



**Local Supervising
Authorities of London**

ANNUAL REPORT

APRIL 2006-MARCH 2007

Suzanne Truttero Midwifery Officer

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Executive Summary

The Nursing and Midwifery Order 2001 identifies Health Authorities in England & Wales as the Local Supervising Authority (LSA). Within the Order each LSA has a statutory responsibility to:

- Exercise general supervision in accordance with the secondary legislation in the Midwives Rules & Standards (2004)
- Report to the Nursing & Midwifery Council (NMC) a midwife where fitness to practice is impaired
- Suspend from practice a midwife where the Midwives Rules have been contravened as determined by the Midwifery Officer

The LSA appoints a Midwifery Officer (LSAMO) who has the qualifications prescribed by the NMC to exercise supervision over the 5,000 midwives who practice in London. The Midwifery Officer ensures that the 54 standards contained within the Midwives Rules are fulfilled. Rule 16 requires the Midwifery Officer to submit a written report to the Nursing & Midwifery Council by 30th September each year, the structure of which is prescribed.

The Midwifery Officer has developed a self assessment tool in relation to the NMC Standards which appears at the end of this report demonstrating the LSA fulfilment of the 54 standards. The Heads of Midwifery in London provide the Midwifery Officer with clinical activity and workforce data which demonstrates a 5% increase in clinical activity across London with a corresponding 3% reduction in the midwife vacancy rate for the period 1st April 2006-31st March 2007. 20% of all the births that occur in England & Wales take place in London. Over the past 5 years there has been a 17% increase in clinical activity within our maternity services.

Every midwife is required to have a named supervisor of midwives. Supervisors of midwives are appointed by the Midwifery Officer on behalf of the LSA and are required to undertake a prescribed period of academic preparation prior to appointment. They are chosen by their peers and have credibility within the midwifery profession. The statutory framework of supervision of midwives plays an important role in the safe provision of maternity care and interfaces with the governance structures within healthcare organisations. Supervisors of midwives are available to midwives to provide support and guidance and advise local maternity services on the future requirements in relation to the midwifery workforce. There has been an 8% increase in the number of midwives practising in London. This should not be confused with the whole time equivalent value within an organisational establishment. There has been a corresponding increase in the number of midwives engaged in midwifery practice on a full time basis with an increase of 4%.

The framework for the statutory supervision of midwives provides a mechanism for support and guidance to midwives. As this report demonstrates, it facilitates the public in the access and choice of a maternity service contributing to a safe standard of care for mothers and babies.

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LSA Midwifery Officer's Report

1.0 Introduction

This is my seventh LSA annual report for London which covers the period April 2006 to March 2007, and is the first report following the merger of the five Strategic Health Authorities (SHA) into a single Strategic Health Authority for London. The shadow SHA has operated since July 2006 and Ruth Carnall CBE was appointed as CEO in March 2007.

Following the merger the LSA office was relocated to:

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There are 27 NHS Trusts, two private hospitals and HMP Holloway, employing midwives, and a number of self employed midwives providing midwifery care outside the NHS. All maternity services were audited against the LSA standards for statutory supervision, with seven services requiring a return visit. This emerging trend is further reported on in Section 2.4. of this report.

Media attention was focused on maternity services in North West London when special measures were imposed by the Healthcare Commission on one Trust with the NMC placing constraints on the education of student midwives. Following considerable investment in maternity services, special measures were lifted in November 2006. The Nursing and Midwifery Council have yet to report the outcome of their return visit made in February 2007. The LSA autumn conference focused on 'the lessons learnt' with the sharing of innovations introduced to support midwives and students in the provision of a safe maternity service.

Attention has also focused on three other maternity services and this has required considerable investment of time from the LSAMO and supervisors of midwives engaged on a consultancy basis.

I was appointed co-chair of the group establishing National Standards for Maternity Services, this report along with the London Maternity Service Review and the DH publication 'Maternity Matters' promoting choice, access and continuity of care will together inform future strategies for London maternity services in the coming year.

This is the last year that clinical activity will be reported by five Strategic Health Authorities and will in future be reported on a London wide basis. Clinical activity for this reporting year is to be found in Section 2, supported by appendices 7 and 8.

2.0 LSAMO report

“There are differences between the role of an employer and the role of a supervisor of midwives and the Local Supervising Authority (LSA). Local Supervising Authorities appoint supervisors of midwives to monitor on behalf of the authority, the practice of midwives against the standards set by the Nursing and Midwifery Council (NMC) with the aim of ensuring safe practice for protection of the public.

The supervisor of midwives’ role includes supporting midwives to develop and improve practice. They give advice to individual midwives and/or their employers when additional support is needed for a midwife to ensure safety for the public. Supervisors of midwives and the Local Supervising Authority also have roles in ensuring the environment of care is safe.” (NMC 2007)

This report sets out ways in which the Local Supervising Authority Midwifery Officer and the teams of supervisors’ of midwives have monitored the practice of midwives and the environment of care against the NMC Midwives Rules of which there are 16 and standards of which 54 criteria apply to the Local Supervising Authority, with the expressed aim of ensuring safe practice for protection of the public in London.

2.1 Publication of the report

A copy of the report is signed off by the SHA Chief Executive; and sent electronically to the NMC on the last working day of September following which 350 hard copies are distributed as follows:

Chairs of Local Maternity Services Liaison Committees (MSLC), Lead Midwives for Education, course leaders of supervisors of midwives preparation programmes; Commissioners of maternity services in London, all current supervisors of midwives, Heads of Midwifery and Directors of Nursing.

The report is placed in the public domain on the London LSA website www.midwife.org.uk and the NMC website.

Previous reports have generated considerable interest with positive verbal and written feedback. It is utilised as a resource in a variety of ways by the maternity services and educational institutions. Data taken from these reports have contributed to the reviews mentioned in the introduction of this report and have been quoted or reproduced in these publications.

2.1.1 Targets for 2006-07

A self-assessment tool for monitoring the performance/output of the LSA Midwifery Officer in the context of the NMC standards for LSA was developed. This encompasses qualitative and quantitative data that provides information regarding the extent to which the standards were met (see appendix 20). All standards apart from one were met. As in last years report, the NMC recommended ratio of 1:15 supervisor to midwives to midwives was not achieved. A ‘snap shot’ on 31st March 2007 shows a pan London ratio of 1:18.

Other targets for this reporting year were achieved and there has been strengthening of the interface between the LSA and other external agencies leading to greater cooperation and communication.

From 1st April 2006 the new process for auditing the LSA standards was further developed, peer review was the model used with target sampling. The proposal for a pan London survey of midwives and students views required multiple site ethical approval, so views are elicited by the audit team accompanying me in face to face discussions with a representative sample of students and midwives working on that day.

A Skills Development Workbook based on the NMC Standards and competencies for a supervisor of midwives has been developed in conjunction with the University of Hertfordshire, which has been adapted for preceptorship of newly qualified supervisors of midwives. Experienced supervisors of midwives are currently testing the workbook and using it as a benchmarking exercise to provide feedback to the authors. The preceptorship package will be made available on the website when piloting is completed. It is proposed that in the next reporting year all supervisors of midwives will undertake this benchmarking exercise the outcomes from which will inform the professional development programmes for supervisors of midwives.

2.1.2 Targets for 2007-2008

1. Review the process for the nomination of potential Supervisors of Midwives.
2. Centralise funds for supervisors of midwives preparation courses in an attempt to improve the ratio of supervisors to midwives and to consistently work within the NMC recommended ratio of 1:15.
3. Roll out the skills development workbook for the preceptorship of newly appointed supervisors, benchmarking against NMC standards and competencies for existing supervisors and the preparation and updating of them in readiness for the mentoring of student supervisors enrolling on the newly validated programmes.
4. Secure funding for the reimbursement of service users to contribute to supervisory activities in line with the DH publication Reward and Recognition 2006.
5. Revise guidance advice and practises following the expected publication of the NMC Standards for the supervised practice of midwives and a review of the Midwives Rules and Standards.
6. Development of risk assessment documentation for the LSA function.
7. Explore the feasibility of expansion of the LSA database to provide a common core for the UK.
8. Develop a Business Case to ensure adequate resources for the continued effectiveness of the LSA function within London.

2.2 Number of supervisors of midwives, appointments, resignations, and removals.

Table No. 1 (2006/7)

Number of Midwives	*SOM Number	Appointments	Resignations	Leave of Absence
4985	268	28	23	13

*The SOM numbers include five who are supervisors in two maternity services and one who is a supervisor in three during the reporting year. Where for one reason or another the need for additional supervisory investment was identified in particular services, these supervisors provide cross-boundary supervisory support.

Table No. 2 (2005/6)

Number of Midwives	*SOM Number	Appointments	Resignations	Leave of Absence
4590	269	34	22	15

It can be seen that the status quo of last year has prevailed and the achievement of the recommended NMC ratio of supervisors to midwives continues to be a challenge in London. There is evidence again this year of midwives successfully completing the preparation course and leaving London before or soon after appointment as a supervisor having gained promotion elsewhere.

During the reporting year interviews were held each month. Of 42 (46) midwives interviewed 31 (38) progressed to a preparation course at one of the four HEI providers for London, figures for the previous year are given in brackets. For a variety of reasons e.g. the timing of courses, problems with a Trust releasing all its candidates at one time, etc. The majority of those interviewed will not complete preparation courses and be appointed as supervisors in this reporting year.

This year there were some worrying signs of a change in culture in some workplaces where midwives had nominated themselves, having met the criteria for selection as a potential supervisor, but not supported by their peers following the ballot process. This had a negative impact on the number of midwives willing to undertake the supervisory preparation programme. This together with anecdotal reports of unprofessional behavioural issues associated with the balloting process leads me to conclude that the nomination process should be radically revised. This will be a priority for me in the next reporting year.

The London position on the 31st March 2007 demonstrates an average ratio of caseloads across London of 1:18 in comparison to last year's figure of 1:17. 150 supervisors had a caseload of more than 15 midwives and the greatest number in a caseload was 40. 89 supervisors had a caseload of less than 15 and of these 21 had a caseload of less than 10 midwives. A variety of reasons have been cited for the variation in the size of caseloads, these include pro rata numbers for part time supervisors; supervisors having reduced caseloads during their preceptorship period; accommodation of midwives' choice is a contributory factor; some supervisors have an additional caseload of midwives who work outside the NHS thus increasing their total number e.g. NMC, RCM, DH, HEI and those in independent practice. An

important factor influencing the size of supervisory caseloads is that a number of supervisors take responsibility for supporting cohorts of student midwives and this is not reflected in the size of the individual supervisory caseload.

The supervisor to midwife ratio is not necessarily an indicator of the quality of supervision. Audit of LSA standards demonstrated strong leadership and innovation through supervision in spite of caseloads greater than the 1:15 recommended. Conversely there were instances that gave me cause for concern even where the supervisory ratio met that recommended by the NMC.

2.2.1 Professional Development of supervisors

There has been continued investment throughout the year in the professional development of the supervisory teams. External consultant Supervisors of Midwives have been made available to support new supervisors in the undertaking of investigations, and report writing. Group workshops have continued in response to a recognised skills deficit.

External facilitation has continued to be provided this year to assist supervisors in team building, conflict management and leadership. For some supervisory teams this was capitalised upon by providing them with opportunities for sharing innovation as speakers and presenters at local and national conferences.

The LSA spring conference this year took as its theme 'Experience from the Field' and gave opportunities for the sharing of good practice. The autumn conference was dedicated to 'Special Measures - Threat or Opportunity' focusing on the lessons learnt from the service where special measures had been imposed. This conference in particular was over subscribed, so as a result of its popularity and excellent evaluations it was agreed to repeat the theme for next year's spring conference. Please see Appendix 3 for conference programme details.

The team of supervisors from the service which had been subject to special measure accepted an invitation to share their experiences from the platform at the National LSA Conference in Nottingham. There was much interest in the systematic system for planning and reviewing of midwifery care in labour, which they had introduced as a result of Special Measures.

In order to target individual professional development of supervisors in the future a skills portfolio will be rolled out next year for all supervisors of midwives to undertake benchmarking against the NMC competencies for the statutory supervision of midwives. An action plan for each unit will then be used to target identified deficits to inform professional development of supervisors for the coming year. Funding through the SHA business planning process will be necessary to achieve this.

2.3 Access to Supervisors of Midwives

All midwives, regardless of employment status, have access to a supervisor of midwives through published 24 hour on-call rosters. There is scope for midwives to have a named supervisor of their choice and access to others who may have different areas of expertise. Supervisory caseloads are reviewed on an annual basis and midwives may change their supervisor subject to the size of the caseload.

Student midwives are supported through statutory supervision and each cohort is allocated a named supervisor with whom they engage in group supervision and structured reflection. In the practice areas student midwives have access to all

supervisors in the same way as midwives. Student midwife cohorts are not included in a supervisors caseload as they are not registered midwives and do not require statutory supervision. They are however required to be exposed to the positive benefits of statutory supervision during their training.

At the annual audit of LSA standards all supervisory teams had met the criterion related to access to them. Supervisors reported that midwives frequently called them to request advice about managerial issues on the occasions when a non-midwife manager was on call.

Midwives reported favourably on the access and the support they received from their supervisors as did student midwives.

2.3.1 Communication networks with supervisors of midwives.

Quarterly meetings are held with contact supervisors of midwives from each maternity service, notes from which are made available to all supervisors of midwives. Between meetings information is disseminated electronically for cascading to all members of the supervisory team.

All supervisors of midwives have a direct link with the LSAMO via telephone and e-mail. Face to face meetings are held annually and during audit meetings when PREP issues are discussed. Telephone and e-mail advice and guidance, is also available from supervisors of midwives who support the LSA function.

The LSA conferences provide an opportunity to meet with the supervisors in an informal setting, and provides a forum for exchange of experiences and the cascading of good practice with colleagues.

2.4 Details of how the Practice of midwives is supervised

All registered midwives are sent a pre-printed 'Intention to Practise' (ITP) form by the NMC. On commencement of practice and annually thereafter, each midwife submits an ITP form to her/his named supervisor of midwives who must sign it confirming that a meeting between them has taken place during the year. At this meeting an annual review of practice is undertaken and professional development needs identified related to their sphere of practice. An action plan is agreed and records are maintained on the LSA database.

Opportunities for structured reflection on practice led by supervisors of midwives have continued and are appreciated, especially by the student midwives. Midwives are more frequently reporting difficulties in attendance at these sessions and at 'skills and drills workshops' due to workplace pressures. Some supervisory reviews and investigations are revealing similar difficulties with the Trusts mandatory training sessions for midwives.

"It is important that a LSAMO is aware of incidents, within a maternity service, where actual or potential harm has occurred to a woman and/or her baby when midwifery practice is involved" (NMC 2004).

On occasions I was not notified of all serious incidents or such information was not received in a timely fashion. A facility for supervisors to record an SUI report has now been added to the LSA database and this will enable me to make an earlier response to such incidents and initiate local investigation and any action required.

One of the five LSA standards is concerned with midwifery practice and compliance with all criteria is subject to, scrutiny by me and the audit team at the annual visit. All of the evidence supporting this standard is verified and triangulated through discussion with midwives and students and on occasions with service users.

2.4.1 LSA Audit process

An NMC Standard supporting Rule 13 requires the LSA Midwifery Officer to complete an annual review of practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.

The process for the audit of the LSA standards takes a self/peer review approach on an annual cycle with a self assessment being sent to the LSA Midwifery Officer containing the listed documentary evidence in support of each of the criteria of the five standards. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power creating awareness of personal accountability.

Every year a full review of practice and verification of evidence takes place by the LSA audit team comprising the LSA Midwifery Officer, a user representative from the MSLC when possible, external supervisors and a student supervisor of Midwives.

The audit team meets with the supervisory team at the commencement of the day to discuss the outcome of their self-assessment, the current strategy for supervision and progress made on their action plan for the previous year. The team holds discussions with a representative cross sample of midwives and with student midwives focusing on their current views of supervision and practice. Outcomes from these discussions form part of the triangulation process used in the verification of the evidence presented in support of achievement of the LSA standards.

In addition to the full annual site reviews the LSA Midwifery Officer may make early/additional visits as a result of the evidence received from the peer/self audit report or other concerns raised through existing channels of communication.

Verbal feedback is provided to the supervisory team on completion of the audit and this is followed with a written report sent to the Contact Supervisor of Midwives within four weeks.

Following publication of the audit report the supervisory team review the strategy for supervision and develop a new action plan, thus completing the cycle.

2.4.2 Trend analysis from audit report

The following are the emerging themes identified as applied to each of the LSA standards

[Supervisors of Midwives are available to offer guidance and support to women accessing maternity services that are evidence based in the provision of women centred care.](#)

This standard was the one most consistently achieved. Much work has been done in promoting women centred care with a focus on normality. There was evidence of a variety of innovations led by supervisors including VBAC clinics run by midwives, discrete birth centres or ward areas designated for midwife led care and promotion of home birth.

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

16 services did not meet 2.1 (ratio) on the day of their audit. Very few Trusts offer financial remuneration as recommended by the RCM and midwives stated they were unwilling to assume the extra responsibility without reward. Another factor is the high mobility of Supervisors of Midwives in London. It appears that the professional development associated with SOM preparation not infrequently leads to promotion opportunities in other services, often outside London.

Table No. 3

Number of Midwives/Supervisors by Authority as at 31st March 2007			
Health Authority	Number of Midwives	Number of Supervisors*	Supervisor ratio (Midwives/SOM)
North Central	846	51	16.59
North West	1258	67	18.78
South East	1115	58	19.22
South West	798	41	19.46
North East	968	46	21.04
Total	4985	263	18.95

Note: *Four supervisors practise in more than one Trust.

From the table it can be seen that on the 31st March 22 services did not meet the NMC recommended ratio and the caseload of supervisors was in excess of fifteen.

In the majority of Trusts designated time for supervision was provided however there was reported difficulty in taking this time due to the competing demands of the clinical area. This applied to midwives as well as supervisors when they could not be released for annual reviews and mandatory updating at appointed times.

Generally midwives and students reported very positively about the support in practice from supervisors of midwives.

Supervisors of midwives provide professional leadership and nurture potential leaders.

Whilst there was evidence of innovations led by supervisors it pertained to a minority of individuals and this is an area where succession planning is called for.

Work is being undertaken to develop a skills book to be utilised during the preceptorship period of newly appointed supervisors. Consideration is also being given to existing supervisors benchmarking themselves against the criteria and any deficits identified will be addressed through professional development programmes.

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

During discussion with student midwives it was reported that there were insufficient mentors/assessors who have been prepared for the role in a number of Trusts. The NMC published standards to support learning and assessment in practice and from

September 2007 Trusts must maintain a register of active mentors and I am exploring how supervisors may monitor eligibility of midwives to undertake this role.

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

This year there was evidence of closer alignments of statutory supervision to the Trusts Clinical Governance Teams. It is becoming more common for supervisors to be named members of the maternity Governance framework and its sub groups.

When meeting with midwives and students there was, in some services, a perceived lack of information sharing at grass root level particularly in services where major reconfiguration was being considered. This perception may be associated with them reportedly having no time to attend meetings.

Concerns about lack of capacity were frequently cited with the need to suspend services. On occasions, suspension was indicated but not possible as other services were unable to accept labouring women, and there were fears of 'things going wrong' if care in labour was compromised.

There was also a reported lack of feedback from clinical risk reporting and trend analysis to inform practice. Again it was reported that there was no time to attend meetings where this information was cascaded. Similarly midwives said they do not have time to attend structured reflection linked to incident reporting and facilitated by supervisors of midwives.

2.4.3 Return visits

Of the thirty services audited this reporting year eight have required a return visit as a result of the deficits identified in achievement of the LSA Standards. Action plans to address these deficits were put in place and in some services additional resources were found to support the supervisory teams. This is a new trend and may be a symptom of the heavy demands on the supervisors at a time of high service activity. This has impacted on their ability to be released from clinical commitments to undertake their supervisory activities, coupled with the fact that the ratio of 1:15 has not been achieved /sustained in these Trusts.

2.4.4 Special Attention

Throughout this reporting year, four maternity services gave rise to concern and required significant additional investment of my time and external resources.

Maternity Service 1

Special measures were imposed for most of this reporting year. During this period I attended weekly meetings with supervisors of midwives constructing an action plan and regularly reviewing progress to address recommendations made in the reports of the Healthcare Commission (HCC) and the Nursing and Midwifery Council (NMC). External consultants provided additional support to the supervisory team.

Along with various experts appointed for a fixed term following implementation of special measures, I attended meetings with the North West London Strategic Health Authority Performance Management Team overseeing implementation of HCC recommendations.

A substantial financial investment was made to upgrade the physical environment of care and work was completed early in 2007. A successful recruitment plan resulted in the appointment of additional midwives.

The HCC made a return visit to monitor progress and I am pleased to report that special measures were lifted. The HCC will be making a further visit in September 2007.

Following lifting of special measures the NMC visited the Trust in February 2007 to monitor progress against their recommendations and to consider the feasibility of the admission of new cohorts of student midwives. At the end of this reporting year we await the decision of the NMC Council regarding the outcome of this visit.

There was collaboration with the HCC and NCGST (National Clinical Governance Support Team) to provide team development, conflict resolution and individual mentoring.

The management team introduced a Balanced Scorecard for maternity services. This facilitates weekly scrutiny of benchmarking criteria with scores alerting managers to where the service was failing to reach the required standard.

Maternity Service 2

Trend analysis from supervisory investigations of perinatal incidents revealed recurring themes year on year. Improvements made following recommendations appear not to have been sustained. Following my discussions with the SHA and Trust officers an action plan has been developed and an expert Clinical Governance support team has been brought in to assist in driving the necessary improvements forward.

External supervisors of midwives are supporting the supervisory team and report progress directly to me. I continue to attend regular meetings with the supervisors of midwives and Trust executives.

Maternity Service 3

Issues regarding capacity and skillmix raised concerns, when the maternity service was transferred to a new hospital with a new senior management team. It soon became clear that competing demands of the services were in excess of the building's physical capacity, and that the situation would be compounded by the demand for maternity services predicted with the development of the Thames Gateway.

A review of the maternity services has been undertaken and is soon to report.

Maternity Service 4

Towards the end of this reporting year, following a Trust investigation of a serious untoward incident that highlighted amongst its findings non-compliance with NMC and LSA standards I am in the process of instigating a LSA review. An action plan for Supervisors of Midwives has been developed.

2.4.5 Investigations by Supervisors of midwives

Table No. 4

Profile of midwife	Practice Issues	Action	Outcome
NHS employed	Breach of Rule 6	Supervised practice	Ongoing
NHS employed	Competency	Supervised practice. Did not meet learning outcomes	Referred to NMC FPC
NHS employed Qualified <2 years	Competency	Supervised practice. Did not meet learning outcomes	Referred to NMC FPC
NHS employed	Breach of Rules & Code of Conduct	Supervised practice recommended	Believed to have left UK. No ITP submitted for >1 year. Alert flag on LSA database.
NHS employment	Breach of Rule 6	Supervised practice.	Ongoing
NHS employed	Competency	Supervised practice.	Satisfactory completion
Private sector	Competency –inability to apply theory to practice	Supervised practice in NHS	Satisfactory completion – now on supported practice in place of employment
Agency employed	Breach of Rules & Code of Conduct	Supervised practice. Did not meet learning outcomes	Referred to NMC FPC
NHS employed	Competency	Supervised practice.	Satisfactory completion
NHS employed	Competency	Supervised practice.	Satisfactory completion

Of the five supervised practice programmes reported as still ongoing in the last report, three midwives successfully completed their programme, one was referred to the NMC Fitness to Practice Committee and one employed through an NHS bank 'disappeared' and has not submitted ITP this year. An alert flag is recorded on the LSA database should an ITP be submitted by this midwife in the future.

2.4.6 Emerging themes

As reported last year, competency issues continue to be identified particularly in relation to the planning and review of care, judgement and decision making, CTG interpretation and record keeping.

In a number of reports system failure was a key factor. These include: physical capacity issues leading to delay in intervention and labouring women being cared for outside of the delivery suite; and inadequate midwife ratios for the level and complexity of clinical activity.

The investigations revealed that in some instances there was inadequate orientation to a new area of work and failures in maintaining the schedule of mandatory training particularly CTG interpretation.

These trends are being monitored at the annual audit of LSA standards. I am encouraging the use of systematic planning and review of care as introduced at Northwick Park Hospital and presented by the supervisors at a national conference.

Enhancements were made to the LSA database in June 2006 to facilitate data collection pertaining to supported practice recommended by supervisors of midwives following investigation of clinical incidents. Thus trend analysis will be possible in the future as is currently the case for supervised practice. Since that date eleven episodes of supported practice were recorded and nine have successfully completed and two are continuing as at the 31st March 2007.

2.4.7 Developments in statutory supervision that enhance public protection

A number of innovations have been introduced to enhance public protection in particular the expansion of fields on the LSA database.

