NURSING & MIDWIFERY COUNCIL

# Report to Council on the analysis of the 2006-07 Local Supervising Authority Annual Reports to the Nursing and Midwifery Council

**Contents**

## Executive Summary

The report is an analysis of the information provided by the Local Supervising Authority Midwifery Officers (LSAMOs) on behalf of the Local Supervising Authority (LSA) and therefore reflects the content and detail of their responses to each of the standards. Comparisons are given between the previous (2005-06) and current (2006-07) reporting year. Guidance was issued in NMC Circular 15/2007 regarding the minimum content required in the report. Similar to the previous year, the reports were variable in their structure, content and length as well as in the provision of supporting information despite the issuing of guidance in Circular 15/2007.

The reconfiguration of Strategic Health Authorities and Health Boards over the past year has led to a reduction in the number of LSAs, from 34 to 23. This has meant difficulty in providing any comparison between reporting years. However, in order to analyse any trends, raw numbers (n) have been converted into percentages. It is acknowledged that this is not a perfect solution, especially as the numbers are so small, but does provide a means to identify some differences between reporting years. A similar reporting format to last year is used in order to aid clarity.

All of the reports, with two exceptions where an extension to the submission date was agreed, were received on time. There was evidence that LSAs were making the document available to the public in a variety of ways, including, where available, posting the report on their website as well as attending meetings where members of the public were present to discuss the findings of their report. However, this was variable and a number of reports could have been more explicit about how the public were made aware of the content of the report.

In the majority of cases midwives had continuous access to a supervisor of midwives, and where this was not achieved, action plans were in place to take it forward. Local Supervising Authority annual audits of respective maternity services is one of the main ways in which data is gathered about the effectiveness of the supervisory function. In a number of LSAs these audits has not been carried out. The main reason given by the LSAs for lack of audits was due to the changes taking place within the SHA or Health Boards. Where this was acknowledged, action plans were included in the reports to demonstrate the audits would be undertaken in the following reporting year. Significantly, some reports identified this year the low morale of supervisors especially related to inconsistencies with recognition and remuneration for the role.

The involvement of service users in monitoring supervision of midwives remained static in 2006-07. Many of the reports did identify though, how supervisors of midwives met with service users at various forums in order to raise the profile of statutory supervision.

In respect of developing new policies related to statutory supervision, a large amount of effort has been put into adopting policies across the UK. A few LSAs have developed particular policies for statutory supervision in response local need.

The reports highlight a number of developing trends that are, or have the potential to affect midwifery practice in their LSA. The trends included high vacancy rates with a freeze on new posts, rising birth rates without a corresponding rise in midwife numbers,

and a changing public health profile leading to the development of specialist midwifery roles.

There were five complaints against the discharge of the supervisory framework during 2006-07. Few reports however described processes in place to investigate a complaint and how impartiality is ensured.

During the reporting year 2006-07 there has been a decrease in the number of LSA investigations but an increase in the number of midwives undertaking supervised practice. The numbers are variable across the UK ranging from no midwives having undertaken supervised practice to as high as 28 midwives in one year. The main practice issues remain similar to the previous reporting year, including poor interpretation of the fetal heart rate, poor or incomplete record keeping and drug administration errors.

## Introduction

The primary aim of the Nursing and Midwifery Council (NMC) is public protection. The NMC is required by the Nursing and Midwifery Order[1] 2001 to establish and maintain a register of qualified nurses and midwives and from time to time, establish standards of proficiency to be met by applicants to different parts of the register. These standards are considered necessary for safe and effective practice.

The Order also requires the NMC to set rules and standards for midwifery[2] and the LSAs responsible for the statutory supervision of midwives.

Rule 16 of the NMC *Midwives rules and standards* (05.04) requires that each year, every LSA must submit a written report to the Council by an agreed date, and that the report shall contain such information as the Council may specify. The NMC has a duty to monitor that the LSAs are meeting the standards set by Council. The annual report helps the Council do this, and it is one opportunity for a LSA to inform the NMC and the public about its activities, key issues, good practice and trends affecting maternity service within its area.

This reporting year has seen a considerable degree of change taking place within the Strategic Health Authorities and Health Boards, as well as new LSAMO appointments. In Northern Ireland for example, a newly appointed, full-time LSAMO came into post towards the end of the reporting year, after a period of time where the role in three LSAs (Northern, Western & Southern Health and Social Services Boards) was undertaken by a part-time, seconded LSAMO. In Scotland prior to August 2006 Health Boards nominated a representative to the role of Local Supervising Authority Officer. In some instances this post holder was not a registered midwife.

For the reporting year 2006– 07 there were 23 LSAs across the four countries. This is a change from the previous reporting year where there were 34 LSAs submitting annual reports. For example, prior to August 2006, 15 Health Boards in Scotland carried Local Supervising Authority responsibilities but following consultation the Scottish Executive instigated changes to merger Health Boards reducing their numbers from 15 to three. As these changes were still in progress at the time of writing the annual reports eight reports were received at the NMC but next year there will be three. In England, Strategic Health Authorities have also merged reducing their numbers from 15 to ten, resulting in a corresponding reduction of LSAs or LSA consortiums to ten.

NMC Circular 15/2007 describes the administrative requirements for the report and these are explained in the introduction where firstly comments on compliance with 'sign-off' are discussed followed by an analysis of each of the standards specific to rule 16.

In addition, distinct trends were identified in the respective countries, which is why this paper is written in such a way as to describe these differences in a clear manner. The tables for each standard therefore provide information pertaining to each country.

