Nursing & Midwifery Council

Supervision, support and safety

NMC quality assurance of the LSAs 2010–2011

Contents

Introduction

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. We are required by the Nursing and Midwifery Order 2001 (the order) to establish and maintain a register of all qualified nurses and midwives eligible to practise within the United Kingdom (UK) (article 5(1)), and to set standards for their education, training, conduct, and performance. These standards are considered necessary for safe and effective practice (article 5(2)(a)).

The order requires us to set rules and standards for midwives and the local supervising authorities (LSAs) responsible for the statutory supervision of midwives, and these are contained in *Midwives rules and standards* (NMC, 2004). A review of these rules and standards is underway and is expected to be completed in 2012.

We have a duty to monitor the LSAs to ensure they are meeting the required standards for statutory supervision. Under rule 16 of the *Midwives rules and standards*, every LSA is required to submit a written annual report containing specific information we request (NMC circular 01/2010) by the date specified each year. The annual report is an opportunity for the LSA to inform us and the public of its activities and highlight any key issues. The information contained in this report is for the practice year 1 April 2010 to 31 March 2011 and contains our analysis of the LSA reports submitted under rule 16. We received all LSA reports within the specified timeframe.

Executive summary

All LSA reports have provided information detailing their compliance with rule 16 of the *Midwives rules and standards* during the practice year 2010-2011.Whilst the reports have provided assurances that supervisory frameworks and processes are in place for statutory supervision of midwives across the UK, variations remain in relation to how they discharge their supervisory functions. The LSAs' responsibility for safeguarding and protecting the public is a primary aspect of their function. This is demonstrated when poor practice is identified, and actions are taken with individuals and services to support improvement.

Progress on recommendations

The previous report, *Supervision, support and safety: Analysis of the 2009-2010 LSA annual reports to NMC*, outlined various recommendations for us and the LSAs. Below is a summary of the progress on these recommendations.

For LSAs

We are able to report that the majority of LSAs have made good progress in the promotion of normality in childbirth, the recruitment of supervisors of midwives (SoMs) and user involvement in LSA audits.

However some recommendations identified in last year's reports should form part of an ongoing implementation and monitoring programme for all LSAs (see page 9). This will ensure the progress made to date continues during the next reporting year.

For the NMC

The NMC will advise LSAs on the content of their annual report.	This was completed in April 2011
The NMC will monitor complaints made against LSAs, their staff and the supervisory function, and use the learning from such investigations to inform standards and policy, and escalate concerns where necessary.	Information requested as part of the LSA annual report 2010-2011
The NMC will implement and evaluate the actions arising from the recommendations of the internal audit of the NMC LSA review process, including the introduction of the quarterly quality monitoring in 2011.	Completed – this was introduced in January 2011

This year's report is divided into two sections as follows:

- **Section one** outlines how we, as the regulator, monitor and quality assure that LSAs meet the standards for the statutory supervision of midwives.

- **Section two** provides an overview of the analysis of the LSA annual reports. This section contains both quantitative and qualitative information and evidence provided by LSAs to demonstrate that they are meeting our standards for the statutory supervision of midwives.

Our key findings: Supervisory function

The statutory supervision of midwives is a framework for supporting midwives and safeguarding mothers and their babies, and in some organisations appears to be making a difference as outlined by the good practice guidelines (see page 8). Our annual reviews of LSAs for the 2010-2011 reporting year produced some evidence of how statutory supervision interfaces well with clinical governance at a local level.

Birth rates – staffing challenges and complexity of births

- Some LSAs have reported an increase in the birth rate, and all reports continue to highlight the increasing complexity of births, including the effects of an increased number of safeguarding issues. In some LSAs this impacts on both the midwives and the SoM role.

- In response to this, and through the supervisory framework, LSAs are working collaboratively with SoMs, approved education institutions (AEIs) and employers to ensure all midwives have the necessary skills to deliver safe and effective care. This is evident through local postgraduate training for midwives, for example regular skills and drills practice, and within training curricula for pre-registration midwives, particularly in caring for high risk pregnancies with complications.

Governance and risk processes

- There were examples of statutory supervision of midwives interfacing with trust or board governance and risk processes. In some trusts and boards it was demonstrated that the profile of statutory supervision of midwives has been escalated to executive board level and is well understood. However in other trusts and boards some of the soft evidence would suggest that little is understood about the value of supervision with executive boards, and in particular within human resource departments.

Investigations and outcomes

- Although reports highlighted a number of midwives undergoing supervisory investigations, the proportion of midwives subjected to supervisory or fitness to practise investigation continues to be very small. Evidence produced by LSAs demonstrates that SoM groups are aware of those midwives who may need support and take action locally to address concerns in relation to practice. Concerns can be highlighted through maternity dashboards or equivalent reporting systems, and some local supervising midwifery officers (LSAMOs) have demonstrated a very proactive approach in taking action locally. It is important that LSAs continue to focus more of their attention on units which give rise for concern and support those units to improve.

- The role of the LSA and SoMs continue to have a key focus in safeguarding women and their babies by investigating midwives' practice. The reports clearly demonstrate that supervision can make a valuable contribution to monitoring safe practice. Although some of the themes highlighted through supervisory investigations remain similar and are reflected in both the midwifery fitness to practise referrals to us and the recent Centre for Maternal and Child Enquiries (CMACE) report *Saving Mothers Lives* (2011), statutory supervision of midwives can support midwives in undertaking successful rehabilitation after completing a period of supervised practice.

Supervisors as leaders

- Some LSAs have taken a very proactive approach to providing SoMs with leadership skills. Specially designed leadership courses for SoMs have been well evaluated and have enabled SoMs to better support midwives, act as role models and become change agents.

Communication

- Some LSAs have demonstrated how they audit the perception of SoMs by their peers and colleagues. Multidisciplinary working is becoming increasing valuable in raising the profile of statutory supervision of midwives with the wider professional groups.

LSA annual audits

- All annual reports contained detailed information on how LSAs continue to undertake annual audits of their maternity services. The annual audit is an essential part of assessing quality measures and providing assurances that the LSA standards for statutory supervision of midwives we set are being met in individual trusts and boards. Whilst the majority of LSAs described the increased involvement of service users in monitoring the statutory requirements for supervision, including annual audits, recruitment of service users remains a challenge for some.

Midwife to birth ratios

- Evidence provided in the reports needs to inform local workforce planning to ensure that there are sufficient midwives to meet the recommended national standard of a midwife to birth ratio of 1:28, set by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM). LSAs are instrumental through the supervisory framework in monitoring the effects and impact of midwife to birth ratios on the delivery of care for women and their babies. The majority of LSAs reported a decrease in the midwife to birth ratio for this reporting year and are using a variety of methods to continue monitoring this, which include the use of:
    - maternity dashboards
    - LSA scorecards
    - regular meetings with contact SoMs
    - attending trust or board SoM meetings
    - liaising with HoMs and DoNs within trusts or boards.

Recruitment of SoMs

- One of the main challenges for LSAs across the UK is the recruitment of SoMs to meet the recommended SoM to midwife ratio of 1:15. Although this continues to prove difficult against a backdrop of retirements, resignations and requests for leaves of absence from the role, LSAs described their commitment and innovative strategies for recruiting midwives to become SoMs.

Reconfiguration of maternity services

- Reconfiguration of maternity services and plans for service mergers continued to be a theme across the UK during 2010-2011. Maintaining safe and woman-centred services during such challenges is supported by the supervisory framework. The LSA reports provide evidence describing how some SoMs are taking the lead in supporting midwives during such mergers, particularly when staff morale is affected.

Good practice across the UK

The analysis of the LSA annual reports identified the following good practice across the UK.

- LSAs continue to work closely with trusts and boards to raise the profile of statutory supervision of midwives. There is evidence of robust and effective recruitment strategies, and the majority of LSAs saw an increase in the number of midwives coming forward to become SoMs. In individual trusts and boards where SoMs' caseloads exceed the recommended ratio of 1:15, SoMs are using a variety of strategies to encourage midwives to become SoMs including:
    - talent spotting midwives who show an interest
    - holding supervisory road shows to raise the profile of supervision of midwives
    - holding open evenings with a specific focus on supervision
    - inviting any interested midwives to the LSA conference to raise the profile of the role.
- There continues to be a commitment across the UK to promote normality and reduce rates of intervention. SoMs often take the lead or support midwives with these initiatives.
- SoMs are continually involved in audit programmes, for example record keeping and development of action plans, which have improved the delivery of clinical care.
- One LSA highlighted an example of one SoM team proactively taking the lead in developing tools and frameworks for successfully addressing poor attitude with midwives. This approach has been well evaluated by SoMs and midwives as having a positive effect on women's experiences.
- SoMs are contributing to the mandatory updates for midwives and other members of the multidisciplinary team, thus raising the profile of statutory supervision of midwives.
- Some examples were given of the benefits of clinical SoMs acting as role models in clinical practice, encouraging midwives to work along side them.
- Many LSAs have demonstrated robust mechanisms for supporting SoMs to develop their skills to undertake the role, for example specific leadership courses for SoMs and master classes in developing supervisory investigatory skills. Both of these have been evaluated positively.
- All LSAs continue to provide evidence demonstrating user involvement both in monitoring supervision of midwives and in undertaking annual LSA audits. One LSA described using the lay auditor to audit the views of women in relation to their experience of birthing at home. This included going to home birth focus groups and then feeding their concerns and recommendations back to the LSA.
- One LSA described SoMs running weekly drop-in clinics for women and midwives which was well evaluated and received a national award. This has been successful in raising the profile of statutory supervision of midwives with women and their families.

Recommendations and ongoing implementation and monitoring for LSAs from 1 April 2011-31 March 2012

The following recommendations and ongoing monitoring and implementation for LSAs are in section two of the report.

Recommendations

1 LSAs should work closely with chief executive officers (CEOs), directors of nursing (DoNs) and heads of midwifery (HoMs) to influence executive boards within trusts and boards to seriously consider how statutory supervision of midwives can contribute and add value to the governance agenda, including how SoMs can enhance protection of women and their babies.

2 Within the wider political agenda, LSAs should continue to be instrumental in raising the profile of statutory supervision and highlighting what supervision has to offer in relation to promoting safe, evidenced based care and its role in protection of women and babies.

3 LSAs must engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework and the LSA annual report.

4 LSAs should, under the LSAMO Forum UK, work to demonstrate the effectiveness of statutory supervision of midwives across the UK.

5 Those LSAs who have not yet reviewed and updated their websites in the last reporting year are required to do so during this reporting year, and details of this should be clearly reported in next year's report.

Ongoing implementation and monitoring by LSAs

6 LSAs should continue to implement robust recruitment strategies to ensure recruitment of sufficient SoMs to meet the recommended ratio of 1:15.

7 LSAs should be proactive in identifying the impact of a higher SoM to midwife ratio in specific trusts or boards in relation to delivery of supervision of midwives and protection of the public

8 LSAs should continue to review and monitor how effective current processes are in empowering women to contact a SoM for advice and support.