Alert notification of, for example, missing mothers can now be recorded on the database. The weekly export of data to the NMC provides greater accuracy and timely exchanges. Additional fields, in addition to the existing flagging up facility as reported above, have been added this year to provide me with more timely notifications from supervisors of midwives, for example notification of serious untoward incidents (SUI).

It is possible to track a midwife's movements in London. An example of this was in relation to a potential source of infection. Further enhancements to the LSA database are in the planning stages to provide a common core of information for all LSA who use the database.

This year has shown much closer collaboration between supervisory teams and the Clinical Governance Board in Trusts. Joint investigations and action plans have enabled both deficits in the practice of individuals and system failures to be addressed more efficiently.

Following the successful implementation of a systematic approach to planning and reviewing midwifery care in one London maternity service, other units are introducing this approach with the aim of improving judgement and decision-making skills especially when caring for women in labour.

2.5 Service user involvement in Supervisory Processes

As reported in previous years, difficulties continue in engaging service users in a meaningful way in annual audit of LSA standards. However, supervisors report that service users attend labour ward forums and supervisory issues are explored there from time to time.

The principles and practice of service user payment and reimbursement in health and social care is set out in 'Reward and Recognition' (DH August 2006). I shall be making this one of my specific targets for the next reporting year and continue to explore with the SHA how monetary reward may be made to service users for inputting into supervisory processes.

2.6 Engagement with Higher Education Institutions

Following the NMC publication of Standards for the preparation and practice of supervisors of midwives (2006) I was involved with the development and validation of new programmes at the four HEI providing preparation courses for London:

Kings College London University
Thames Valley University

Five courses are commissioned each year with two intakes at KCL and one annually at the other three. I participate in the teaching on all courses and contribute at programme development teams. In addition I facilitate alternative experiences for student supervisors if difficulties arise in providing such in their local service.

In conjunction with the University of Hertfordshire the Skills Development Workbook based on NMC Standards for the preparation and practice of supervisors of midwives was adapted for use as a skills portfolio in the preceptorship period of newly appointed supervisors of midwives.

In preparation for the mentoring and assessing of student supervisors (NMC Standards to support learning and assessment in practice 2006) experienced supervisors are undertaking a benchmarking exercise and 'testing out the preceptorship portfolio' to provide feedback to the development team before rolling it out to all supervisors of midwives across London. This preparation will be in addition to the specific preparation for mentoring and assessing students from each of the provider universities. Each supervisory team will maintain a register of those prepared for this role.

At the close of this reporting year a SUI occurred in a Trust that had the potential for impeding public safety. This has implications for the HEI providing pre-registration midwifery programmes. A full investigation is in progress. Without prejudice to the final outcome of this investigation it would seem that in future there will be a need for a far greater input into the education of student midwives regarding statutory supervision.

Supervisors of midwives are required to involve themselves with the commissioning and practice education of midwifery students. This may take the form of interviewing students, allocating numbers of students with mentors and providing a named supervisor of midwives per cohort. Some teams of supervisors have an educationist on the team or a practice development midwife/supervisor this has resulted in closer links with their provider HEI.

In the interest of networking and sharing of good practice I attended the CNO and RCM conferences, and have contributed from the platform at two of the RCOG organised conferences, entitled 'The Safe Delivery of Maternity Services'. I was also invited to address the National Evidence Based Midwifery Network conference. Conference feedback is cascaded to the supervisory teams and scheme teams at their 'away days', at the contact supervisors meetings and at the LSA conferences that are provided during the year.

I was pleased to accept invitations to the graduation ceremonies of midwives and supervisors of midwives at two of our local HEIs and to join with them in their celebrations.

I was invited to attend a summer reception and awards presentation at the House of Commons with the All Party Parliamentary Group on Maternity.

2.7 New Policies related to the Supervision of Midwives

One new policy is currently under review related to LSA investigations of Fitness to Practice. When this is finalised it will be added to the website and the existing one

withdrawn. Contact supervisors are notified of the change date for cascading new policies to supervisory teams.

New Guidance has been added of the LSA website on the following topics:

- Recording episodes of supported practice
- Templates for systematic review of midwifery care.
- Changes to the process for the nomination of supervisors

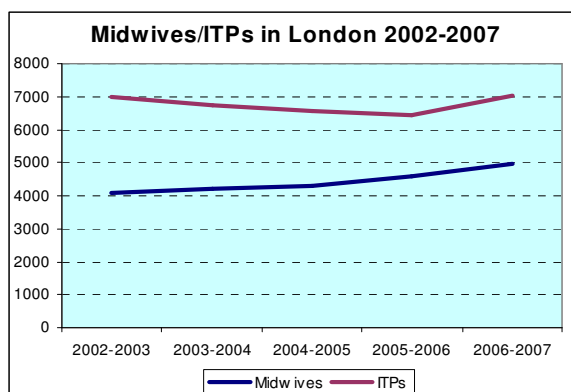
2.8 Developing Trends Affecting Midwifery Practice

There has been a year on year increase in the number of midwives submitting an ITP (Table 5). There were 4,438 midwives employed in the NHS with 547 midwives working for other employers. The number of ITP reached 7,022 as some midwives submitted ITP in more than one SHA. With the merging of five SHA into one London SHA this picture will change in the next report.

Table No. 5

Year (April-March)	Midwives	ITP
2002-2003	4071	6991
2003-2004	4214	6722
2004-2005	4306	6581
2005-2006	4590	6456
2006-2007	4985	7022

Figure 1



Over a period of five years the number of midwives practising in London has increased by 21%. At the end of the reporting year 62% of midwives were recorded as working full time, a 4% increase of full time to part time midwives over the same period. This in part may be attributed to the recruitment and retention strategies now in place in all maternity services.

(Note: these figures should not be confused with WTE values.)

Table No. 6 and Figure 2

Full/Part Time Midwives in London 2002 to 2007					
Year (April-March)	Full-Time Midwives	(% of total)	Part-Time Midwives	(% of total)	Total
2002-2003	2471	58.83%	1729	41.17%	4200
2003-2004	2510	59.56%	1704	40.44%	4214
2004-2005	2571	59.71%	1735	40.29%	4306
2005-2006	2827	61.59%	1763	38.41%	4590
2006-2007	3175	63.74%	1806	36.26%	4981

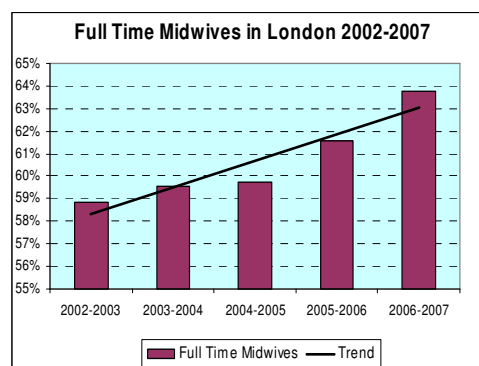
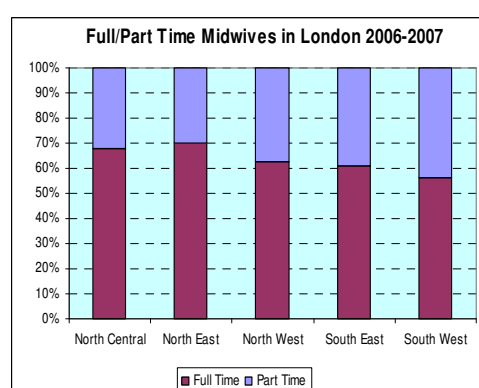


Table No. 7 and Figure 3

Full/Part Time Midwives in London as at 31st March 2007					
Health Authority	Full-Time Midwives	(% of total)	Part-Time Midwives	(% of total)	Total
North Central	575	67.97%	271	32.03%	846
North East	677	70.01%	290	29.99%	967
North West	789	62.87%	466	37.13%	1255
South East	683	61.26%	432	38.74%	1115
South West	451	56.52%	347	43.48%	798
Total	3175	63.74%	1806	36.26%	4981



An increase in the birth rate for London over this same period has occurred, with an upward trend greater than 17% between 2002/3 and 2006/7. The increase in the last year has been greater than all previous year-on-year increases, as can be seen in the table below.

Table No. 8

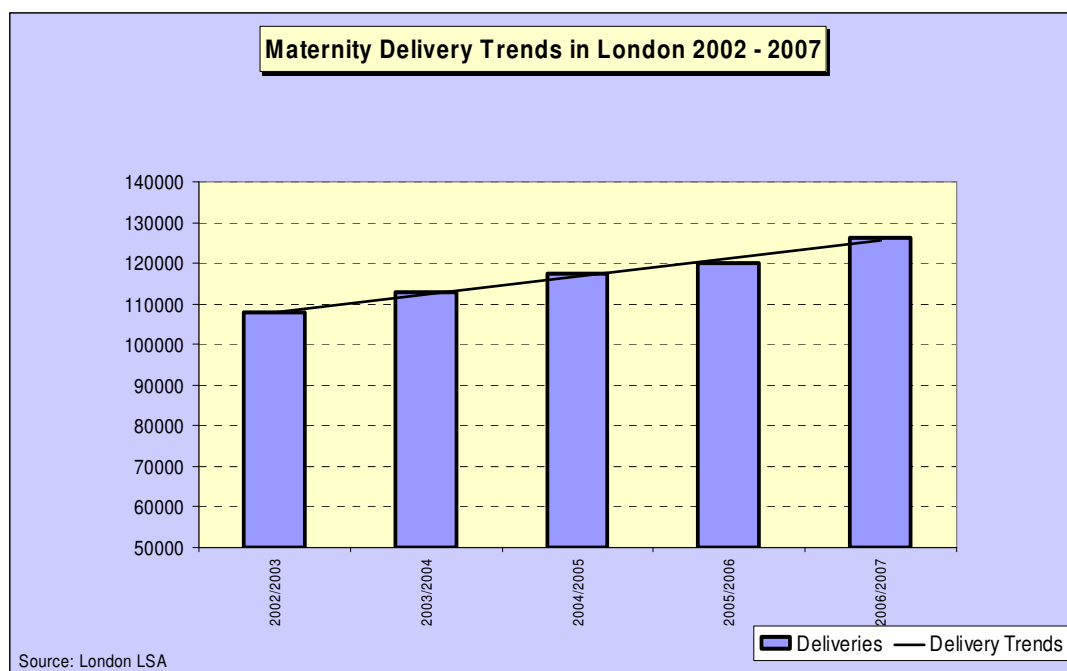
Activity	2002-3	2003-4	2004-5	2005-6	2006-7
NHS	104,774	110,279	114,397	116,960	122,511
Non-NHS	3,064	2,481	2,891	3,238	3,682
TOTAL	107,838	112,760	117,288	120,198	126,193

Heads of Midwifery in all London Trusts have continued to provide the LSA with monthly workforce returns and annual clinical activity data. The statistical information covers the financial year beginning April 2006 to the end of March 2007. Clinical activity is based on the number of women who give birth after the 24th week of pregnancy.

Table 9

Clinical Activity in London						
Sector/Year	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	5 Year Change (%)
NCL	17,769	18,376	19,156	19,632	20,731	16.67%
NEL	24,252	25,720	26,176	26,978	28,280	16.61%
NWL	28,749	29,413	29,950	30,642	31,864	10.84%
SEL	21,692	23,400	23,752	24,774	25,728	18.61%
SWL	15,376	15,851	18,254	18,572	19,590	27.41%
Total	107,838	112,760	117,288	120,598	126,193	17.02%
Year on Year Change (%)		4.56%	4.02%	2.82%	4.64%	

Figure 4



2.8.1 Age Profile of Midwifery Workforce

From the information gathered from the LSA database and the intention to practise forms an age profile has been generated for each maternity service. In many Trusts the 'retirement bulge' identified over the past few years persists (Table 10). On the assumption of an expected retirement age of 55 years currently 18% of midwives are working beyond this age and 7.5% are working beyond the age 60. Conversely, only 12.5% of midwives are below the age of 30 years suggesting a need to increase the commissions for pre-registration midwifery education and for Trusts to recruit the newly qualified midwives where they have been involved in their education.

Enquiries are becoming more common from newly qualified midwives who are unable to find employment as midwives. Table 11 illustrates a vacancy factor as high as 10% in some parts of London. During my visits to Trusts to audit LSA standards

for supervision of midwives it was reported by some services that financial recovery plans led to a freeze on vacancies. I shall continue to monitor this trend.

Table No. 10 and Figure 5

Age Profile of London Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	159	3.19%
26 to 30	466	9.35%
31 to 35	522	10.47%
36 to 40	733	14.70%
41 to 45	915	18.36%
46 to 50	733	14.70%
51 to 55	574	11.51%
56 to 60	508	10.19%
61 to 65	282	5.66%
Over 65	93	1.87%
Total	4985	100%

Source: LSA Database

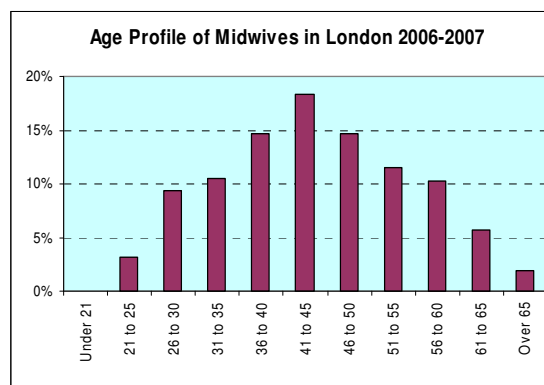
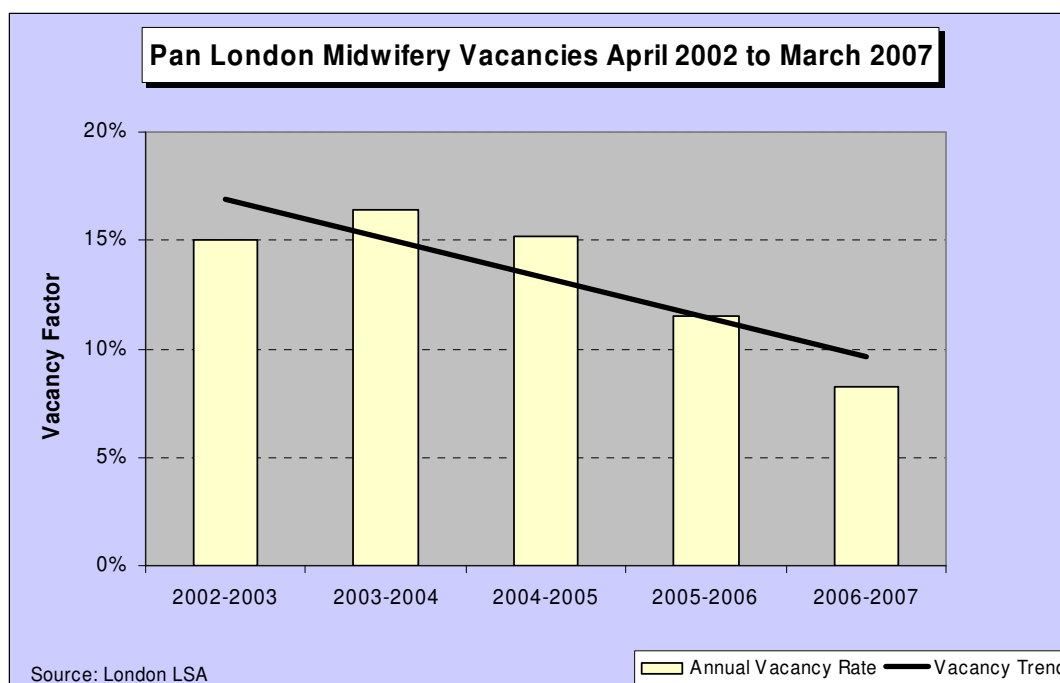


Table 11

London Midwife Vacancies							
Sector/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
North Central London	13%	17%	21%	16%	15%	8%	7%
North East London	14%	13%	12%	16%	14%	9%	8%
North West London	13%	15%	12%	20%	20%	18%	10%
South East London	13%	15%	15%	13%	11%	10%	7%
South West London	14%	15%	13%	16%	17%	11%	9%
London Total	13%	15%	15%	16%	15%	11%	8%

Figure 6



2.8.2 Demand Management

The birth rate has increased as documented in 2.8. The predictions show signs of increasing demands being placed on London's maternity services over the next few years with the development of the Thames Gateway. It can be seen from Table 9 that 6,000 more women were delivered in London this reporting year than in the previous year. Reconfiguration of services and maternity Unit suspension both interim and permanent have placed increased demands on remaining capacity and staffing for the additional births and this is frequently cited as a contributing factor in LSA reports following investigations of SUI.

Maternity services were suspended on 51 occasions of which fifty were for less than 24 hours. By far the majority of suspensions were as a result of lack of bed availability, four were related to midwifery/medical staffing with the remaining eight to other causes. One service was suspended for three days, due to a combination of the above.

2.8.3 Home Birth

Data in this year's report now includes Home births and will in future include activity and outcomes in other types of midwife led venues such as birthing centres and standalone midwifery centres.

In this reporting year 2,170 women in London chose home birth. This represents almost 2% of all births. An NHS Trust in South East London had the highest number of homebirths, representing almost 8% of their total births.

2.8.4 Caesarean Section Rates

There is a significant variation in the NHS Caesarean Section rate across London ranging from 20% to 34% of births. The range is unchanged from the previous year however 9 Trusts have reduced their rates by up to 2%, 9 have maintained the same rates and a further 9 have increased their rates.

Figure 7

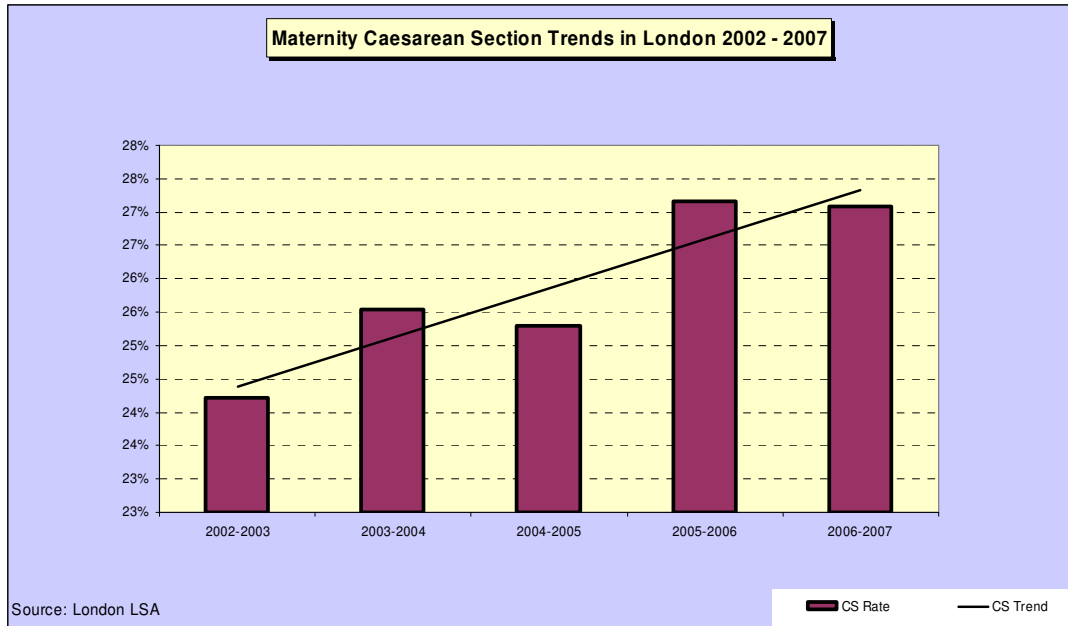
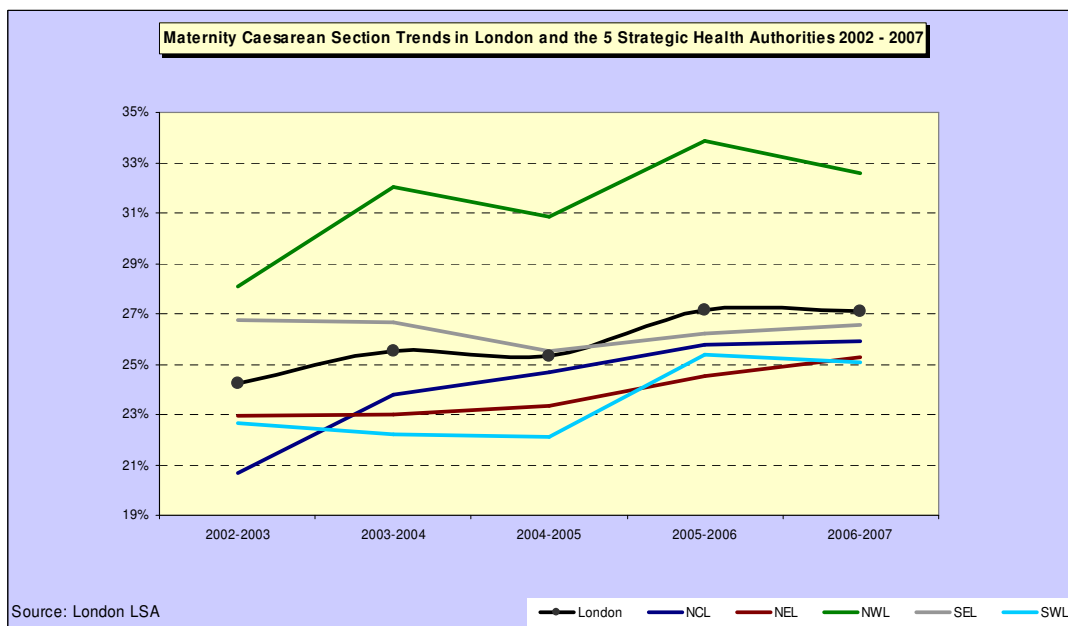


Figure 8



The 2005/2006 NHS Maternity Statistics for England show a caesarean section rate of 23.5%. Using these as a comparison, eight of the London Trusts achieved a rate below the national average.

Caesarean section in private hospitals ranged from 25% to 50%. It is worthy of note that births by Caesarean section in this reporting year have decreased in all four private services and in one by as much as 7%. This is a testament to their philosophy of promoting normal births.

2.8.5 Maternal Deaths

All maternal deaths are reported to the Confidential Enquiry into Maternal and Child Health (CEMACH). Nineteen deaths were reported to the LSAMO, a reduction of one on last year's deaths. Of these, nine were considered to be direct deaths and ten indirect of which four occurred after 42 days and therefore are classified as late maternal deaths.

Using current CEMACH definitions, the 15 deaths that occurred within the first 42 days of childbirth out of a total of 126,193 maternities for London represents a rate for London of 11.9 per 100,000 maternities. This compares with the national rate of 13.1 deaths per 100,000 maternities as cited in the 2000/2002 triennial report. The 2003/2005 report is expected to be published in December 2007. There is need for caution in making comparisons on such small numbers.

My role as a midwifery assessor for CEMACH provides me with opportunity to scrutinise a large number of clinical records of women who died in childbirth and to recommend changes in practice.

Following the publication of the CEMACH triennial report into maternal deaths the London LSA conference will focus on trends identified in the report, analysis of major causes, lessons to be learned and issues for midwifery practice. Experts involved in the publication of the CEMACH are willing presenters at these conferences. Supervisors of Midwives then cascade learning at Trust level.

2.8.6 Return to Practice

A frequent occurrence during the past few months is an increasing number of calls from midwives who having obtained a place at a HEI on a return to practice programme find the course has been cancelled due to withdrawal of funding. In figure 9 it can be seen that the majority of enquiries relating to return to practice emanate from outside London and also outside the UK.