[1] The Nursing and Midwifery Order 2001
[2] Midwives rules and standards 2004

**Receipt with Chief Executive and LSAMO sign off**

**Guidance**

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|---|
| The LSAMO submitting the report and the Chief Executive of each LSA it covers should sign the report. Please include the name, address and contact details for each CEO and the LSAMO within the Executive Summary of the report |

A signature on the report was seen as indicating the Chief Executive (CEO) was aware and engaged with the issues described in the report and supportive of the recommendations or action plans made. This year the NMC received information that two CEOs had concerns about some aspects of the information requested by the NMC, suggesting it was outside of the remit of the regulatory body. In the light of these concerns the NMC will work with stakeholders to ensure the remit of the Council is understood. One further CEO would not add their signature to the LSA consortium report, preferring only to sign-off their individual LSA report.

Table 1 identifies few LSAMOs signed the report this year, a drop from 100% to 52%. The NMC would regard a signature as an important part of record keeping and as the documents are to be placed on the NMC website as a public document it would be important to demonstrate the LSAMO had signed the report.

Documents sent without the CEO signature were often accompanied with an explanation on the cover letter or e-mail that the CEO had agreed submission of the report to the NMC. A few copies were received where the report had been signed but not by the CEO with little indication as to who the signatory was. Twenty one (91%) reports provided CEO and the LSAMO contact details.

A similar number of reports reached the NMC by the 30 September 2007. For the two copies that were received late both LSAMOs had contacted the NMC explaining the reasons why and the expected date when the report would be sent.

All reports covered the information required for rule 16 albeit in varying degrees of depth and analysis. A number of reports provided much more information. It is acknowledged that the reports could be written for other purposes especially if they were to be published on the SHA or Health Boards website. It is recommended that the NMC work with stakeholders to ascertain what similar data are collected by other organisations and determine if there is any unnecessary duplication, without compromising the requirements of the NMC. Developing a standard reporting template for the purpose of the requirements of the NMC may assist in the report writing, in order to provide assurance to the NMC that the requirements of Rule 16 are being met

| LSAs in each country | | | Receipt by 30 September | | CEO signature on document | | CEO and Consortia 'sign-off' | | LSAMO 'sign-off' | | NMC format | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | *06-07 | 05-06 | 06-07 |
| **England** | 15 | 10 | 14 | 8 | 7 | 5 | 15 | 10 | 15 | 4 | 13 | 10 |
| **N Ireland** | 4 | 4 | 3 | 4 | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Scotland** | 14 | 8 | 12 | 7 | 5 | 6 | 12 | 7 | 14 | 4 | 10 | 8 |
| **Wales** | 1 | 1 | 1 | 1 | 0 | N/A** | 1 | N/A | 1 | 0 | 1 | 1 |
| **Total** (n) % | (34), 100% | (23) 100% | (30) 88% | (20) 87% | (16) 47% | (12) 52% | (32) 94% | (21) 91% | (34) 100% | (12) 52% | (28) 82% | (23) 100% |

* only the presence of a signature was used as evidence

**Healthcare Inspectorate Wales now performs the LSA functions on behalf of Welsh Ministers, there is no CEO reporting line.

**Table 1: compliance with sign-off**

Guidance: Rule 16 Standard 1

**Each LSA will ensure their report is made available to the public**

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|---|
| Please provide details of how and when the LSA makes the report available to the general public. If the report is published on the LSA and Health Authority website please provide the web link for this. If the report is made available in hard copy at the LSA please indicate the audiences for the circulation list and the numbers issued. |

A range of methods was described as to how the annual reports are being made available to the public and included the use of local libraries, accessing the communication services within the Strategic Health Authority or Health Board, or by direct request to the LSA. It was noted by several LSAs that when the report is presented at the Board meeting the press are in attendance, where certain details would then be reported on in the local paper. Using the press in this way may mean selective reporting, which may address the positive aspects of statutory supervision.

The website as a means of disseminating information was mentioned by most LSAs, but as identified in Table 2, few reports included their website address. In a couple of instances the website address had to be searched for in another part of the document, although was credited as being made available. A small number of reports, especially from Scotland commented that setting up a website to disseminate this information is an ongoing process and should be accessible for the next reporting year. This may account for the drop in the inclusion of web addresses from 41% in 2005-06 to 30% in this reporting year.

All LSAs identified that hard copies of the report were available on request but few reported the numbers issued, if any. One LSAMO did report that approximately 80 requests had been made for hard copies in the past year, and another **[**reported considerable interest with positive verbal and written feedback. Two LSAs commented that there had been no requests made for a hard copy of the report, while the majority of LSAs made no comment. Monitoring the number of requests and feedback is a useful way of attempting to have an understanding of the interest the report has to an audience outside of the NHS.

In many cases the local Maternity Services Liaison Committee (MSLC) were used as a vehicle to disseminate the report more widely to the public. The Health Authority Executive Nurse or governance lead, Heads of Midwifery, Directors of Nursing and all supervisors of midwives were usually included in the circulation of the report. The identified circulation list has improved from 58% to 86%.

