Nursing & Midwifery Council

NMC

Supervision, support and safety

Analysis of the 2007–08 Local Supervising Authority Annual Reports to the Nursing & Midwifery Council

Erratum

Supervision, support and safety. Analysis of the 2007-08 Local Supervising Authority Annual Reports to the Nursing & Midwifery Council

The error is found on page 42, Chart 7: Number of midwives undertaking supervised practice or referred to the NMC as of March 2008

Currently the chart shows North West LSA as 9 supervised practice and 1 referral to the NMC

The chart should show North West LSA as 17 supervised practice and 2 referral to the NMC

Contents

Executive summary

This report is an analysis of the information provided by the Local Supervising Authorities (LSA) to the NMC for the 2007-8 practice years, which reveals a mixed picture across the UK. The NMC commends those LSAs who have been open about data and trends in their local area that affect the safety of women and babies using maternity services. There have been improvements in a number of areas such as user involvement in LSA audits and good practice can be identified in many LSAs. However, there are also matters for concern such as rises in the birth rates in some LSA areas with no concurrent rise in midwifery staffing.

Reconfiguration of maternity services has been a theme for 2007-08. The challenges and impact that this has brought to statutory supervision are highlighted in many of the LSA reports and expanded in various sections throughout this report. This is happening at a time when increasing numbers of supervisors of midwives (SoMs) are approaching retirement age and LSAs are reporting difficulty in recruiting new SoMs.

LSA reports demonstrate that supervision of midwives is effective as a method of public protection as poor practice is identified and action taken with individuals and maternity services to support improvement. Of concern however, is the continuance of practice issues such as poor interpretation of the foetal heart rate and inappropriate communication and attitudes towards women or colleagues. This may reflect a more systemic problem for maternity service providers and employers as a result of inadequate midwifery staffing levels or lack of employer support for training and development of maternity care staff.

There were seven complaints about how the supervisory framework was being carried out during 2007-08. An improvement was noted in the number of LSAs who had impartial processes in place to investigate such complaints.

There has been a small decrease overall in the number of midwives undertaking supervised practice when compared with last year. There remains significant variability in the number of investigations and use of supervised practice between LSAs which warrants further exploration.

As with previous years, the NMC will make the LSA reports available through our website **www.nmc-uk.org**

Improvement since previous reporting year

- All LSAs reported that they have conducted an annual audit of all maternity services in their catchment area
- LSA audits identified that in almost all cases midwives had continuous access to a SoM
- The involvement of service users in monitoring the statutory requirements of supervision of midwives has greatly improved
- All LSAs reported significant engagement with their relevant Higher Education Institutions
- Activity around policy and guideline development has taken place in all LSAs
- Local Supervising Authority Midwifery Officers (LSAMO) have worked collaboratively to update or develop new UK-wide LSA policies and guidance

Matters of concern

- There is a reduction again this year in the number of midwives putting themselves forward for appointment as a SoM
- Reports evidenced a number of trends that impact adversely on the practice of midwives and cause concern for the safety and wellbeing of women and their babies
- Ten LSA identified a significant increase in the birth rate without a corresponding rise in midwife numbers. Four LSAs reported the rise to be as high as 5%
- Rising birth rates have increased demands on midwives' time as well as more frequent unit closures
- Concerns have been raised by two LSAs about the lack of support mentors are able to give to student midwives due to the pressures on mentors' time
- Changing public health profiles are resulting in women presenting with more complex social and medical needs that require greater midwifery input
- There are a high number of midwives eligible to retire in the next 5 years
- Areas of practice that still need improvement are poor interpretation of the fetal heart rate, poor or incomplete record keeping and mistakes with drug administration
- There are marked variations in the level of LSA investigations and use of supervised practice that warrants further consideration
- Lack of communication between some LSAs and the NMC where there are significant concerns about a local maternity service

Introduction

The core function of the Nursing & Midwifery Council (NMC) is to establish standards of education, training, conduct and performance for nurses and midwives and to ensure those standards are maintained, thereby safeguarding the health and wellbeing of the public[1]. The NMC is required to set rules and standards for midwifery[2] and for the Local Supervising Authorities (LSA) responsible for the statutory supervision of midwives.

Practice years run from 1 April to 31 March. Rule 16 of the NMC *Midwives rules and standards* (05.04) requires that each year, every LSA has to submit a written report to the NMC by the deadline date, and that the report contains any information specified by the NMC. Thirteen of a possible 18 LSA reports were received by the due date this year. This will be fed into the NMC risk framework.

The NMC has a duty to monitor that the LSAs are meeting its requirements. The LSA annual report helps the NMC to do this, and it is one opportunity for an LSA to inform the NMC and the public about its activities, key issues, good practice and trends affecting maternity services within its area.

LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The LSA has a pivotal role in clinical governance by ensuring that the standards for the supervision of midwives and midwifery practice meet the requirements set by the NMC.

LSAs sit within strategic organisations such as an NHS authority and the type of organisation varies in each country of the UK. In England the LSA is the Strategic Health Authority, in Wales the Health Inspectorate Wales and in Northern Ireland the Health and Social Service Board. In Scotland the function of the LSA is provided by the Health Boards, which are arranged into three regions or consortia: the West of Scotland, the North of Scotland and the South East of Scotland.

The Chief Executive Officer (CEO) of the organisation is ultimately responsible for the function of the LSA. The CEO's signature on the LSA report indicates that they are engaged with the issues described in the report and supportive of the recommendations or action plans made by the LSA. In the case of an LSA consortium it would be expected that the CEO of the host LSA is the signatory for the combined annual report.

1 The Nursing and Midwifery Order 2001

2 Midwives rules and standards 2004

There are 29 LSAs across the UK with 16 appointed LSAMO (see table 1).

Each LSA or LSA consortium has an appointed LSA Midwifery Officer (LSAMO). The LSAMO puts the responsibilities of the LSA into practice and this work cannot be delegated to another person or role. The LSAMO is a practising midwife who provides leadership, support and guidance on a range of matters including professional development for midwives.

The LSA is responsible for protection of the women and babies using midwifery services in its area. This activity cannot be delivered by one person in isolation and it is important that the LSAMO has enough support and resource to assist her to carry out her responsibilities. Safety for mothers and babies can only be achieved if both local boards of maternity services and health authority boards are engaged with the supervision framework and act on matters relating to midwifery and maternity care that the LSAMO brings to their attention.

Supervisors of midwives (SoM) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by an LSA, not by an employer, and therefore act as an independent monitor of the safety of midwives' practice and the environment of care provided by maternity services.

By appointing a SoM, the LSA ensures that support, advice and guidance are available for midwives and women 24 hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by identifying poor practice and by enabling and empowering midwives to practise safety and effectively. SoMs have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives' ability to care for women and their babies.

Table 1: UK LSA

England	Northern Ireland	Scotland	Wales
East of England SHA East Midlands SHA London SHA North East SHA North West SHA South Central SHA South East Coast SHA South West SHA West Midlands SHA Yorkshire and Humber SHA	Eastern Health and Social Service Board Northern Health and Social Service Board Southern Health and Social Service Boards Western Health and Social Service Board	**North of Scotland Consortium** - NHS Grampian - NHS Highland - NHS Orkney - NHS Shetland - NHS Tayside - NHS Western Isles **South East of Scotland Consortium** - NHS Borders - NHS Fife - NHS Forth Valley - NHS Lothian **West of Scotland Consortium** - NHS Ayrshire and Arran - NHS Dumfries and Galloway - NHS Greater Glasgow and Clyde - NHS Lanarkshire	Heath Inspectorate Wales

This year, LSA reports have been written against a backdrop of a number of maternity service reviews: in England from the Healthcare Commission and in Northern Ireland from the Department of Health and Social Services. Wales has been updating its strategy for Nursing and Midwifery. The reconfiguration of LSAs has continued to be a theme this year. The North of Scotland LSA consortium came into existence on 3 December 2007 with the appointment of a regional LSAMO. Northern Ireland (Northern, Southern, Eastern and Western Health and Social Service Board) appointed a full time LSAMO in May 2007.