9 LSAs should continue to provide evidence demonstrating how they are ensuring service user involvement, particularly those from vulnerable groups.

10 LSAs should continue to feedback to approved education institutions (AEIs), education commissioners and the NMC any concerns related to the clinical learning environment for pre-registration midwifery students.

11 Whilst LSAMO UK Forum national guidelines promote equity and transparency, LSAs should monitor and review that the LSA guidelines are relevant to local service needs.

12 LSAs should continue to have robust systems in place to continue to monitor birth and midwifery workforce trends to ensure the safety of women and babies is not adversely affected. Whilst this is undertaken in a variety of ways and in some LSAs is within the role of the strategic leads for maternity services, other LSAs will use maternity dashboards and relevant data to assist with this. All LSAs will continue to report on this.

13 LSAs should monitor outcomes from supervisory investigations and review the success of the recommendations in improving midwives' practice.

14 LSAs should review and evaluate the trends within the supervised practice of midwives and consider whether the use of local measures addresses concerns and is effective in rehabilitating midwives back to practice.

Recommendations for the NMC for reporting year 2011-2012

15 The NMC will advise LSAs on the content of their annual report for the practice year 2011-2012 by 31 January 2012.

16 The NMC will engage with LSAs through the quarterly quality monitoring framework, and themes and trends highlighted will be included in next year's report.

17 The NMC will continue monitor complaints made against LSAs, their staff and the supervisory function. We will use the learning from the investigation of such complaints to inform future policy and standards development.

18 Within supervisory investigations and fitness to practise cases, poor record keeping continues to be an area of concern. In response to this the NMC will be reviewing the record keeping guidance. We aim to develop a robust standard for record keeping which will focus on judgment and decision making, care planning and clear documentation.

19 The NMC will complete the review of the Midwives rules and standards, which includes the standards for statutory supervision of midwives, in 2011-2012.

Section 1: NMC quality assurance of the LSAs 2010-2011

Role of the LSA in protecting the public

Supervision of midwives is a statutory function which has been in operation in the United Kingdom (UK) for over 100 years. Our primary role, and the purpose of statutory supervision of midwives, is to safeguard and protect the health and wellbeing of the public

Under the Nursing and Midwifery Order 2001 (the order), as the regulating body we set the standards for local supervising authorities (LSAs) in relation to statutory supervision of midwives. These standards are set out in the *Midwives rules and standards* (NMC, 2004). We have a duty to monitor whether LSAs are meeting the required standards for statutory supervision across the UK. LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice at a local level. This is done through the mechanism of statutory supervision of midwives which is delivered in line with our standards. The LSA has a pivotal role in clinical governance and a responsibility to ensure there is a local framework to provide equitable, effective statutory supervision for all midwives. Every practising midwife must have access to a named supervisor of midwives.

LSAs sit within strategic health organisations, and the type of organisation varies in each country of the UK. The chief executive of the authority is responsible for the LSA. In England, the LSAs currently sit within the Strategic Health Authority (SHA); in Wales, the Healthcare Inspectorate Wales; and in Northern Ireland, it is the Public Health Agency. In Scotland, the functions of the LSAs are provided by the health boards which are arranged into three regions: the North of Scotland, the South East of Scotland and the West of Scotland.

As of 1 April 2010 there were 26 LSAs across the UK (however because Scotland is arranged into three regions this equates to 16 LSAs) with 15 appointed local supervising authority midwifery officers (LSAMOs) (see table 1).

Table 1: UK local supervising authorities 2011

England	East of England SHA East Midlands SHA London SHA North East SHA North West SHA (also oversees supervision in the Isle of Man) South Central SHA South East Coast SHA South West SHA (also oversees supervision in Guernsey and Jersey) West Midlands SHA Yorkshire and the Humber SHA
Northern Ireland	Public Health Agency

Scotland	**North of Scotland region** NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Western Isles **South East of Scotland region** NHS Borders NHS Fife NHS Forth Valley NHS Lothian **West of Scotland region** NHS Ayrshire and Arran NHS Dumfries and Galloway NHS Greater Glasgow and Clyde NHS Lanarkshire
Wales	Healthcare Inspectorate Wales

For the purpose of this report, 'strategic health organisations' refers to the host of the LSA in each of the four countries.

Each LSA must appoint a practising midwife to the role of LSAMO who is responsible for exercising its function in relation to supervision of midwives. We set the statutory requirements of the LSAMO role, and these requirements cannot be delegated to another person or role. The LSAMO has a pivotal role in clinical governance by ensuring that the standards for supervision of midwives and midwifery practice meet our requirements.

The LSAMO has a professional leadership role and discharges the LSAs responsibility for the protection of women and babies by influencing both the quality of the local midwifery services, and also the wider NHS agenda. Safety for mothers and babies can only be achieved if local trusts, health boards and health authorities are engaged with the supervision framework, and act on maternity matters brought to their attention by the LSAMO.

Supervisors of midwives (SoMs) are experienced practising midwives who are appointed by the LSAMO for a specific LSA after completing additional education and training through a preparation of supervisors of midwives (PoSoM) programme. Following appointment to the role, they are accountable to the LSA for their supervisory activities, not their employer. The SoM provides support, advice and guidance to women and midwives 24-hours a day to increase public protection. Every qualified midwife will have a named SoM who will offer guidance and support in developing skills and expertise throughout their career. The SoM has a duty to bring to the attention of the LSA any practice or service issue which may affect a midwifes' ability to care for women and their babies, or could directly impact on the safety and protection of the public. They protect the public through the support they provide to midwives to ensure that care offered is safe and appropriate for the mothers and their babies in their care.

Quality assurance of the LSAs

We monitor LSAs to ensure they have the required mechanisms in place to deliver statutory supervision within their region, and that they are meeting the required standards for supervision of midwives. To do this, we use a quality assurance framework which includes:

- the analysis of the LSA annual reports
- undertaking LSA reviews on a three-year cycle
- a quarterly quality monitoring framework.

The annual report

Under rule 16 of the *Midwives rules and standards* (NMC, 2004), LSAs are required to produce and submit a written annual report to the NMC by a set date each year, containing information specified by us (see NMC circular 01/2010). The annual report is an opportunity for the LSA to inform both us and the public of its activities and highlight any key issues.

The information contained in section two of this report is for the practice year 1 April 2010-31 March 2011 and contains our analysis of all the LSA reports submitted within the specified time frame under rule 16.

The data and trends within the reports are used to monitor and provide assurance that each LSA is meeting our standards for delivering effective statutory supervision of midwives. As in previous years, we will make individual LSA reports available online at **www.nmc-uk.org**

The detailed analysis of the reports is in section 2, and the summary of the recommendations and ongoing monitoring and implementation begin on page 9 in the executive summary.

Annual review of the LSAs

To support us in monitoring LSAs and obtaining assurance that our standards are being met, an LSA review process is in place which includes reviewing every LSA on a three-year cycle. There is a standardised review process to ensure consistency and equity for all LSA reviews across the UK.

The LSA review is an opportunity for trusts and boards to provide evidence to demonstrate how statutory supervision of midwives is contributing to midwifery practice and safety for women and their babies. It also provides an opportunity to raise the profile of statutory supervision with executive stakeholders such as chief executive officers (CEOs), directors of nursing (DoNs) and heads of midwifery (HoMs).

Six planned reviews are undertaken on a three-year cycle, however a decision to review a LSA may also be made in response to concerns raised by the LSA, or on receiving information from other regulators or the media.

LSA reviewers are appointed by the Appointments Board to carry out all LSA reviews. Review teams include an LSAMO, a midwife and a lay reviewer. There is a standardised review process to ensure consistency and equity for all LSA reviews across the UK at **www.nmc-uk.org/supervision-framework**. Reviewers produce a final written report that details whether the LSA is compliant against the 54 NMC standards.

During this reporting year the following LSAs were reviewed using this process and the reports are available on our website at **www.nmc-uk.org**

- Public Health Agency Northern Ireland LSA
- South East Coast LSA
- South Central LSA
- West of Scotland LSA
- North East LSA
- East Midlands LSA

A number of themes were highlighted consistently through the reviews this reporting year. Reviewers noted that:

- the interface between clinical risk and governance needed strengthening
- SoMs needed to be given protected time in which to undertake their supervisory role
- the profile of statutory supervision of midwives needed to be raised at the executive board within trusts and boards
- work needed to continue to raise the profile of statutory supervision of midwives with women and their families
- LSAs must continue to monitor the SoM to midwife ratio in individual trusts or boards
- developing leadership programmes for SoMs needs to continue to ensure that SoMs are visible leaders within the organisation.

There was evidence that information and good practice was shared between SoMs within LSAs. SoMs have the opportunity to network across the LSA, and continual support and development for the SoM role was demonstrated.

Quarterly quality monitoring framework

The quarterly quality monitoring tool was introduced in January 2011 as means of improving communication between us and the LSAs, and is intended to provide more contemporaneous information so that we can assess LSA compliance with our standards on an ongoing basis, and identify any issues or perceived future threats that may have implications for the health and wellbeing of women and their babies. This was in response to the report by our external auditors which recommended that periodic monitoring discussions should be introduced between the NMC and LSAs. The tool was developed in conjunction with the LSAMOs and was piloted by four LSAMOs in autumn 2010 to ensure the process was of value to both LSAs and the NMC without being unduly burdensome.

The purpose of the quarterly quality monitoring is:

1 to demonstrate the effectiveness of the statutory supervision of midwives

2 to better monitor risk and provide more contemporaneous and up to date information (we also encourage the LSAs to report any concerns outside the quarterly monitoring)

3 to identify good practice and share this with other LSAs, and to identify practice which needs development

4 to promote triggers for more rapid reporting of significant events relating to statutory supervision, including:

- 4.1 maternity units put on special measures by other regulators
- 4.2 significant changes in SoM to midwife ratios
- 4.3 specific identified threats to the maternity service
- 4.4 maternity incidents that may have media interest

5 to realise other benefits, including:

- 5.1 faster collation and publication of the annual report
- 5.2 the ability for us to share good practice between LSAs in a more timely manner
- 5.3 the development of more proactive relationships between us and LSAs
- 5.4 the collation of evidence to demonstrate the effectiveness of statutory supervision of midwives.

The quarterly quality monitoring reporting was rolled out to all 15 LSAs in January 2011 and the first full quarterly reporting took place for the period January to March 2011. This was regarded as a trial period and used as a benchmarking exercise. The new system was formally implemented with effect from April 2011 to fit with the normal annual reporting cycle.

Under the quarterly monitoring process, the LSAMOs are required to complete the template report within four weeks of the end of the reporting period. An NMC midwifery adviser reviews the report and discusses the findings with the LSAMO in a scheduled telephone appointment. We are improving the process through development of an electronic reporting template. This will assist with the gathering and analysis of the data and ensure the process is transparent and equitable.

Although the information obtained from the quarterly quality monitoring process has not been included in this report, it will be included in future reports.