Nearly all LSAs indicated that the annual report had been, or was in the process of going, to the Health Authority Board or equivalent, for discussion. This year the guidance in the NMC circular 15/2007 did not ask for evidence of executive or governance board papers where the LSA annual report would be presented, as it is apparent many of these meetings fall outside of the timescale for submission to the NMC. Submission of the report to the Board was one of the reasons that the submission

to the NMC was moved from the 30 June to the 30 September. However, it is still evident that the timing is still not helpful as far as getting 'sign-off' from the Board. In view of this, consideration should be given to returning to the original submission date, in order for Council to receive the composite report by the end of the calendar year, rather than having to wait until the following March, which is a year after the report relates to.

| **LSAs in each country** | | | **Website with link address provided** | | **Listed hard copy or electronic circulation** | |
|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 15 | 10 | 8 | 5 | 11 | 9 |
| **N Ireland** | 4 | 4 | 4 | 0 | 3 | 3 |
| **Scotland** | 14 | 8 | 1 | 1 | 5 | 7 |
| **Wales** | 1 | 1 | 1 | 1 | 1 | 1 |
| **Total (n) %** | (34) 100% | (23) 100% | (14) 41% | (7) 30% | (20) 58% | (20) 86% |

**Table 2: Communication methods for dissemination of the reports**

Guidance: Rule 16 Standard 2

**Numbers of supervisors of midwives appointments, resignations and removals**

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|---|
| Please provide data on the number of supervisors of midwives currently appointed, newly appointed, resigned or removed for the reporting year. Please include information on supervisors of midwives who are suspended from their role for any period and explain the reason for this. It would be helpful if data for the preceding three years were included so that any trends can be identified. Please also provide the ratio of midwives to supervisors for each maternity service as of 31 March 2007 and the ratio of midwives to supervisors of midwives across the LSA. You may wish to include a summary of issues around sustaining appropriate ratios. |

All reports provided details of new appointments, resignations and interim leave and removals, with the majority providing details on trends over the past three years. Table 3 shows a rise in the overall number of designated supervisors of midwives from 2389 in 2005-06 to approximately 2404 supervisors, in 2006-07, although not all reports provided this information. The rise in the number of designated supervisors appears encouraging but this needs to be balanced against the number of practising midwives. Each midwife requires a supervisor of midwives, regardless of whether they are in full or part time employment, so where there is an increase in some LSAs of part-time midwives there needs to be a proportionate rise in the number of supervisors of midwives in order to maintain the NMC standard of a ratio of 1 supervisor to 15 midwives.

We requested that information on the ratio of midwives to supervisors from each maternity service as of the 31 March 2007 was provided as well as the ratio of midwives to supervisors of midwives across the LSA. Many of the reports provided tables of maternity service ratios, which ranged from 1:5 to as high as 1:31. The lowest ratios were represented in the Highlands and Islands of Scotland where small numbers of midwives were practising when compared with the rest of the UK. However these small ratios presented there own problems with two LSAs having only one or two supervisors of midwives, leading to difficulty with on-call arrangements, which are described in the next section.

Not all reports provided information of the LSA ratio but where this information was available the majority were at or below the NMC standard of 1 supervisor of midwives to 15 midwives, with 2 LSAs reported being above this ratio. The highest ratio was 1:18 where as the lowest was 1:7 with the average being 1:13.

What the reports do highlight however, is that although the LSA ratio is being met in the vast amount of cases, this was not always mirrored in the maternity service's ratios, which were often much higher. Further still, individual supervisor of midwives' caseloads could be even higher. For example in one LSA the LSA ratio was 1:18, with approximately 75% of the Trusts having a ratio above 1:15 and approximately 65% of the supervisors having a caseload of more than 15 midwives with the greatest number

being 1:40. Mechanisms were described to assist those supervisors with high caseloads and that active recruitment was being pursued. Statutory supervision is not employer based but takes place across the LSA patch. In view of this there should be more exploration in trying match supervisors of midwives with midwives across a geographical area, rather than within maternity services. This may then facilitate a more even spread of supervisor to midwife ratios, rather than the vast differences present at the moment.

An area of concern is that all four countries show a drop in new appointments, with an overall fall from 295 appointments in 2005-06 to 249 appointments in 2006-07. In most cases it is also evident that there is an increase in the number of retirements or resignations. This is an area that requires monitoring in future reports.

Explicit in this reporting year are the challenges faced by supervisors of midwives in undertaking their role. The reports frequently cited that the supervisor role often did not take into account the pressure of their 'day' job as a practising midwife. For example, several LSAs identified that supervisors had faced difficulty in achieving one to one meetings with midwives. This has arisen because of the lack of designated protected time for supervision and from midwives not being released to attend because of staffing shortages and in some trusts not enough supervisors.

Lack of remuneration and dedicated and resources were also cited as disincentives for becoming or remaining as a supervisor of midwives. In LSAs such as Tayside, the cost of programmes to prepare supervisors of midwives are becoming increasingly prohibitive, alongside the distance that some midwives need to travel.

One supervisor of midwives has been removed, but no further detail was given as to why.

| **Country** | **Designated SoM** | | **New SoM appointments** | | **Resignations, retirements of leaves** | | **Removals** | |
|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 1931 | 1953 | 226 | 203 | 147 | 153 | 0 | 1 |
| **N Ireland** | 73 | 52* | 18 | 15 | 4 | 4 | 0 | 0 |
| **Scotland** | 272 | 280 | 38 | 21 | 24 | 18 | 0 | 0 |
| **Wales** | 113 | 119 | 13 | 10 | 2 | 3 | 0 | 0 |
| **Total** | 2389 | 2404* | 295 | 249 | 177 | 177 | 0 | 1 |

**Table 3: number of designated, newly appointed, resignation and removals of SoM**
* only 2 out of the 4 LSAs gave this information

Guidance: Rule 16 standard 3

**Details of how midwives are provided with continuous access to a supervisor of midwives**

Please provide details of processes for midwives:

- To choose their named supervisor of midwives
- How they contact their named supervisor of midwives
- How they contact a supervisor of midwives in an emergency and the contingencies if one is not contactable
- Please provide evidence of how access to a supervisor of midwives is audited within the LSA. You may wish to give examples of innovative or best practice.

Table 4 identifies that most of the LSA reports provided information with regard to how this standard was met and many indicated that midwives were offered a choice of named SoM (95%). In the case of newly appointed midwives the process usually involved the midwife being allocated a SoM until such times they were familiar with the service and got to know the SoMs in their area. In addition, reports indicated (78%) that, on appointment, midwives were provided with a SoM contact list with work, mobile and if appropriate home address details and if available e-mail addresses.