All LSAs receive a letter from the NMC, describing the requirements for the report for the relevant practice year. The deadline for submission of this year's annual reports was 30 September 2008. There were five late reports, four of which came from Northern Ireland. Future dates of submission will be reviewed as part of the NMC review of the *Midwives rules and standards*, which commences in January 2009.

A copy of the NMC LSA Risk Framework and individual LSA risk profiles was provided to each LSA. Most of the information in this risk framework is based on the content of the LSA's annual report. It is evident from a number of this year's annual reports that reference has been made to the risk scores they received, and information given about actions taken to reduce these risks.

As a direct result of the analysis of reports submitted for the previous practice year (2006-07), a number of LSAs were identified as having significant risks that did not assure the NMC that the standards it sets for the LSA were being met. The five LSAs who had the highest risk scoring are being reviewed by the NMC reviews during 2008. These are Western Isles, Grampian, Western Health and Social Service Board, Northern Health and Social Service Board and London. One of the LSAs with the lowest risk score, North West SHA, is also being reviewed in 2008 to test the framework. It is expected that any recommendations arising from these reviews will have action taken by the LSA and reported in their annual report for 2008-09.

A standard report template is now being used and has made analysis of most of the reports much easier. All reports provided the information required for rule 16 although there was still variation in the level of analysis in the reports, especially in relation to the impact any issues raised may have on the remit of statutory supervision.

An update on the progress of the recommendations set for the NMC in the previous year, 2006-07 can be found in appendix 1.

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

Guidance:

Please provide details of how and when the LSA makes the report available to the general public and the audiences that are being targeted. 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 in this supervisory year. Please indicate if there have been requests for copies and if so the number issued.

In general LSAs identified that their report would be placed on their website, which was most frequently the SHA or Health Board's website where there was often a dedicated LSA section. In some cases where local LSA websites were under construction, the UK-wide LSA website was cited as a temporary measure. However, not all reports provided a website address or link as requested.

Alongside publication on websites, many hard copies were produced and distributed at a strategic level to organisations such as the Royal College of Midwives and Departments of Health. Hard copies were also circulated to:

- Individual CEO of maternity services
- Clinical governance, patient safety and risk management leads
- Heads of midwifery
- Lead midwives for education
- Supervisors of midwives
- Organisations such as the National Childbirth Trust
- Maternity Service Liaison Committees

It was noted by several LSAs in England that requests had been made by the Health Care Commission for a copy of the annual report as part of their fact-finding process during the recent review of maternity services. A number of hard copies had been requested by members of the public but this appears to be less frequent than before, possibly due to their availability online.

Good Practice:

The North West LSA created summaries of their annual report which were supplied to all user representatives who did not wish to receive a copy of the full report. This was utilised at user auditor training sessions where feedback about the content was excellent.

Examples of how LSAs were making their annual report available to the public included:

- Summarising various sections on request
- Having it available in libraries
- Forwarding copies to service user auditors
- Using the content at training days where service users were involved
- Presenting the content of the report to local Maternity Service Liaison Committees (MSLC)

A few reports however, could have been more explicit about how the public were made aware of its contents.

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

Guidance:

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. Please include data for the preceding three years and provide a summary of any trends and action plans if any risks have been identified. Please also provide the ratio of midwives to supervisors for each maternity service as of 31 March 2008 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 and how if any identified risks are being mitigated against.

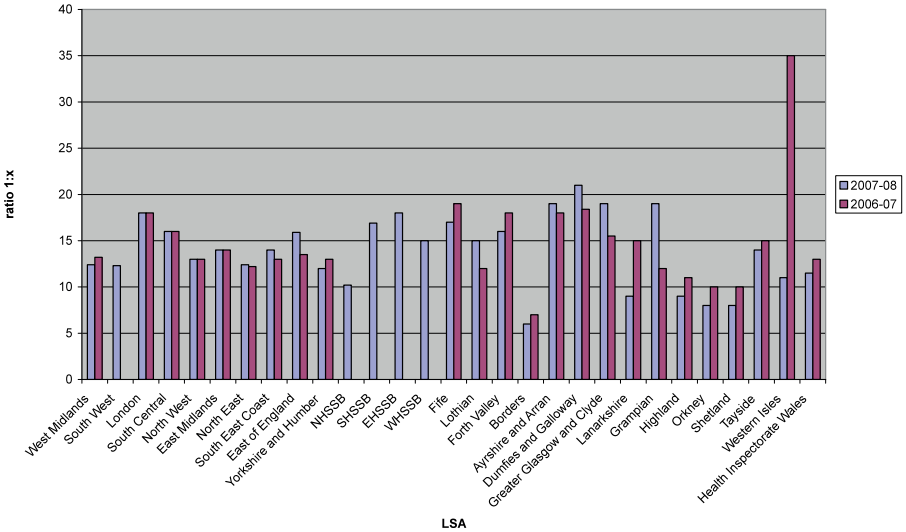
All reports provided details of new appointments, resignations, interim leave and removals, with the majority providing details on trends over the past three years.

LSA ratio of supervisors to midwives

The LSA ratios of SoMs to midwives were provided in all reports. Seventeen out of 29 LSAs met or were better than the NMC minimum standard of 1:15 SoMs to midwives, the lowest ratio being 1:6 (Borders, Chart 1). Of the 12 LSAs that did not meet the NMC ratio, the highest ratio was 1:21 (Dumfries and Galloway).

Supervision of midwives is an important governance function in any health authority. By appointing a named SoM to each midwife, the LSA ensures that support, advice and guidance are available for midwives 24 hours a day, to increase public protection. The minimum ratio requirement is in place to ensure that there are enough SoMs to monitor midwifery practice and provide support for women and midwives. It is concerning that 34% of LSAs are not meeting requirements in this area.

Chart 1: LSA ratio of SoMs to midwives



Number of supervisors of midwives

Over the past three years there has been an overall rise in the number of appointed SoMs. This rise however, needs to be considered against any increase in the number of practising midwives as each midwife requires a named SoM, regardless of whether they are in full or part-time employment. In England it is known that while the birth rate is rising, there is a government initiative to increase the number of midwives in employment. Where there is an increase in the number of part-time midwives there needs to be a proportionate rise in the number of SoMs in order to ensure enough supervisory input to each midwife to enhance support and safety.

Good Practice:

In view of the increased number of midwife posts planned across London SHA and the projected SoM retirements, London LSA has forward planned to ensure approximately 50 more supervisors of midwives are trained over the next 18 months.