Extraordinary reviews

Where there are concerns under rule 10 of the *Midwives rules and standards* (2004) we are permitted to undertake extraordinary reviews to monitor and provide assurance that effective statutory supervision is being delivered. These reviews are in addition to the six planned reviews and may include the review of effective supervision within an LSA or a specific maternity unit within a trust or board. Decisions to undertake such reviews may result from a variety of sources, for example information shared between us and other regulators. We have memorandums of understanding with a number of regulators, for example General Medical Council (GMC), Care Quality Commission (CQC) and Health Inspectorate Wales (HIW), which enable effective communication and sharing of information.

On occasion, we may undertake joint extraordinary reviews in collaboration with another regulator, for example the CQC. Such reviews have proved beneficial to both parties and we see a value in further collaborative work using this approach.

Although we performed no extraordinary reviews during 2010-2011 reporting year, we undertook a follow up review in a trust we had reviewed in the previous reporting year. During this follow up, we identified that whilst the trust had made some progress, there were outstanding recommendations which had not been met. We continue to monitor progress on these recommendations.

By monitoring and undertaking reviews, we benefit from a better overall view of information held by us, LSAs and other regulators. This will enhance protection of the public by informing policy, and we can use the information in fitness to practise cases.

The House of Commons Health Committee recognised this when, in their report of July 2011, they referenced the statutory supervisory framework being a tried and tested means of monitoring and quality assuring midwives' practice. You can view this report at **www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1428/1428.pdf**

Section 2: Analysis of the LSA annual reports to the NMC

Under rule 16, each LSA provides details within their annual report on how they meet our standards for the statutory supervision of midwives. This section provides details of the analysis of information received from each LSA on how they meet these standards. For the purpose of this report, we require assurance that each LSA across the UK has the required framework and mechanisms in place to discharge their statutory function for the supervision of midwives. We monitor each LSA against the following standards.

LSA standard 2: Each LSA will ensure their report is made available to the public

Guidance

Please provide details of how and when your LSA makes the report available and accessible to the general public and key organisations.

What we found

Each LSA described how they make their report available to the public, key organisations and stakeholders. All LSAs have a dedicated website and provide hard copies of the annual report when requested, however there was little evidence of this being widely utilised.

Some LSAs published comprehensive information for the public on their websites regarding the help they could provide, and clearly described how people can contact the LSAMO and SoM. Some also placed the report on the websites of the approved education institutions (AEIs) who deliver the preparation of supervisor of midwives programme (PoSoM). Reference was also made to the fact that the reports would be placed on our website at **www.nmc-uk.org**

Examples of good practice

- Some LSAs described individual trusts or boards raising awareness of supervision of midwives to the public with specific websites which signpost the LSA annual report. Some LSA websites are very easily accessed with clear links to their annual reports, thus enhancing the promotion of supervision of midwives to the public.

- One LSA highlighted that SoMs in some trusts or boards were raising the profile of statutory supervision of midwives by having a supervision of midwives stand within the maternity unit promoting information regarding statutory supervision. SoMs were available to discuss and answer any questions in relation to how statutory supervision of midwives could help and support women and their families.

Our judgment

LSAs continue to make their annual reports available on their websites and through a wider distribution. Despite this, and the introduction of new initiatives, the majority of LSAs reported ongoing challenges in raising the profile of supervision of midwives with women and their families. Evidence from LSA annual audits would suggest that many remain unaware that statutory supervision of midwives exists or how it could support them. Whilst some LSAs should be commended in promoting supervision of midwives to the public with high quality and easily accessible websites, inconsistency continues with some websites remaining difficult to navigate without clear signposts to annual reports. Links for signposting the annual report could be clearer and more direct thus promoting better uptake from the public. Good practice and innovation should be shared across LSAs with the aim of ensuring all LSAs are taking positive steps to ensure the public have better access to the annual report.

Key recommendation

- Those LSAs who have not yet reviewed and updated their websites in the last reporting year are required to do so during this reporting year and details of this should be clearly reported in next year's report.

LSA standard 3(a): Numbers of supervisors of midwives appointments, resignations and removals

Guidance

Please include data for the preceding three years, and provide a summary of any trends and actions plans if any risks have been identified (and mitigated against).

- Total number of supervisors working in your LSA
- Total number of midwives working in your LSA
- New appointments
- Resignations
- Removals
- Ratio of midwives to SoMs across your LSA
- Ratio of midwives to supervisors for each maternity service as of 31 March 2010
- Information about your recruitment strategy to ensure you have sufficient and sustainable numbers for the future
- SoMs who are suspended from their role for any period
- SoMs removed from their role
- Reasons for suspensions or removals

What we found

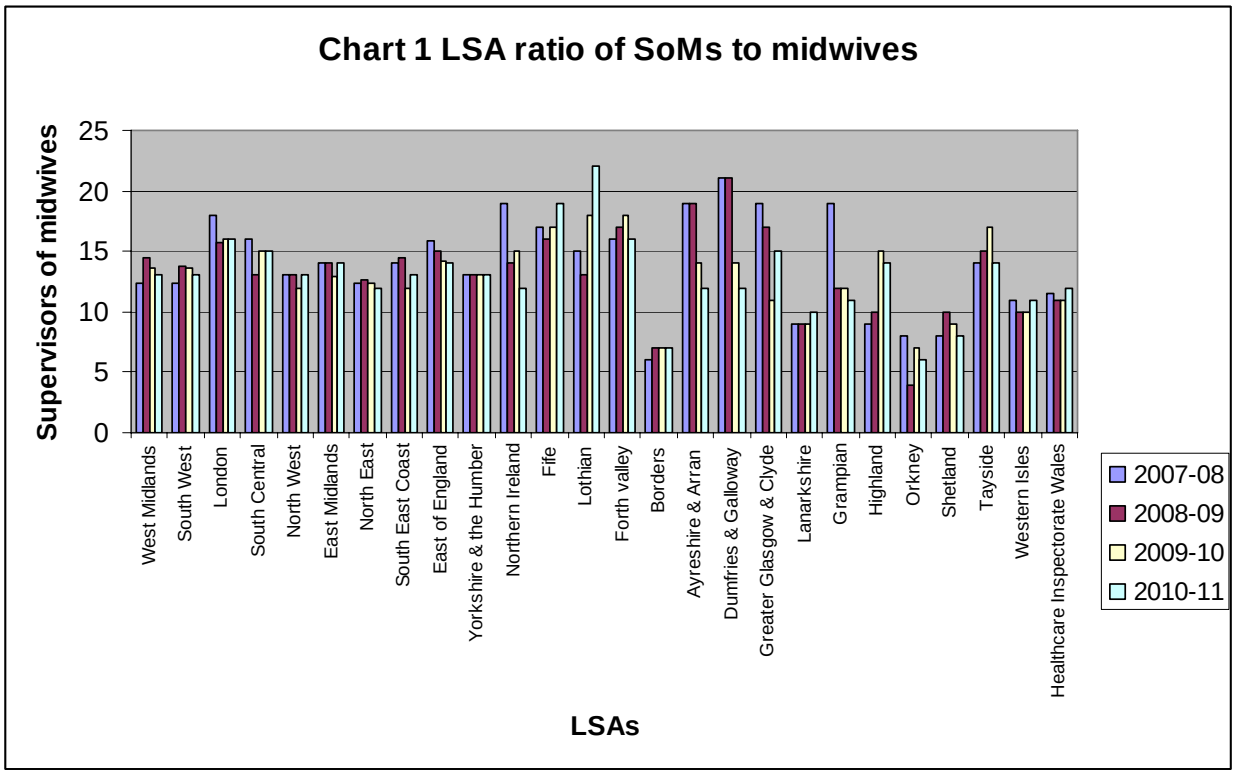
Each LSA annual report provided detailed information regarding the number of SoMs working in their LSA for the period 1 April 2010 to 31 March 2011. All LSAs clearly described their commitment to recruiting new SoMs and provided evidence demonstrating robust and effective recruitment strategies. These are supported by the LSAMO Forum UK guidelines for recruitment and selection of SoMs.

Despite using a variety of methods for recruiting SoMs, which included the use of posters and flyers, talent spotting and the shadowing of current SoMs for interested candidates, recruitment of SoMs remains an ongoing challenge for some LSAs. Whilst some reports described no problems with the recruitment of midwives to undertake the role, others continue to find that the lack of dedicated time and a perceived lack of value of the role at executive board level remain barriers for midwives not putting themselves forward.

Detailed information of new appointments, resignations, leaves of absence and removals were provided by all the LSA reports, which overall showed an increase in SoM appointments during this reporting year.

SoM to midwife ratios

SoM to midwife ratios were provided in all LSA reports (the NMC recommended ratio is 1 SoM to 15 midwives). At the end of March 2011, 22 out of 26 LSAs met or exceeded the minimum recommended ratio. Of the four LSAs that did not meet the minimum recommended ratio, the highest was 1:22.



Although 22 of the 26 LSAs have a ratio of 1:15 or less, it is clearly reflected in the reports that many individual trusts or boards continue to experience challenges in recruiting sufficient new SoMs to replace those retiring or resigning. In addition the need to provide a named SoM for self employed (independent), agency, bank, return to practice and overseas midwives continues to impact on the work load of some SoMs. This is demonstrated in the variations in individual trusts and boards across the UK, and the impact is reflected in some trusts or boards having a ratio as high as 1:34. In this year's reports, six LSAs had no maternity units where the ratio was greater than 1:15, which is an improvement on last year's figures.

Supervision of midwives is an important governance function within trusts and boards. With each midwife having a named SoM, the LSA ensures that support, advice and guidance are all available for midwives and women 24-hours a day to ensure the safety of women and their babies.