The predominant system for providing a 24-hour on call service was again a hospital or service based rota. Rotas varied from single 24-hour days on call to whole weeks on call. A few LSAs however, did describe difficulties with providing a 24-hour on call system due to the SoM numbers being too low and in one instance where there was only one SoM in the LSA. One LSA **[**acknowledged during 2006-07 there was one trust where a number of supervisors resigned or moved which necessitated supervisory cover from a neighbouring trust.

In Northern Ireland during the reporting year 2006-07, a formal process for 24-hour on call was in development, although there were no reported incidences of midwives not being able to access a SoM prior to this. By the time the annual report was written it was noted that a 24-hour on call system was up and running and would be audited in the next cycle of annual LSA audits.

A number of LSAMOs described the audit process used to test access to a SoM and if there were deficiencies action plans were put in place.

| LSAs in each country | | | Service 24 hour on-call supervisors rota | | Choice named supervisor | | Introduction letter and contact details | |
|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 15 | 10 | 14 | 10 | 15 | 10 | 15 | 7 |
| **N Ireland** | 4 | 4 | 0 | 4 | 4 | 4 | 4 | 4 |
| **Scotland** | 14 | 8 | 8 | 4 | 14 | 7 | 14 | 6 |
| **Wales** | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **Total** (n) % | (34) 100% | (23) 100% | (23) 68% | (19) 82% | (34) 100% | (22) 95% | (34) 100% | (18) 78% |

**Table 4: mechanisms used to ensure 24-hour access to a supervisor**

Guidance: Rule 16 standard 4

**Details of how the practice of midwives is supervised**

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|---|
| Please provide details of how the supervisory function works and what processes are in place for the effective supervision of midwives. Please include methods of communication with supervisors of midwives within the LSA and how information is disseminated. What are the mechanisms in place to ensure consistent approaches when carrying out supervisory functions? Inclusions of agendas for supervisory conferences would be welcome. Please provide examples where supervision within the LSA has improved care to women or enhanced and supported the practice of midwives. Please describe any challenges that impede effective supervision. |

The LSAMOs gather various amounts of data through a number of forums and use a variety of archiving mechanisms to enable their offices to stay informed as to how the supervision of midwives functions in maternity services within their LSA. The LSA annual audit of respective maternity services is one of the main ways in which data is gathered about the effectiveness of the supervisory function. A couple of LSAs described a different approach to collect evidence for their annual audits and included a self-evaluation process.

Local Supervising Authorities in both Scotland and Northern Ireland identified that annual audits had not taken place in this reporting year. Table 5 identifies a fall in LSA annual audits being undertaken from 68% to 48% in this reporting year. The main reasons reported for this were instability because of the merging of respective Health Boards and a number of LSAs not having designated full-time LSAMOs, but midwives in an 'acting' capacity alongside their current role as Head of Midwifery. The majority of LSAs where audits had not taken place submitted timetables of when they were to be undertaken or has just carried out audits outside of the reporting year.

In relation to the ITP process a few reports acknowledged that the take-up of midwives attending for their annual supervisory review had improved, primarily due to the need to have the signature of their named supervisor of midwives on the form. There were a couple of incidences however where midwives had difficulty meeting with their supervisor, either because the supervisor was on maternity leave, or could not arrange a satisfactory time due to workload commitments. The lack of investment in supervisor of midwives highlights again the difficulty they having in carrying out their role in ensuring midwives are fit to practice.

It is noted that more LSAs were beginning to use the LSA data-base for maintaining supervisory records that was first used in London. Further reports identified moving to this method in the next reporting year. This was viewed by many as a helpful means to provide a UK-wide approach to one aspect of the supervisory process.

The reports provided a large amount of evidence about how communication is effected from the LSA to supervisors of midwives and visa-versa. Some difficulty was acknowledged especially in remote and rural areas, with solutions such as setting up video links, are being considered. There were a wide variety of conferences and education sessions organised by the LSAMOs in order to meet the training and development needs of many of the supervisors of midwives, as well as providing a means to facilitate the meeting of their continuous professional development (CPD) requirements. The resource implications of these approaches cannot be under estimated. Some LSAs did comment that study days for supervisors had been lacking but provided action plans to address this in the following reporting year. Supervisors of midwives were also active in planning and delivering education sessions for midwives, such as 'drills and skills', in order for midwives to maintain their skills in emergency procedures.

As previously described one of the main factors that hinders the work of the supervisor is the lack of recognition of the need to have dedicated time and resources to carry out the role.

There were some missed opportunities (similar to the previous year), as more of the reports could have described how the framework of supervisors of midwives can be shown to enhance the practice of midwifery and to provide safe care for women and babies. Some examples were given however ranging from a hospital-based supervisory week to raise the profile of the work of the supervisor of midwives; supervisors of midwives becoming more involved in clinical governance processes as well as placing stickers that explain the role of the supervisor to all information given to service users including hand held notes.

| **LSAs in each country** | | | **ITP process and named SoM** | | **Annual midwife review** | | **Annual LSA service audit** | | **LSA policy** | | **SoM meeting and study days** | | **Teaching of investigation and supervised practice programmes** | | **Responsibility to NMC explained** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 15 | 10 | 15 | 9 | 15 | 9 | 15 | 10 | 15 | 8 | 15 | 10 | 15 | 9 | 15 | 0 |
| **N Ireland** | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 |
| **Scotland** | 14 | 8 | 10 | 7 | 14 | 8 | 7 | 0 | 10 | 1 | 10 | 5 | 5 | 0 | 5 | 0 |
| **Wales** | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **Total** (n) % | (34) 100 % | (23) 100 % | (30) 88 % | (21) 91 % | (34) 100 % | (22) 95 % | (23) 68 % | (11) 48 % | (26) 76 % | (10) 43 % | (30) 88 % | (20) 86 % | (21) 62% | (10) 43% | (21) 62% | (1) 4% |

**Table 5: how the practice of midwifery is supervised**

Where nil or a figure less than the number of LSAs occurs, this indicates either a lack of information describing the processes within the report, or the fact that such processes were not in place for the time period of this report.