Figure 9

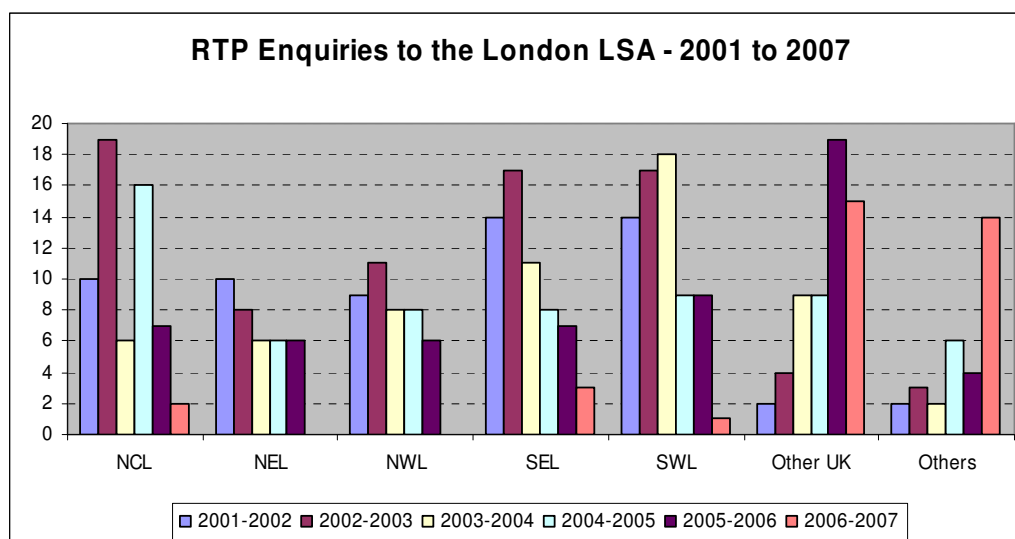
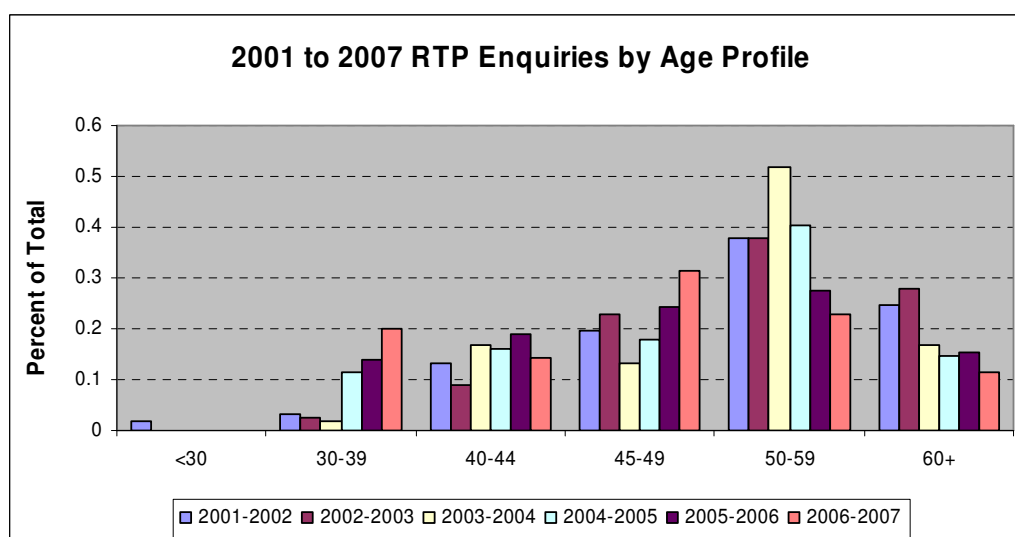


Figure 10



2.9 Complaints Regarding the Discharge of the Supervisory Function

No complaints were made in this reporting year.

2.10 Reports on LSA investigations undertaken during the year

Four LSA investigations into the practice of midwives were undertaken this reporting year and all midwives were referred to the NMC Fitness to Practice Committee.

The triggers for these investigations were the failure of the midwife to undertake or successfully complete programmes of supervised practice for both competency issues and professional misconduct.

Two midwives were reported to the NMC by parents. Supervisory investigations were carried out at the time of the incident and both midwives successfully completed a period of practice development, one within the Trust and the other external to the Trust where the birth had taken place.

2.10.1 Independent Investigations/external reviews

At the end of this reporting year three of the services highlighted in section 2.4.4 were subject to investigation. Details of these will be included in my next annual report. No additional investigations or external reviews have taken place this year.

2.11 Communication Networks and Advisory Role

The LSA Midwifery Officers (LSAMO) across the UK attend a quarterly NMC/LSA reference group. Outside of these meetings ongoing communication amongst the officers is maintained in the interest of public safety. I have made several presentations to the Statutory Midwifery Committee at the Nursing & Midwifery Council on behalf of the UK LSAMO. The UK LSAMO also meet annually with the Royal College of Midwives General Secretary and the Chief Nursing Officers from the four UK countries.

Regular meetings continue with Heads of Midwifery and Contact Supervisors of Midwives across London. There is cascading of information, issues of physical capacity, workforce levels and response to Government policy for maternity services in the context of fiscal control in London Trusts.

I chair the quarterly meetings of the LSA database steering group and we are considering a common core database for the UK as currently midwife records are discrete to the LSA to which the ITP is made. The change will result in every practising midwife having one generic record accessed by the practitioner's NMC PIN (unique identifier) so that a complete record is available to supervisors of midwives in any LSA thus increasing public protection. Confidential information related to the annual review undertaken with the named supervisor will continue to have access limited to that named supervisor.

As a Midwifery Advisor to CEMACH I meet frequently to review clinical data for trend analysis that influences best practice.

2.12 Midwifery Leadership

As an experienced LSAMO I am called upon to provide coaching for newly appointed LSAMO and other potential leaders. In this respect I am able to provide opportunities for shadowing and the utilisation of the website and database developed in London that is now in use by eight LSA across England.

As a recognised leader in midwifery I am called upon for professional advice and guidance on a daily basis. From time to time I am invited to participate in Heads of Midwifery and Consultant Midwife appointment panels especially in units where I have been providing LSA support to the midwifery services and Trust executives. I also participated in a Head of Midwifery appointment process at an HEI.

In recognition of my services to Midwifery in London I was invited to 10 Downing Street to meet along with others from the health service, the Prime Minister, the Right Honourable Tony Blair, and the Secretary of State for Health.

At the close of this reporting year I accepted an appointment as a visiting professor to Kings College London – University of London.

2.13 Contributions to related agencies.

One of my targets for this reporting year was to strengthen the interface between the LSA and external agencies. This was achieved in the following ways:

Chair of NWL Maternity Modernisation Project Board (monthly meetings)

Membership of:

- National group reviewing Towards Safer Childbirth
- National group on roll out of Maternity Support Workers project
- National Midwifery Workforce group
- External Maternity Review Panel
- Co-chair of National Standards for Maternity Services working group

Attendance at:

- National Patient Safety Agency in developing criteria for maternity risk management processes
- Birthrate Plus - feedback sessions in order to support supervisors and maternity services in the development of business cases.
- CSIP (Care Services Improvement Partnership) Children's Maternity in Services Network (quarterly meetings)

Witness at Coroners Court for 2 days.

3.0 Conclusion

This was a demanding year for the LSA which has seen many changes associated with the merger of five Strategic Health Authorities into a single Strategic Health Authority.

Increased clinical activity with increased clinical dependency continues to be a challenge. An increase in the birth rate across London in the last five years period has occurred, demonstrating an upward trend greater than 17%. The predictions show signs of increasing demands being placed on London's maternity services over the next few years with the development of the Thames Gateway.

Reconfiguration of services and maternity service closures, both interim and permanent, have placed increased demands on remaining capacity and staffing for the additional births and this is frequently cited as a contributing factor in LSA reports following investigations.

Subsequently the supervisors of midwives within the Trusts alongside the midwives have all experienced an increase in their clinical and supervisory workloads.

The report of the working group 'Healthcare for London' chaired by Professor Lord Darzi is expected to provide further challenges for the provision of maternity services and supervisors of midwives should be at the forefront to influence changes and lead in the developments of midwife led care.

4.0 APPENDICES

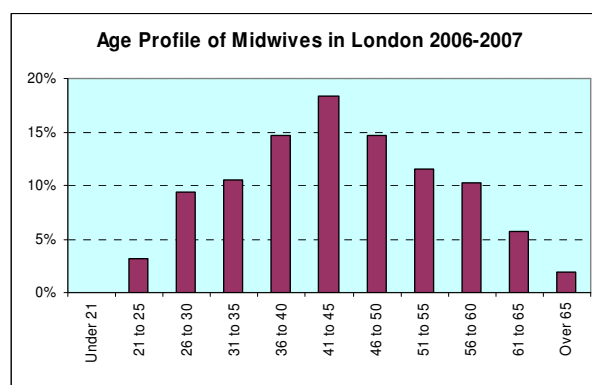
APPENDIX 1

Pan London Midwife Age Profile

Age Profile of London Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	159	3.19%
26 to 30	466	9.35%
31 to 35	522	10.47%
36 to 40	733	14.70%
41 to 45	915	18.36%
46 to 50	733	14.70%
51 to 55	574	11.51%
56 to 60	508	10.19%
61 to 65	282	5.66%
Over 65	93	1.87%
Total	4985	100%

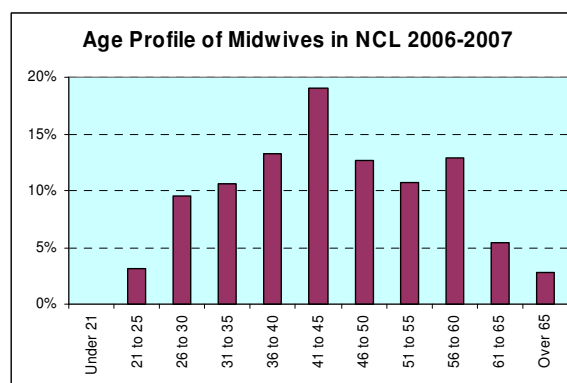
Source: LSA Database



Age Profile of NCL Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	26	3.07%
26 to 30	81	9.57%
31 to 35	90	10.64%
36 to 40	112	13.24%
41 to 45	161	19.03%
46 to 50	107	12.65%
51 to 55	91	10.76%
56 to 60	109	12.88%
61 to 65	46	5.44%
Over 65	23	2.72%
Total	846	100%

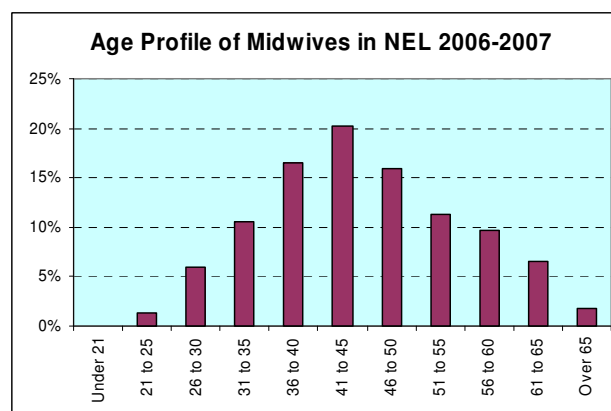
Source: LSA Database



Age Profile of NEL Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	13	1.34%
26 to 30	58	6.00%
31 to 35	102	10.55%
36 to 40	160	16.55%
41 to 45	196	20.27%
46 to 50	154	15.93%
51 to 55	110	11.38%
56 to 60	93	9.62%
61 to 65	64	6.62%
Over 65	17	1.76%
Total	967	100%

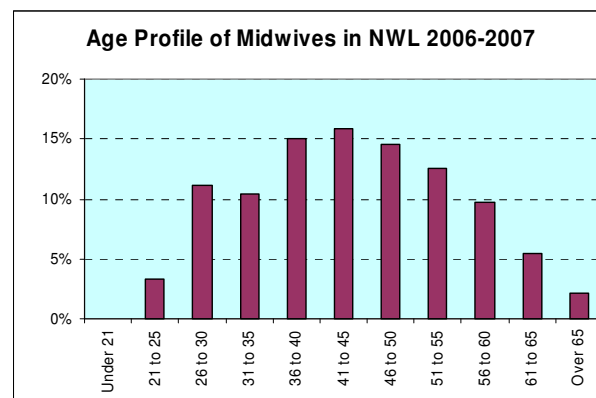
Source: LSA Database



Age Profile of NWL Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	41	3.27%
26 to 30	139	11.08%
31 to 35	130	10.36%
36 to 40	188	14.98%
41 to 45	199	15.86%
46 to 50	183	14.58%
51 to 55	157	12.51%
56 to 60	122	9.72%
61 to 65	69	5.50%
Over 65	27	2.15%
Total	1255	100%

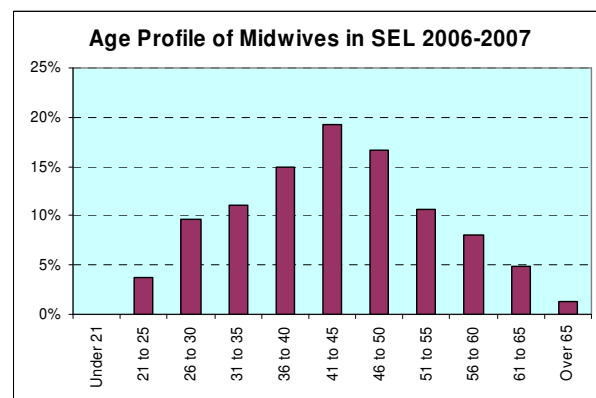
Source: LSA Database



Age Profile of SEL Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	41	3.68%
26 to 30	107	9.60%
31 to 35	123	11.03%
36 to 40	166	14.89%
41 to 45	214	19.19%
46 to 50	186	16.68%
51 to 55	119	10.67%
56 to 60	90	8.07%
61 to 65	55	4.93%
Over 65	14	1.26%
Total	1115	100%

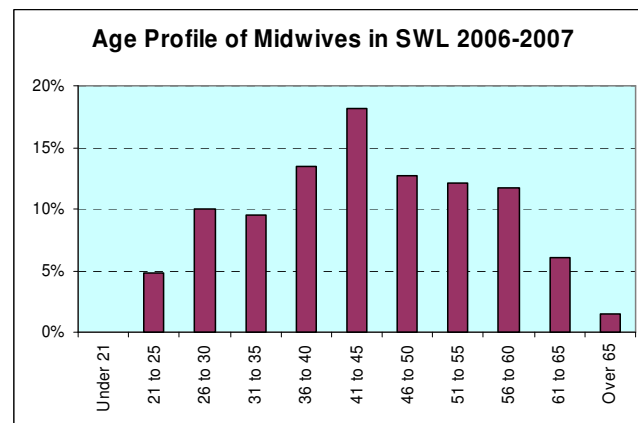
Source: LSA Database



Age Profile of SWL Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	38	4.76%
26 to 30	80	10.03%
31 to 35	76	9.52%
36 to 40	107	13.41%
41 to 45	145	18.17%
46 to 50	101	12.66%
51 to 55	97	12.16%
56 to 60	94	11.78%
61 to 65	48	6.02%
Over 65	12	1.50%
Total	798	100%

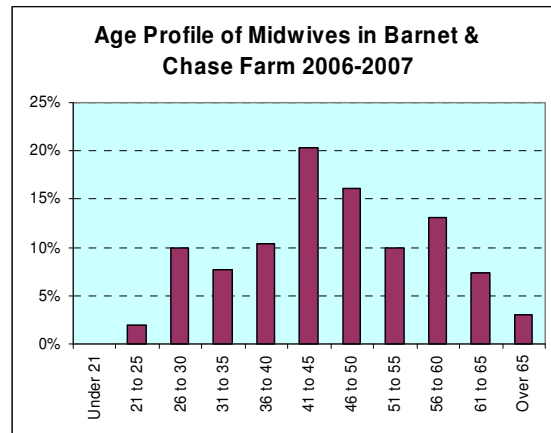
Source: LSA Database



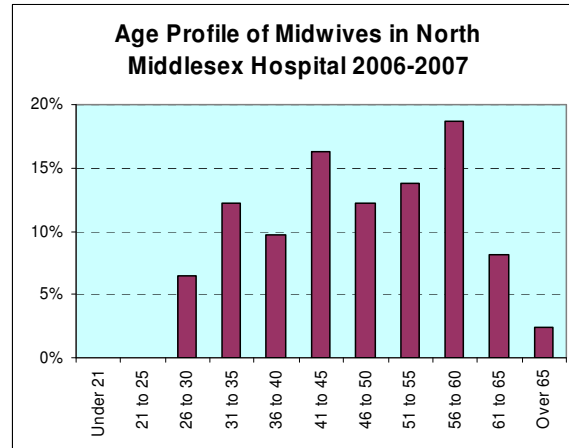
**North Central London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

Age Profile of Barnet & Chase Farm Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	5	1.92%
26 to 30	26	10.00%
31 to 35	20	7.69%
36 to 40	27	10.38%
41 to 45	53	20.38%
46 to 50	42	16.15%
51 to 55	26	10.00%
56 to 60	34	13.08%
61 to 65	19	7.31%
Over 65	8	3.08%
Total	260	100%



Age Profile of North Middlesex Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	0	0.00%
26 to 30	8	6.50%
31 to 35	15	12.20%
36 to 40	12	9.76%
41 to 45	20	16.26%
46 to 50	15	12.20%
51 to 55	17	13.82%
56 to 60	23	18.70%
61 to 65	10	8.13%
Over 65	3	2.44%
Total	123	100%



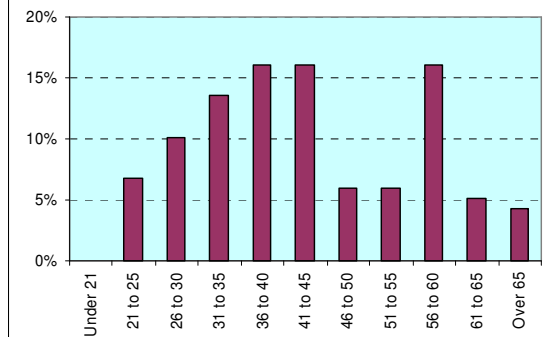
North Central London Strategic Health Authority Activity and Workforce Information

Source: London LSA

Age Profile of Royal Free Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	8	6.78%
26 to 30	12	10.17%
31 to 35	16	13.56%
36 to 40	19	16.10%
41 to 45	19	16.10%
46 to 50	7	5.93%
51 to 55	7	5.93%
56 to 60	19	16.10%
61 to 65	6	5.08%
Over 65	5	4.24%
Total	118	100%

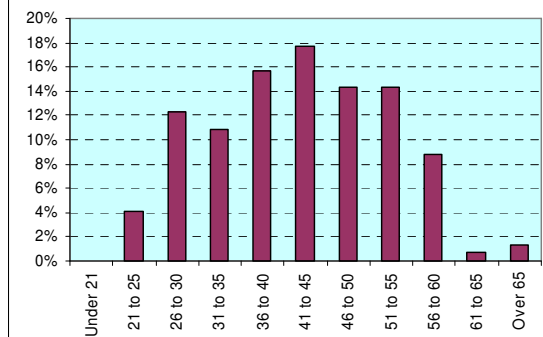
Age Profile of Midwives in Royal Free 2006-2007



Age Profile of University College Hospital Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	6	4.08%
26 to 30	18	12.24%
31 to 35	16	10.88%
36 to 40	23	15.65%
41 to 45	26	17.69%
46 to 50	21	14.29%
51 to 55	21	14.29%
56 to 60	13	8.84%
61 to 65	1	0.68%
Over 65	2	1.36%
Total	147	100%

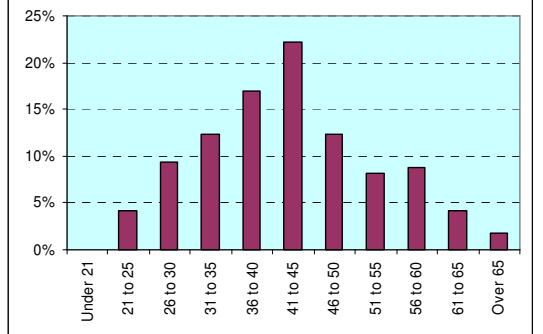
Age Profile of Midwives in University College Hospital 2006-2007



Age Profile of The Whittington Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	7	4.09%
26 to 30	16	9.36%
31 to 35	21	12.28%
36 to 40	29	16.96%
41 to 45	38	22.22%
46 to 50	21	12.28%
51 to 55	14	8.19%
56 to 60	15	8.77%
61 to 65	7	4.09%
Over 65	3	1.75%
Total	171	100%

Age Profile of Midwives in The Whittington 2006-2007

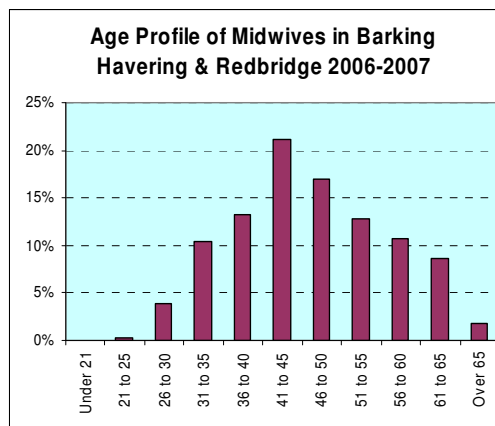


**North East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

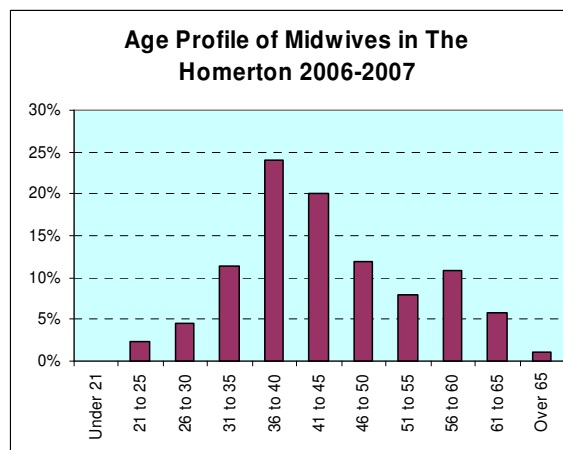
Age Profile of Barking Havering & Redbridge Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	1	0.35%
26 to 30	11	3.82%
31 to 35	30	10.42%
36 to 40	38	13.19%
41 to 45	61	21.18%
46 to 50	49	17.01%
51 to 55	37	12.85%
56 to 60	31	10.76%
61 to 65	25	8.68%
Over 65	5	1.74%
Total	288	100%



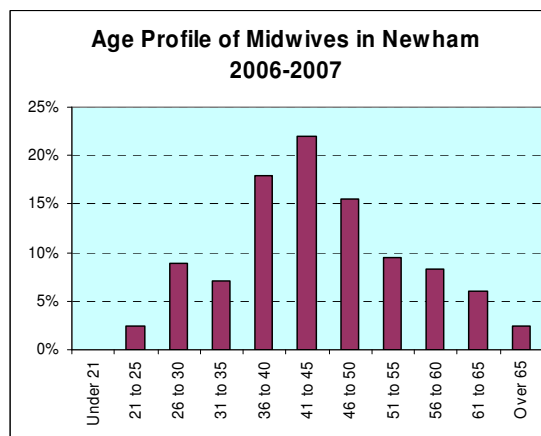
Age Profile of The Homerton Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	4	2.29%
26 to 30	8	4.57%
31 to 35	20	11.43%
36 to 40	42	24.00%
41 to 45	35	20.00%
46 to 50	21	12.00%
51 to 55	14	8.00%
56 to 60	19	10.86%
61 to 65	10	5.71%
Over 65	2	1.14%
Total	175	100%



Age Profile of Newham Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	4	2.38%
26 to 30	15	8.93%
31 to 35	12	7.14%
36 to 40	30	17.86%
41 to 45	37	22.02%
46 to 50	26	15.48%
51 to 55	16	9.52%
56 to 60	14	8.33%
61 to 65	10	5.95%
Over 65	4	2.38%
Total	168	100%



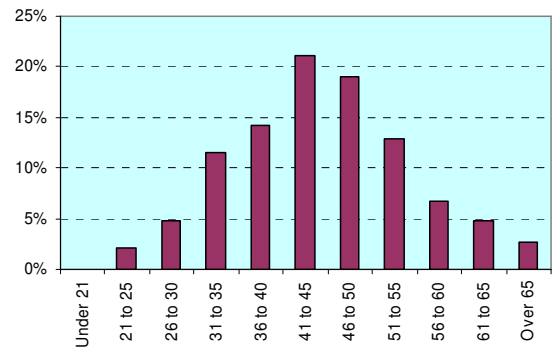
**North East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

Age Profile of The Royal London Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	3	2.04%
26 to 30	7	4.76%
31 to 35	17	11.56%
36 to 40	21	14.29%
41 to 45	31	21.09%
46 to 50	28	19.05%
51 to 55	19	12.93%
56 to 60	10	6.80%
61 to 65	7	4.76%
Over 65	4	2.72%
Total	147	100%

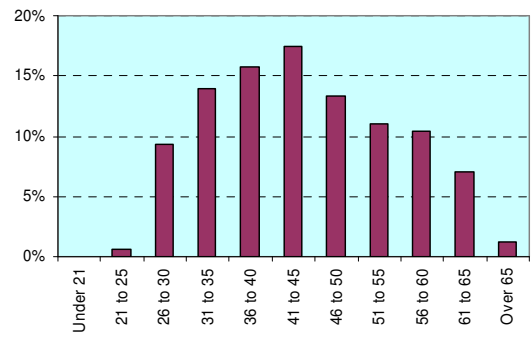
Age Profile of Midwives in The Royal London 2006-2007



Age Profile of Whipps Cross Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	1	0.58%
26 to 30	16	9.30%
31 to 35	24	13.95%
36 to 40	27	15.70%
41 to 45	30	17.44%
46 to 50	23	13.37%
51 to 55	19	11.05%
56 to 60	18	10.47%
61 to 65	12	6.98%
Over 65	2	1.16%
Total	172	100%