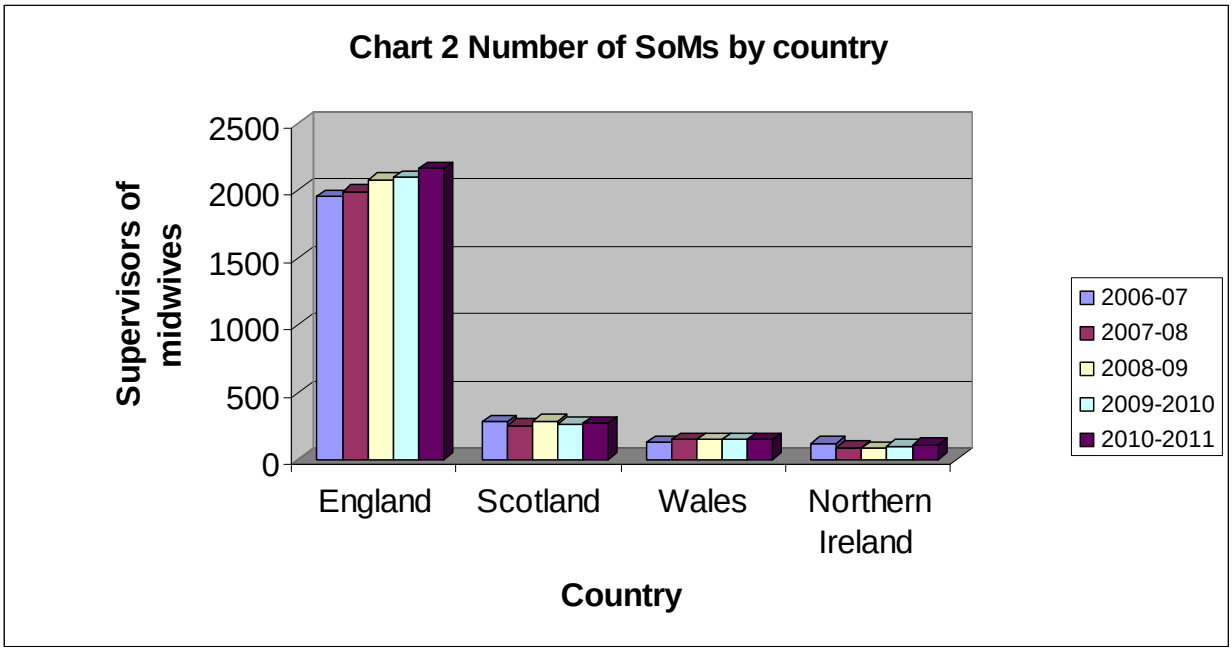
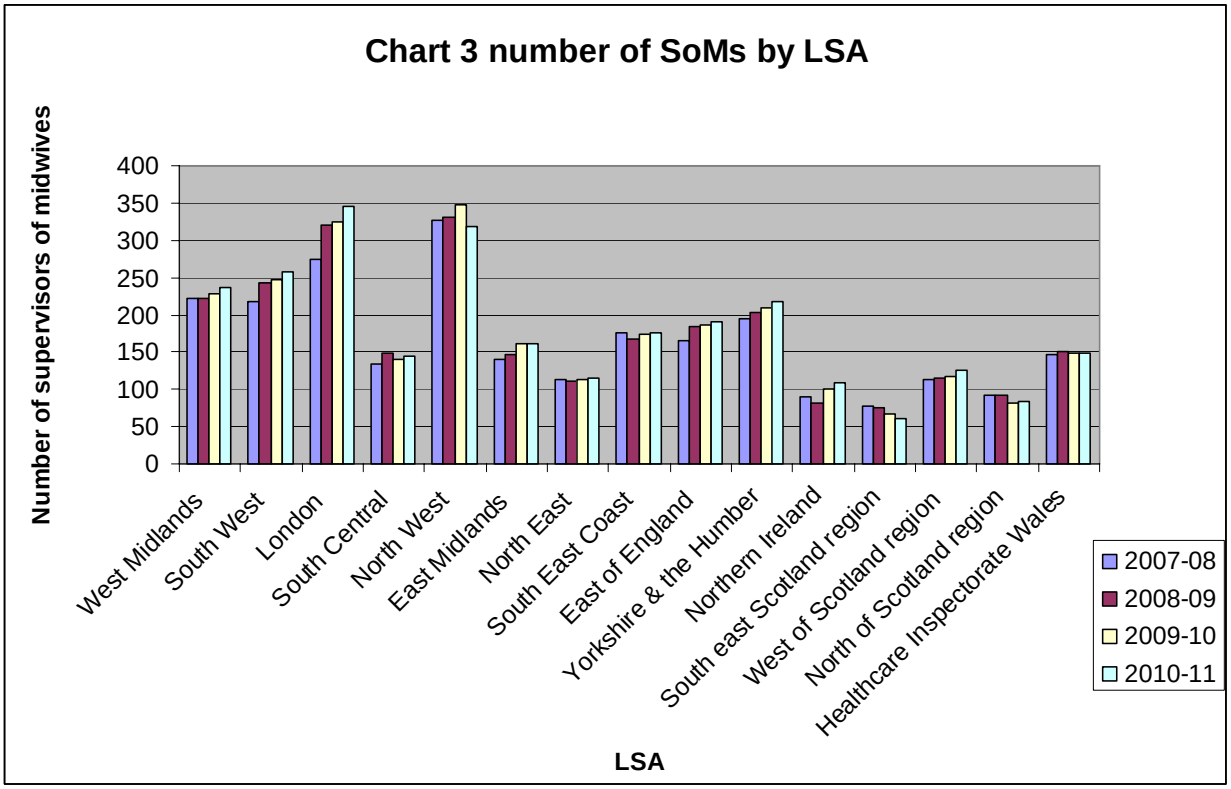


Table 2: Number of SoMs by country

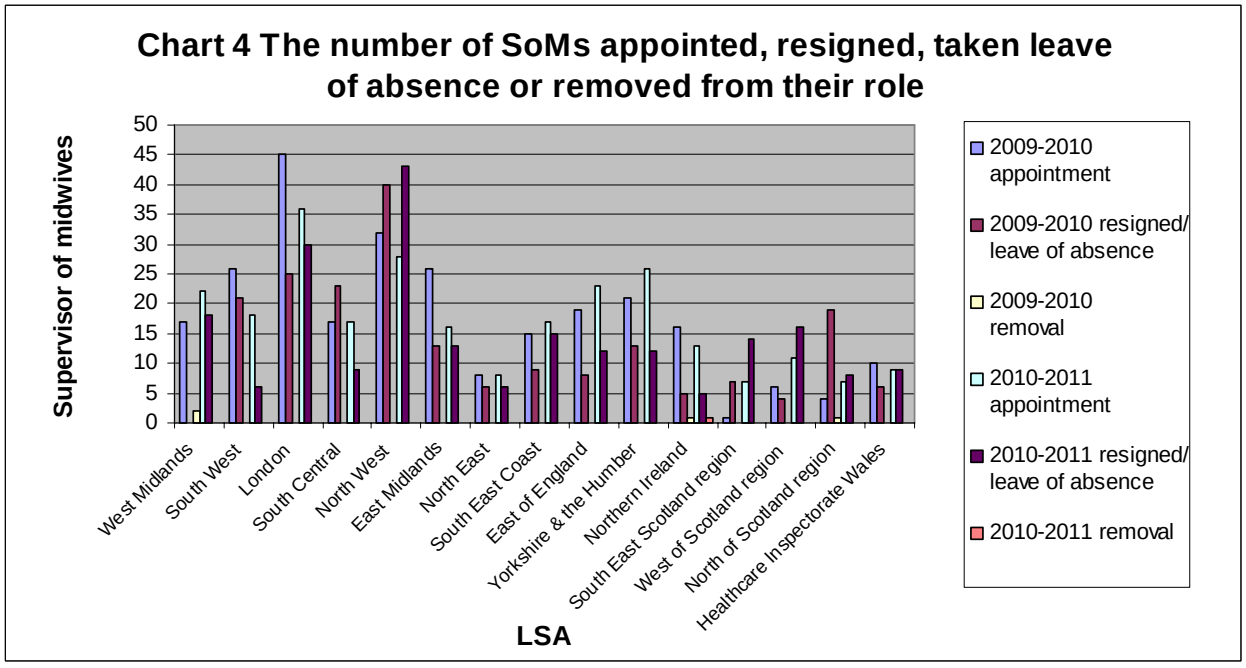
	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
England	1,953	1,996	2,080	2,100	2,164
Scotland	283	253	284	265	269
Wales	126	147	151	149	149
Northern Ireland	119	90	82	100	109



Please note that in chart 3 and 4, LSAs in Scotland are presented in three regions: North of Scotland, West of Scotland and South East of Scotland.

Appointments, resignations, leaves of absence and removals per LSA for 2010-2011

There were 258 SoMs appointed during 2010-2011, and although newly qualified SoMs were the majority, some LSAs reported a number of SoMs being reappointed either after relocation or returning to supervision after a period of time out. Packages of preceptorship and support were described to support all SoMs in their role.



The number of resignations and leaves of absence continues to have an impact on any sustained increase in SoM numbers across the UK. During 2010-2011, 216 SoMs resigned or had a period of time out which is an increase from the previous reporting year.

The role of the SoM is continually developing, however dedicated time and availability of resources remains variable across the UK. Although an acceptance of the need for protected time for supervisory functions is widely recognised, the reality is that some SoMs are continuing to provide their supervisory duties in addition to covering clinical shifts. Despite LSAs continually monitoring this, SoMs often end up doing their supervisory role in their own time and in some cases without remuneration, which continues to be applied inconsistently across the UK. This is identified by some LSAs as a key factor in the rising resignations and requests for leaves of absence from the supervisory role.

Examples of good practice

- LSAs and SoMs continue to talent spot midwives interested in undertaking the PoSoM programme.

- LSAs continue to encourage the use of external SoMs to support SoM teams to meet the required SoM to midwife ratio of 1:15.

- Well evaluated leadership programmes are in place across LSAs to equip and develop SoMs as clinical leaders.

Our judgment

Evidence provided by all LSAs demonstrated there are robust recruitment strategies in place for the recruitment of SoMs. However challenges remain in ensuring sufficient numbers of SoMs are trained to provide the statutory function for supervision of midwives. This needs to be realised within the context of the numbers of midwives retiring, working part time, and working independently or on agency. Although an LSA can meet the recommended ratio of 1:15, there are clearly some trusts and boards who continue to have ongoing challenges in attracting midwives to the role of SoM. LSAs need to be proactive in identifying trends and themes for this and in monitoring whether this has a direct impact on either the delivery of supervision of midwives or the protection of the women and their babies.

Ongoing implementation and monitoring

- LSAs should continue to implement robust recruitment strategies to ensure recruitment of sufficient SoMs to meet the recommended ratio of 1:15.

- LSAs should be proactive in identifying the impact of higher SoM to midwife ratio in specific trusts or boards in relation to delivery of supervision of midwives and protection of the public.

LSA standard 3(b): Details of how midwives are provided with continuous access to supervisor of midwives

Guidance

- How do midwives contact their named SoM?
- How do midwives contact a SoM in an emergency?
- What are your contingencies if a SoM is not contactable?

Please provide evidence of how access to a SoM is audited in your LSA including:

- continuous access to an SoM
- response times from SoMs to requests for advice from midwives in challenging situations
- response times from SoMs to requests for advice from women in challenging situations
- outcomes and action plans resulting from these audits.

What we found

The LSA reports provided detailed information on how this standard was being met. All midwives must have a named SoM regardless of their employment status and they must be able to access a SoM at all times. Although the majority of midwives can choose their named SoM, this is dependent on the SoM's existing caseloads. Newly appointed and new starters may initially be allocated a named SoM, however processes exist to enable a midwife to change her named SoM.

LSAs described a variety of ways in which SoMs are identified and contactable, including:

- notice boards with names, photos, profiles and
- provision of lanyards identifying SoMs
- welcome letters and information packs, including contact details
- provision of verbal and written information at supervisory annual reviews
- information on websites and the email addresses of SoMs
- via the contact SoM.

LSAs described processes enabling midwives to contact their named SoM and any contingency plans should the named SoM be unavailable. The process is also referred to in LSA guidelines.