Guidance: Rule 16 standard 5

**Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery office with the annual audits.**

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|---|
| What steps are being taken to encourage service user involvement and increase public awareness with regard to the function of supervision of midwives and protection of the public? Please provide details of how the LSA sources and involves service users with the supervision of midwives and in assisting with the annual audits of practice? You could include details of any specific training programme that assists users in their preparation to support the LSAMO when carrying out supervisory audits. |

There are excellent examples of work being done in this area**.** Examples were also given of how supervisors engage with groups and organisations such as attending Local Maternity Service Liaison Committees, and other user groups.

Many of the reports identified the difficulty experienced in trying to meet the above criteria. This is reflected in Table 6 where the involvement of users has remained fairly static. It needs to be borne in mind also that a number of LSAs as they did not undertake any audits this year, so could not complete this section. There were however, a number of good examples where service users were involved in annual audits, which were often accompanied by training programmes and positive evaluations.

A few LSAs identified that involving service users in their annual audits is a priority for the next reporting year. The West of Scotland for example has a sub group of supervisors of midwives to look at improving user involvement. For many this will be an added financial cost additional to this reporting year.

| **LSAs in each country** | | | **User or user representative interviewed by audit team** | | **User or user representative as a member of the audit team** | | **User or user representative undertaking training day** | |
|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 15 | 10 | 15 | 6 | 8 | 6 | 5 | 4 |
| **N Ireland** | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Scotland** | 14 | 8 | 2 | 1 | 1 | 0 | 1 | 0 |
| **Wales** | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| **Total** (n) % | (34) 100% | (23) 100% | (18) 52% | (8) 35% | (9) 26% | (6) 26% | (6) 18% | (4) 17% |

**Table 6: involvement of user representatives**

Guidance: Rule 16 standard 6

**Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.**

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|---|
| Please provide details of how the LSAMO or supervisors of midwives have had input and engagement with higher education institutes, educational research and midwifery programme development to ensure the care of women is safe and evidence based. Include in this section how the mechanism of supervision of midwives supports the learning environment for both student midwives and for midwives undertaking the preparation for supervisors of midwives programme and the impact this has on the protection of women and their babies. Please provide a list of approved education providers for the preparation of supervisors of midwives programme within your LSA. |

As with the previous reporting year, all LSAMOs provided robust evidence for meeting the above criteria.

There was evidence of the close working relationships between LSAMOs and Lead Midwives for Education (LMEs), especially when it came to sharing venue sites for study days and conferences related to statutory supervision. A close working relationship was also demonstrated with the inclusion of midwife teachers in the development of programmes drawn up during episodes of supervised practice. This partnership is now a requirement identified in the recently published NMC *Standards for the supervised practice of midwives* (2007).

LSA annual audit visits identified that student midwives were specifically spoken to in respect of determining if the clinical environment provided suitable learning opportunities for the achievement of competencies. It is noted that two LSAs commented that mentorship for students could be improved. Two different LSAs also noted their concerns with newly qualified midwives being subject to investigations related to critical incidents resulting in either supported or supervised practice. The investigations highlighted, amongst other factors, preceptorship and general philosophy/workings of the units being a factor. One of the reports further described that strengthening the need for mentors and assessors to be realistic when assessing practice was an important learning factor. A strong message has also been sent to midwives to seek support from midwifery lecturers when they have concerns about a student's clinical competence. This warrants further consideration to ensure that students are competent at the point of registration. Feedback to Lead Midwives for Education would be an important factor in ensuring programmes are fit for registration.

Many reports, similar to the previous year, explained that individual student midwives or year groups of student midwives were allocated a named supervisor of midwives. The benefits of this were described but it was emphasised that this support was additional to the already busy workload of supervisors of midwives, and was not reflected in the calculations for the supervisor: midwife ratio.

The next reporting year will begin to take into consideration the recently published NMC standards:

- NMC *Standards for the preparation and practice of supervisors of midwives*
- NMC *Standards for the supervised practice of midwives*

Both these standards need partnership working between education, practice and supervision in order to meet the programme requirements. It may therefore be necessary to re define the future evidence required by the NMC in order to determine what is meant by engagement with HEIs in relation to midwifery education programmes

Guidance: Rule 16 standard 7

**Details of any new policies related to the supervision of midwives.**

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| Please give details of any new policies related to the supervision of midwives that have been developed in the reporting year, how they were informed and how they are accessed. You are not required to enclose new policies but please provide the appropriate web-link so that the policies may still be viewed. |

| Country | Arrangements |
|---|---|
| **England** | A number of LSAs have developed new policies for SoMs, as well as updating existing policies, especially since the merging of Strategic Health Authorities |
| **Northern Ireland** | There has been a consultation across LSAs in Northern Ireland on adopting the LSAMO UK Forum standards |
| **Scotland** | No new policies have been issued this reporting year. Two LSAs are consulting on adopting the UK-wide policies. One LSA is reviewing NHS Highland SoM resource pack, which is used in conjunction with statutory supervision of midwives in Scotland. Will be made available to other LSAs in the North |
| **Wales** | There were no new policies issued by the LSA, but existing policies are under review. There is also work to standardise guidance on a UK-wide basis |

Development of new policies can be a way of identifying how proactive LSAs are in responding to issues that may have arisen either locally or nationally. For example in one LSA supervisors had identified variations across the region regarding the process and content discussed at the annual supervisory interview. It was agreed they should all be using the same format and hence a policy was developed to reflect this. It was also suggested by supervisors and agreed, that guidance on 'Surrogacy' was necessary due to an increasing number of situations of this type arising across the LSA.