Chart 2: Number of SoMs by country

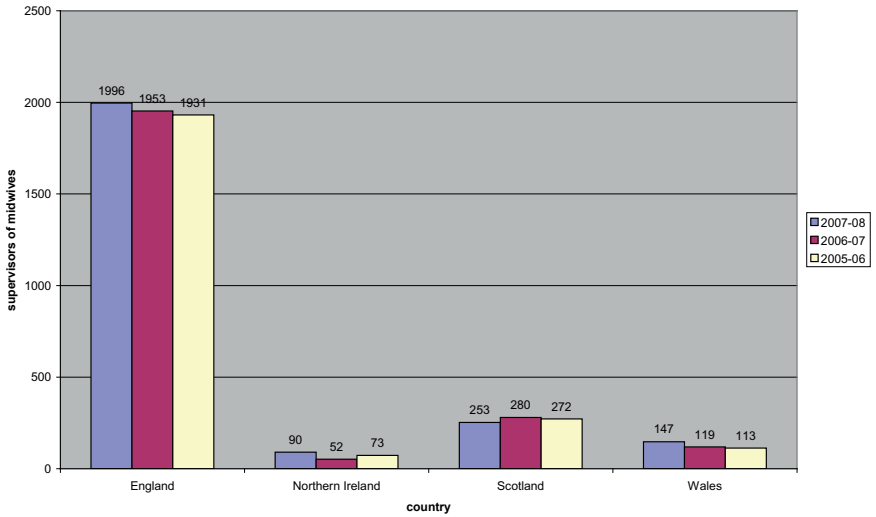
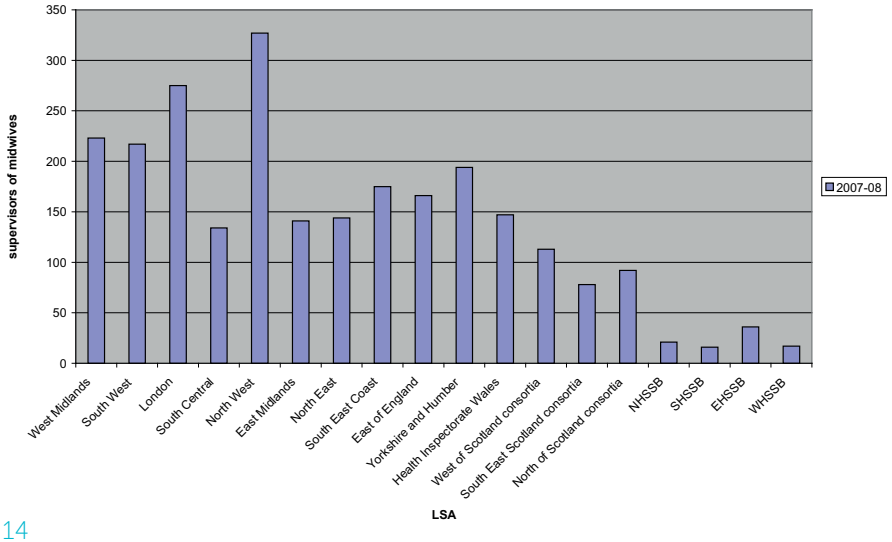


Chart 3: Number of SoMs by LSA

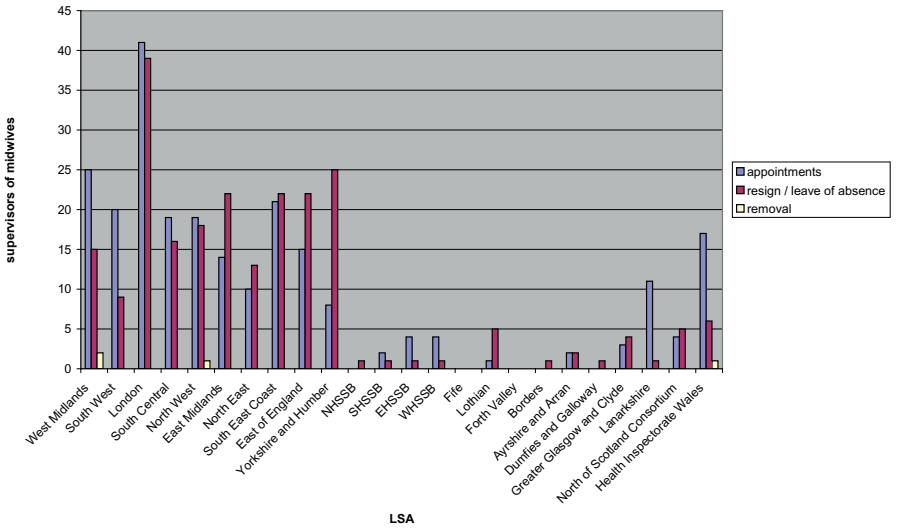


Appointments, resignations, leave of absence and removals

Despite the overall rise in numbers of SoMs, this reporting year sees a concerning fall in the number of new appointments (Chart 4). In seven LSAs and one consortium, resignations and leave of absence outnumber new appointments.

Four supervisors were removed from their role, of whom three are undertaking periods of supervised practice. It is not clear from the reports why these supervisors were removed from their role.

Chart 4: The number of SoMs appointed, resigned or taken leave of absence or removed from their role



Concerns about appointing and retaining SoMs were highlighted in previous annual reports and mirrored again this year, with many LSAs identifying a drop in midwives putting themselves forward for selection as a SoM. Many supervisors have to give their personal time to combine the requirements of the role with busy work duties which is not satisfactory. There are times when the demands of being a SoM, creates stress and dissatisfaction and self deselection may follow.

Good Practice:

West of Scotland LSA Consortium has sent an advert to each midwife specifying the requirements and skills needed to be a supervisor, as well as speaking to midwives and providing workshops about the role of the supervisor to encourage them to go forward for selection.

Yorkshire and Humber LSA has discussed the need to increase their commitment to protected time and administrative support for supervisors of midwives with Trusts. The SHA Chair wrote to all the Trusts and PCT Chairs supporting the recommendation and this was pursued through LSA audit visits and LSA forums.

Health Inspectorate Wales LSA has provided funding to backfill supervisors' hours in order to enable them to meet with midwives and undertake individual annual reviews.

Lack of remuneration and dedicated resources were cited as disincentives for becoming or remaining as a SoM. The NMC followed this up with LSA CEOs in 2007 when this issue was raised formally by the UK LSA forum. It was evident from responses that the approach to supporting and rewarding SoMs remains different across the UK. Scotland and Wales have a national agreement regarding remuneration, where in England it is left to the individual Trusts to manage. The picture in Northern Ireland is not clear.

Encouragingly, more LSAs did report this year that remuneration had been addressed and LSAs are making efforts to ensure SoMs have the time and resources to do their job.

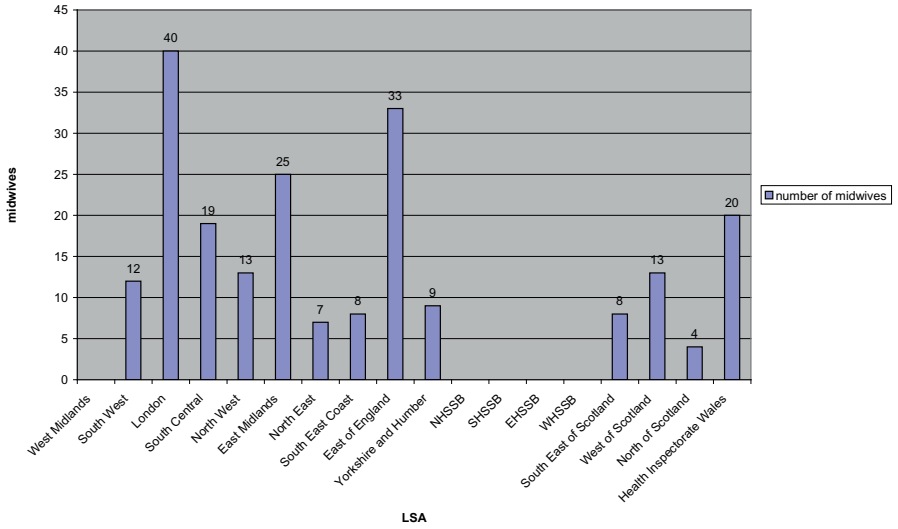
Preparation of midwives for appointment as supervisors of midwives

The majority of LSAs provided information about the number of midwives undertaking preparation programmes in order to take up the role of supervisor of midwives, or were waiting for appointment (Chart 5).