Age Profile of Midwives in Whipps Cross 2006-2007



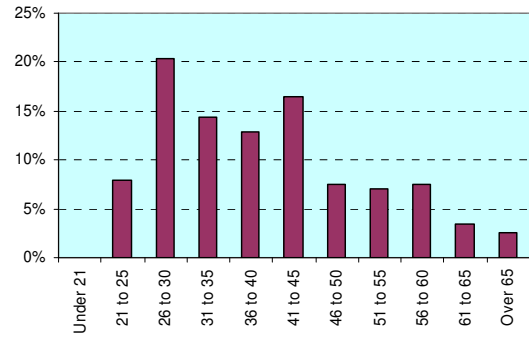
**North West London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

Age Profile of Chelsea & Westminster Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	16	7.96%
26 to 30	41	20.40%
31 to 35	29	14.43%
36 to 40	26	12.94%
41 to 45	33	16.42%
46 to 50	15	7.46%
51 to 55	14	6.97%
56 to 60	15	7.46%
61 to 65	7	3.48%
Over 65	5	2.49%
Total	201	100%

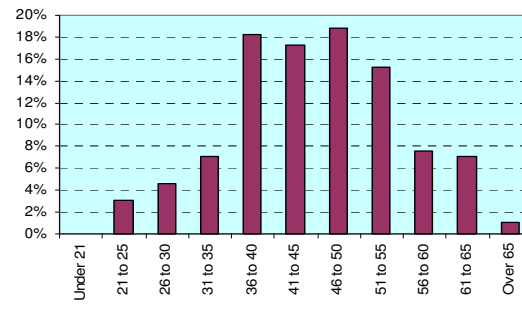
Age Profile of Midwives in Chelsea & Westminster 2006-2007



Age Profile of Central Middlesex & Northwick Park Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	6	3.05%
26 to 30	9	4.57%
31 to 35	14	7.11%
36 to 40	36	18.27%
41 to 45	34	17.26%
46 to 50	37	18.78%
51 to 55	30	15.23%
56 to 60	15	7.61%
61 to 65	14	7.11%
Over 65	2	1.02%
Total	197	100%

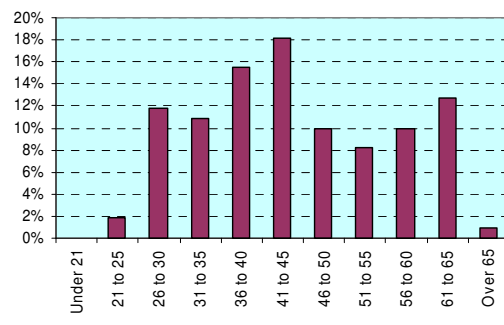
Age Profile of Midwives in Central Middlesex & Northwick 2006-2007



Age Profile of Ealing Midwives as at 31st March 2007

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	2	1.82%
26 to 30	13	11.82%
31 to 35	12	10.91%
36 to 40	17	15.45%
41 to 45	20	18.18%
46 to 50	11	10.00%
51 to 55	9	8.18%
56 to 60	11	10.00%
61 to 65	14	12.73%
Over 65	1	0.91%
Total	110	100%

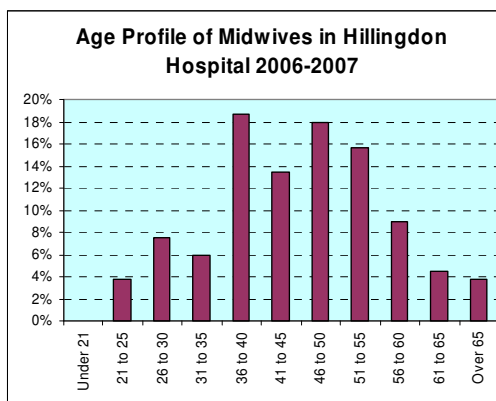
Age Profile of Midwives in Ealing Hospital 2006-2007



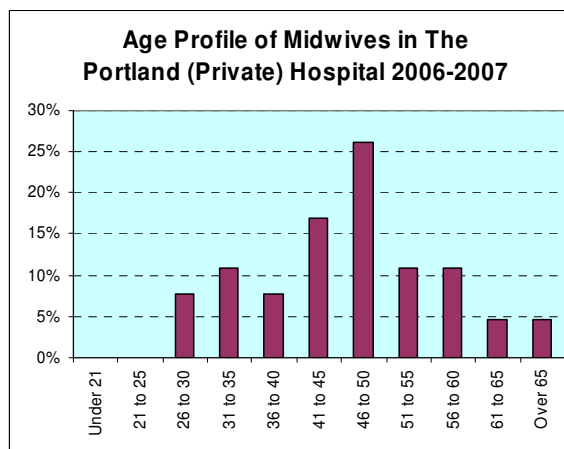
**North West London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

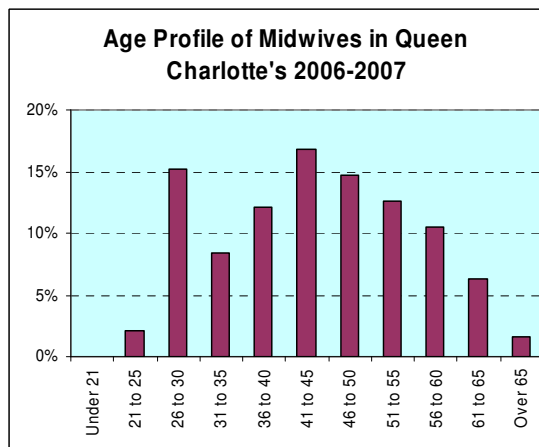
Age Profile of Hillingdon Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	5	3.73%
26 to 30	10	7.46%
31 to 35	8	5.97%
36 to 40	25	18.66%
41 to 45	18	13.43%
46 to 50	24	17.91%
51 to 55	21	15.67%
56 to 60	12	8.96%
61 to 65	6	4.48%
Over 65	5	3.73%
Total	134	100%



Age Profile of The Portland (Private) Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	0	0.00%
26 to 30	5	7.69%
31 to 35	7	10.77%
36 to 40	5	7.69%
41 to 45	11	16.92%
46 to 50	17	26.15%
51 to 55	7	10.77%
56 to 60	7	10.77%
61 to 65	3	4.62%
Over 65	3	4.62%
Total	65	100%



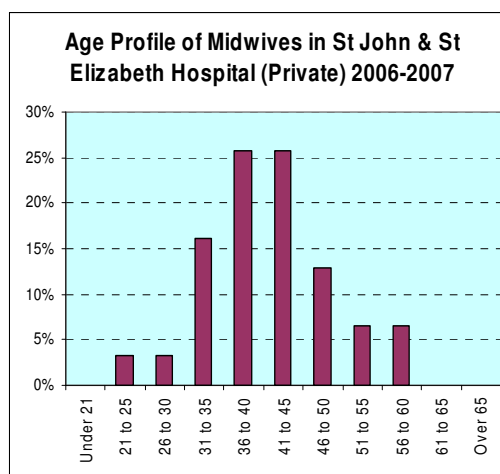
Age Profile of Queen Charlotte's Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	4	2.09%
26 to 30	29	15.18%
31 to 35	16	8.38%
36 to 40	23	12.04%
41 to 45	32	16.75%
46 to 50	28	14.66%
51 to 55	24	12.57%
56 to 60	20	10.47%
61 to 65	12	6.28%
Over 65	3	1.57%
Total	191	100%



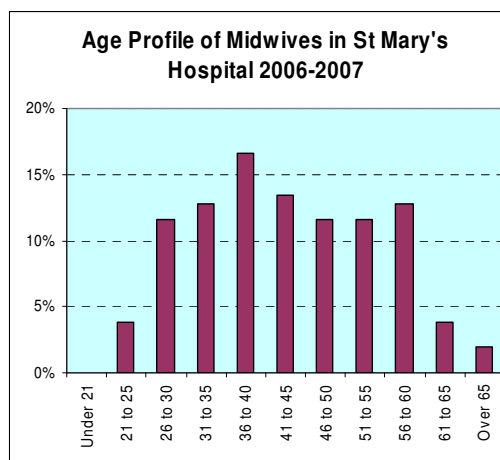
**North West London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

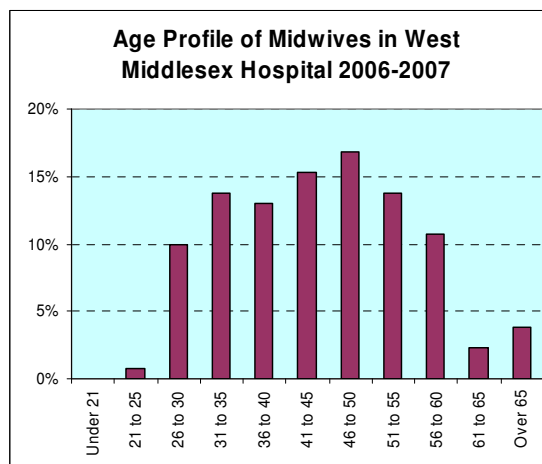
Age Profile of St John & St Elizabeth Hospital (Private) Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	1	3.23%
26 to 30	1	3.23%
31 to 35	5	16.13%
36 to 40	8	25.81%
41 to 45	8	25.81%
46 to 50	4	12.90%
51 to 55	2	6.45%
56 to 60	2	6.45%
61 to 65	0	0.00%
Over 65	0	0.00%
Total	31	100%



Age Profile of St Mary's Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	6	3.85%
26 to 30	18	11.54%
31 to 35	20	12.82%
36 to 40	26	16.67%
41 to 45	21	13.46%
46 to 50	18	11.54%
51 to 55	18	11.54%
56 to 60	20	12.82%
61 to 65	6	3.85%
Over 65	3	1.92%
Total	156	100%



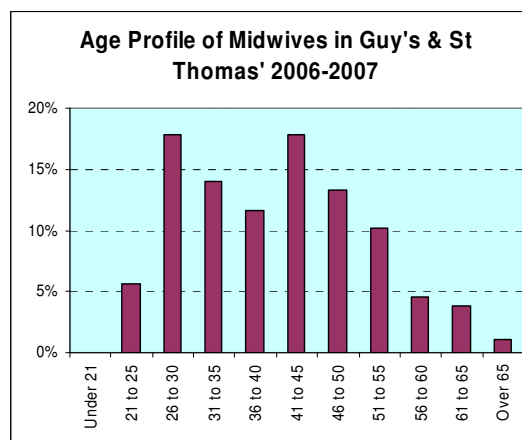
Age Profile of West Middlesex Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	1	0.76%
26 to 30	13	9.92%
31 to 35	18	13.74%
36 to 40	17	12.98%
41 to 45	20	15.27%
46 to 50	22	16.79%
51 to 55	18	13.74%
56 to 60	14	10.69%
61 to 65	3	2.29%
Over 65	5	3.82%
Total	131	100%



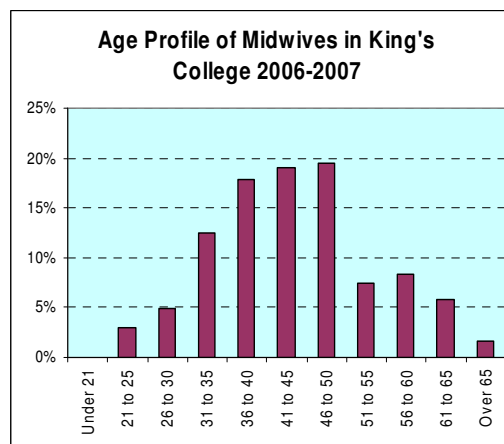
**South East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

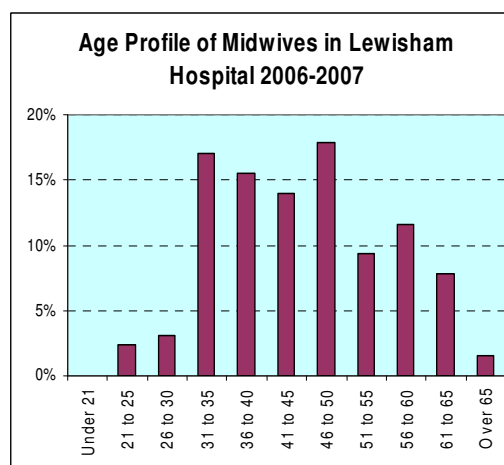
Age Profile of Guy's & St Thomas' Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	16	5.61%
26 to 30	51	17.89%
31 to 35	40	14.04%
36 to 40	33	11.58%
41 to 45	51	17.89%
46 to 50	38	13.33%
51 to 55	29	10.18%
56 to 60	13	4.56%
61 to 65	11	3.86%
Over 65	3	1.05%
Total	285	100%



Age Profile of King's College Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	7	2.90%
26 to 30	12	4.98%
31 to 35	30	12.45%
36 to 40	43	17.84%
41 to 45	46	19.09%
46 to 50	47	19.50%
51 to 55	18	7.47%
56 to 60	20	8.30%
61 to 65	14	5.81%
Over 65	4	1.66%
Total	241	100%



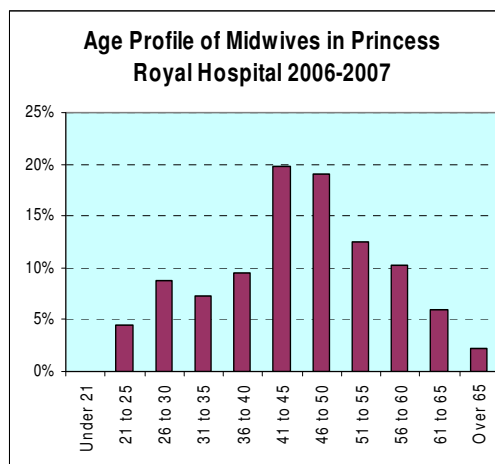
Age Profile of Lewisham Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	3	2.33%
26 to 30	4	3.10%
31 to 35	22	17.05%
36 to 40	20	15.50%
41 to 45	18	13.95%
46 to 50	23	17.83%
51 to 55	12	9.30%
56 to 60	15	11.63%
61 to 65	10	7.75%
Over 65	2	1.55%
Total	129	100%



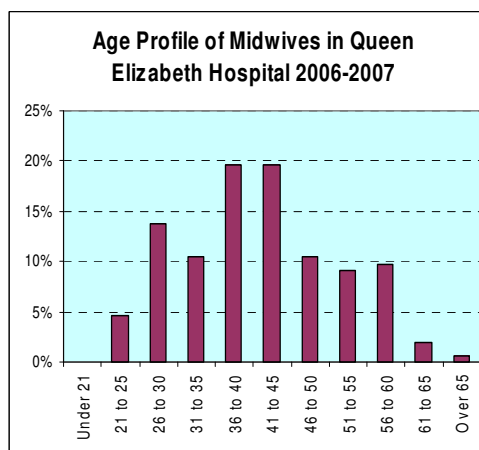
**South East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

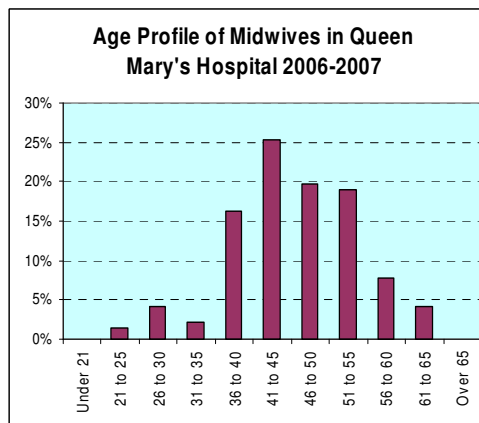
Age Profile of Princess Royal Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	6	4.41%
26 to 30	12	8.82%
31 to 35	10	7.35%
36 to 40	13	9.56%
41 to 45	27	19.85%
46 to 50	26	19.12%
51 to 55	17	12.50%
56 to 60	14	10.29%
61 to 65	8	5.88%
Over 65	3	2.21%
Total	136	100%



Age Profile of Queen Elizabeth Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	7	4.58%
26 to 30	21	13.73%
31 to 35	16	10.46%
36 to 40	30	19.61%
41 to 45	30	19.61%
46 to 50	16	10.46%
51 to 55	14	9.15%
56 to 60	15	9.80%
61 to 65	3	1.96%
Over 65	1	0.65%
Total	153	100%



Age Profile of Queen Mary's Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	2	1.41%
26 to 30	6	4.23%
31 to 35	3	2.11%
36 to 40	23	16.20%
41 to 45	36	25.35%
46 to 50	28	19.72%
51 to 55	27	19.01%
56 to 60	11	7.75%
61 to 65	6	4.23%
Over 65	0	0.00%
Total	142	100%



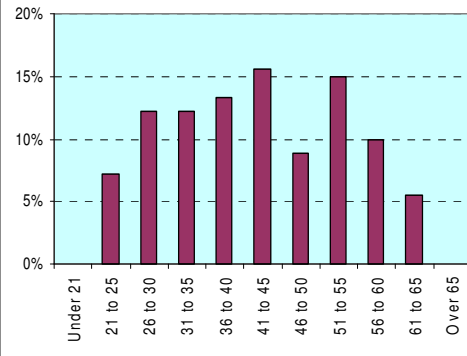
**South West London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

**Age Profile of Kingston Hospital
Midwives as at 31st March 2007**

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	13	7.22%
26 to 30	22	12.22%
31 to 35	22	12.22%
36 to 40	24	13.33%
41 to 45	28	15.56%
46 to 50	16	8.89%
51 to 55	27	15.00%
56 to 60	18	10.00%
61 to 65	10	5.56%
Over 65	0	0.00%
Total	180	100%

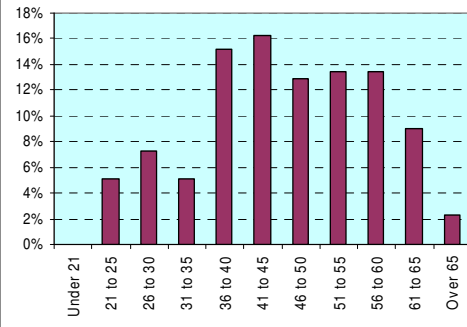
**Age Profile of Midwives in Kingston
Hospital 2006-2007**



**Age Profile of Mayday Hospital
Midwives as at 31st March 2007**

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	9	5.06%
26 to 30	13	7.30%
31 to 35	9	5.06%
36 to 40	27	15.17%
41 to 45	29	16.29%
46 to 50	23	12.92%
51 to 55	24	13.48%
56 to 60	24	13.48%
61 to 65	16	8.99%
Over 65	4	2.25%
Total	178	100%

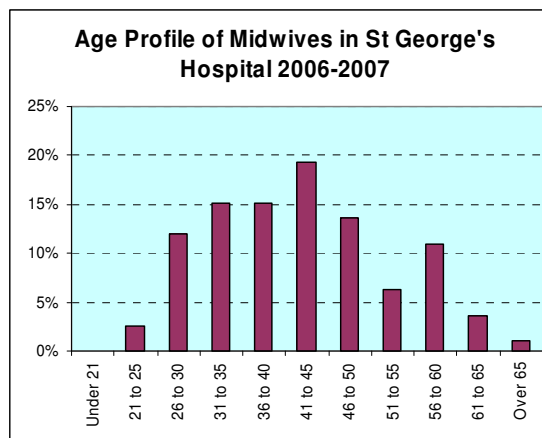
**Age Profile of Midwives in Mayday
Hospital 2006-2007**



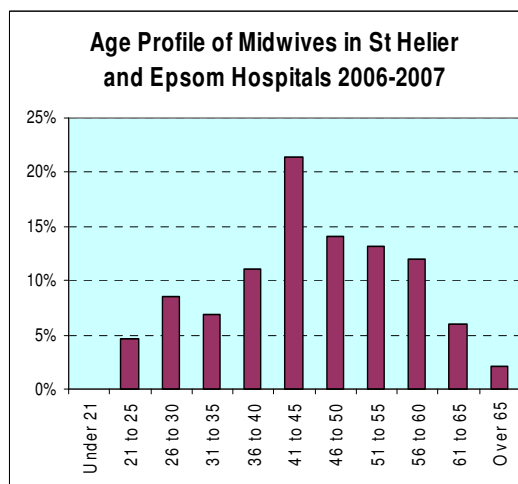
**South West London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

Age Profile of St George's Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	5	2.62%
26 to 30	23	12.04%
31 to 35	29	15.18%
36 to 40	29	15.18%
41 to 45	37	19.37%
46 to 50	26	13.61%
51 to 55	12	6.28%
56 to 60	21	10.99%
61 to 65	7	3.66%
Over 65	2	1.05%
Total	191	100%



Age Profile of St Helier and Epsom Hospital Midwives as at 31st March 2007		
Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	11	4.70%
26 to 30	20	8.55%
31 to 35	16	6.84%
36 to 40	26	11.11%
41 to 45	50	21.37%
46 to 50	33	14.10%
51 to 55	31	13.25%
56 to 60	28	11.97%
61 to 65	14	5.98%
Over 65	5	2.14%
Total	234	100%



APPENDIX 2 Supervisory Ratios by Trust

Number of Midwives/Supervisors by Trust as at 31st March 2007			
Trust	Number of Midwives	Number of Supervisors*	Supervisor ratio (Midwives/SOM)
University College Hospital	147	12	12.25
Lewisham	129	10	12.90
West Middlesex	131	10	13.10
North Middlesex	123	9	13.67
St. Mary's	156	11	14.18
The Royal London	147	10	14.70
Royal Free	118	8	14.75
St Helier & Epsom	234	15	15.60
Queen Mary's	142	9	15.78
Queen Charlotte's	191	12	15.92
Chelsea & Westminster	201	12	16.75
Kingston	180	10	18.00
Barnet & Chase Farm	260	14	18.57
Whittington	171	9	19.00
Whipps Cross	172	9	19.11
Queen Elizabeth	153	8	19.13
Hillingdon	134	7	19.14
Princess Royal University Hospital	136	7	19.43
King's College	241	12	20.08
The Portland (Private)	65	3	21.67
Homerton	175	8	21.88
Central Middlesex & Northwick Park	197	9	21.89
Barking Havering & Redbridge	288	13	22.15
Mayday	178	8	22.25
Guy's & St. Thomas'	285	12	23.75
St. George's	191	8	23.88
Ealing	110	4	27.50
Newham	168	6	28.00
St. John & St. Elizabeth (Private)	31	1	31.00
Other	80	1	
General Practitioner	8	0	
Royal College of Midwives	11	0	
University	32	0	
Total	4985	267	18.67

*Information taken from SoM Record

Below the standard 1:15

Supervised by SOMs within the Trusts

APPENDIX 3

LSA Conferences in London



LSA CONFERENCE FOR SUPERVISORS OF MIDWIVES IN LONDON

Monday 15th May 2006, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 4LE

“Experience from the Field”

PROGRAMME

- | | |
|-------|---|
| 08.45 | ARRIVAL, REGISTRATION AND COFFEE |
| 09.15 | Professional Development at Ealing Hospital NHS Trust
Donna Thornley, Clinical Midwifery Manager / Supervisor of Midwives |
| 09.45 | Maternity Support Worker Project: Living the Reality and Implementation and Spread Programme
Marina Iaverdino , Career Framework Development Manager,
Skills for Health and Gaynor Woods, National Programme Lead, NHS Employers'
Large Scale Workforce Change Team |
| 10.30 | COFFEE |
| 11.00 | Payment by Results
Lynne Leyshon, Divisional General Manager for Women, Children and Diagnostics
at South Devon Healthcare |
| 11.45 | Futures for Maternity/Midwifery Services
Nick Bosanquet, Professor of Health Policy, Imperial College |
| 12.30 | LUNCH |
| 14.00 | Protecting the Public through Professional Standards
Susan Way, Professional Advisor on Midwifery, Nursing and Midwifery Council |
| 14.30 | Identifying a Lack of Competence and Planning Supervised Practice Programmes
Pam Fletcher, Supervisor of Midwives, Queen Mary Hospital |
| 15.00 | Confessions of a Maternity and Family Health Advisor: Tales from the Department of Health
Caroline Simpson, Professional Adviser, Maternity and Family Health, Department
of Health |
| 15.45 | Close |



Local Supervising
Authorities of London

LSA CONFERENCE FOR SUPERVISORS OF MIDWIVES IN LONDON

Monday 30th October 2006, Royal College of Physicians, 11 St Andrews Place,
Regent's Park, London NW1 4LE

“Special Measures: Threat or Opportunity?”