It is evident from the information provided in the reports that there is a move to standardise many of the policies already in existence in order to adopt a UK-wide approach to statutory supervision.

Further information within the reports would have been useful to understand the process for updating existing policies or developing new policies. The process may be more evident with the UK-wide approach that is being adopted for much of the policy development.

Guidance: Rule 16 standard 8

**Evidence of developing trends affecting midwifery practice in the local supervising authority.**

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| You may wish to outline the public health picture across your LSA here.<br><br>Please describe workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs and provide data to support your analysis. How have there trends impacted on the safety and protection of women or on the learning environment for students, and what action has been taken by the LSA? Please include a Birth Trends analysis for respective maternity services to include clinical outcomes, perinatal and maternal death information. If a hyper link is more appropriate for the NMC to access this information, please place this in your report.<br><br>Please also describe the methodology used by your offices to gather this information and the personnel involved in supporting this data collection. |

The intention of this section is to identify if any developing trends may have an impact on the safety of women and babies, and if so, what the LSA are doing to address this. All 23 of the reports provided tabled or descriptive data about the workforce, birth trends, and the public health profile. Often this was supported by hyperlinks to various websites for further detail. Reports varied however, in their level of analysis and what this meant for the safety of women and babies. Few compared their local trends to national rates. Some of the main headlines that have the potential to effect the practice of midwives and therefore impact on the safety of women and babies, include:

1. Workforce
    - Significant number of experienced midwives retiring in the next five years
    - Number of retiring midwives not match by commissioned student midwife numbers
    - High vacancy rates and freeze on new posts
    - Suspension of services due to staff sickness / workload,
    - Suspension of services impacting on that other maternity services with high sickness / workload
    - Financial reviews have resulted in the loss of Heads of Midwifery in senior posts
    - Increasing use of maternity support workers
    - Rising birth rate without corresponding rise in midwife numbers
    - Major service redesign leading to closure of some units

2. Birth trends
    - Rising birth rate
    - Strategies to increase normal birth rate and homebirth rate

3. Public Health Profile

- Increasing immigrant / asylum seeker population
- Increasing complexity of social and medical issues requiring increase in specialist midwifery roles
- Specialist roles developing to support pregnant teenagers, women subject to domestic abuse or substance misuse
- Increasing midwife involvement in child protection issues

4. Others

- Cuts in post natal services
- Difficulty in accessing RTP programmes

Some issues were specific to an LSA for example in Orkney where the Air Ambulance provision has changed in the last year. This has meant that scheduled flights from the small islands are no longer available to support the ambulance transfers and has resulted in an increase in transfer times in some cases. This is being monitored.

It is recognised that active recruitment and retention strategies are in place in many trusts to address staff shortages, but this has been compounded by a freeze on vacancies in some areas. Action plans are also being developed strategically to deal with the impact an increasing age profile of midwives may have on maternity services especially as many are already near to retirement age.

Almost all LSAs reported an increase in the birth rate, where NHS London for example, cite up to 6,000 more women giving birth in this reporting year, when compared to the previous year. Many services have undergone reconfiguration and suspension of services within maternity units (either for a short period or permanently) with the result of placing increased demands on remaining capacity and staffing. Some reports have identified this as a contributing factor of Serious Untoward Incidents (SUI).

Information detailed in relation to perinatal and maternal deaths was variable. Perinatal deaths were usually identified as part of the tables outlining the birth trends, with little analysis. However, in many cases when maternal deaths were identified, detail was given about the category of maternal death as described in the Confidential Enquiry into Maternal and Child Health (CEMACH), as well as the outcome of any supervisory investigation. It is difficult to determine from the reports if any of the maternal deaths resulted in a midwife(s) undertaking supervised practice or were directly referred to the NMC.

In the next reporting year it may be more helpful to consider the processes in place for reporting SUIs and how the LSA is informed, rather than concentrating specifically on maternal or perinatal deaths.

Guidance: Rule 16 standard 9

**Details of the number of complaints regarding the discharge of the supervisory function.**

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| Please detail how many complaints the LSA received regarding the discharge of the supervisory function? Please summarise the source of each of these complaints and details on the nature of the complaints, any action taken and the outcomes. Please describe the processes the LSA have in place to investigate a complaint and how impartiality is ensured. |

All LSA Reports indicated if there had been any complaints made against the discharge of the supervisor framework, of which there were five. Few described however, the processes that are have in place to investigate a complaint and how impartiality is ensured.

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|---|---|
| West Midlands LSA | An informal complaint from a self-employed midwife about her perceived bullying by a supervisor. An investigation revealed that the supervisor has only been trying to comply with the LSA guideline for supervising self-employed midwives and was seen to be too persistent by the midwife. A meeting was held with the self-employed midwife, her named supervisor and the LSAMO. As a result certain changes were recommended for the guidelines, which are due to be reviewed in 2009, and minor changes were agreed in the meantime. |
| South Central LSA | One complaint was received that the supervisors of midwives in a particular trust were not performing as an effective team, so the LSAMO organised an away day with the team to write their strategy and pull together a work plan for the year. The team have worked hard over the year to refocus and to ensure the continuance of effective supervision |
| North West LSA | Two formal complaints were made to the LSA about individual supervisors. Firstly a complaint was received from a midwife about how a member of her family had been treated and that the situation had not been resolved by the supervisor of midwives. On investigation it became |

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|---|---|
| | clear that the concerns related to medical clinical care, however liaison with the supervisor helped to address this at a local level.<br><br>Secondly, a midwife complained about a supervisor investigating her practice. The midwife had also complained to the NMC, who on consideration of all the evidence concluded that there was no case to answer. |
| Health Inspectorate Wales | One formal complaint was submitted to the Ombudsman for Wales in December 2006. The Ombudsman is yet to rule on whether the complaint will be taken further |

The NMC is aware of one further complaint regarding the discharge of the supervisory function, but this has not been identified in the relevant report. This may be due to the fact that the complaint occurred near the end of the reporting year and will appear in next years report.