Health Inspectorate Wales LSA identified that maternity service providers in some areas have been reluctant to release midwives to undertake preparation programmes, because of the budget implications of replacing the midwife whilst she is completing her preparation course.

It is unclear from the remaining 5 LSA reports whether they have omitted information or are not preparing or appointing new supervisors of midwives.

Chart 5: Number of midwives undertaking preparation programmes or waiting to be appointed as of 31 March 2008



Ratio of supervisors of midwives to midwives per maternity service

The ratio of midwives to SoMs in each maternity service as of 31 March 2008 ranged from 1:6 (Powys) to 1:38 (Ealing). High ratios were often due to sudden and unexpected resignations of supervisors of midwives, primarily due to difficulties in balancing the role of supervisor alongside practising as a midwife. This is likely to have an adverse impact on safety of women using maternity services, and is concerning.

The majority of SoMs are based within maternity services, with their caseload of midwives taken from the locality. The variation in caseload reflects this approach. Statutory supervision is, however, an LSA responsibility, and not employer-based. In view of this, the NMC proposed in its last report that there should be exploration of matching SoMs with midwives across the LSA geographical area, rather than within a particular maternity service as is happening within South Central LSA. This type of approach will need to be evaluated, however may facilitate improved consistency of supervision of midwives.

Recommendations

- LSAs need to have a robust planning and recruitment strategy to ensure that there are enough SoMs to meet requirements and enhance safety and support for women and babies using midwifery services
- The NMC will issue alert letters to relevant Health Authorities, inspecting bodies and Departments of Health about any concerns relating to numbers of SoMs in LSAs

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

Guidance:

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, and a summary of the audit findings in relation to continuous access to a supervisor of midwives. Please provide examples of innovative or best practice, where available.

All LSA reports provided information about how this standard was met and indicated that midwives were offered a choice of named SoM. This was not always achievable as a number of SoMs have caseloads over the recommended 1:15. In these circumstances midwives were asked for a 1st, 2nd and 3rd choice of SoM. The process for newly employed midwives usually involved the midwife being allocated a SoM until they were familiar with the service and got to know the SoMs in their area.

Although it is important for a midwife to be able to choose and change her SoM, the North West LSA acknowledged that they would investigate should a midwife change her SoM frequently. This is a sensible approach.

The method by which midwives could contact their named supervisor varied across LSAs. In most cases, midwives were given contact details contained in information booklets or introductory letters at commencement of employment which would be reinforced at their annual supervisory interview.

Provision of 24-hour access to a SoM varied between maternity services and across LSAs. A variety of local arrangements were described:

- All SoMs available 8am to 5pm with on-call arrangements out with that time
- SoMs on call for a week
- The on-call SoM calling the unit at predetermined times each day to see if any issues/supervisory assistance required

Local arrangements tended to work well and were designed to meet the needs of midwives. The North of Scotland LSA Consortium acknowledged that although their audits demonstrated that a SoM was available 24 hours a day, the midwives in the LSA did not know how to access a SoM out of hours.

Good Practice:

The South East Coast LSA reported that 295 self-employed midwives advised the LSA that they may work within the area. To help support their practice the LSAMO facilitates biannual meetings between SoMs and self-employed midwives. Discussions include how all could support each other more, as well as communication pathways and training opportunities for self-employed midwives within Trusts.

The West Midlands LSA described that a 24 on-call rota was not always the chosen method of having continuous access to a supervisor of midwives in maternity units. Where other models for accessing a supervisor of midwives were used, the West Midlands LSA asked the supervisory teams to ensure that midwives in an emergency, particularly at sites away from the main unit, were not left waiting for advice and guidance beyond 15-30 minutes. This was then audited for compliance.

Recommendation

LSAs should audit response times from supervisors of midwives to requests for advice from midwives in challenging situations.

Rule 16 standard 4: Details of how the practice of midwives is supervised

Guidance:

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 as well as 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 and how these are being addressed.

LSA annual audits of maternity services are one of the main ways in which data is gathered about the effectiveness of the supervisory function. In the previous reporting year LSA in both Scotland and Northern Ireland identified that annual audits had not taken place, partly due to the lack of appointments of full-time LSAMO and partly due to reconfiguration of Health Boards. All LSA are now reporting an appointed practising midwife as their LSAMO, all of whom are working on this role full-time.

All LSAs have carried out audits of their respective maternity services this year. LSA in Northern Ireland have had their audits validated as part of the evidence gathering undertaken by PriceWaterhouseCoopers LLP, whose remit was to audit the acute maternity services in Northern Ireland to examine the economy, efficiency and effectiveness with which services are being provided at Trust level.

The summary of audit findings, recommendations and action plans varied within the reports. Some LSA mentioned that the process had happened where others described the process, main findings and recommendations in detail. A number of reports referred to the risk scores they received from the NMC following their submission of the 2006-07 annual report and described the action taken to mitigate the risks.

Communication from the LSAs to SoMs was noted last year as being inconsistent, especially in remote and rural areas. It is now evident that increasing numbers of supervisors have work mobile phones and access to e-mail in order to facilitate communication between the supervisory team, LSAMO, midwives and women.

Current reports identify much better processes for information sharing. It appears that the general approach to disseminating information is via a Contact Supervisor, who is based within a maternity service.

Various models were described about how frequently supervisory teams met, what was discussed and how work was taken forward. The LSAMO was often invited to these meetings as well as those where the supervisory teams from across the LSA come together to discuss issues on a wider basis.

All reports described networking opportunities for the LSAMO and supervisors of midwives to influence policy direction and development. These included:

- Influencing at government level by involvement in the recent Lord Darzi review on *High Quality Care for All* in England
- Participation in the audit of acute maternity services by the Department of Health and Social Services in Northern Ireland
- Working to update the strategy for Nursing and Midwifery in Wales
- Assisting the Nursing & Midwifery Council to develop policy
- Collaborative working with the Royal College of Midwives and Medical Colleges

Raising the profile of statutory supervision has been a strong theme throughout all the reports. This ranged from promoting the role in order to encourage midwives to put themselves forward for selection, to being active members of maternity service development groups.

A variety of models were described that ensure newly qualified or newly employed midwives are supported. Such approaches included increasing the visibility of supervisors within the unit and support to midwives during reconfiguration of services. SoMs have also taken the lead on initiatives that have improved the environment of care for women such as promoting normality of the birth process.

Good Practice:

Health Inspectorate Wales LSA has introduced a Pb Wiki website in each maternity service provider for information on statutory supervision. The initial idea was conceived and developed by supervisors in one area who then visited other areas of Wales to help and advise on design and implementation.

SoMs in the East of England LSA have supervisor of midwives on their name badges and an identification noticeboard.

SoMs in the South East of Scotland LSA were highly commended at the Nursing Times Awards for their work for women and substance misuse.

Maternity units in the East of England LSA have a period of orientation where the midwives meet SoMs and attend a number of mandatory training sessions, which include a session on statutory supervision.

The North West LSA documented 91 cases of women who needed support to explore their care options, of whom 28 had their care facilitated by the LSA. This was achieved through liaison with local SoMs, midwives and other professionals to negotiate and/or provide individual packages of care, for women who had specific identified needs. This approach has been positively evaluated by women, midwives and SoMs.