Whilst the majority of LSAs operate a 24-hour on call rota system, trusts and boards with lower numbers of SoMs will require them to be on call more frequently. The rotas are easily accessible, displayed and available (at a minimum) in the labour ward and with the switchboard of each trust or board. Some trusts and boards have a list of which SoMs are available and their contact information.

Information relating to the calls received continues to be reviewed at local SoM meetings, relevant LSA meetings and LSA audits. Calls can be themed into complex safeguarding concerns, capacity of the service to meet demand and unusual clinical incidents. Some LSAs are developing ways to log calls electronically, which will support clinical and information governance. Continuous access and the availability of SoMs are monitored in a number of ways including rota evidence, verifying with midwives and students at audit visits, and the LSA checking the effectiveness of the SoM on call system.

There were no concerns raised by LSAs regarding availability of a SoM, and response times were generally within 5 to 30 minutes. Although some LSAs audited this specifically during 2010-2011, the majority of LSAs described auditing this as part of their annual audits. Some described having plans to undertake dedicated audits for response time during the next reporting year.

LSAs described the availability of information for women about supervision:

- on websites
- in leaflets – both locally developed and using the leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009)
- in their maternal records
- on customised bookmarks.

These sources included information on how to contact a SoM, and some LSAs were seeing increasing numbers of calls from women directly to the SoM or LSAMO. Although the nature of the call was not commonly described, one LSA cited increased requests for information relating to homebirth against medical or midwifery advice.

As in previous reports, access to SoMs by self employed (independent) midwives was described by some LSAs. We commend the continued good practice to support communication, share practice challenges and identify named ‘liaison’ SoMs for self employed midwives.

Examples of good practice

- LSAs described processes using the governance incident reporting system for highlighting if a SoM could not be contacted.
- Effective processes were described for ensuring all midwives have access to a named SoM.

Our judgment

The majority of LSAs described effective processes for meeting this standard. However, available evidence shows that although midwives frequently contact a SoM, it is more difficult to measure how effective these processes are for encouraging women to contact a SoM. Despite the implementation of many good initiatives by LSAs and SoMs, for example the distribution of information leaflets or bookmarks with contact details, evidence from LSA user audits suggests raising the profile of statutory supervision with women and their families remains an ongoing challenge.

Ongoing implementation and monitoring

- LSAs should continue review and monitor how effective current processes are in empowering women to contact a SoM for advice and support.

LSA standard 3(c): Details of how the practice of midwives is supervised

Guidance

How does the supervisory function work and what processes are in place for the effective supervision of midwives? This includes:

- methods of communication with SoMs
- mechanisms to disseminate information
- mechanisms to ensure consistency when carrying out supervisory functions
- evidence about how your LSA has improved care to women, or enhanced and supported the practice of midwives
- information on any challenges that impede effective supervision
- how these challenges are being addressed
- progress towards an electronic method of storing supervision related data.

What we found

All reports described how the supervisory function worked within their LSA. There were references to the Nursing and Midwifery Order 2001 (the order) which makes provision for the practice of midwives to be supervised. The *Midwives rules and standards* (NMC, 2004) and LSA national and local guidelines provide the framework for statutory supervision. The detail of how the rules, standards and guidelines are put into operation at local level gives structure to the framework.

Practice is supervised and audited at trust or board level, and carried out by SoMs for that geographical area, regardless of who employs the midwife. All LSAs have full time midwifery officers who are the designated leads for this work.

All LSAs use annual audits of maternity services as one of the main ways to assess the effectiveness of the supervisory function. This reporting year, every LSA audited their maternity services' supervisory processes, such as:

- annual notification of intention to practise (ItP)
- annual supervisory review
- record keeping
- investigation of practice.

All reports referred to the importance of effective communication between LSAs and SoMs, and a variety of methods are used including telephone, pagers, written, email and face to face contact. The role of the contact SoM continues to evolve and is effective in the distribution of information within local SoM teams. All LSAs hold contact SoM meetings and the role of the contact SoM is outlined in the LSAMO Forum UK guidelines. The LSAs described how attendance at different groups, including those at national, strategic and local level have proved an effective way of communicating and providing up to date and relevant information to SoMs. Local audits, study days and LSA conferences are used to enable and facilitate effective communication.

The LSA database, which is a secure web-based tool and must comply with data protection standards, is now being used by all LSAs. A number of LSA reports described an increase in the effective use of the database to store statutory supervisory records and other supervisory data, which is very encouraging. Reports can be produced from the database including the number of annual reviews undertaken, incident reporting, ItP notification, age profiles of midwives and SoMs, and the SoM to midwife ratio. Useful information regarding midwifery trends has been identified, and forms part of the supervisory audit process and data governance.

To ensure UK-wide consistency for supervisory functions the LSA Forum UK leads on the development of national guidelines and standards. All SoMs are given a copy of the national guidelines and they are also available via the website at **www.midwife.org.uk**. LSAs also develop local standards and guidelines which ensure consistency at local level in response to specific trends and requirements.

All LSAs demonstrated their commitment to promoting normality and reducing obstetric interventions. The majority described specific work and projects undertaken to enhance women's choice and promote normal birth. Some LSAs provided evidence of SoMs being actively involved in this work, appointed either as the lead for promoting normal birth or as part of a team. Examples include: SoMs supporting services to promote normal birth and working in partnership with women, SoMs taking the lead on normal birth initiatives or supporting midwives in taking this forward and SoMs taking the lead in setting up vaginal birth after caesarean (VBAC) clinics, which promotes normal birth following a previous caesarean delivery.

Throughout the reports, reference was made as to how SoMs are supporting women by proactively managing risk. It is evident that SoMs are invited to be members on risk and governance groups within trusts and boards, and regularly contribute to the quality and safety agendas. However further work needs to be undertaken to ensure SoMs are not in attendance at meeting in a dual role (for example the head of midwifery who is a SoM should not be in attendance representing both roles). Through the supervisory framework, SoMs are able to identify concerns regarding a midwife's practice, and using supervisory processes (such as supervisory investigation) can effectively highlight and address any issues. This may include the use of structured reflection, further training and developmental support and, in certain situations, supervised practice. All LSAs should be informed of any supervisory investigation being undertaken.

A number of reports described SoMs supporting midwives returning to practice, which in some areas remains part of midwifery recruitment plans. However the provision and uptake of these programmes remains variable across the UK.

The challenges which continue to impede effective supervision, and have been mentioned in previous reports include:

- the continual evolvement of the role resulting in competing demands on SoMs which prevent them using allocated protected time to undertake all supervisory activities
- increasing birth rates in some areas
- increasing complexity of childbirth
- women with high risk pregnancies wishing to birth at home
- obesity in pregnancy
- the high SoM to midwife ratios in some maternity units
- the profile of supervision with women, and their level of engagement, being too low
- the variation in recognition of the value and benefits of supervision within individual trusts and boards at the executive board level.

LSAs have highlighted a number of strategies to address these challenges. These include the following:

- LSA discussions with SoMs and CEOs to highlight concerns regarding requirements for supervision to ensure safety for women and their families, and support for individual SoM teams.
- Comprehensive recruitment and retention strategies for SoMs to ensure minimum recommended SoM to midwife ratios are maintained. This includes recruitment roadshows, and LSAs identifying inequities in remuneration packages across the region which are believed to negatively impact on recruitment and retention.
- LSAs using a variety of methods to increase user engagement with supervision.

Examples of good practice

- LSAs continue to use robust systems for monitoring protected time for supervisory activities and reporting non-compliance to the LSAMO.
- All LSAs have provided evidence to demonstrate their commitment to providing training and development for SoMs to meet both their Prep requirements and effectively undertake their supervisory role.
- Well evaluated leadership programmes are in place across LSAs to equip and develop SoMs as clinical leaders.

Our judgment

The evidence provided in the LSA reports demonstrates the statutory supervisory framework is evident in supervising the practice of midwives. Some LSAs highlighted models where statutory supervision of midwives effectively interfaces with governance and how SoMs are involved in risk and governance processes, which enable them to highlight and intervene when poor practice is identified. However other LSAs failed to clearly demonstrate how statutory supervision plays a role in informing and interfacing with governance and risk processes.

LSA reports described involvement of SoMs in auditing practice and making recommendations to ensure evidence based practice is implemented. Examples were given of SoMs being proactive in auditing record keeping, and a number of LSAs have implemented innovative strategies to address poor record keeping, for example the use of record keeping workbooks or peer auditing of records.

Through the annual supervisory review, SoMs are able to guide and support midwives in their personal and professional development as well as developing additional skills and expertise specific to their role. Many SoMs are involved with the development and delivery of mandatory training for midwives within the trusts and boards, which can be beneficial in promoting statutory supervision of midwives, particularly in multidisciplinary settings.

Key recommendations

- LSAs should work closely with chief executive officers (CEOs), directors of nursing (DoNs) and heads of midwifery (HoMs) to influence executive boards within trusts and boards to seriously consider how statutory supervision of midwives can contribute and add value to the governance agenda, including how SoMs can enhance protection of women and their babies.

- Within the wider political agenda, LSAs should continue to be instrumental in raising the profile of statutory supervision and highlighting what supervision has to offer in relation to promoting safe, evidenced based care and its role in protection of women and babies.

- LSAs should, under the LSAMO Forum UK, work to demonstrate the effectiveness of statutory supervision of midwives across the UK.

LSA standard 3(d): Evidence that service users have been involved in monitoring supervision of midwives and assisting the LSAMO with the annual audits

Guidance

- Service user involvement in the supervision of midwives.
- Progress against action plans to improve service user involvement.
- Evidence of service users assisting with the annual audits of practice.
- Training provided to service users involved in the supervision process.

What we found

All LSAs gave details of how they attempt to meet this standard, and every LSA provided evidence of how service users and parents have been involved in the supervision of midwives. However, some LSAs reported that despite ongoing recruitment drives they continue to find recruitment of service users in some geographical areas a challenge. Service users now contribute to the annual LSA audits of maternity services focusing on the user perspective. Where appropriate, this included interviewing women on the maternity wards or involving women in the development of satisfaction surveys.

The LSAs described the processes in place for training new and existing lay reviewers, which involved many attending formal training workshops or specific training provided by the LSAMO. The reports described how valuable the contribution of services users continues to be and a variety of recruitment strategies, including posters, leaflets and adverts are used to attract them onto relevant groups.

SoMs continue to represent supervision on maternity service user forums, for example on maternity service liaison committees (MSLCs) or their equivalent. It is common practice for both service users and SoMs to provide representation on groups such as labour ward forums, birth centre working groups and service redesign groups. These offer an opportunity for service users to be exposed to, and understand, the SoM role and how they can be influential in these areas. The remit of the service user on such groups is to provide a user focus on, for example, service development or redesign, monitoring of complaints, reviewing maternity statistical data or commenting on relevant guidelines and user information.

LSAs inform women about supervision in a number of ways, including local and national websites, public notice boards within trusts and boards, contact information in women's notes, information in bedside directories, a service user blog and specific information leaflets about supervision.