Guidance: Rule 16 standard 10

**Reports on all local supervising authority investigations undertaken during the year.**

How is the LSA informed of serious untoward incidents and how is this information shared within the Health Board of Strategic Health Authority? Details of your locally agreed serious incident escalation policy and unit closure would be helpful here. Please provide details of how many investigations have been undertaken during the year by:

- Supervisors of midwives.
- Directly by the LSAMO.
- An external supervisor of midwives or LSAMO commissioned by the LSA.

What guidance and support is available to supervisors of midwives as to when and how they should proceed with a local supervisory investigation. Include in this information the key trends and learning outcomes of any supervised practice programmes that have been particularly identified and how the LSA is responding to reduce repeat of frequently reported incidents.

Please provide information about supervised practice programmes that have not been implemented due to employer dismissal or refusal by the midwife. What action was taken by the LSA?

Has the LSA or LSAMO conducted or participated in any investigation of review of maternity services or been involved in any investigations by the Healthcare Commission or equivalent? Please summarise.

Please describe how does the LSA communicate with the NMC on any matters of concern regarding midwifery practice? Have any referrals to the NMC been made during this reporting year and if so please summarise anonymously?

Table 7 identifies a decrease in the number of LSA investigations (from 48 to 26) as well as referrals to the NMC (from 25 to 22). The mechanisms for LSA investigations were described in detail in many of the reports, with some providing respective LSA policy for proceeding with a supervisory investigation and detailing the circumstances in which an LSA led investigation would take place.

The number of midwives undertaking supervised practice however, has increased from 92 to 116 for this year. One LSA had a high incidence of supervised practice when compared to all other LSAs. However, the report went on to identify that on analysis many of the midwives had been a cause for concern over several years and as the value of supervised practice becomes more widely acknowledged the issues are being addressed. As 4,341 midwives notified their intention to practise in the year, this figure constitutes only 0.67% of all those practising in the North West.

A few reports identified that supervised practice programmes has not been completed, for various reasons. In some cases this resulted in referral to the NMC or on other occasions waiting for the midwife to return from sick leave. The standards recently published by the NMC, *Standards for the supervised practice of midwives* offers further guidance on what action to take.

Where supported or supervised practice was the outcome of an investigation, the reports provided a list of the main areas of practice that were of concern. In a few cases comprehensive anonymous detail was provided that added richness to the report. The main practice issues were as follows:

- Poor interpretation of CTG or fetal heart
- Poor or incomplete record keeping
- Drug administration errors
- In-appropriate communications & attitude
- Substandard care
- Lack of urgency when referring to the obstetric team
- Lack of assertion when wanting to refer
- Poor peer or multi-disciplinary working
- Acknowledging responsibility as autonomous practitioner

This list is similar to the previous reporting year. One LSA identified that poor interpretation of CTGs was a reoccurring theme. In view of this the relevant trusts took action by implementing the "Fresh eyes" approach to CTG interpretation, where their interpretation of a CTG is checked by a midwife not involved in the care of that woman.

| **Country** | **LSA investigations** | | **Supported practice** | | **Supervised practice** | | **Referrals to the NMC** | |
|---|---|---|---|---|---|---|---|---|
| | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 | 05-06 | 06-07 |
| **England** | 41 | 23 | 24 | 37 | 65 | 93 | 17 | 22 |
| **Northern Ireland** | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Scotland** | 5 | 1 | 5 | 2 | 5 | 1 | 6 | 0 |
| **Wales** | 0 | 0 | 0 | 0 | 22 | 18 | 2 | Not identified |
| **Total** | 48 | 26 | 29 | 39 | 92 | 112 | 25 | 22 |

**Table 7: number of LSA investigations, supervised practice and NMC referrals**

## Conclusions and assurance to Council

Local Supervising Authorities across the UK have undergone varying degrees of change due to the reconfiguration of Strategic Health Authorities or Health Boards, or in the case of Wales, moving to an independent unit of the Welsh Assembly Government – Health Inspectorate Wales. These changes for some LSAs, particularly in Scotland and Northern Ireland have meant a large amount of disruption to the work of the LSAs being carried out. By the end of the reporting year 2006-07 nearly all of the reconfigurations have taken place, with just the North of Scotland remaining to be completed. By the time of compiling this report for Council, the North of Scotland Consortium has been set up with an appointed LSAMO is in post.

Assurance to Council that LSAs are meeting the requirements of rule 16 should be timely. Currently the reports are submitted to the NMC by the 30 September of any given year. Following submission to the NMC each report is read and analysed, the detail of which is used to inform the report that goes to Council at its March meeting the following year. This means a further supervisory year has bee completed before Council receives the report.

Although all of the reports provided information about the LSAs compliance with rule 16 of the *Midwives rules and standards*, England and Wales submitted the most in-depth and strongest evidence with regard to the ways in which the standards were being met. As identified last year, this is probably due to the length of time most LSAMOs have been in office, as well as the established methodology used within the LSA. However, the larger reports often provided more detail than required for complying with rule 16, and were most likely due to meeting the needs of the Strategic Health Authority as well. Although this is not necessarily a bad thing, and can avoid duplication, it did prove difficult in some cases to extract the information necessary to provide assurance to Council that the standards were being met.