PROGRAMME

- | | |
|-------|--|
| 08.30 | ARRIVAL, REGISTRATION AND COFFEE |
| 09.00 | Investigations and Maternity Services Programme
Debbie Abrams OBE, Investigations Manager, Healthcare Commission
Sue Eardley, Maternity Strategy Manager, Healthcare Commission |
| 09.45 | Special Measures: An Opportunity Realised
Mary Wells, Chief Executive, North West London Hospitals Trust |
| 10.30 | COFFEE |
| 11.00 | Protecting the Public through Professional Standards
Christina McKenzie, Head of Midwifery, Nursing and Midwifery Council |
| 11.20 | The Northwick Park Effect
Suzanne Truttero, LSA Midwifery Officer, London |
| 11.45 | Lessons Learned from Special Measures - The Story from the Start
Gail Thomas, Head of Institute of Health and Community Studies,
Bournemouth University (formerly Dean of Nursing and Midwifery at Thames
Valley University) |
| 12.30 | LUNCH |
| 13.30 | Safe Maternity Services
Sabaratnam Arulkumaran, Professor of Obstetrics and Gynaecology, St George's
Hospital |
| 14.15 | Supervision as an Anchor through Turbulent Times
Ann O'Reilly and Sue O'Connor, Supervisors of Midwives, North West London
Hospitals Trust |
| 14.45 | LSA Audit Process: Self and Peer Perspectives
Joan Harman, Supervisor of Midwives, Barnet and Chase Farm Hospitals
Scott Johnston, Supervisor of Midwives, University College Hospital
Carole Yearley, Supervisor of Midwives, Barnet and Chase Farm Hospitals |
| 15.15 | Implementing the NSF: From Vision to Reality
Gwyneth Lewis, National Clinical Lead for Maternal Health and Maternity Services
and Director of the Maternal Deaths Enquiry for CEMACH |
| 16.00 | Close |

APPENDIX 4 Deliveries in NHS Maternity Units
Source – London LSA – Data obtained from Heads of Midwifery

NHS Deliveries - April 2006 to March 2007	
Trust Maternity Units	Total Women Delivered
Barking Havering & Redbridge	9,386
Barnet & Chase Farm	6,705
Guy's & St Thomas's	6,416
Kingston Hospital	5,027
St Helier and Epsom Hospitals	5,007
Newham Hospital	4,986
Kings College Hospital	4,924
St Georges Hospital	4,895
Whipps Cross Hospital	4,865
Homerton Hospital	4,850
Queen Charlotte's Hospital	4,821
Central Middlesex & Northwick Park	4,792
Mayday Hospital	4,661
Chelsea & Westminster	4,651
The Royal London Hospital	4,193
Queen Elizabeth	4,135
West Middlesex Hospital	3,864
University College Hospital	3,832
Hillingdon Hospital	3,796
Princess Royal	3,687
St Mary's Hospital	3,610
Lewisham Hospital	3,600
Whittington Hospital	3,532
North Middlesex Hospital	3,456
Royal Free Hospital	3,206
Queen Mary's (Sidcup)	2,966
Ealing Hospital	2,648
TOTAL NHS	122,511

APPENDIX 5 **Home Births in NHS Maternity Units**
Source – London LSA – Data obtained from Heads of Midwifery

Trust Maternity Units	Home Births 2006 to 2007		
	Total Women Delivered	Home Births	Home Birth %
Barking Havering & Redbridge	9,386	142	1.5%
Barnet & Chase Farm	6,705	33	0.5%
Central Middlesex & Northwick Park	4,792	22	0.5%
Chelsea & Westminster	4,651	32	0.7%
Ealing Hospital	2,648	33	1.2%
Guy's & St Thomas's	6,416	167	2.6%
Hillingdon Hospital	3,796	64	1.7%
Homerton Hospital	4,850	20	0.4%
Kings College Hospital	4,924	373	7.6%
Kingston Hospital	5,027	51	1.0%
Lewisham Hospital	3,600	115	3.2%
Mayday Hospital	4,661	54	1.2%
Newham Hospital	4,986	26	0.5%
North Middlesex Hospital	3,456	67	1.9%
Princess Royal	3,687	109	3.0%
Queen Charlotte's Hospital	4,821	54	1.1%
Queen Elizabeth	4,135	116	2.8%
Queen Mary's (Sidcup)	2,966	61	2.1%
Royal Free Hospital	3,206	45	1.4%
St Georges Hospital	4,895	152	3.1%
St Helier and Epsom Hospitals	5,007	91	1.8%
St Mary's Hospital	3,610	51	1.4%
The Royal London Hospital	4,193	42	1.0%
University College Hospital	3,832	44	1.1%
West Middlesex Hospital	3,864	86	2.2%
Whipps Cross Hospital	4,865	31	0.6%
Whittington Hospital	3,532	89	2.5%
TOTAL NHS	122,511	2,170	1.8%

APPENDIX 6 Caesarean Section Rates NHS Maternity Units
Source: London LSA – Data obtained from Heads of Midwifery

NHS CS Rates - April 2006 to March 2007	
Trust Maternity Units	Caesareans Sections (%)
Queen Charlotte's Hospital	34.4%
University College Hospital	30.8%
Lewisham Hospital	30.7%
Guy's & St Thomas's	30.3%
Newham Hospital	28.6%
Central Middlesex & Northwick Park	28.3%
St Mary's Hospital	28.3%
Royal Free Hospital	28.1%
Chelsea & Westminster	27.8%
Princess Royal	27.5%
Queen Mary's (Sidcup)	26.9%
St Helier and Epsom Hospitals	26.7%
Kingston Hospital	26.5%
Ealing Hospital	26.4%
Barnet & Chase Farm	26.4%
Whipps Cross Hospital	25.9%
The Royal London Hospital	25.4%
Homerton Hospital	25.0%
Whittington Hospital	24.0%
St Georges Hospital	23.7%
Hillingdon Hospital	23.5%
Mayday Hospital	23.5%
Kings College Hospital	22.5%
West Middlesex Hospital	22.3%
Barking Havering & Redbridge	21.7%
Queen Elizabeth	21.3%
North Middlesex Hospital	20.2%

APPENDIX 7

Detailed Clinical Activity in London Maternity Units

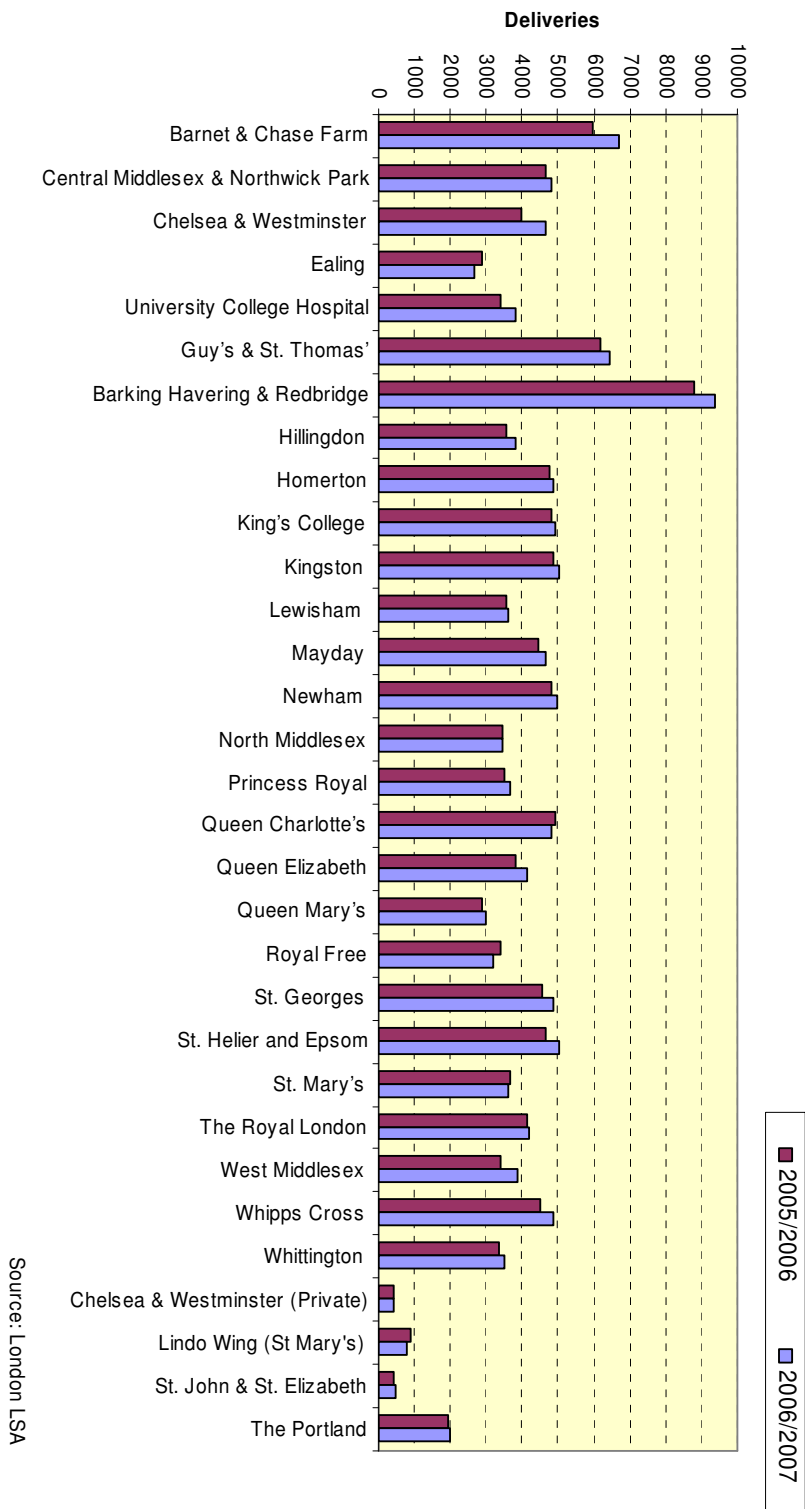
	Clinical Activity - April 2006 to March 2007															
Trust Maternity Units	Total Women Delivered	Total Births	Planned Inductions	Accelerated Labours	Episiotomies	Epidurals with Vaginal Births	Epidurals/Spinals with Caesarean Sections	Planned Caesarean Sections		Emergency Caesarean Sections		Forceps Deliveries	Ventouse Deliveries	Ventouse deliveries by Midwives	Vaginal Breech Deliveries	Still Births
								Primip	Multip	Primip	Multip					
Barking Havering & Redbridge	9,386	9,499	1,438	2,277	1,489	2,197	1,895	710		1,326		264	637	0	34	71
Barnet & Chase Farm	6,705	6,798	1,032	1,382	785	1,123	586	672		1,100		163	427	0	26	27
Central Middlesex & Northwick Park	4,792	4,858	761	891	763	530	331	111	319	620	308	116	376	0	32	40
Chelsea & Westminster	4,651	4,734	756	651	655	844	641	216	338	531	210	242	476	0	6	20
Ealing Hospital	2,648	2,687	509	577	423	420	666	242		458		41	117	0	10	23
Guy's & St Thomas's	6,416	6,556	1,120	308	76	1,060	1,897	820	613	220	291	242	591	0	71	36
Hillingdon Hospital	3,796	3,800	631	651	745	269	864	68	253	379	193	126	421	0	9	22
Homerton Hospital	4,850	4,948	618	784	485	353	777	406	32	739	34	192	265	0	45	24
Kings College Hospital	4,924	5,028	602	592	517	742	1,015	111	291	425	281	121	520	0	43	40
Kingston Hospital	5,027	5,112	955	1,031	843	1,025	1,225	184	411	501	235	119	592	0	23	21
Lewisham Hospital	3,600	3,645	377	295	398	468	949	281	248	296	281	58	225	N/A	18	28
Mayday Hospital	4,661	4,727	698	605	557	395	1,006	91	291	444	268	96	315	0	37	29
Newham Hospital	4,986	5,063	803	882	794	527	1,306	88	313	536	487	72	212	0	25	33
North Middlesex Hospital	3,456	3,509	568	329	456	372	635	42	212	165	279	66	207	0	38	28
Princess Royal	3,687	3,764	662	635	461	729	932	107	311	366	230	78	347	0	15	18
Queen Charlotte's Hospital	4,821	4,970	985	515	674	1,479	1,583	244	495	0	919	207	467	0	30	49
Queen Elizabeth	4,135	4,183	512	474	412	651	794	79	196	372	233	73	251	0	15	31
Queen Mary's (Sidcup)	2,966	3,023	555	439	415	394	757	67	273	283	176	88	249	0	11	17
Royal Free Hospital	3,206	3,260	372	919	470	785	792	0	0	0	0	72	350	7	9	11
St Georges Hospital	4,895	4,995	688	931	626	976	1,024	122	328	496	216	128	437	0	21	34
St Helier and Epsom Hospitals	5,007	5,091	798	426	737	1,220	1,270	486		851		183	556	0	23	26
St Mary's Hospital	3,610	3,669	575	593	473	466	707	115	287	430	190	88	380	0	19	25
The Royal London Hospital	4,193	4,312	595	264	609	593	937	81	219	435	329	81	304	0	9	27
University College Hospital	3,832	3,998	717	1,472	512	818	906	252	223	375	332	129	261	0	22	32
West Middlesex Hospital	3,864	3,908	528	671	509	928	800	153	237	325	147	134	305	0	4	25
Whipps Cross Hospital	4,865	4,934	716	1,532	953	590	1,224	79	362	366	452	140	254	0	11	34
Whittington Hospital	3,532	3,586	735		523	254	408	78	230	355	183	183	330	0	20	23
TOTAL NHS	122,511	124,657	19,306	20,126	16,360	20,208	25,927	7,354	5,033	13,681	4,987	3,502	9,872	7	626	794
Chelsea & Westminster (Private)	394	0	83	57	27	73	175	41	68	44	23	17	66	0	0	0
Lindo Wing (St Mary's)	811	841	193	189	134	377	378	58	142	125	53	27	116	0	0	1
St John and St Elizabeth	479	483	68	50	47	162	126	21	39	42	20	19	33	0	0	0
The Portland Hospital	1,998	2,034	326	270	204	793	987	233	449	200	125	68	184	0	1	5
TOTAL INCLUDING PRIVATE SECTOR	126,193	128,015	19,976	20,692	16,772	21,613	27,593	7,707	5,731	14,092	5,208	3,633	10,271	7	627	800

Detailed Statistical Breakdown of Clinical Activity in London Maternity Units

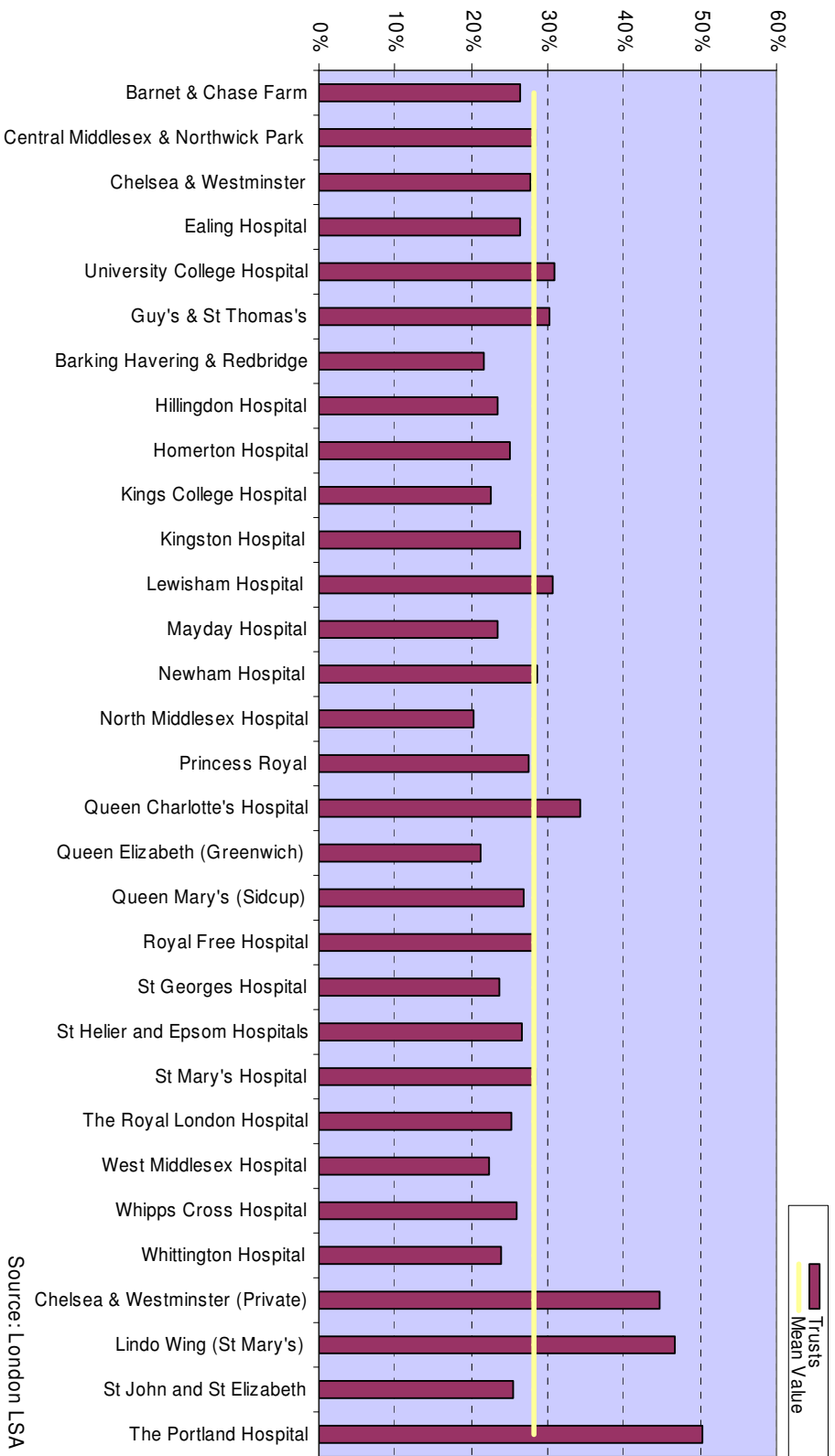
Statistics April 2006 to March 2007

	Caesareans Sections (%)	Planned Inductions (%)	Accelerated Labours (%)	Episiotomies (%)	Epidurals with Vaginal Births (%)	Epidurals/ Spinals with Caesarean Sections (%)	Forceps Deliveries (%)	Ventouse Deliveries (%)	Vaginal Breech Deliveries (%)	Still Births (%)
Trust Maternity Units										
Barking Havering & Redbridge	21.7%	15.3%	24.3%	15.9%	23.4%	20.2%	2.8%	6.8%	0.4%	0.7%
Barnet & Chase Farm	26.4%	15.4%	20.6%	11.7%	16.7%	8.7%	2.4%	6.4%	0.4%	0.4%
Central Middlesex & Northwick Park	28.3%	15.9%	18.6%	15.9%	11.1%	6.9%	2.4%	7.8%	0.7%	0.8%
Chelsea & Westminster	27.8%	16.3%	14.0%	14.1%	18.1%	13.8%	5.2%	10.2%	0.1%	0.4%
Ealing Hospital	26.4%	19.2%	21.8%	16.0%	15.9%	25.2%	1.5%	4.4%	0.4%	0.9%
Guy's & St Thomas's	30.3%	17.5%	4.8%	1.2%	16.5%	29.6%	3.8%	9.2%	1.1%	0.5%
Hillingdon Hospital	23.5%	16.6%	17.1%	19.6%	7.1%	22.8%	3.3%	11.1%	0.2%	0.6%
Homerton Hospital	25.0%	12.7%	16.2%	10.0%	7.3%	16.0%	4.0%	5.5%	0.9%	0.5%
Kings College Hospital	22.5%	12.2%	12.0%	10.5%	15.1%	20.6%	2.5%	10.6%	0.9%	0.8%
Kingston Hospital	26.5%	19.0%	20.5%	16.8%	20.4%	24.4%	2.4%	11.8%	0.5%	0.4%
Lewisham Hospital	30.7%	10.5%	8.2%	11.1%	13.0%	26.4%	1.6%	6.3%	0.5%	0.8%
Mayday Hospital	23.5%	15.0%	13.0%	12.0%	8.5%	21.6%	2.1%	6.8%	0.8%	0.6%
Newham Hospital	28.6%	16.1%	17.7%	15.9%	10.6%	26.2%	1.4%	4.3%	0.5%	0.7%
North Middlesex Hospital	20.2%	16.4%	9.5%	13.2%	10.8%	18.4%	1.9%	6.0%	1.1%	0.8%
Princess Royal	27.5%	18.0%	17.2%	12.5%	19.8%	25.3%	2.1%	9.4%	0.4%	0.5%
Queen Charlotte's Hospital	34.4%	20.4%	10.7%	14.0%	30.7%	32.8%	4.3%	9.7%	0.6%	1.0%
Queen Elizabeth	21.3%	12.4%	11.5%	10.0%	15.7%	19.2%	1.8%	6.1%	0.4%	0.7%
Queen Mary's (Sidcup)	26.9%	18.7%	14.8%	14.0%	13.3%	25.5%	3.0%	8.4%	0.4%	0.6%
Royal Free Hospital	28.1%	11.6%	28.7%	14.7%	24.5%	24.7%	2.2%	10.9%	0.3%	0.3%
St Georges Hospital	23.7%	14.1%	0.0%	12.8%	19.9%	20.9%	2.6%	8.9%	0.4%	0.7%
St Helier and Epsom Hospitals	26.7%	15.9%	8.5%	14.7%	24.4%	25.4%	3.7%	11.1%	0.5%	0.5%
St Mary's Hospital	28.3%	15.9%	16.4%	13.1%	12.9%	19.6%	2.4%	10.5%	0.5%	0.7%
The Royal London Hospital	25.4%	14.2%	6.3%	14.5%	14.1%	22.3%	1.9%	7.3%	0.2%	0.6%
University College Hospital	30.8%	18.7%	38.4%	13.4%	21.3%	23.6%	3.4%	6.8%	0.6%	0.8%
West Middlesex Hospital	22.3%	13.7%	17.4%	13.2%	24.0%	20.7%	3.5%	7.9%	0.1%	0.6%
Whipps Cross Hospital	25.9%	14.7%	31.5%	19.6%	12.1%	25.2%	2.9%	5.2%	0.2%	0.7%
Whittington Hospital	24.0%	20.8%	0.0%	14.8%	7.2%	11.6%	5.2%	9.3%	0.6%	0.6%
Chelsea & Westminster (Private)	44.7%	21.1%	14.5%	6.9%	18.5%	44.4%	4.3%	16.8%	0.0%	0.0%
Lindo Wing (St Mary's)	46.6%	23.8%	23.3%	16.5%	46.5%	46.6%	3.3%	14.3%	0.0%	0.1%
St John and St Elizabeth	25.5%	14.2%	10.4%	9.8%	33.8%	26.3%	4.0%	6.9%	0.0%	0.0%
The Portland Hospital	50.4%	16.3%	13.5%	10.2%	39.7%	49.4%	3.4%	9.2%	0.1%	0.2%

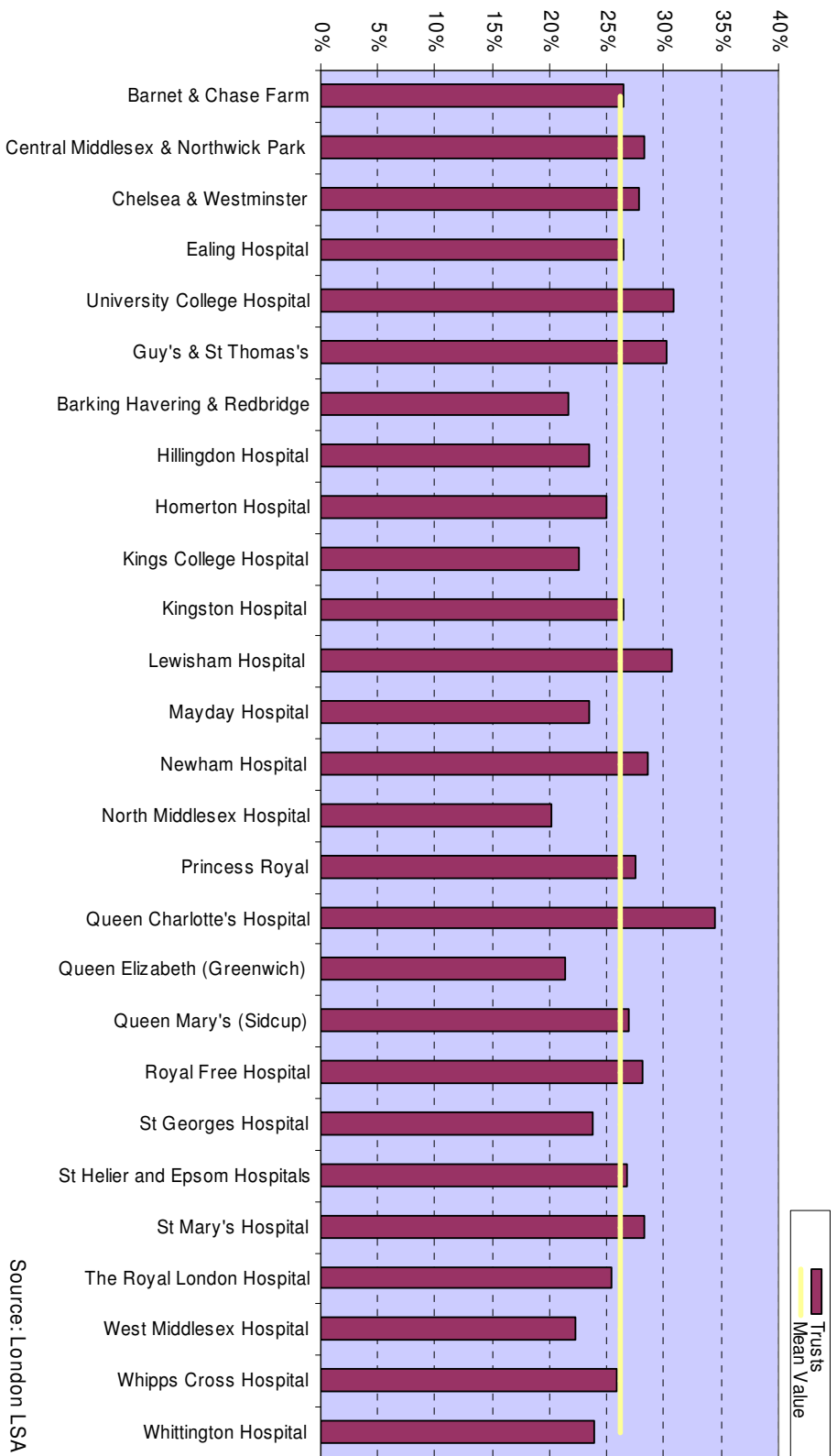
Maternity Unit Activity Trends 2005 - 2007