In the majority of LSAs, service users were part of the selection panel for midwives wishing to undertake the PoSoM course, using particular observational skills to identify candidates' communication and team working skills. They were also involved in delivering aspects of the taught course programme, especially in relation to user involvement. A number of users and lay organisations, such as doula organisations, gave presentations at LSA education events and conferences.

Examples of good practice

- All LSAs continue to provide evidence demonstrating service user involvement both in monitoring supervision of midwives and in undertaking annual LSA audits.

- Service users in the majority of LSAs continue to participate in the recruitment process for midwives applying for a place on the PoSoM programme.

Our judgment

It is clear from the LSA reports that there has been an increase in service user involvement in this reporting year. Whilst this is very encouraging, there remains a variation across the UK in meeting this standard effectively. Some LSAs described the involvement of service users both at local and national level, for example speaking at conferences. There still remains a lack of clarity in relation to initiatives used to recruit service users from vulnerable groups.

Ongoing monitoring and implementation

- LSAs should continue to provide evidence demonstrating how they are ensuring service user involvement, particularly those from vulnerable groups.

LSA standard 3(e): Evidence of engagement with approved education institutions in relation to supervisory input into midwifery education

Guidance

- How does your LSA gain information about the clinical learning environment for pre-registration student midwives?
- Describe the processes used to feed this back into higher education providers and commissioners.
- List the approved education providers you use to supply preparation of SoM programmes.
- Provide information as to how your LSA is kept informed by the lead midwife for education (LME) in relation to the numbers of midwives who fail to complete the programme successfully.
- How does your LSA determine that new SoMs are competent to undertake the role at the end of the programme?

What we found

All LSAs provided evidence to show that LSAMOs and SoMs continue to have involvement in the development, delivery and monitoring of pre-registration midwifery education and the PoSoM programmes.

Pre-registration midwifery education

All LSAs described effective processes to ensure regular contact with the AEIs which enables LSAs to provide feedback on curriculum planning, programme management and the learning environment. The majority of LSAs have joint meetings between LSAs, education commissioners, education providers, senior midwife leaders and workforce planners, and these have been very effective.

Regular meetings between the LSAMO and the LME provide an opportunity to raise and review any education or training concerns. SoMs are regularly invited to give their views on pre-registration midwifery education as part of the our quality assurance programme. All LSAs report SoM involvement in the selection process of students for pre-registration midwifery education programmes and in curriculum development. There has been an increased number of AEI based midwifery lecturers who are also SoMs which is proving effective in raising the profile of supervision throughout pre-registration midwifery education programmes.

SoMs continue to engage with students in a variety of ways, including acting as their named SoM (either individually or as a group) or in their role as a sign-off mentor. Midwifery students are given the opportunity to provide feedback on the clinical learning environment either during LSA annual audits or when the LSAMO visits the practice areas.

Preparation and practice of supervisors of midwives

All LSAs reported on the AEIs which provide PoSoM programmes. The LSAMOs are part of the team involved in curriculum planning, course management, assessment and evaluation, and delivery of key sessions within those courses.

All LSAMOs described effective engagement with course leaders and the LMEs and their role in the selection of midwives to undertake the course. Reference was made to the LSA national guideline for SoMs regarding nomination, selection and appointment of SoMs. Some LSAMOs have honorary positions within AEIs and the majority are part of the course management team that teach and assess the PoSoM course. This provides them with regular and ongoing updates on the progress of all students, and provides opportunities to meet with the students.

All reports described processes in place to determine the competence of newly qualified SoMs to undertake the role at the end of the course. Most described an initial face to face meeting, with some holding additional meetings within specific time frames. All students have a sign-off mentor throughout the course who provides feedback to the LSA about the student's competence.

Most LSAMOs are formally notified by course leaders of midwives who are successful, failed or deferred from the course. One report described the use of the LSA database to record the course outcome. Lecturers who are also SoMs used their attendance at local SoM meetings to discuss midwives' experience and progress on the PoSoM course.

Newly appointed SoMs are offered a period of preceptorship, and self-audit and benchmarking tools are used to assess competence and influence personal development plans. Some LSAs provide meetings for newly appointed SoMs, whilst others provide quarterly action learning sets for newly appointed SoMs. Preceptorship follows LSAMO Forum UK guidelines.

Many examples of ongoing professional development for SoMs commissioned by the LSA were highlighted. These include workshops on supervisory investigation skills, statement writing, report writing and witness skills. LSAs continue to commission specific leadership courses for SoMs, and these have been evaluated positively.

Return to practice

Some reference was made to return to practice programmes, and involvement by LSAMOs and SoMs was described, however these programmes are not running in all areas.

Examples of good practice

- Robust preceptorship packages are providing the necessary support for newly appointed SoMs.

- Effective networking and communication between LSAMOs, contact SoMs and LMEs, and ongoing monitoring of clinical placement environment, ensures students are well supported in practice.

Our judgment

Evidence provided by all LSAs demonstrates how effectively they are meeting this standard. Good relationships continue to exist between LSAs, SoMs and AEIs, with evidence of joint working and robust frameworks to support students and provide ongoing monitoring of the clinical practice environments.

Ongoing monitoring and implementation

- LSAs should continue to feedback to approved education institutions (AEIs), education commissioners and the NMC any concerns related to the clinical learning environment for pre-registration midwifery students.

LSA standard 3(f): Details of any new policies related to the supervision of midwives

Guidance

What methods are used by your LSA to review existing policies relating to the function of statutory supervision?

It is not required to enclose new policies with the report but please provide appropriate hyperlinks so that policies can be viewed.

What we found

National guidelines

The LSAMO UK Forum led on the review and development of national guidelines for supervision. All LSAs have adopted and implemented the national guidelines. Some LSAs stated that the continued implementation of national guidelines will reduce the necessity for local guidelines, and that this approach will promote consistency across the UK. The forum has been working to enhance the consistency and quality of supervisory investigations across the UK to uphold the safety of women and babies. To help achieve this, Guideline L (a) Supervisory Investigation Decision Toolkit to determine when and what to investigate has been updated to include:

- definitions and templates
- information on the interface between supervision and management
- information for the public on supervisory investigations
- training tools for SoMs
- information about:
    - capturing conduct, behaviour and attitudes in supervisory investigations
    - governance and supervision.

In addition, the Yorkshire and the Humber LSA (2010) guideline *Raising awareness of the inappropriate use of social networking sites* led by the LSAMO is now being adapted as a national LSAMO Forum UK guideline.

Some LSAs have classified their guidance in three sections: guidance to support midwives; rules and standards; and statutory and local guidance. The trend for collaborative working between LSAs has continued and you can view all guidelines at **www.midwife.org.uk**

Local guidelines

All LSAs described having processes in place for reviewing and developing local guidelines. There are always terms of reference for local groups, and guidelines are usually reviewed on a three-yearly cycle. In the South East of Scotland, West of Scotland and North of Scotland regions, this guideline review process is under the remit of the Supervisors Quality Improvement Group (SQIG).

Local consultation involves SoMs, HoMs and, in some instances, service users. Some LSAs still give SoMs hard copies of guidelines, but increasingly they are referred to local and national websites for the most up to date version.

Most LSAs have other supervisory documents on their websites apart from national and local guidelines. These include the LSA strategic direction, standards for supervision, national guidance on supervised practice programmes, LSA publications such as *Modern Supervision in Action* (2008) and, at the time of their reports, our information leaflet *Support for parents: How supervision and supervisors of midwives can help you* (NMC, 2009).

Good practice

- Collaborative working between LSAs influences practice across the UK and enhances the equity and transparency of the LSAMO UK Forum guidelines.

Our judgment

All LSAs provided evidence to demonstrate this standard is fully met. Some LSAs reported recently updating local guidelines which can be found on their websites.

The continuation of LSAMOs working collaboratively to review and formulate national guidelines enhances equity and transparency across the UK.

In light of our consultation to review the *Midwives rules and standards* (2004), which will not be fully completed until 2012, it is anticipated that a complete review of both local and national LSA guidance will be required.

Ongoing monitoring and implementation

- Whilst LSAMO UK Forum national guidelines promote equity and transparency, LSAs should monitor and review that the LSA guidelines are relevant to local service needs.

LSA standard 3(g): Evidence of developing trends that may impact on the practice of midwives in the LSA

Guidance

Please outline the public health picture across your LSA and include:

- workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs
- data to support your analysis, including:
    - the midwife to birth ratio of maternity services in your LSA
    - trends that may or are impacting on the safety and protection of women or on the learning environment for students
- a report on action taken to improve such trends by maternity services and by your LSA
- an analysis of birth trends for respective maternity services to include information related to clinical outcomes and serious untoward incidents (if a hyperlink is more appropriate for the NMC to access this information, please place this in your report)
- the methodology used by your offices to gather this information
- the personnel involved in supporting this data collection
- details of the locally agreed serious incident escalation policy
- information on unit closures, and actions taken to ensure the safety of women and babies
- Information on collaborative working with other organisations that have a safety remit.

What we found

In light of recent changes both politically and economically, it is essential to examine the evidence of current trends which may impact on delivery of maternity services and midwifery care across the UK. All LSA reports provided information in relation to the public health profile, workforce and birth trends in their area. This data needs to be considered within the context of our regulatory role of safeguarding and protecting the public.

Public health profile

The public health challenges and trends in LSAs are increasing and continue to include:

- teenage pregnancies
- care of women with perinatal mental health problems
- safeguarding concerns
- care of women with substance and alcohol misuse
- domestic violence
- care of women asylum seekers
- care of women who do not have English as their first language (reference is made to the poor health status of this group, which is greatly affected by reduced or no previous access to medical cover).

Many LSAs referred to the ongoing need to develop and extend specialist maternity services for the above groups. An increased demand for interpreting services continues to present real challenges in many parts of the UK in terms of cost and the difficulty in accessing these services. Close working with other agencies continues (for example police, social services, primary health care teams, LSAs and bodies such as Centre for Maternal and Child Enquiry (CMACE), the Care Quality Commission (CQC) or their national counterparts) and is essential to ensure quality care and safety for the public. It was noted that the increased focus on safety and quality of maternity services is bringing much needed tools and techniques to support the collection and intelligent use of data.

Data on public health targets such as breastfeeding initiation rates, smoking cessation rates and early access to services continue to be a key focus as highlighted in most reports.

Workforce trends

As reported in previous years, significant numbers of experienced midwives and SoMs will be eligible for retirement in the next 4-10 years. Some LSAs described engaging with trusts and boards to explore a number of strategies to address this. These include:

- improving retention of midwifery staff
- reducing attrition from both the long (three-year) and short (18-month) pre-registration midwifery programmes
- increasing commissioned student places
- supporting return to practice placements with the appointment of clinical practice facilitators
- further exploring phased retirement strategies

- looking at staffing requirements for women with complex needs
- looking at staffing requirements for remote and rural areas
- further supporting maternity support worker development.

The number of self-employed midwives across the UK varies, but good examples of working in partnership with LSAs were described.