Challenges to effective supervision were also described and included themes such as:

- SoMs in South Central LSA needing to support high numbers of inexperienced staff
- Ensuring statutory supervision remained active during amalgamation of some NHS Trusts in Wales
- Ensuring that dual and triple duty midwives practising in the north of Scotland are meeting the NMC PREP practice requirements
- Integration of SoMs into a consortium approach to supervision in the West of Scotland
- Supporting midwives in the spectrum of expertise needed when caring for women who have complex social and medical needs in the Midlands

One LSA acknowledged that the LSAMO's personal development was put at risk as a result of the pressures of work to support SoMs in the area. A number of LSAs employed midwives to support the role of the LSAMO. Although the statutory remit of the LSAMO cannot be delegated to such roles, these posts can provide support to the LSAMO as well as providing opportunity for succession planning.

There were two reports of midwives having difficulty meeting with their named SoM in order to comply with Intention to Practise (ITP) notification requirements. This was due mainly to the complexity in arranging a satisfactory time because of workload commitments.

The 'LSA database' has continued to be purchased by LSAs across the UK and it is envisaged that by April 2009 all LSAs will be using it. The advantage of this approach is reporting consistency across the UK on the supervisory process.

There are a wide variety of conferences and education sessions organised by LSAs in order to meet the training and development needs of SoMs, as well as providing a means to enable them to meet their continuous professional development (CPD) requirements. Programmes of events were usually included as an appendix to reports and a few LSAs provided an evaluation of the events given by those who attended.

There were two reports of SoMs who had not maintained their PREP requirements and had to stand down.

Recommendation

- All LSAs should provide details of action taken and evidence of progress in response to risks communicated to them by the NMC

Rule 16 standard 5: Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits

Guidance:

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, as well as any information leaflets that are provided to raise the profile of statutory supervision.

There has been good progress relating to more active involvement of service users in the supervisory process, with a large number of LSAs able to evidence service user involvement in the monitoring of the statutory requirements of supervision. LSA have set up training programmes for service users to prepare them for undertaking local audits, and some have secured funding to reimburse their costs.

Good Practice:

Yorkshire and Humber LSA facilitate SoMs and service users to learn together about undertaking audits, so there is consistency of information giving and approach.

Health Inspectorate Wales LSA was recruiting service users to form a panel to work with the LSA. There were 18 interested applicants at the time of reporting.

The London LSA acknowledged that active recruitment of service users has been happening with little effect, even though funding has been secured for reimbursement of their time.

All LSAs report that during their audits, women using the maternity service are approached for their views about the care they have received as well as being asked about their understanding of statutory supervision. Many supervisory teams have developed innovative ways to increase the public's understanding of supervision, which include:

- Website for public viewing
- Women being invited to speak at local conferences
- Public noticeboards displaying supervision information
- Distribution of leaflets to women at the booking appointment about the role of the SoM
- Stickers on hand-held notes to explain the role of the SoM
- User group forums so views can be fed back into maternity service developments

SoMs also link into a large network of public organisations and meetings in order to raise the profile of statutory supervision with women and their families and to hear what women have to say about their local maternity services.

Service users have also been invited as members of interview panels for selection of a potential SoM as well as becoming a member of curriculum planning groups and teaching on education programmes. They have also been invited to end of programme presentations by the student midwives.

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

Guidance:

Please provide details of how the LSAMO or supervisors of midwives have had input and engagement with Higher Education Institutions, 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.

Robust evidence continues to be provided to meet this standard. Without exception, LSAs report that SoM and LSAMO are involved in the development, delivery and monitoring of pre-registration midwifery programmes as well as the preparation of SoM programmes. SoM and LSAMO are also invited to give evidence when Higher Education Institutions seek NMC approval for pre-registration courses as well as events monitoring these programmes.

The NMC *Standards for the preparation and practice of supervisors of midwives* were published in October 2006. From September 2007, all programmes that prepare supervisors of midwives have to be approved by the NMC. Evaluations from a number of the NMC approved programmes identify that newly appointed supervisors of midwives are now better prepared to undertake the role.

Several LSA however, report that there is a varying success rate of students undertaking the programme. It is difficult at this stage to conclude if this is an issue with the selection process, the academic level or length of programme that is required, or whether midwives are having difficulty finding time to study and work with the increasing demands from the clinical environment.

Meeting this standard requires close collaboration between LSA and Higher Education Institutions. Evidence has highlighted close working relationships and regular meetings between LSAMO and Lead Midwives for Education (LME). Demonstration of this includes the involvement of midwife teachers in the development of content for episodes of supervised practice.

Good Practice:

In order to ensure that sign-off mentors are conversant with the *Standard for the preparation and practice of supervisors of midwives* programme, the West Midlands LSA invite mentors to attend a half day workshop as a refresher to the requirements of the programme.

Individual student midwives or year groups of student midwives are being allocated 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 SoMs, and was not reflected in the calculations for the supervisor: midwife ratio.

LSA audit visits identified that student midwives were involved to determine if the clinical environment provided them with suitable learning opportunities for the achievement of midwifery competencies.

Yorkshire and Humber LSA and North West LSA had concerns about the clinical environment that students were learning in. Issues included students not receiving the support they required in practice due to insufficient staff and the many other demands placed on midwives during their working day. It is not clear how this has been fed back to the relevant Higher Education Institutions and education commissioners except that regular meetings between the LSAMO and the LME are identified. The NMC has fed back to the NMC Quality Assurance Framework for the approval and monitoring of programmes for further action.

In the previous reporting year, LSA raised concerns that newly qualified midwives were being required to undertake periods of supervised practice due to incidents that had occurred in the clinical environment.

South West LSA has identified this as an issue this year. London LSA have also reported that an increasing number of midwives, within their first year of practice, were subject to a supervisory investigation and that newly qualified midwives were failing basic numeracy and literacy tests when seeking employment. It is not clear whether the newly qualified midwives trained in the reporting LSA or elsewhere. LSA have been asked to collect data on this matter to better inform the NMC approach to policy development and the quality assurance framework.

Recommendations

- LSAs should feed back to Higher Education Institutions, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives
- LSAs should monitor and report any concerns about the competency of newly qualified midwives to the NMC
- LSAs should explore collaborative working with other organisations that have a safety remit, such as the National Patient Safety Agency
- The NMC will use feedback from the supervision process relating to competency of newly qualified midwives to inform its QA monitoring of midwifery pre-registration programmes
- The NMC will ask Lead Midwives for Education to monitor and report the length of time taken and the success rate of midwives undertaking the preparation of supervisors of midwives' programmes

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

Guidance:
Please give details of any new policies related to the function of statutory supervision that have been developed in the reporting year, how they were informed and how they are accessed. Include in the section the process for reviewing and updating these policies. You are not required to enclose new policies but please provide the appropriate web-link so that the policies may still be viewed.

In January 2008, *Modern supervision in action: a practical guide to midwives* was published jointly by the NMC and the LSAMO UK Forum. This has been disseminated to all practising midwives across the UK.

Development and implementation of new policies and guidelines to support NMC requirements can be a way of identifying how proactive LSAs are in responding to issues that may have arisen either locally or nationally. Last year's reports identified more collaborative LSA working. LSAs standardised many of the policies and guidance already in existence to adopt a UK-wide approach to statutory supervision. This positive trend has continued and many of the LSA national guidelines have been updated during this reporting year and will continue into the next.

Scotland and Northern Ireland are consulting on proposals to adopt the UK-wide LSA Forum guidance. This approach will result in improved consistency of supervision of midwives for women and for midwives working in the UK.