At the other extreme, a number of reports were very descriptive, lacking in any analysis of what the content meant in terms of safety to women and their babies. In view of the range of detail provided in the reports consideration should be given by the NMC to produce a template for the structure of reporting

Explicit in this reporting year are the challenges faced by supervisors of midwives in undertaking their role, especially in relation lack of remuneration, dedicated resources and protected time. These were also cited as disincentives for becoming or remaining as a supervisor of midwives. All four countries show a drop in new appointments with an increase in retirements from the role or resignations.

Not all reports provided information of the LSA ratio but where this information was available the majority were at or below the NMC standard of 1 supervisor of midwives to 15 midwives, with only 2 LSAs reported being above this ratio. The reports also highlight that although the LSA ratio is being met in the vast amount of cases, this was not always mirrored in the maternity service's ratios, which were often much higher. Further more, individual supervisor of midwives' caseloads could be higher still.

Many of the reports acknowledge the difficulty experienced in trying to meet the criteria for involving users in the LSA annual audits. Many LSAs did however, have action plans to address this for next reporting year.

There were a wide variety of conferences and education sessions organised by the LSAMOs in order to meet the training and development needs of many of the supervisors of midwives. The conferences were also used as a means to facilitate supervisors of midwives in meeting their continuous professional development (CPD) requirements. The resource implications of these approaches cannot be under estimated. Some LSAs did comment that study days for supervisors had been lacking but provided action plans to address this in the following reporting year.

Close links with Higher Education Institutions remained, but highlighted this time were two different LSAs noting their concerns regarding newly qualified midwives being subject to supervisory investigations.

The LSA annual audit of respective maternity services is one of the main ways in which data is gathered about the effectiveness of the supervisory function. Local Supervising Authorities in both Scotland and Northern Ireland identified that annual audits had not taken place in this reporting year. This is a similar situation that was identified in the previous reporting year and a serious concern, as the supervisory framework cannot be benchmarked without supervisory audits, a factor taken into account when populating the NMC Risk Framework for reviewing LSAs.

It is noted that more of the reports could have described how the framework of supervisors of midwives can be shown to enhance the practice of midwifery and to provide safe care for women and babies.

It is evident from the information provided in the reports that there is a move to standardise many of the policies already in existence in order to adopt a UK-wide approach to statutory supervision. A UK-wide approach was also evident with more LSAs moving to use the LSA data-base (first developed by the London LSA) to maintain supervisory records.

There is a decrease in the number of LSA investigations and referrals to the NMC from the previous reporting year to this reporting year. However, the number of midwives undertaking supervised practice has increased from 92 to 116. There were no midwives in Northern Ireland and only one is Scotland that undertook a period of supervised practice. The reasons for supervised practice were very similar to the previous reporting year.

All LSA Reports indicated if there had been any complaints made against the discharge of the supervisor framework, of which there were five. Few described however, the processes that are in place to investigate a complaint and how impartiality is ensured.

## Recommendations

**The Nursing and Midwifery Council will:**

1 Publish the findings of the report on the NMC website

2 Continue to use the data from the annual reports to furnish the NMC assurance framework for reviewing LSAs

3 Consider in the light of the two annual reports to the NMC, whether rule 16 of the *Midwives rules and standards* provides sufficient evidence that woman and babies are protected.

4 Take account of the findings of the report and the relevance of rule 16 as it is currently written, when reviewing the Midwives *rules and standards* and be specific in its guidance to the LSAs about requirements for the 2007-08 LSA annual report to the NMC

5 Work with stakeholders to establish what data are being collected and determine its relevance in respect of the requirements of the LSA annual report to the NMC. The intention would be to balance the avoidance of duplication of data collection, with the need for the NMC to have assurance that the standards its sets for LSAs are being met.

6 Consider, in conjunction with the Local Supervising Authority Midwifery Officers, developing a standard reporting template in order assist in the consistency of report writing and therefore the analysis of the summary report

7 Consider, in conjunction with the Local Supervising Authority Midwifery Officers, returning to the original submission date, in order for Council to receive the composite report by the end of the calendar year, rather than having to wait until the following March, which is a year after the report relates to

8 Explore, in conjunction with the Local Supervising Authority Midwifery Officers, how to facilitate a more even spread of supervisors to midwives across a geographical area rather than within service structures. This needs to be balanced against the requirement of the midwife to be able to choose her supervisor. The intention would be to try an ensure a more even spread of ratios, rather than the differences that are seen at the moment

9 Monitor, in conjunction with the Local Supervising Authority Midwifery Officers, any impact the rising retirement and resignation of supervisors of midwives may have on the practice of midwives and safety of women and babies

10 Maintain links with Lead Midwives for Education and the Quality Assurance Committee regarding students being fit for registration

**Local Supervising Authorities will:**

1 Ensure the future reports to the NMC follow the format required by the NMC

2 Continue the development and involvement of users as full members of LSA annual audit panels

3 Continue to interview service users as part of the data gathering for the LSA annual audits to Trusts

4 Appropriately audit how the practice of midwives is supervised, particularly through the LSA annual audit visits to Trusts

5 Continue to share good practice where supervision of midwives enhances midwifery practice and effectively protects women and babies

**Acknowledgment and thanks**

The midwifery department at the Nursing and Midwifery Council would like to thank the Local Supervising Authority Midwifery Officers for the information provided within the reports to the NMC.

This has assisted in enabling the compilation of material that has informed the content and analysis of this second report to Council on the 2006-07 Local Supervising Authority Annual Report to the NMC.