Birth trends

During 2010-2011, the majority of LSAs reported a continued increase in the birth rate of one to two percent. However, in some LSAs the increase was less than the predicated figure which makes accurate succession planning more difficult to achieve. There continues to be a wide variation across the UK, with some LSAs reporting a marginal decrease in their birth rate.

The majority of LSAs described the midwife to birth ratio. This year's LSA reports have provided data which shows an increase in the midwife to birth ratios for this reporting year. The evidence provided clearly demonstrates the challenges facing maternity services in meeting the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) recommended ratios.

As predicted in the previous report, there is evidence to suggest that in this current financial climate, new investment has not been forthcoming, and many trusts and boards have been tasked with making considerable savings. The impact of the current situation has in some instances given cause for concern. Some trusts or boards are redefining boundaries for care delivery, for example transferring some aspect of maternity services to the gynaecology ward. Although a midwife may be available to care for these women, there is an expectation that the midwife will also be able to provide clinical care for gynaecology patients. The other extreme is gynaecology nurses being expected to care for pregnant women on gynaecology wards. Some trusts or boards are altering their skill mix in order to save money either by using band 5 nurses or maternity support workers instead of using midwives. LSAs need to continue to monitor and review maternity services through the supervisory framework to ensure women receive appropriate safe maternity care delivered by the most appropriate professional. It is essential that employers and midwives adhere to the *Midwives rules and standards* (NMC, 2004) and the order.

The majority of LSA reports noted the impact of women presenting with high risk pregnancies and complex conditions, requiring midwives to have additional skills at the point of registration to look after these women. It is also evident from the reports that the numbers of these women requesting to birth at home is increasing, which may impact on maternity services that are already overstretched or understaffed. SoMs play an important role in supporting both midwives and women in these difficult situations to ensure the delivery of safe midwifery care.

Many maternity units reported that capacity pressures remain a problem, and that an effective triage service is essential to ensure the safety of women. There is ongoing development of these services, which include a phone line for support and a day assessment unit, where women can be reviewed. Some LSAs reported maternity unit

closures or suspension of services due to lack of capacity. However, all LSAs described having robust escalation policies when these closures or suspensions of services take place, and such incidents are reported to the LSA via the LSA database. In some LSAs they are reported as serious incidents (SIs).

Some LSA reports indicate that despite the drive to support normal birth and the use of toolkits to actively reduce caesarean rates, both planned and unplanned caesarean section rates have seen a slight increase or remain static. However, this is not the case for all LSAs, with some describing a marked reduction in all obstetric interventions, including the caesarean rates. Many have reported SoMs' involvement in monitoring the vaginal birth after caesarean section rates (VBAC), and in some instances, SoMs continue to lead this service.

Maternity service redesign and reconfiguration has been a continuing theme in this reporting year with trusts and boards merging, and a number of midwifery-led units opening. Homebirth rates remain low and are variable.

As highlighted in previous reports, the challenges of data quality and the resources required to collect the statistical evidence was noted. Some LSAs reported that despite ongoing work to improve this, there remains a variety of unlinked maternity systems which continue to present challenges regarding the availability of quality data. All LSAs recognise the value of accurate information and have made every attempt to provide statistical data which they believe to be accurate and they should be commended for this.

LSA reports included data on maternal and perinatal deaths, and trends remain in line with findings in the CMACE reports. All reports described having robust supervisory mechanisms in place to investigate both maternal and perinatal deaths.

A higher than expected number of maternal or perinatal deaths being reported should prompt further investigation, and may include the use of external reviews. Reports detailed LSAs working closely with CMACE, and several provided specific information relevant to further work undertaken, including the following examples:

- West Midlands LSA commissioned CMACE to carry out a case note review of maternal deaths in the West Midlands from 2006-2007. There were two phases to this work – phase one when the final report was presented to the SHA in November 2009 and released to the trusts in 2010, and phase two during 2010 when West Midlands SHA and CMACE embarked on a programme of sharing the key learning points via an interactive learning programme. CMACE presented an evaluation report which included a synopsis of how the trusts had met the top 10 recommendations from the 2007 *Saving Mothers Lives* report. The report was published in March 2011 and can be found on the LSA website.

- NHS London commissioned an external review of all maternal deaths for 2009 and the first six months of 2010. This work was undertaken by CMACE and the purpose of the review was to identify any specific themes and trends, identify learning opportunities and to ensure the continuation of safe maternity care in London. The full report can be accessed on the NHS London website.

Example of good practice

- LSAs have demonstrated a continued commitment to promoting normality and reducing obstetric interventions, for example caesarean sections.

Our judgment

The majority of LSAs reported an increase in the birth rate and highlighted a continued increase in the complexity of births. Challenges remain in developing services specifically for vulnerable groups and regarding safeguarding issues. In this current economic climate the reports noted an increase in the midwife to birth ratios which needs to be monitored in the context of ensuring delivery of safe midwifery care. LSAs should ensure that action plans are in place to monitor this by working collaboratively with CEOs, DoNs and HoMs.

Ongoing monitoring and implementation

- LSAs should continue to have robust systems in place to continue to monitor birth and midwifery workforce trends to ensure the safety of women and babies is not adversely affected. Whilst this is undertaken in a variety of ways and in some LSAs is within the role of the strategic leads for maternity services, other LSAs will use maternity dashboards and relevant data to assist with this. All LSAs will continue to report on this.

Key recommendation

- LSAs must engage and work collaboratively with the NMC to monitor and assure the safety and wellbeing of women using maternity services through the quarterly quality monitoring framework and the LSA annual report.

LSA standard 3(h): Details of the number of complaints regarding the discharge of the supervisory function

Guidance

- Number of complaints relating to your LSA and the supervisory function in the reporting year.
- Number and outcome of investigations into such complaints.
- How your LSA ensures impartiality when dealing with such complaints.
- Data on the source of each of these complaints.
- Details on the nature of the complaints.
- Information about the length of time taken to conclude such investigations.

What we found

All LSAs provided information on their complaints procedure to demonstrate that they use an impartial and transparent system for investigating complaints. Some described the use of external SoMs and LSAMOs to review the complaints. All LSAs provided detailed information on the number of complaints received regarding the supervisory function in the 2010-2011 reporting year.

Eleven LSAs received no complaints in relation to their supervisory function. However, five LSAs received complaints in this reporting year, as detailed below.

LSA	Nature of complaint	Action and outcome
Healthcare Inspectorate Wales (HIW) One complaint was received.	**Complaint 1:** Concerns were raised by a service user regarding one midwife.	**Complaints 1:** Following an investigation, the report was submitted to the LSA. There were no recommendations made for any actions by the investigating officer.
There was one referral of an unresolved complaint to the Public Services Ombudsman Wales in this reporting year.	Details not provided.	**Outcome:** HIW are in the process of taking forward the recommendations received within the final report.

LSA	Nature of complaint	Action and outcome
London LSA Two complaints were received.	**Complaint 1:** Concerns were raised in relation to the supervisory investigation process. **Complaint 2:** Concerns were raised in relation to the supervisory investigation process.	**Complaint 1:** Following a thorough investigation, the complaint was unfounded. Although no recommendations were made, the investigating SoM received feedback in relation to further development in supervisory investigations. **Complaint 2:** Some cause for concern regarding the process was identified and an external LSAMO was asked to review the investigation. Although the recommendations remained unchanged some of the allegations were no longer upheld. The investigating SoM received some recommendations, which included undertaking further development in conducting a supervisory investigation.
North of Scotland LSA One complaint was received.	**Complaints 1:** A complaint was received regarding the performance of a SoM in relation to a supervisory investigation.	**Complaint 1:** The complaint was investigated by the LSAMO. (No detail was given to the outcome of this).
Southwest LSA One complaint was received.	**Complaint 1:** A complaint was received involving the LSA and their contribution to the process and decision to implement a period of supervised practice.	**Complaint 1:** The complaint was investigated by another LSAMO and the decision was upheld.

LSA	Nature of complaint	Action and outcome
South Central LSA Three complaints were received.	**Complaint 1:** This complaint was in relation to the length of time the supervisory investigation took to complete. **Complaint 2:** A solicitor complained, on behalf of his client, about the LSAMOs decision to suspend and refer a midwife to the NMC following alleged serious misconduct. **Complaint 3:** The LSAMO received a complaint from a midwife regarding the attitude of a SoM conducting a supervisory investigation.	**Complaint 1:** The LSAMO met with the SoM and the investigation was concluded with no further action for the midwife. **Complaint 2:** The SHA did not uphold the complaint and the NMC gave and interim order suspension. **Complaint 3:** Following an investigation by the LSAMO another SoM conducted the investigation and recommended a period of developmental support for the midwife.

Our judgment

Evidence was provided by all LSAs to demonstrate that effective mechanisms exists to investigate complaints. We are reassured that a fair and transparent system is in place for dealing with any complaints regarding the discharge of the supervisory function. The use of external SoMs or LSAMOs to review complaints is commended.

LSA standard 3(i): Reports on all LSA investigations undertaken during the year

Guidance

How is the LSA informed of serious incidents (SIs)?

- The number of investigations undertaken during the year by SoMs, directly by the LSAMO, an external SoM or LSAMO commissioned by the LSA.
- Summary of LSA involvement in investigations by CQC or national equivalent.
- Key trends and learning outcomes of any supervised practice programmes.
- Action taken by your LSA to reduce repeated incidents.
- Supervised practice programmes that have not been implemented due to employer dismissal or refusal by midwife.
- Follow on actions taken by your LSA.
- Concerns relating to the competence of newly qualified midwives, including their original place of training.
- How does your LSA communicate with the NMC on any matters of concern regarding midwifery practice?
- Please provide an anonymised summary of any referrals to the NMC during this reporting year.

What we found

All LSA reports provided evidence demonstrating how this standard was met, however there was some variation in the detail of information provided. There are effective and robust processes in place for informing the LSA of any SIs across the UK. The LSAMO Forum UK have developed national guidelines for supervisory investigation decision making and conducting supervisory investigations, which promotes consistency and equity UK-wide. LSAs continue to invest in development and training for all SoMs, with a specific focus on incident reporting, route cause analysis, supervisory investigations and report writing.

The number of investigations and the improved quality of reporting could be directly attributed to the continual training and development of SoMs in this area of their role. The number of investigations, supervised practice programmes and referrals to fitness to practise needs to be considered within the context of the number of individual trusts and boards, and the number of midwives submitting their intention to practise. It should also be noted that an increase in the number of investigations undertaken may not necessarily indicate an increase in clinical incidents, but may be indicative of the effectiveness of statutory supervision, the result of better monitoring and reporting

systems, and better interfaces of supervision with risk management and governance systems. It may also reflect positively on service delivery and the standards of care delivered to women and their families by ensuring intervention in the event of any poor practice.