LSA national guidelines include:

- Nomination, selection, and appointment of SoMs
- Supervised practice programmes
- Investigation of a midwife's fitness to practice
- Transfer of midwifery records from self-employed midwives
- Suspension of midwives from practice
- Confirming midwives' eligibility to practice
- Guidelines for the completion of the Intention to Practice form by a registered midwife

Local policies or guidelines include:

- Supervision for bank midwives
- Guidelines for GPs employing staff whom they require to undertake midwifery duties
- Guidance documents for unusual or rare events
- NHS East Midlands LSA suspension appeal procedure
- Guidance for the continuing professional development of SoMs
- Supervision: student midwives, return to practice and adaptation course midwives
- West of Scotland guidance for SoMs on reporting and monitoring of serious untoward incidents
- South East Scotland Consortium LSA audit process

Various models were described detailing how policies and guidelines were reviewed and updated. SoMs are personally provided with hard or electronic copies of updated guidelines as well as them being placed on local and the national LSA website.

Country	Arrangements
England	Guidelines and policies specific to statutory supervision have been updated and new policies developed. All LSAMO feed into the updating of the UK-wide guidelines.
Northern Ireland	The UK-wide guidelines have been commented on by relevant stakeholders in Northern Ireland with a move to adopt them.
Scotland	New guidelines and policies are evident across the consortia as well as the adopting of UK-wide guidelines.
Wales	One guideline has been amended in light of feedback to make the wording explicitly equate with that within the NMC *Midwives rules and standards* and to make reference to an appeals system.

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

Guidance:

Please outline the public health picture across your LSA and include the workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs and provide data to support your analysis. Include in this section how any trends may, or are, impacting on the safety and protection of women or on the learning environment for students, and what action has been taken by the LSA. Please provide a Birth Trends analysis for respective maternity services to include information related to clinical outcomes, and perinatal and maternal morbidity and mortality. If a hyperlink is more appropriate for the NMC to access this information, please place this in your report.

Please also describe the methodology used by your offices to gather this information and the personnel involved in supporting this data collection.

All LSA reports provided tabled or descriptive data about the workforce, birth trends, and the public health profile in their area. Often this was supported by hyperlinks to various websites for further detail. A number of trends were identified that are of concern as they impact on the safety of women and babies. These include:

1. Workforce

- Significant number of experienced midwives retiring in the next five years
- Significant number of SoMs retiring in the next five years
- Number of midwives retiring is more than commissioned student midwife numbers
- Suspension of maternity services due to staff sickness/increased workload
- Suspended services impacting on other maternity services resulting in high sickness/workload
- Rising birth rate without corresponding rise in employed midwives
- Major service redesigns leading to closure of some units
- Increasing high dependency care of women leading to an escalation of numbers of midwives with a specialist interest

2. Birth trends

- Rising birth rate with a widening gap between the midwife to birth ratio. A number of LSAs reporting a 5% increase over the previous year
- Caesarean section rates remain high, although many reports identify the rate is falling slowly due to the continued work on promoting normal birth

3. Public Health Profile

- Increasing immigrant/asylum seeker population resulting in language difficulties and complexity of care
- Increasing complexity of social and medical issues requiring increase in specialist midwifery roles such as those to support pregnant teenagers, women subject to domestic abuse or substance misuse, mental health needs

Many of these matters are not new and have been commented on in previous NMC and other inspecting organisations' reports. It is concerning that this picture does not appear to be improving. The NMC will be asking LSAs to develop action plans and report on progress on these. We will also take action to raise concerns about these continuing trends to appropriate organisations and governments.

Good Practice:

Yorkshire and Humber LSA feed back to maternity services following their annual LSA audits. They recommended that all 14 of its Trusts should strengthen their approach to a number of health and practice issues such as use of national guidelines. The LSA also informed nine Trusts that they needed to assess the clinical workload of midwifery staff to prevent mandatory training being cancelled and midwives working in a low risk environment being 'pulled' to cover high dependency areas.

New to this reporting year were the comments related to the age profile of SoMs with many falling into the 'near retirement' age bracket. Midwives can retire at 55 years of age. An example is the North of Scotland LSA where 21% of its SoMs are over the age of 50 years.

The rising birth rate is a trend highlighted by all LSAs except for two LSA consortia in Scotland where it appears to be fairly static. Northern Ireland has seen an increase in the birth rate of over 5% during 2007. South East Coast LSA has identified a population forecast for the region of 58,000 new homes in West Sussex by 2026 and the development of the Thames Gateway in the next 15 years. This is also an issue for the London LSA along with the regeneration of land ready for the 2012 Olympics.

Many services across the UK have undergone reconfiguration and suspension of services within maternity units (either for a short period or permanently). This has resulted in increased demands on remaining units' capacity and staffing. Some reports have identified this as a contributing factor of Serious Untoward Incidents (SUI). LSAs have been involved in the development of escalation policies for the closure of units.

These issues have an impact on the clinical learning environment for students as identified in section 6. Yorkshire and Humber and North West LSA recognised that students were not always receiving the support they required in practice because of insufficient staff as well as the increased clinical workload placed on midwives. These problems may be compounded further with the current drive from many education commissioners to increase student numbers, without necessarily understanding the impact this may have on the clinical learning environment.

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.

The processes involved for the collection of data was a challenge for a number of LSAs. This related particularly to data on public health issues, which is a cause for concern for the various government agendas across the UK. Information is often being held manually as well as electronically, either at a local or regional basis. Data is usually requested by the LSAMO at the beginning of the practice year, and contact supervisors (or similar) co-ordinate the collection of data from their respective maternity service. This is time consuming and inconsistent.

Recommendations

- LSAs should develop action plans to improve the safety of women and babies in response to any trend that impacts adversely on:
  - The safety of women and babies using maternity services
  - The ability of midwives to provide safe, quality care to women during the antenatal, intrapartum and postnatal periods
  - The ability of midwives to mentor student midwives to ensure competent applicants to the Register
- LSAs should move to an electronic method of storing supervision related data that uses a standard data set agreed by the LSA UK Forum
- The NMC will inform the relevant national inspecting organisations, authorities, health departments and government about any concerns it has about the safety of women and babies using maternity services in the UK

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

Guidance:

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

All LSAs indicated if there had been complaints about the way the supervisory framework was carried out. Seven were reported this year. Seven LSAs did not refer to their policy for investigating such complaints or how they ensured impartiality when investigating and dealing with such complaints.

West Midlands LSA	1. A complaint received this practice year against the previous LSAMO and a SoM (going back to 2004). After an investigation the allegations were not upheld. 2. A complaint received from a woman requesting that that the outcome of an NMC FtP hearing is made public by the midwife concerned.
London LSA	1. A complaint was received against a supervisory team. The investigation is ongoing at time of report.
North West LSA	2. Two complaints were received by the LSA about individual supervisors. One complaint was withdrawn when it was understood it was a management issue. In the other instance the LSA found there was no case to answer.
South West LSA	1. A complaint was received against the LSAMO. At the time of the LSA annual report being submitted the investigation was not concluded.
Yorkshire and Humber LSA	1. A complaint was made against a SoM. The allegation was upheld and the supervisor subsequently stepped down whilst undertaking some supervisory development support. 2. Two appeals were logged by midwives against the LSA decision for referral to the NMC. One appeal was not pursued by the midwife and the other appeal is still in process.
Health Inspectorate Wales	1. One formal complaint was submitted to the Ombudsman for Wales in December 2006. The investigation (identified in the last report) is not yet complete.

LSAs need to consider how they can shorten the length of time taken to complete these investigations as they are stressful for the complainant as well as for the person complained about. Even when no case is found there is likely to be useful learning for the LSA about its future approach to supervision of midwives. Information available in reports indicates that these investigations are often taking more than six months.

Recommendation

The NMC will monitor complaints made against the LSAs, their staff and the supervisory function, including length of time to conclude investigations and outcome of process as well as learning from such investigations.

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

Guidance:

Please outline what is considered a serious untoward incident and how the LSA is informed of such incidents and shared within the Health Board or 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?