London Maternity Units - Caesarean Section Rates 2006 to 2007



London **NHS** Maternity Units - Caesarean Section Rates 2006 to 2007



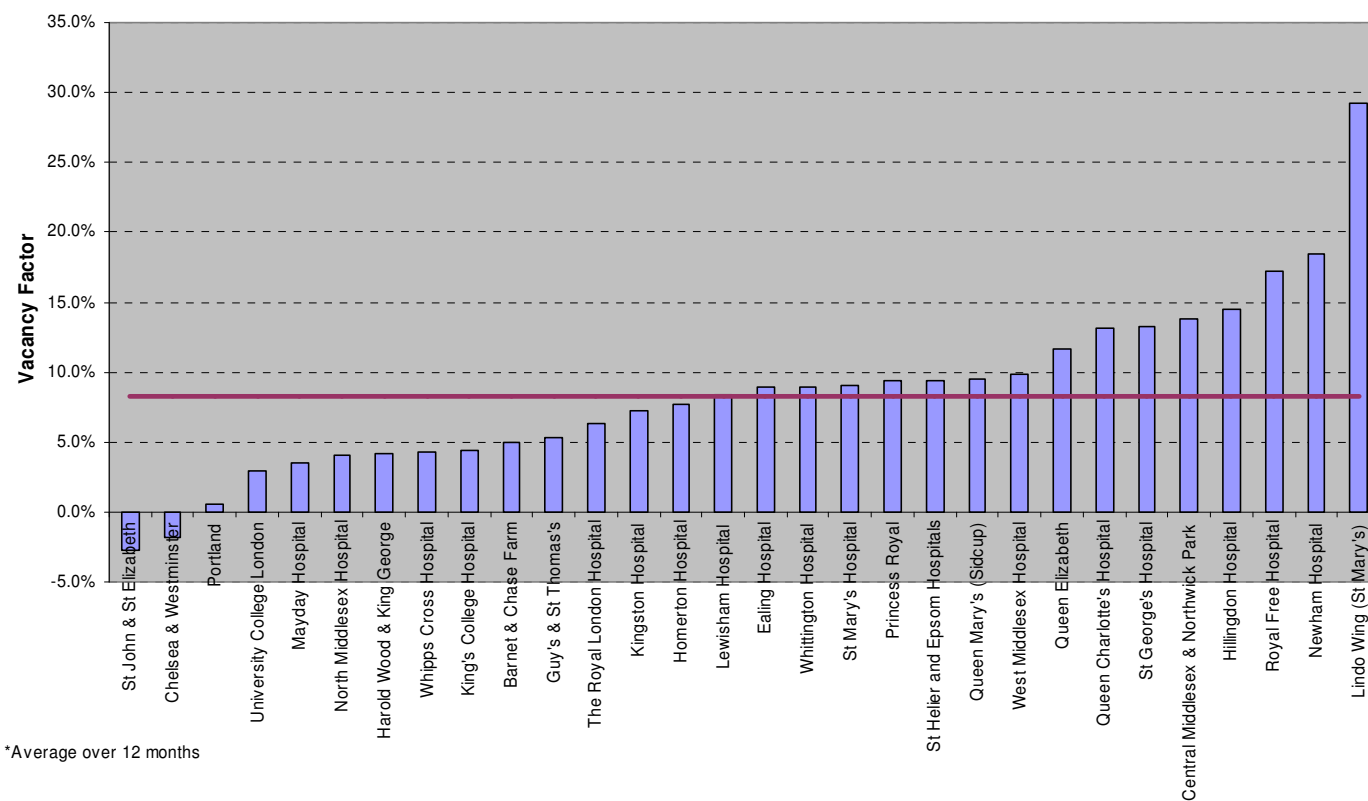
APPENDIX 11

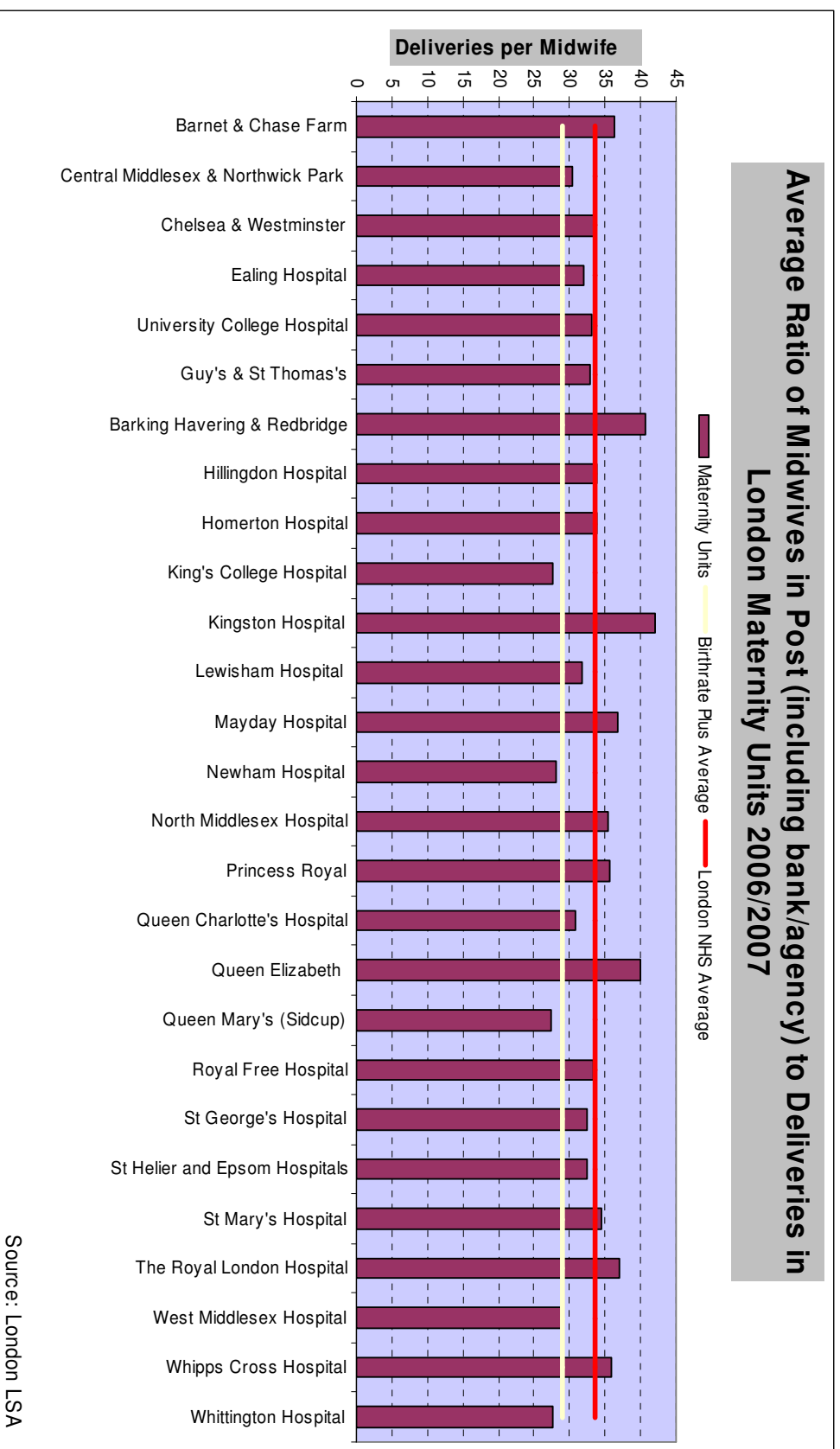
Maternity Service	Vacancy %
2006-2007	
St John & St Elizabeth	-2.8%
Chelsea & Westminster	-1.9%
Portland	0.6%
University College London	2.9%
Mayday Hospital	3.5%
North Middlesex Hospital	4.1%
Harold Wood & King George	4.2%
Whipps Cross Hospital	4.3%
King's College Hospital	4.4%
Barnet & Chase Farm	5.0%
Guy's & St Thomas's	5.3%
The Royal London Hospital	6.4%
Kingston Hospital	7.3%
Homerton Hospital	7.7%
Lewisham Hospital	8.4%
Ealing Hospital	8.9%
Whittington Hospital	9.0%
St Mary's Hospital	9.1%
Princess Royal	9.4%
St Helier and Epsom Hospitals	9.4%
Queen Mary's (Sidcup)	9.5%
West Middlesex Hospital	9.8%
Queen Elizabeth	11.6%
Queen Charlotte's Hospital	13.1%
St George's Hospital	13.3%
Central Middlesex & Northwick Park	13.9%
Hillingdon Hospital	14.5%
Royal Free Hospital	17.2%
Newham Hospital	18.4%
Lindo Wing (St Mary's)	29.3%
London Total	8.3%

Average Vacancy Rates by Maternity Unit

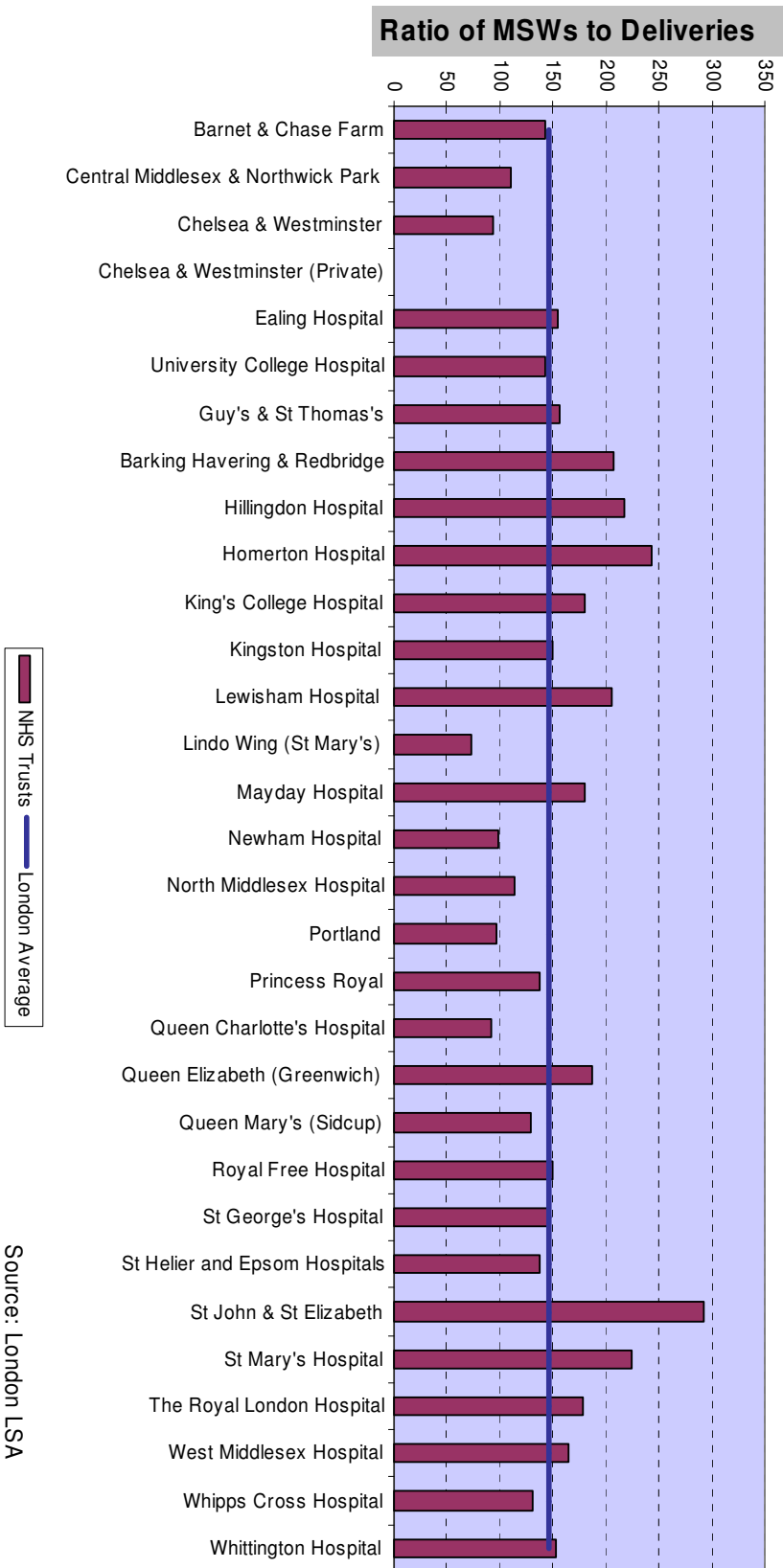
Source: London LSA

Midwife *Vacancy Factor by Trust April 2006 to March 2007

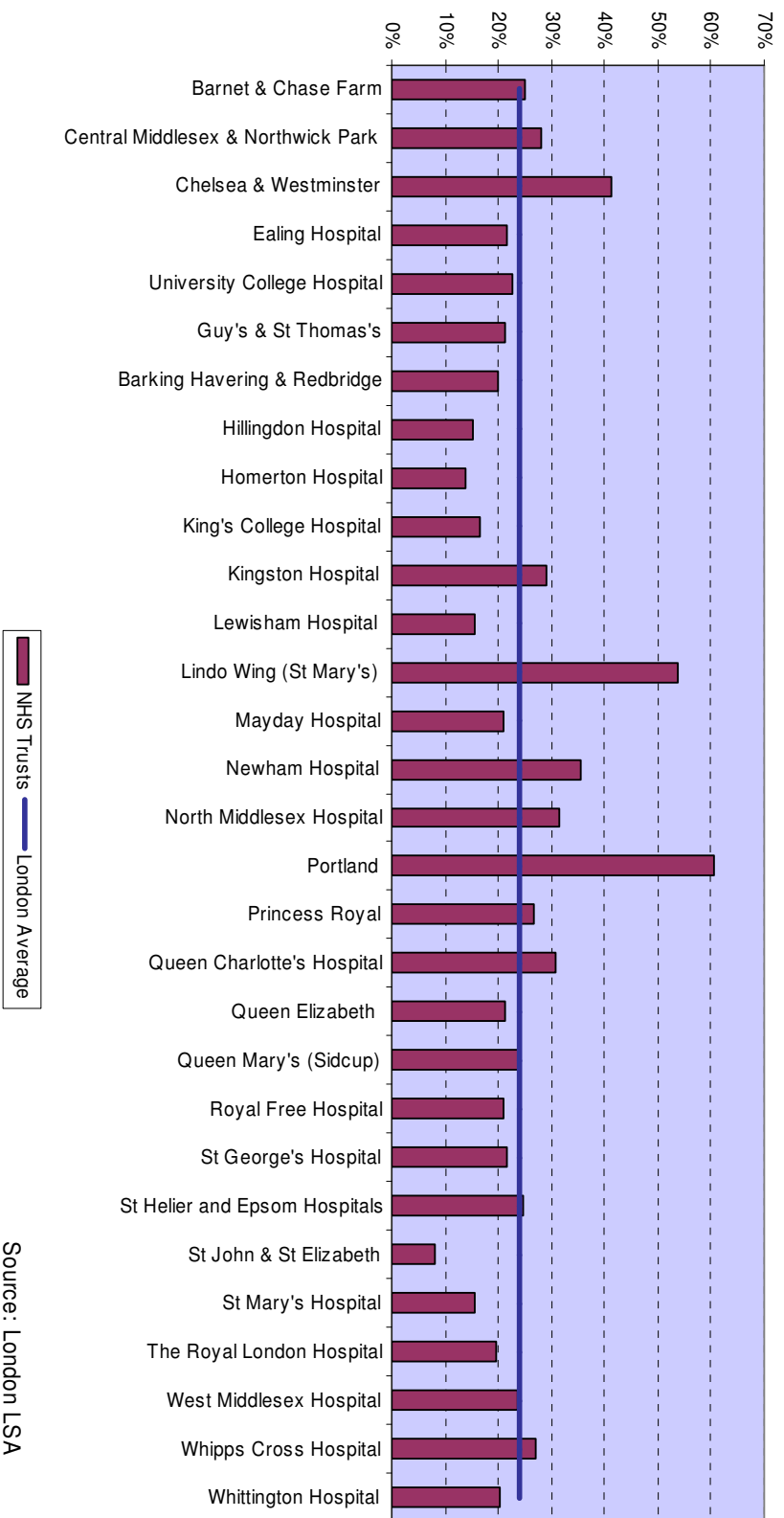




Average Ratio of Funded Maternity Support Workers (MSW) to Deliveries in London Maternity Units 2006/2007



Ratio of Funded Maternity Support Workers (MSW) to Funded Midwives (All Grades) in London Maternity Units 2006/2007



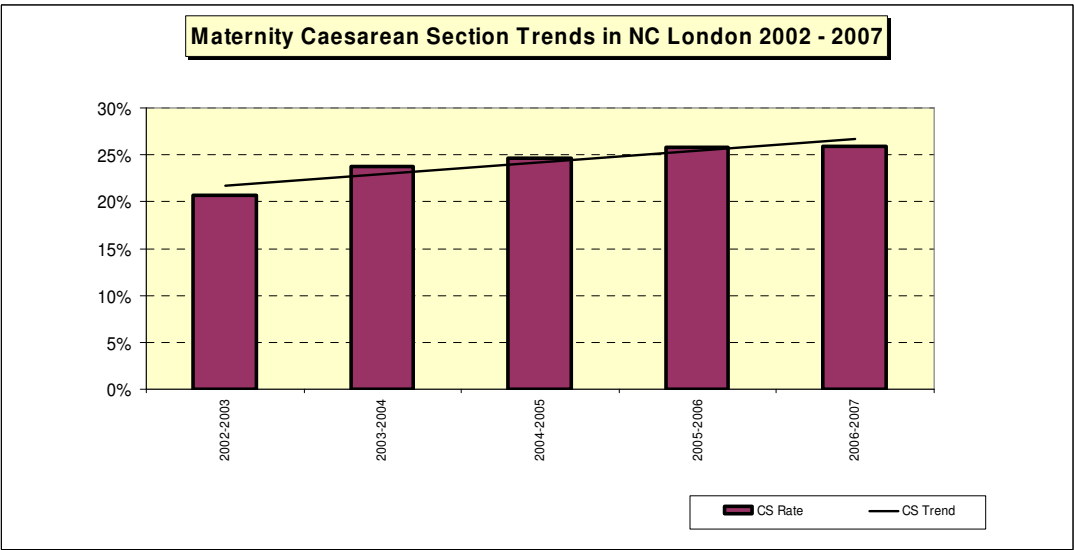
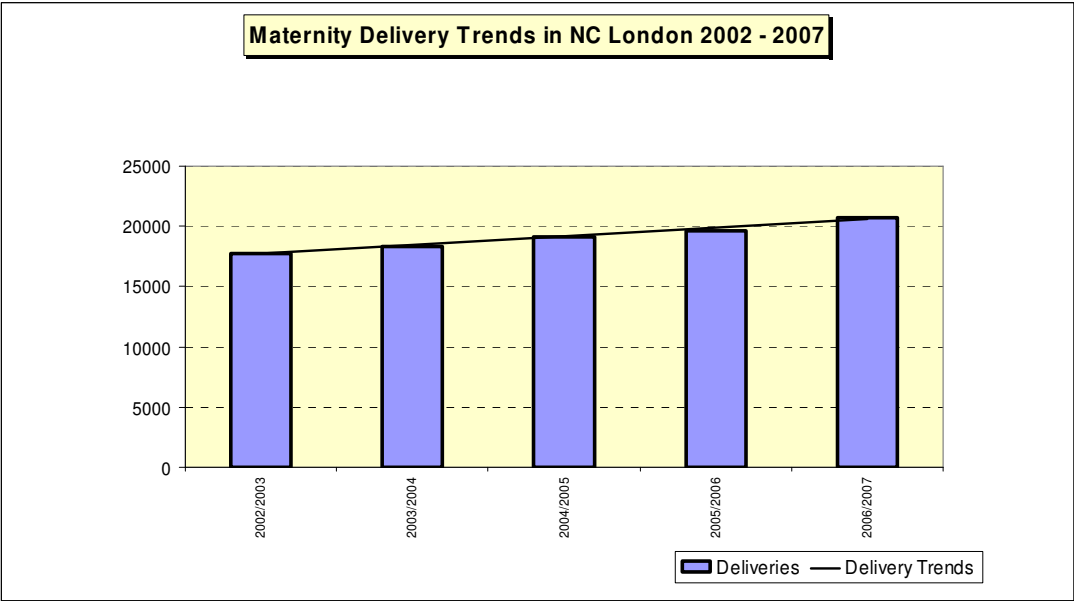
Source: London LSA

APPENDIX 15 North Central London Strategic Health Authority

Victory House, 170 Tottenham Court Road, London, W1T 7HA

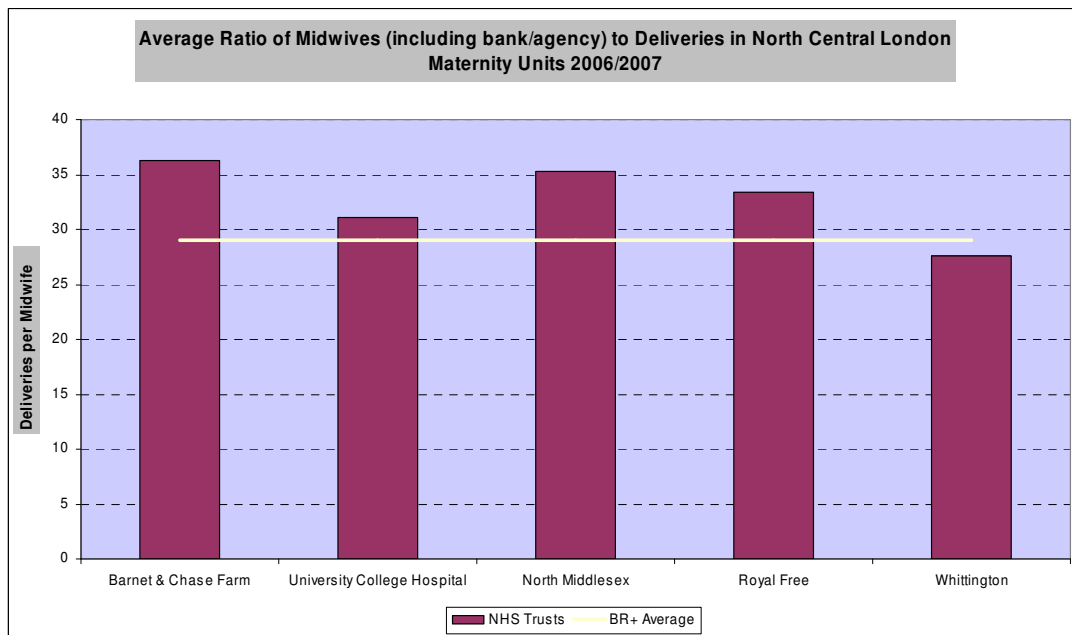
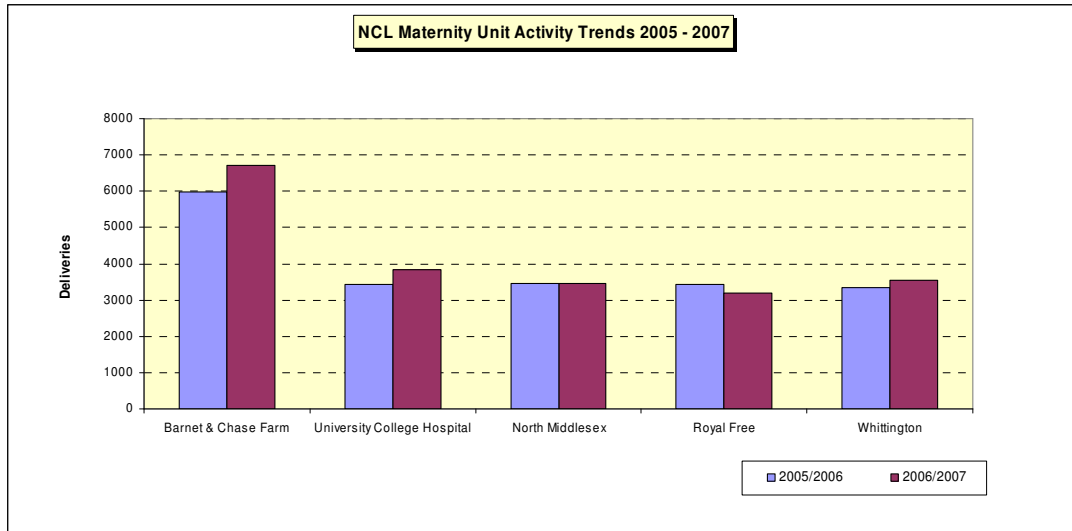
Activity and Workforce Information

