005/6	2006/7	2007/8	05/06 v's 06/07		06/07 v's 07/08		Overall	
				No's	%	No's	%	No's	%
Cheltenham General Hospital	2,546	2,692	2,699	146	5.7	7	0.3	153	6.0
Gloucestershire Royal Hospitals NHS Foundation Trust	2,781	2,958	3,172	177	6.4	214	7.2	391	14.1
Gloucestershire PCT Maternity services (Stroud)	314	336	359	22	7.0	23	6.8	45	14.3
North Bristol NHS Trust	5,112	5,471	5,770	359	7.0	299	5.5	658	12.9
North Devon NHS Trust	1,517	1,521	1,584	4	0.3	63	4.1	67	4.4
Poole Hospitals NHS Trust	3,655	3,974	4,299	319	8.7	325	8.2	644	17.6
Plymouth Hospitals NHS Trust	4,150	4,663	4,630	513	12.4	-33	-0.7	480	11.6
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	500	548	479	48	9.6	-69	-12.6	-21	-4.2
Royal Cornwall Hospitals NHS Trust	3,993	4,194	4,236	201	5.0	42	1.0	243	6.1
Royal Devon & Exeter NHS Foundation Trust	3,575	3,586	3,381	11	0.3	-205	-5.7	-194	-5.4
Salisbury NHS Foundation Trust	1,886	2,247	2,398	361	19.1	151	6.7	512	27.1
South Devon Healthcare NHs Trust	2,374	2,468	2,228	94	4.0	-240	-9.7	-146	-6.1
Swindon & Marlborough NHS Trust	3,559	3,770	4,087	211	5.9	317	8.4	528	14.8
Taunton & Somerset NHS Trust	2,967	3,060	2,783	93	3.1	-277	-9.1	-184	-6.2
United Bristol Healthcare NHS Trust	4,902	5,128	5,223	226	4.6	95	1.9	321	6.5
West Dorset General Hospital NHS Trust	1,919	2,023	2,171	104	5.4	148	7.3	252	13.1
Weston Area Health NHs Trust	392	309	278	-83	-21.2	-31	-10.0	-114	-29.1
Wiltshire PAW Acute and Bath Mwled	5,192	5,038	5,155	-154	-3.0	117	2.3	-37	-0.7
Yeovil District Hospital NHS Foundation Trust	1,280	1,375	1,477	95	7.4	102	7.4	197	15.4
Total South West	**52,614**	**55,361**	**56,409**	**2,747**	**5.2**	**1,048**	**1.9**	**3,795**	**7.2**

Female Mid Year Population Estimates for South West (15 ~49)	1,130,300	1,130,300	1,130,300
Percentage giving birth	4.65	4.90	4.99

Appendix 8

Progress towards the target for the reduction in teenage conceptions by Local Authority in the South West

This section shows the progress towards the target for the reduction in teenage conceptions by Local Authority in the South West (provisional data for 2006).

Progress towards the target for the reduction in teenage conceptions by Local Authority in the South West (provisional data for 2006)

Local Authority	Actual rate per 1000 (2006 provisional data)	Expected rate per 1000	% change 98-06	Expected % change 98-06	2006 traffic light
Bath and North East Somerset Council	23.0	22.3	**-20.9%**	-23.3%	AMBER/GREEN
Bournemouth Borough Council	34.1	38.7	**-33.8%**	-25.0%	GREEN
Bristol City Council	49.7	37.4	**-2.6%**	-26.7%	RED
Cornwall County Council and the Council of the Isles of Scilly	32.5	29.2	**-18.4%**	-26.7%	AMBER/RED
Devon County Council	30.1	24.2	**-8.8%**	-26.7%	AMBER/RED
Dorset County Council	22.7	23.3	**-26.9%**	-25.0%	GREEN
Gloucestershire County Council	29.2	30.5	**-30.0%**	-26.7%	GREEN
North Somerset Council	22.6	26.2	**-36.6%**	-26.7%	GREEN
Plymouth City Council	46.5	40.1	**-14.9%**	-26.7%	AMBER/RED
Borough of Poole	32.9	32.5	**-23.9%**	-25.0%	AMBER/GREEN
Somerset County Council	33.0	28.5	**-15.0%**	-26.7%	AMBER/RED
South Gloucestershire Council	30.6	25.9	**-9.6%**	-23.3%	AMBER/RED
Swindon Borough Council	45.7	38.3	**-14.5%**	-28.3%	AMBER/RED
Torbay Council	51.1	32.4	**15.7%**	-26.7%	RED
Wiltshire County Council	30.7	23.5	**-4.3%**	-26.7%	RED

Appendix 9

Healthcare Commission Review Overall Assessment in NHS South West

This section shows the Healthcare Commission Review Overall Assessment in NHS South West.

Appendix 9

Health Care Commission Review
Overall Assessment in NHS South West

* denotes substandard information submitted

6 Best Performing, 7 Better Performing, 1 Fair, 1 Least performing

Organisation	Type	Overall Assessment
Gloucestershire Hospitals NHS Foundation Trust	Large	Better performing
North Bristol NHS Trust	Large	Better performing
Northern Devon Healthcare NHS Trust	Small	Best performing
Plymouth Hospitals NHS Trust	Large	Least well performing *
Poole Hospital NHS Foundation Trust	Medium	Better performing
Royal Cornwall Hospitals NHS Trust	Large	Best performing
Royal Devon and Exeter NHS Foundation Trust	Large	Better performing
Salisbury NHS Foundation Trust	Small	Better performing
South Devon Healthcare NHS Foundation Trust	Medium	Best performing
Swindon and Marlborough NHS Trust	Medium	Best performing
Taunton and Somerset NHS Foundation Trust	Medium	Better performing
United Bristol Healthcare NHS Trust	Large	Fair performing*
Dorset County Hospital NHS Foundation Trust	Small	Best performing
Wiltshire Primary Care Trust	Medium	Better performing
Yeovil District Hospital NHS Foundation Trust	Small	Best performing

Appendix 10

The statutory requirements met with regard to the Midwives Rules and Standards (2004)

This section lists the statutory requirements met with regard to the midwives rules and standards (2004) in NHS South West.

Appendix 10

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			

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			

Appendix 10

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			

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			

Appendix 10

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			
	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 10

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 10

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			

Val Beale
LSA Midwifery Officer
NHS South West
South West House
Blackbrook Park Avenue
Taunton
TA1 2PX
Sent via e-mail

1October 2008

Ref: South West
Direct line: 020 7333 6530
Email: susan.way@nmc-uk.org

Dear Val.

Re: LSA Annual Report

I am writing to thank you and acknowledge receipt of the annual report to the NMC. I will contact you in due course if I require clarification or any further information.

Please let me know if you have any queries.

Yours sincerely

Susan Way
Midwifery Adviser