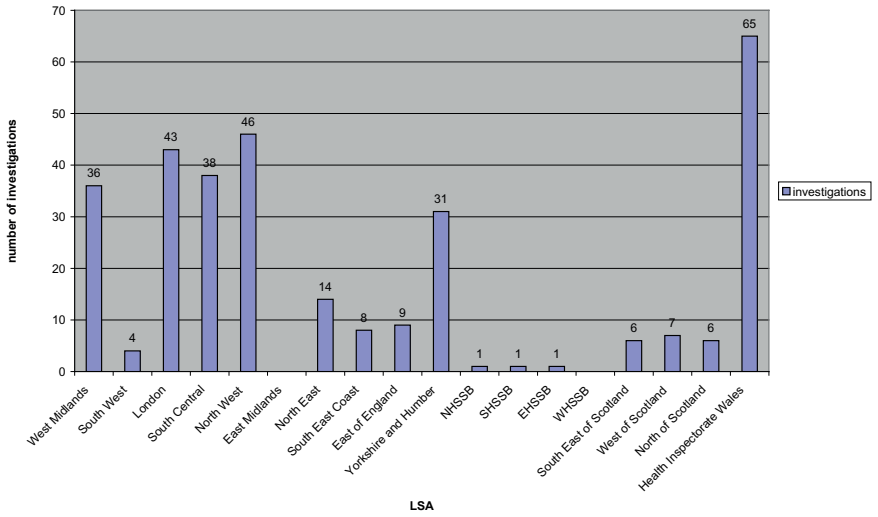
Has the LSA or LSAMO conducted or participated in any investigation or review of maternity services or been involved in any investigations by the Healthcare Commission or equivalent? Please summarise.

Please describe the mechanism by which the LSA communicates with the NMC on any matters of concern regarding midwifery practice. Include in this section any anonymous summary of any referrals to the NMC during this reporting year.

South East Coast and West of Scotland LSA Consortium have identified that reporting of serious untoward incidents was inconsistent. In response to this SoM and clinical governance leads have been reminded that they should inform the LSA about any incidents. The West of Scotland has since developed a trigger list to guide SoM in their reporting to the LSA which has led to an increase in incident reporting.

Many reports described the mechanisms for LSA investigations in detail. Some provided their policies for proceeding with a supervisory investigation and the circumstances in which an LSA-led investigation would take place. Chart 6 identifies the number of investigations undertaken during this reporting year. It is difficult to decipher from the reports how many investigations were undertaken by the LSAs and how many by SoMs, so they have been combined here. There was no data available from two LSAs. There remain significant differences in the number of investigations and this warrants further consideration.

Chart 6: Number of investigations by supervisors of midwives or LSA

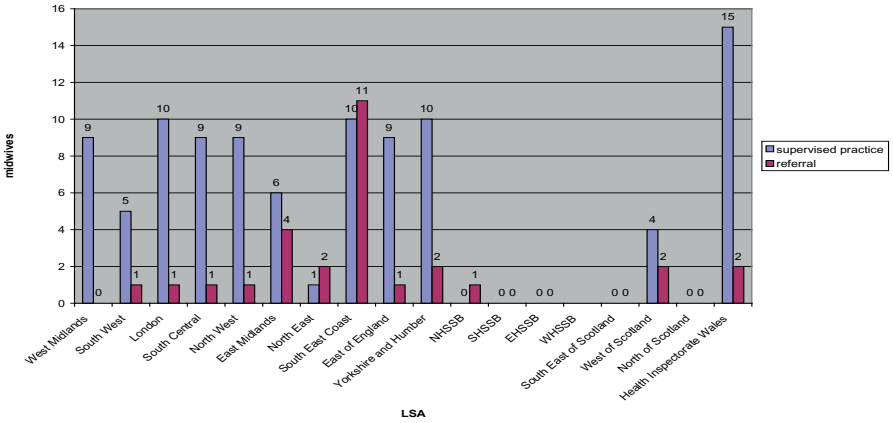


The NMC *Standards for the supervised practice of midwives* came into effect in September 2007. These were developed to ensure clarity and consistency when supervised practice is used within the midwifery profession. Supervised practice is a formal process with academic and practice learning outcomes. It aims to support a midwife to improve her knowledge and skills so she can demonstrate that she is competent in practice and may be assessed as fit to remain on the NMC Register.

The LSAMO UK Forum have subsequently reviewed and updated their guidelines related to supervised practice for midwives.

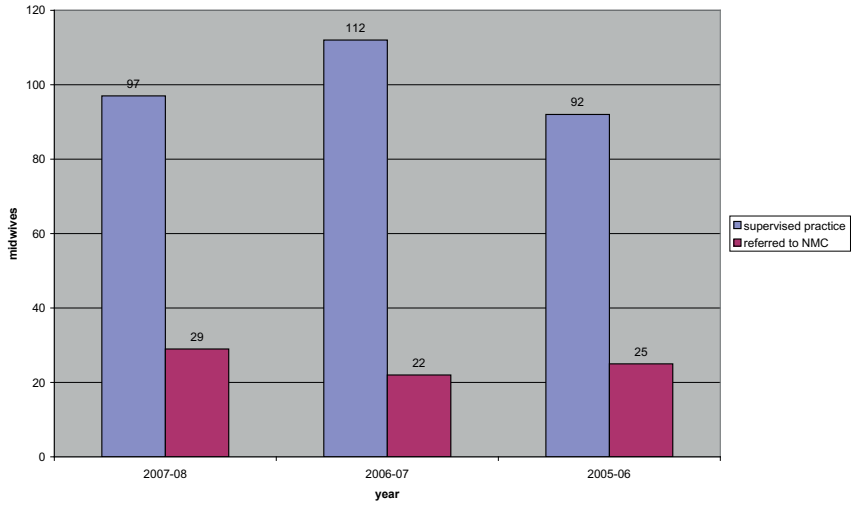
Chart 7 identifies the number of midwives undertaking a period of supervised practice or referred to the NMC and Chart 8 shows the total number of midwives undertaking supervised practice or referred to the NMC in the past 3 years. Four LSAs did not provide this data.

Chart 7: Number of midwives undertaking supervised practice or referred to the NMC as of March 2008



As can be seen from this data, the use of supervised practice and the level of referral to the NMC remains variable across LSA from a range of 4 midwives in the West of Scotland to 15 midwives in Health Inspectorate Wales. Consideration has to be given to the birth activity and relevant numbers of midwives in each LSA. No conclusion can be given at this point as to what the most appropriate approach might be, however, the NMC will explore this as part of its review of LSA being planned for 2009.

Chart 8: The total number of midwives undertaking supervised practice or referred to the NMC during the past 3 years



The responsibility for overseeing the supervised practice process sits with the LSA. One of the key aspects of an effective supervised practice programme is the degree to which service and education provide an integrated approach that addresses the education and clinical practice needs of the midwife.

Good Practice:

The London LSA described an example of collaboration to support a self-employed midwife to undertake supervised practice in her 'usual care environment'. The midwife had the support of her named SoM, a named educationalist and a sign-off mentor provided by the NHS Trust. Another self-employed midwife was identified as a practice mentor by the LSAMO to ensure supervision of the midwife's practice at all times. The programme was completed successfully and is seen as an example of best practice where good working relationships exist between all sectors to facilitate such programmes in an alternative setting to the NHS.