Source: London LSA



North Central London Strategic Health Authority Activity and Workforce Information

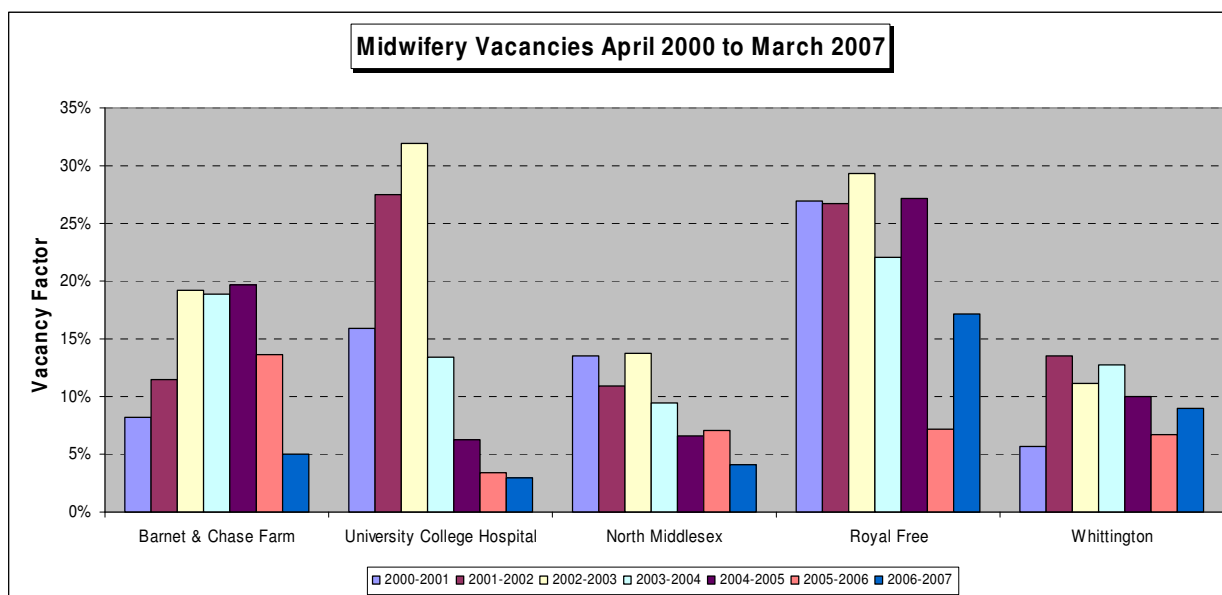
Source: London LSA



North Central London Strategic Health Authority Activity and Workforce Information

Source: London LSA

NCL Midwife Vacancies							
Unit/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Barnet & Chase Farm	8%	11%	19%	19%	20%	14%	5%
University College Hospital	16%	28%	32%	13%	6%	3%	3%
North Middlesex	14%	11%	14%	9%	7%	7%	4%
Royal Free	27%	27%	29%	22%	27%	7%	17%
Whittington	6%	14%	11%	13%	10%	7%	9%
Sector Total	13%	17%	21%	16%	15%	8%	7%
London Total	13%	15%	15%	16%	15%	11%	8%



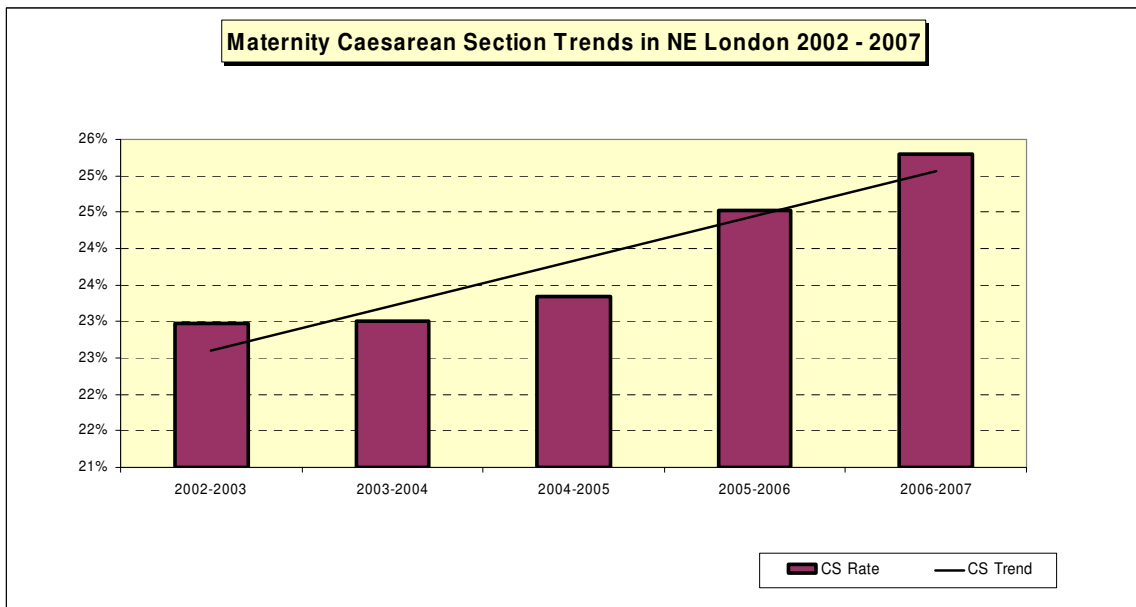
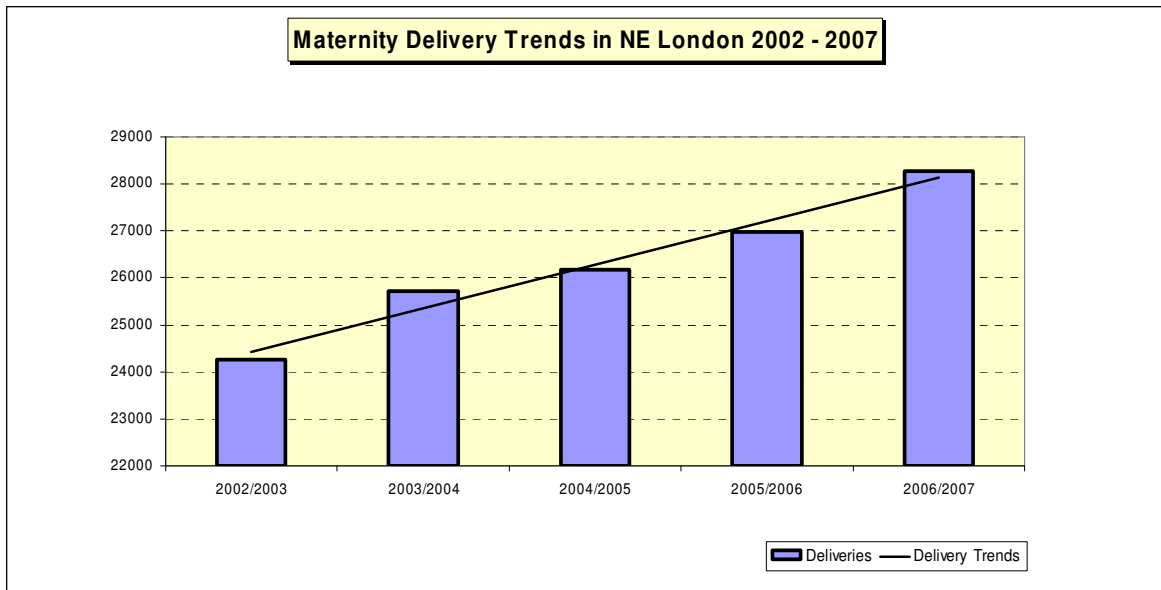
APPENDIX 16

North East London Strategic Health Authority

Aneurin Bevan House, 81 Commercial Road, London, E1 1RD

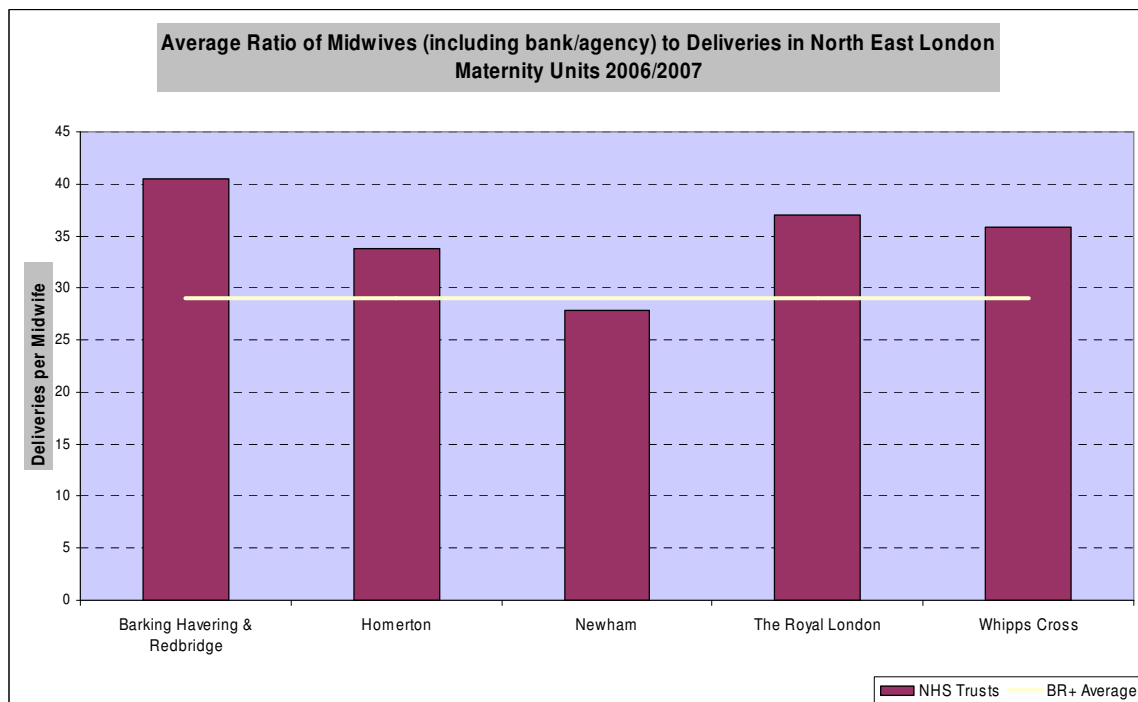
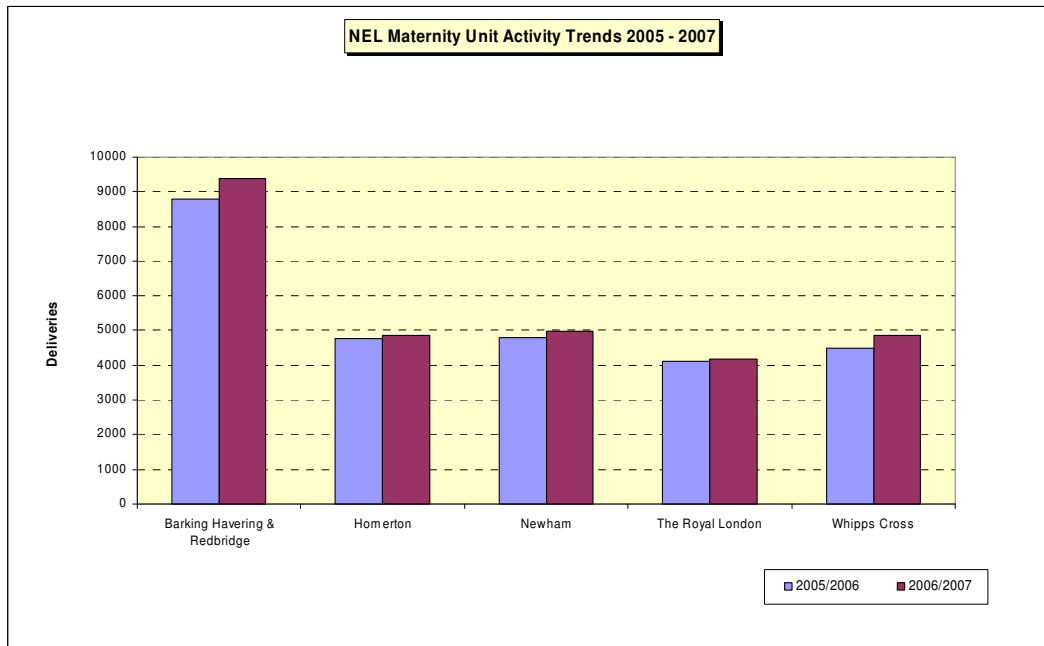
Activity and Workforce Information

Source: London LSA



North East London Strategic Health Authority Activity and Workforce Information

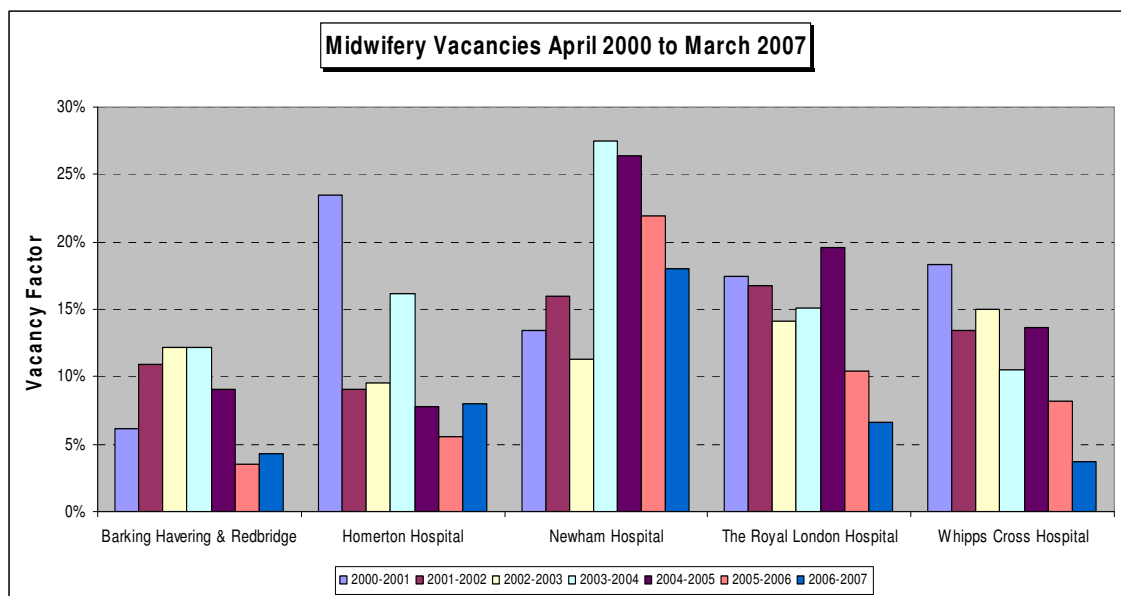
Source: London LSA



**North East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

NEL Midwife Vacancies							
Unit/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Barking Havering & Redbridge	6%	11%	12%	12%	9%	3%	4%
Homerton Hospital	23%	9%	10%	16%	8%	6%	8%
Newham Hospital	13%	16%	11%	27%	26%	22%	18%
The Royal London Hospital	17%	17%	14%	15%	20%	10%	7%
Whipps Cross Hospital	18%	13%	15%	11%	14%	8%	4%
Sector Total	14%	13%	12%	16%	14%	9%	8%
London Total	13%	15%	15%	16%	15%	7%	8%



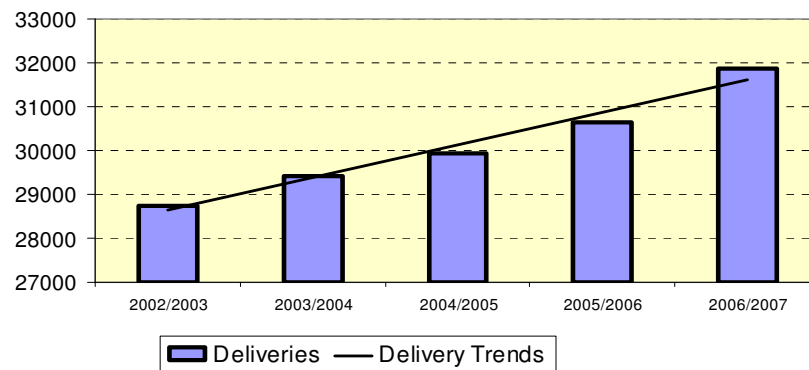
APPENDIX 17 North West London Strategic Health Authority

Victory House, 170 Tottenham Court Road, London, W1T 7HA

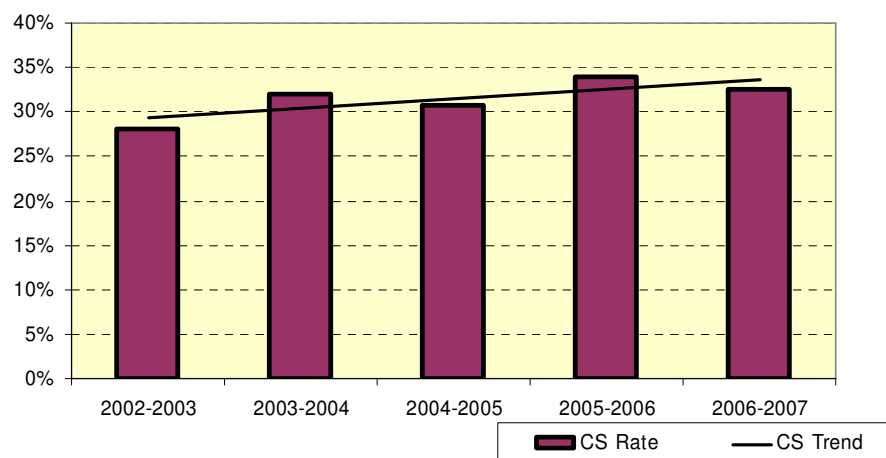
Activity and Workforce Information

Source: London LSA

Maternity Delivery Trends in NW London 2002 - 2007

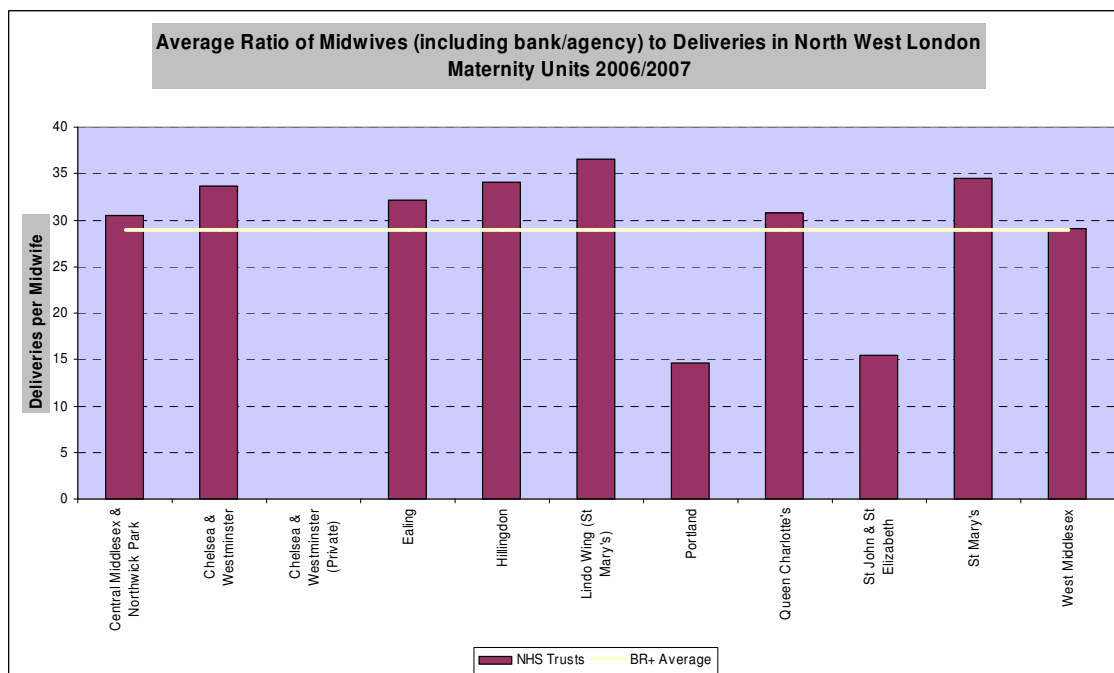
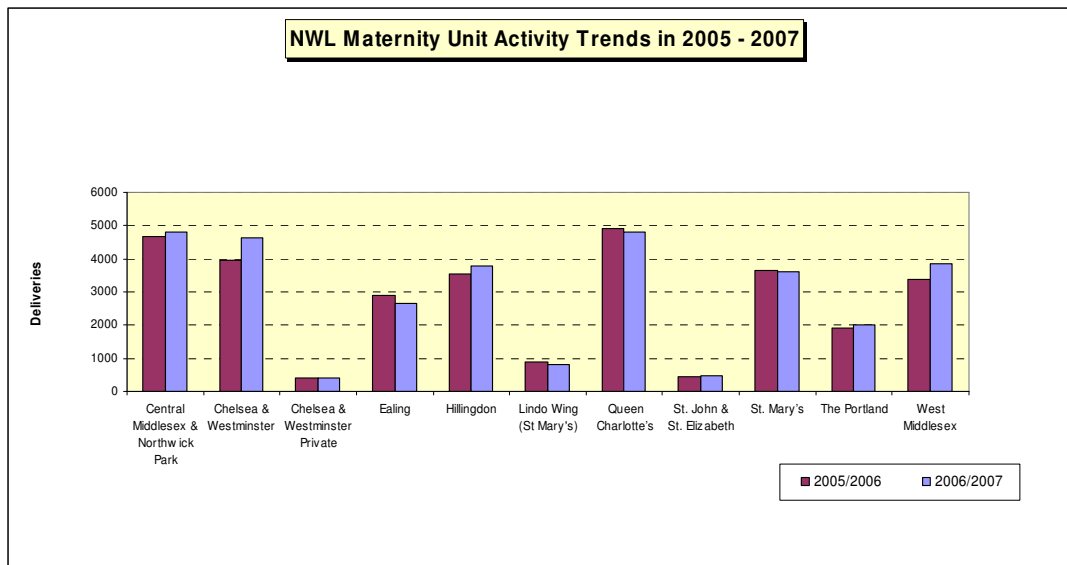