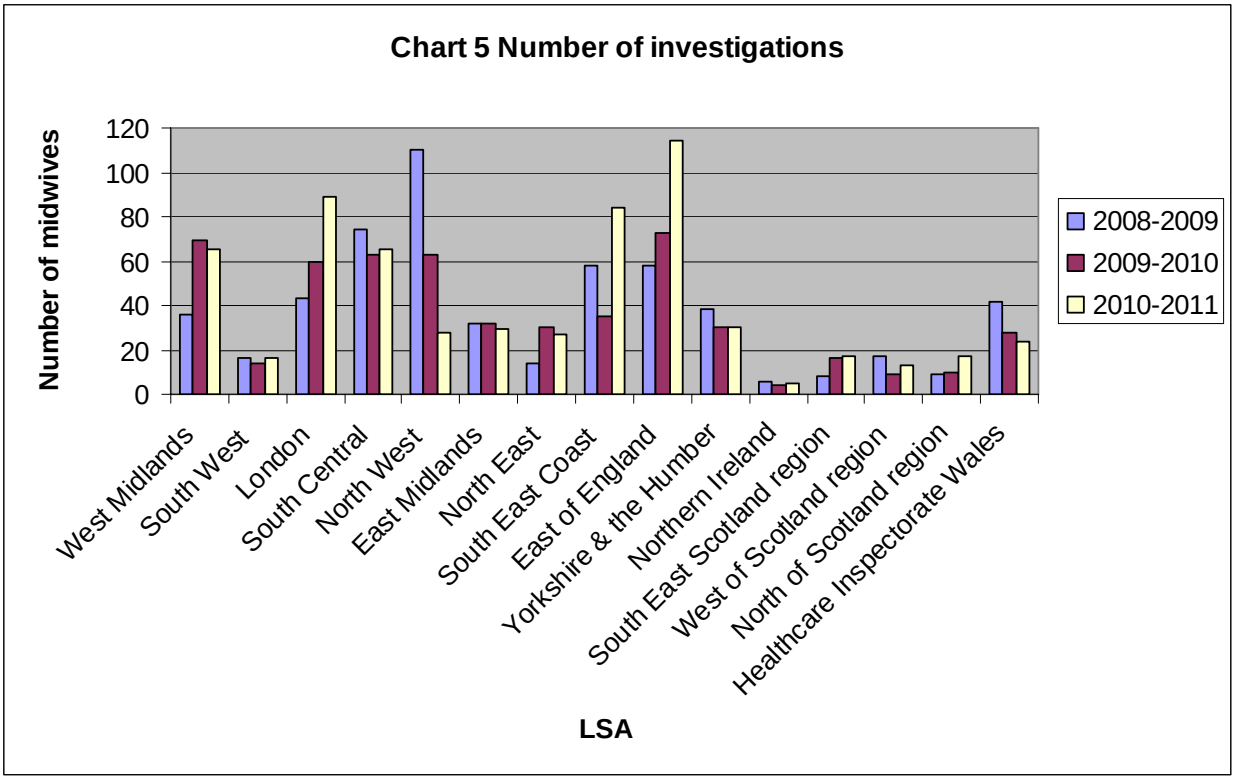


Chart 5 identifies the number of midwives undertaking a period of supervised practice, or referred to our Fitness to Practise (FtP) directorate.

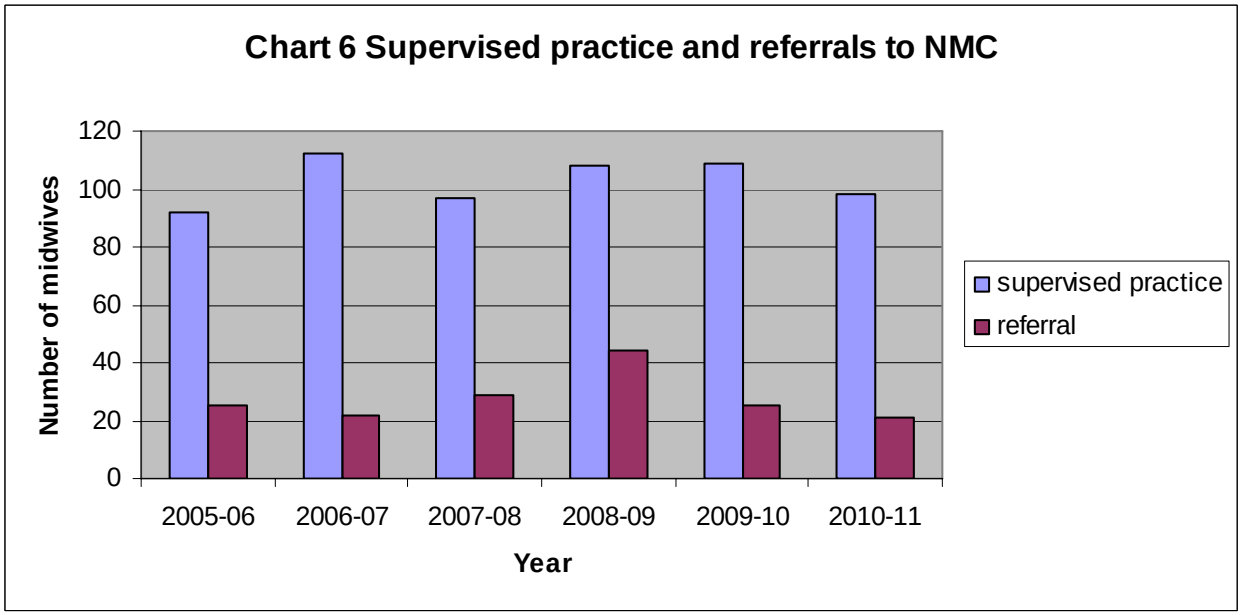


Chart 6 shows the total number of midwives undertaking supervised practice or referred to fitness to practise in the past six years.

The use of supervised practice remains variable across LSAs, and ranges from between 1 to 20 midwives undergoing supervised practice in some LSAs. Although the numbers of midwives undertaking supervised practice have increased from the previous reporting year in three LSAs, the use of supervised practice has seen a considerable reduction from the last reporting year. Seven LSAs reported a decrease in the number of midwives undergoing supervised practice, four remained the same, whilst some reported a marginal change. Work continues to audit and evaluate supervised practice through the LSAMO Forum UK and external SoM reviews. We are currently reviewing the *Standards for supervised practice of midwives* (2007) as part of the review of *Midwives rules and standards* (2004*)*.

The themes identified in reported incidents which have led to supervised practice programmes are the same as those identified in fitness to practise referrals and the recent CMACE report *Saving Mothers Lives* (2011*)*.

The six most commonly identified themes relate to:

- decision making
- fetal heart interpretation in labour
- record keeping
- communication skills
- drug errors
- failure to refer to the most appropriate experienced professional.

Across the UK, 98 midwives undertook a period of supervised practice, and 21 midwives were referred to fitness to practise. These need to be considered in the context of the number of practising midwives on the register and the number of midwives notifying their intention to practise. As a proportion of the number of midwives on the register, the number of midwives undertaking supervised practice or being referred to fitness to practise remains very low.

Structures to share learning from these incidents are in place in all LSAs, and continuing professional development initiatives which focus on these issue are in place to reduce reoccurrence.

The majority of LSAs reported that most supervised practice programmes were successfully completed. Those midwives who did not successfully complete a programme were suspended from practice, and of the 98 midwives on supervised practice, 21 referrals were made to fitness to practise. Some midwives declined to undertake supervised practice and stated either that they did not wish to practise midwifery in the future or they wished to retire. To ensure the protection of the public, the LSA must inform us of such decisions.

We have seen a further reduction in fitness to practise referrals, from 25 in the 2009-2010 reporting year to 21 for the 2010-2011 reporting year. Of the 21 referrals, the majority were made by the LSA, whilst others were from an employer or directly from the public. Reasons for LSA referrals remain consistent and include failure to complete a period of supervised practice, misconduct, lack of competence and ill health.

Examples of good practice

- LSAs are using outside SoMs to undertake supervisory investigations, which enhances the transparency of the process.

- LSAs are auditing supervised practice programmes to evaluate their effectiveness in rehabilitating midwives back into practice following a clinical incident.

Our judgment

Although key themes highlighted through supervisory investigations remain similar, in the context of the midwives on the register or submitting their intention to practise, 0.27 percent have undergone a period of supervised practice and 0.07 percent have been referred to fitness to practise. SoMs protect the public through the support they provide to midwives to ensure that the care offered is safe and appropriate for the mothers and babies in their care. SoMs have the authority to investigate concerns relating to health, competence, behaviour or misconduct of midwives. Within the statutory supervisory framework the majority of midwives are practising competently and delivering safe midwifery care.

We are currently reviewing our guidance on record keeping with the intention of developing them into new standards. These new standards will aim to address some ongoing concerns including analytical decision making, care planning and documentation.

Ongoing monitoring and implementation

- LSAs should monitor outcomes from supervisory investigations and review the success of the recommendations in improving midwives' practice.

- LSAs should review and evaluate the trends within the supervised practice of midwives and consider whether the use of local measures addresses concerns and is effective in rehabilitating midwives back to practice.

Conclusions

Given the current restructure of the strategic health authorities in England, some uncertainty exists in relation to where the LSAs will sit and how they will function in the future. LSAs continue to face many challenges in delivering their statutory function, although all reports described examples of good practice. Themes from all 16 reports referred to the value of supervision for both midwives and women, and include specialist and enhanced practice for care provided for pregnant women and babies within vulnerable groups. The House of Commons Health Committee report July 2011 made reference to the statutory supervisory framework being a tried and tested means of monitoring and quality assuring midwives' practice.

Further work is needed within trusts and boards to continue to raise the profile of statutory supervision of midwives at the highest level. The LSAMO is well placed to influence the change agenda by working closely with chief executive officers, directors of nursing and heads of midwifery to promote statutory supervision of midwives and demonstrate how it can add value and, through interfacing with risk and governance, enhance public protection.

As the regulator, we will continue to engage with and monitor LSAs using a variety of methods. The recently introduced quarterly quality monitoring is proving to be a positive way forward to enable effective communication with the LSAs, evaluating how they are meeting LSA standards, and in obtaining contemporaneous information.

In light of the current review and consultation of our fitness to practise rules and standards, the framework under which supervision contributes to the investigation of midwives' practice may need to be revised.

We would like to thank the LSAs for the open and transparent information provided within their annual reports which has enabled the production of this sixth report to Council for the 2010-2011 practice year.

Contact us

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Glossary

- AEI – approved education institution
- CMACE – Centre for Maternal and Child Enquiries
- CEO – chief executive officer
- CNO – chief nursing officer
- CQC – Care Quality Commission
- DH – Department of Health
- HoM – head of midwifery
- LME – lead midwife for education
- LSA – local supervising authority
- LSAMO – local supervising authority midwifery officer
- MSLC – Maternity Service Liaison Committee
- NCT – National Childbirth Trust
- NPSA – National Patient Safety Agency
- PoSoM – Preparation of Supervisors of Midwives
- RCM – Royal College of Midwives
- RCOG – Royal College of Obstetricians and Gynaecologists
- SoM – supervisor of midwives
- SI – serious incident