Where supervised practice was the outcome of an investigation, LSA reports provided a list of the main areas of practice that were of concern. In a few cases, such as South Central LSA, comprehensive information was provided that added richness to their report. The consistent practice issues are:

- Poor interpretation of CTG or fetal heart
- Poor or incomplete record-keeping
- Drug administration errors
- Decision-making
- Inappropriate communications and attitude
- Substandard care
- Lack of urgency when referring to the obstetric team
- Lack of assertion when wanting to refer
- Poor peer or multidisciplinary working
- Lack of insight into professional accountability

LSA provided good evidence of steps taken to address these issues, however, it remains that the practice issues found remain consistent from year to year and between reports from a number of organisations. This may indicate that a wider systemic approach to safety in maternity services is needed.

The NMC has reviewed and consulted on its standards for pre-registration midwifery education in the light of past reports. The programmes now include mandatory skills clusters that all student midwives must become competent in by the time they qualify. These *essential skills clusters* have to be included in all pre-registration midwifery programmes approved after September 2008. Programmes approved before this date must be compliant by 1 September 2009. These include:

- Sharing clear, accurate and meaningful information with women
- Confidentiality
- Enabling women to make choices based on evidence-based information
- Consent and respect of women's rights
- Treating women with dignity and respect
- Working in partnership with women
- Provision of sensitive and compassionate care
- Working confidently within a multiprofessional team
- Working collaboratively with other care professionals
- Management of labour
- Keeping accurate records
- Breastfeeding support
- Administration of medicines

Good Practice:

Yorkshire and Humber LSA has bid for some monies to put awareness training for Labour Ward Co-ordinators in place, as nine out of its 27 supervisory investigations were related to labour wards.

There were a small number of cases where midwives did not take up supervised practice either due to sickness or absence. These midwives, on their return to work are required to undertake the supervised practice. Midwives who resign from their post before undertaking or completing a programme have been referred to the NMC.

There is increasing difficulty where employers dismiss midwives for poor practice against the advice of the LSA. This means that remedial action through use of supervised practice may become impossible and a potentially redeemable midwife has to be referred to the NMC. West of Scotland LSA Consortium gave an example of two midwives who were dismissed from employment before being able to undertake the LSA's recommendation of supervised practice. Following extensive attempts to find a placement for the midwives to undertake their supervised practice elsewhere, none were found, so the midwives were referred to the NMC.

Where system failures were identified as an outcome of supervisory investigations, LSA action plans were put in place and monitored to make certain they were addressed.

Health Inspectorate Wales LSA investigated one maternity service that had reported 18 clinical incidents in three months. The outcome of the investigation was that although the incidents were unavoidable, there were weaknesses. An action plan has been developed to address the findings. Health Inspectorate Wales LSA has also been involved in supporting a maternity service under special measures which resulted from a review by the Health Care Commission Wales where failings in learning lessons and poor clinical governance structures were found. It is of concern that the NMC has not been made aware of these special measures until receipt of the annual report.

Recommendation

- LSAs should explore working with organisations that have a safety remit, such as the NPSA in order to address the concerns raised in relation to poor practice

Conclusions

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. All reports received this year provided information about the LSA compliance with rule 16 of the *Midwives rules and standards* during practice year 2007-8 and it is of note that all completed audits of their local maternity services.

The contents of these LSA reports provide evidence that a robust approach to supervision of midwives that is shared and valued by maternity service providers as well as LSAs can protect women and babies from harm. As well as acknowledging the many challenges that LSAs have in carrying out their statutory function, there were numerous examples of good practice especially where SoMs have enhanced the practice of midwives in order to provide safe care for women and babies.

There remain challenges for maternity services across the UK to improve midwifery numbers and woman-centred midwifery practice that LSA are well placed to support.

It was evident that many LSAs have put a large amount of time and effort into making sure that users of the service were being involved in the auditing of the supervisory function. Where this was still not happening, for various reasons, action plans were in place to address this. The way forward lies in more collaborative working between LSAs and all agencies and professions involved in the provision of safe midwifery care.

Communication between LSAs and the NMC has improved overall, however, it is not in the interests of public protection for LSAs to wait until they submit their annual report to inform the NMC if there are serious concerns about a maternity service in their area.

The NMC would like to thank the Local Supervising Authorities for the open and transparent information provided within their reports to the NMC which has enabled the production of this third report to Council for the 2007-08 practice year.

Summary of Recommendations

Recommendations for LSAs

1. LSAs should have a robust planning and recruitment strategy to ensure that there are enough supervisors of midwives to meet requirements and enhance safety and support for women and babies using maternity services.
2. LSAs should audit response times from supervisors of midwives to requests for advice from midwives in challenging situations.
3. LSAs should provide details of action taken and evidence of progress in response to risks communicated to them by the NMC.
4. LSAs should feed back to Higher Education Institutions, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives.
5. LSAs should monitor and report any concerns about the competency of newly qualified midwives to the NMC.
6. LSAs should explore collaborative working with other organisations that have safety remit, such as the National Patient Safety Agency.
7. LSAs should develop and report on action plans in response to any trend that impacts adversely on:
   - The safety of women and babies using maternity services
   - The ability of midwives to provide safe, quality care to women during the antenatal, intrapartum and postnatal periods
   - The ability of midwives to mentor student midwives to ensure competent applicants to the Register
8. LSAs should move to an electronic method of storing supervision related data that uses a standard data set agreed by the LSA UK Forum.
9. LSAs should explore working with organisations that have a safety remit, such as the NPSA in order to address the concerns raised in relation to poor practice.

Recommendations for the NMC

1. The NMC will advise LSA on the content of their annual report for practice year 2008-9 by 31 January 2009.
2. The NMC will use feedback from the supervision process relating to competency of newly qualified midwives to inform its QA monitoring of midwifery pre-registration programmes.
3. The NMC will alert the relevant national inspecting organisations, health authorities, health departments and government to any concerns it has about the safety of women and babies using maternity services in the UK.
4. The NMC will issue alert letters to relevant Health Authorities, inspecting bodies and Departments of Health about any concerns relating to numbers of supervisors of midwives in LSAs.
5. The NMC will ask Lead Midwives for Education to monitor and report the length of time taken and the success rate of midwives undertaking the preparation of supervisors of midwives' programmes.
6. The NMC will monitor complaints made against LSAs, their staff and the supervisory function, including length of time to conclude investigation and out come of process as well as learning from such investigations.

Appendix 1: Progress on recommendations for the NMC in previous report 2006-07

The Nursing & Midwifery Council will:

1.	Publish the findings of the report on the NMC website	Complete
2.	Continue to use the data from the annual reports to furnish the NMC assurance framework for reviewing LSA	Complete and 6 LSAs identified for review
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 women and babies are protected	Review of the *Midwives rules and standards* commenced and this is being asked as part of the review
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 LSA about requirements for the 2007-08 LSA annual report to the NMC	Ongoing
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	Reporting template issued to all LSAs to standardise the information received
6.	Consider developing a standard reporting template in order to assist in the consistency of report writing	Complete
7.	Consider, in collaboration with the LSAMO Strategic Reference Group, returning to the original submission date, in order for Council to receive the composite report by the end of the calendar year	Date to be reviewed as part of the NMC review of the *Midwives rules and standards*
8.	Explore, in collaboration with the LSAMO Strategic Reference Group how to facilitate a more even spread of supervisors to midwives across a geographical area rather than within service structures	The NMC is raising this as a question in the supervisors of midwives roadshows being held during 2008-09
9.	Monitor, in collaboration with the LSAMO Strategic Reference Group, any impact the rising retirement and resignation of supervisors of midwives may have on the practice of midwives and safety of women and babies	Actioned. This information is being fed into Midwifery 20:20.
10.	Maintain links with Lead Midwives for Education and the Head of Quality Assurance at the NMC regarding the monitoring of students being fit for registration	Ongoing

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This document was first published in December 2008. All photography is used with permission of the Mother and Baby Picture Library.