Maternity Caesarean Section Trends in NW London 2002 - 2007



North West London Strategic Health Authority Activity and Workforce Information

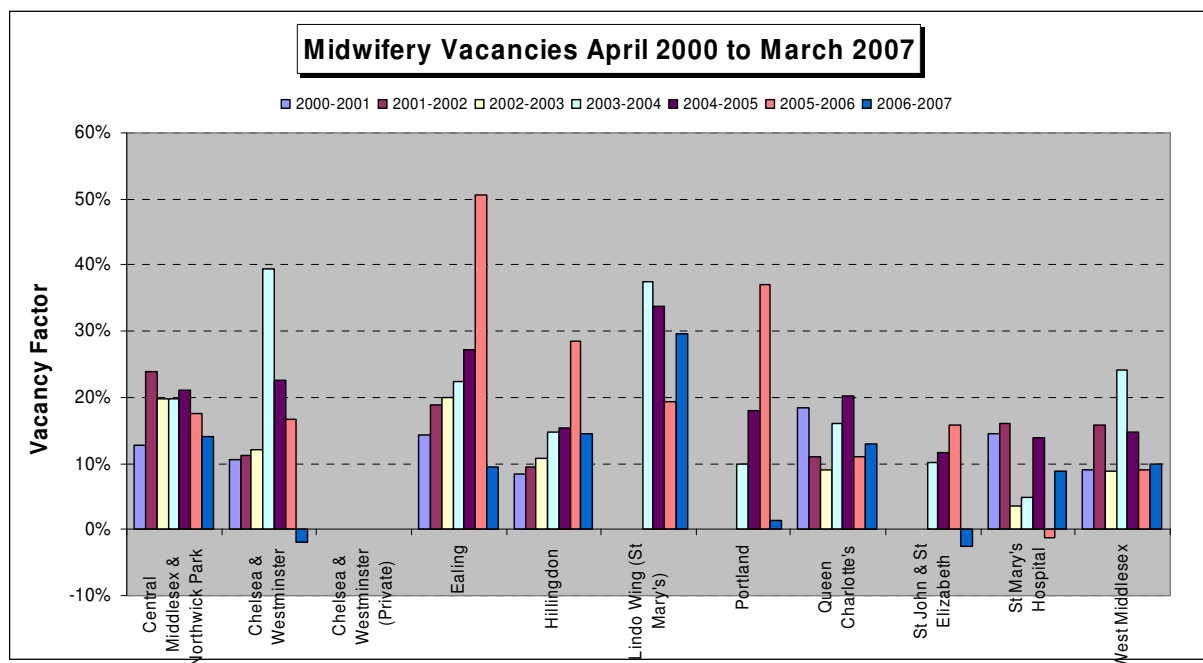
Source: London LSA



North West London Strategic Health Authority Activity and Workforce Information

Source: London LSA

NWL Midwife Vacancies							
Unit/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Central Middlesex & Northwick Park	13%	24%	20%	20%	21%	18%	14%
Chelsea & Westminster	10%	11%	12%	39%	23%	17%	-2%
Chelsea & Westminster (Private)	na	na	na	na	na	na	na
Ealing	14%	19%	20%	22%	27%	51%	9%
Hillingdon	8%	9%	11%	15%	15%	29%	15%
Lindo Wing (St Mary's)	na	na	na	37%	34%	19%	30%
Portland	na	na	na	10%	18%	37%	1%
Queen Charlotte's	18%	11%	9%	16%	20%	11%	13%
St John & St Elizabeth	na	na	na	10%	12%	16%	-3%
St Mary's Hospital	14%	16%	4%	5%	14%	-1%	9%
West Middlesex	9%	16%	9%	24%	15%	9%	10%
Sector Total	13%	15%	12%	20%	20%	18%	10%
London Total	13%	15%	15%	16%	15%	7%	8%

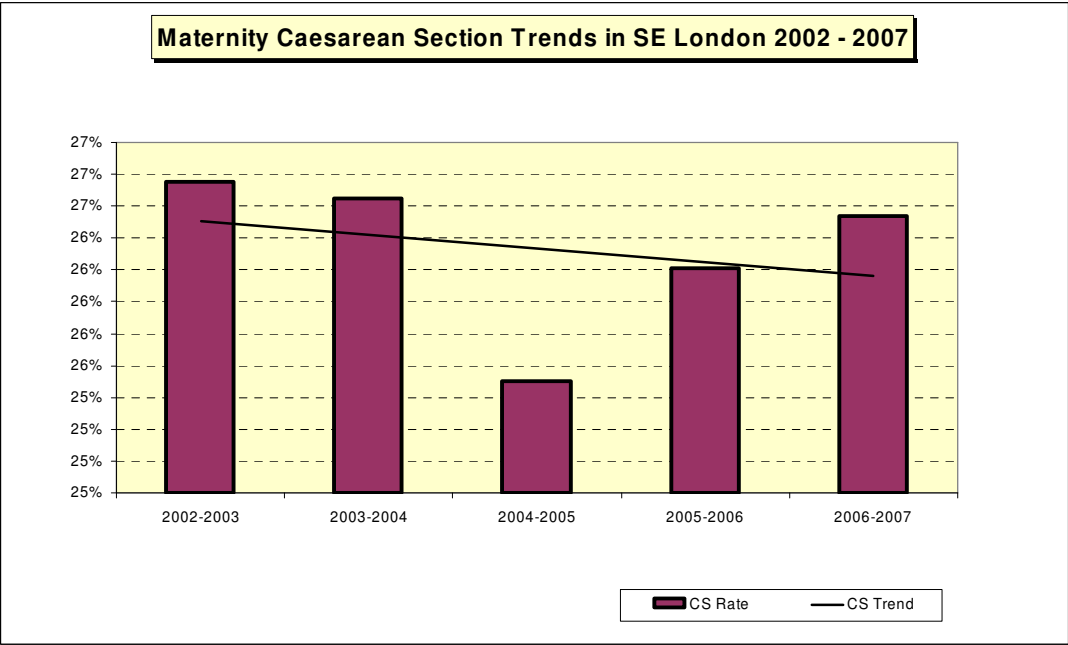
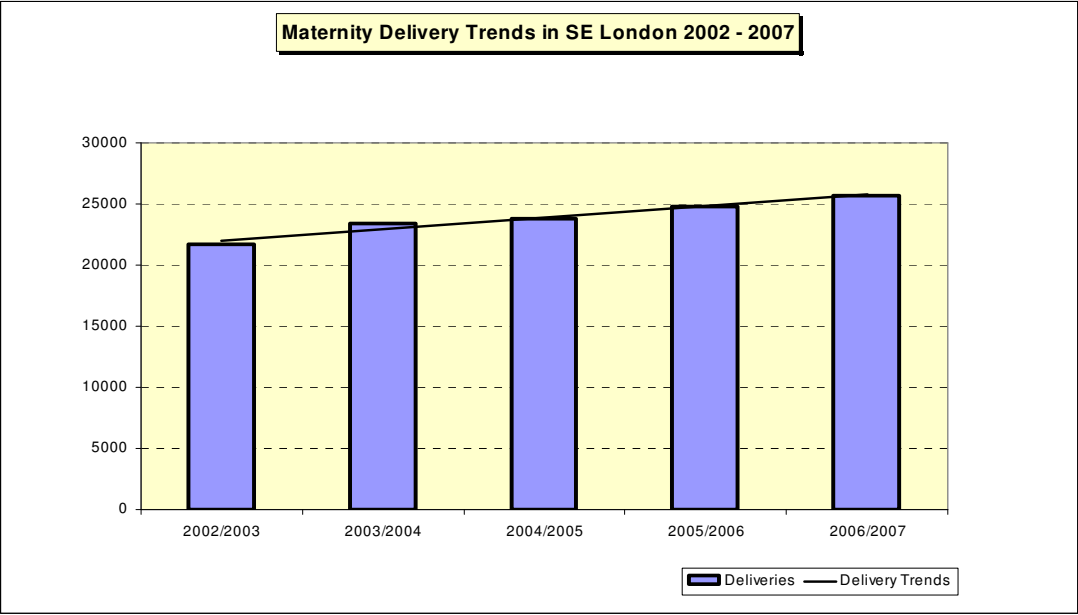


APPENDIX 18 South East London Strategic Health Authority

1 Lower Marsh, London, SE1 7NT

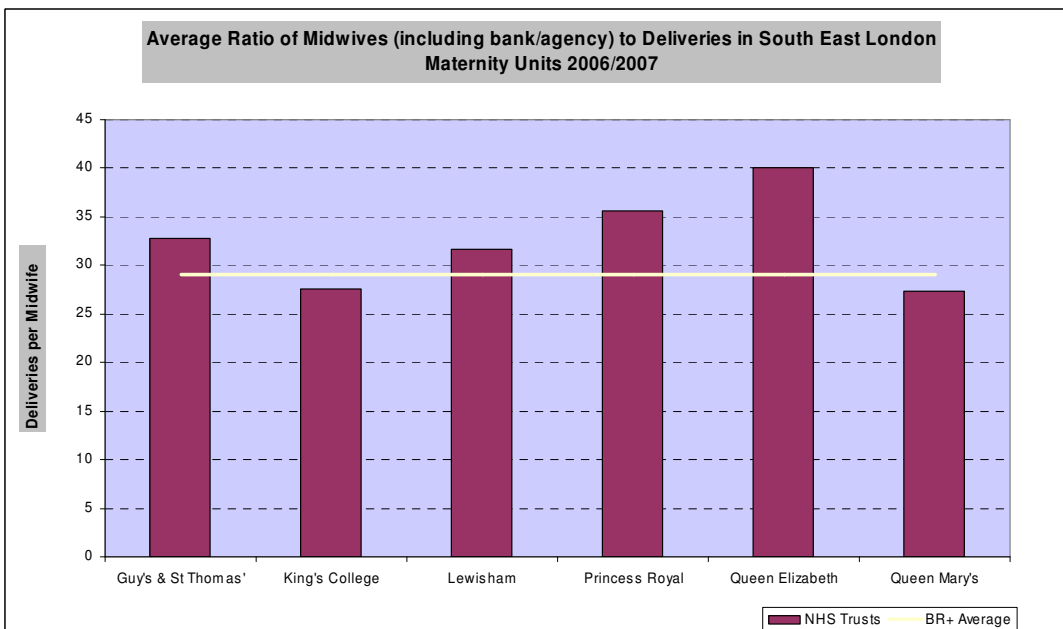
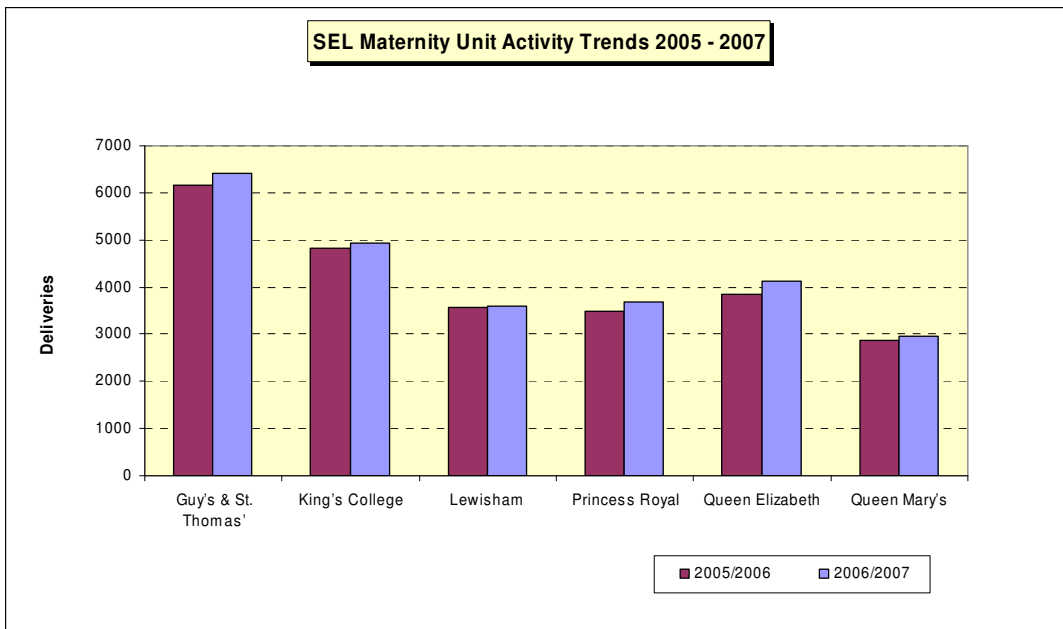
Activity and Workforce Information

Source: London LSA



South East London Strategic Health Authority Activity and Workforce Information

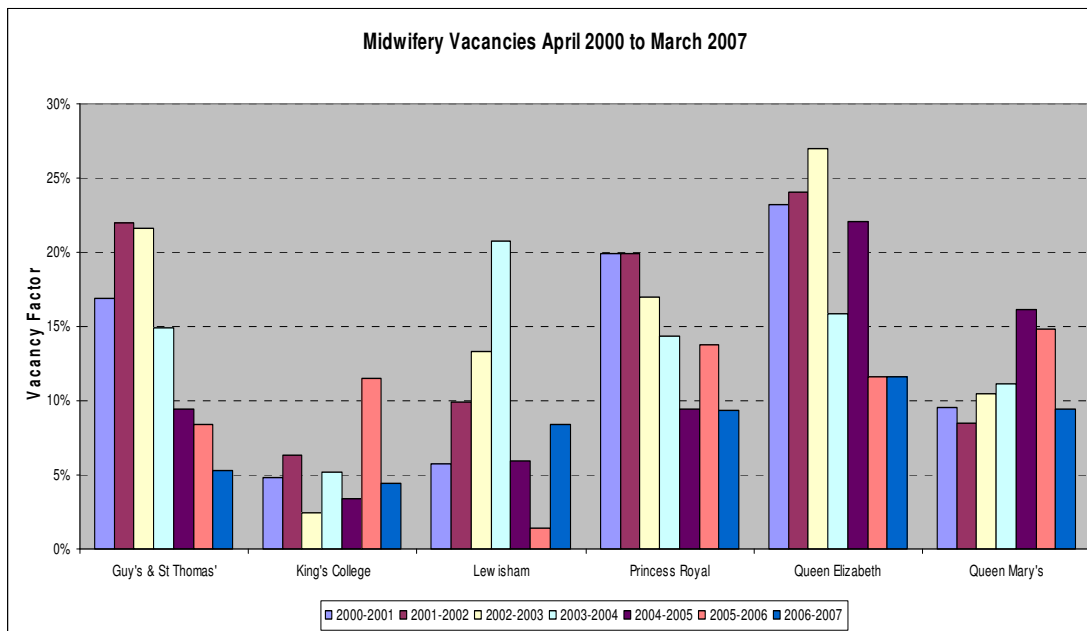
Source: London LSA



**South East London Strategic Health Authority
Activity and Workforce Information**

Source: London LSA

SEL Midwife Vacancies							
Unit/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Guy's & St Thomas'	17%	22%	22%	15%	9%	8%	5%
King's College	5%	6%	2%	5%	3%	12%	4%
Lewisham	6%	10%	13%	21%	6%	1%	8%
Princess Royal	20%	20%	17%	14%	9%	14%	9%
Queen Elizabeth	23%	24%	27%	16%	22%	12%	12%
Queen Mary's	10%	8%	10%	11%	16%	15%	9%
Sector Total	13%	15%	15%	13%	11%	8%	7%
London Total	13%	15%	15%	16%	15%	7%	8%



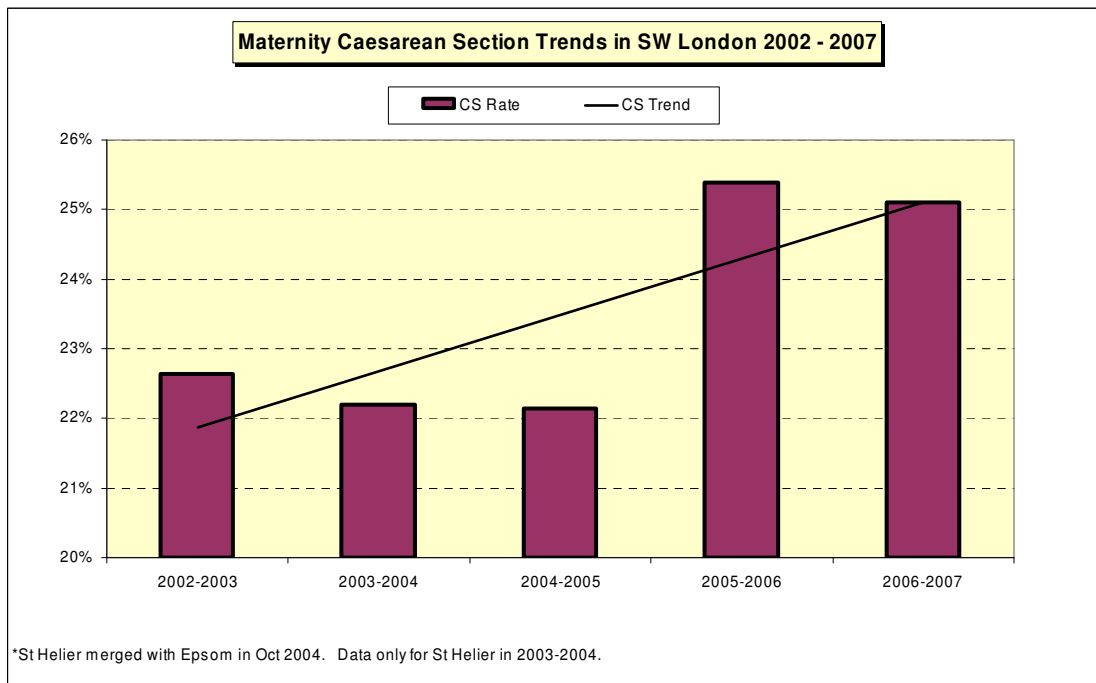
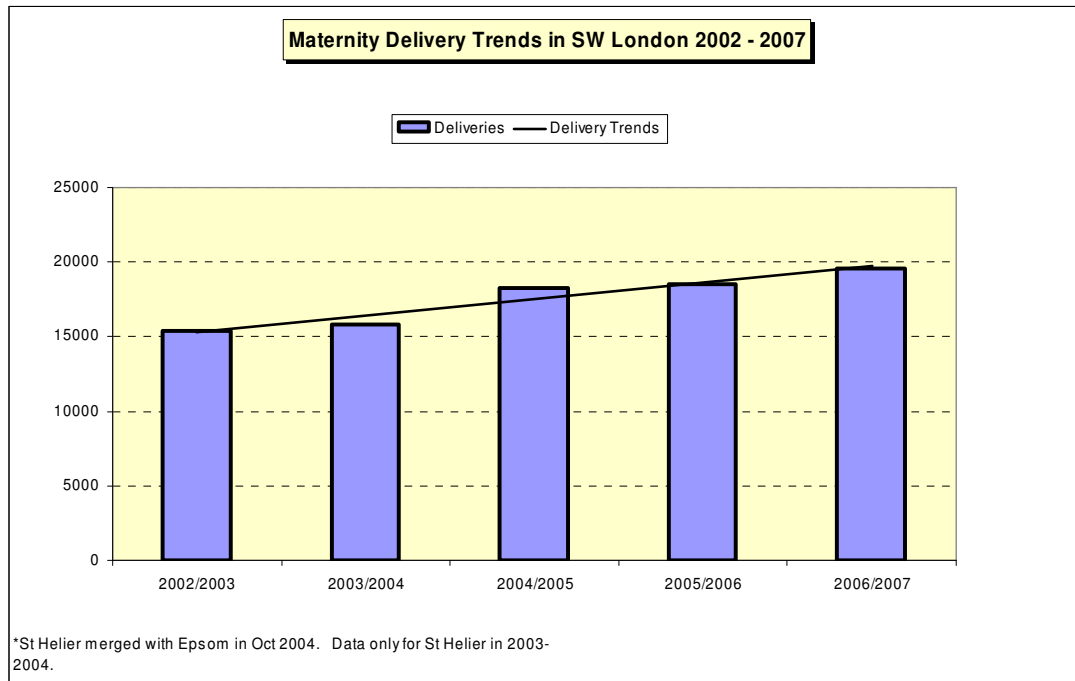
APPENDIX 19

South West London Strategic Health Authority

41 – 47 Hartfield House, Wimbledon, London, SW19 3RG

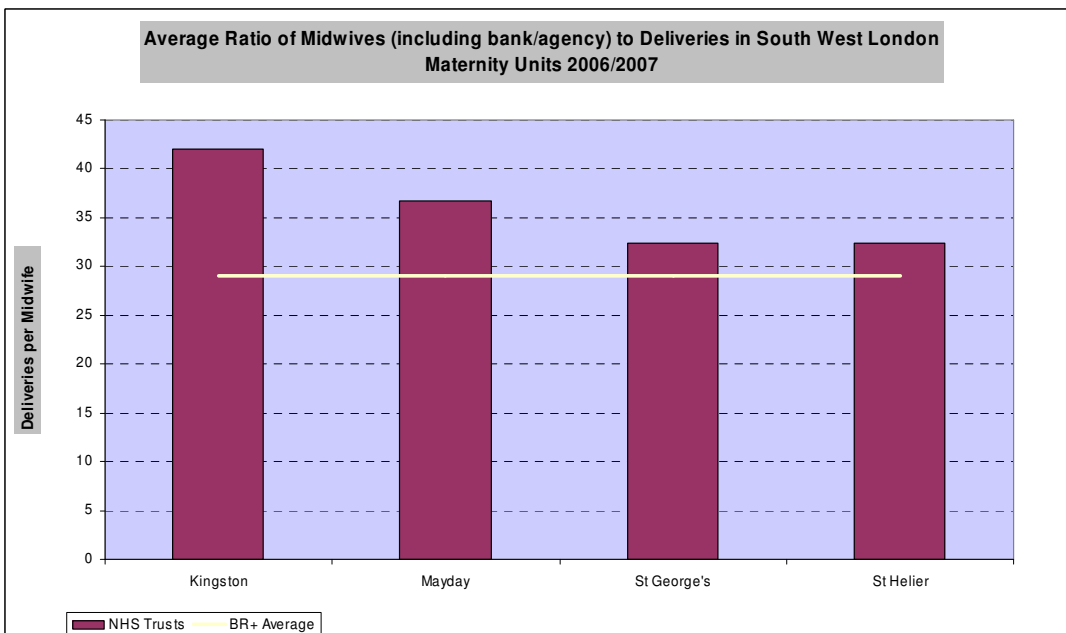
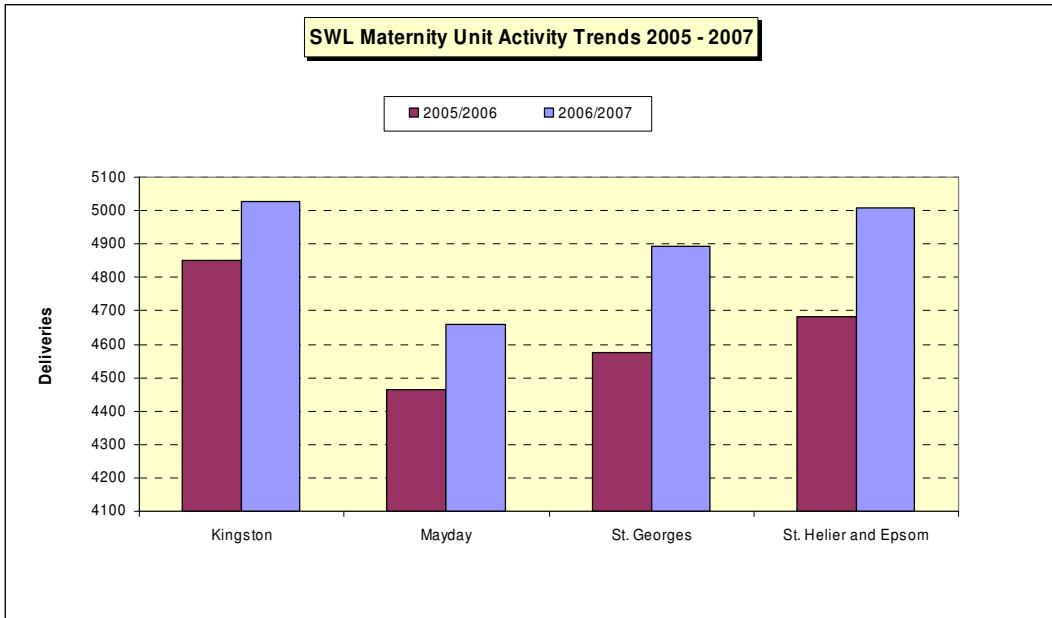
Activity and Workforce Information

Source: London LSA



South West London Strategic Health Authority Activity and Workforce Information

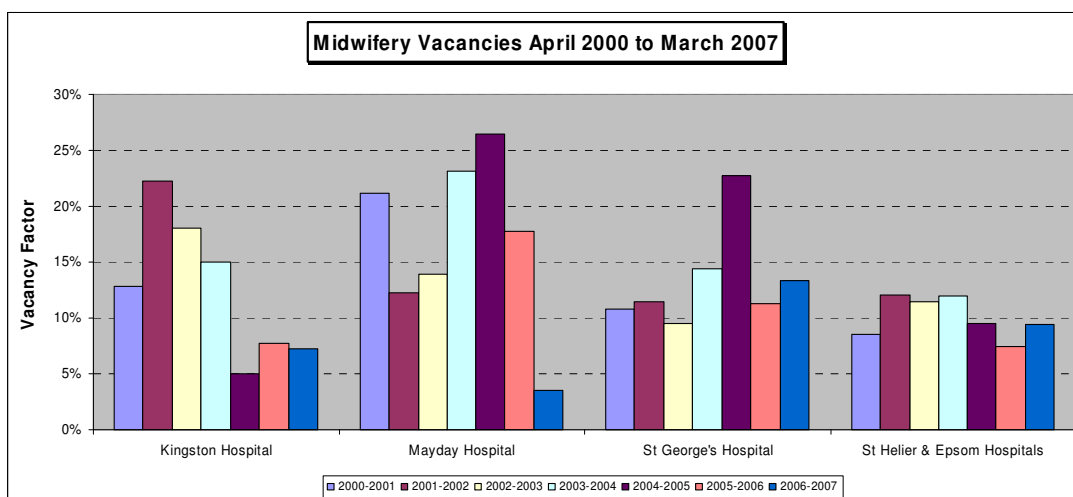
Source: London LSA



South West London Strategic Health Authority Activity and Workforce Information

Source: London LSA

SWL Midwife Vacancies							
Unit/Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Kingston Hospital	13%	22%	18%	15%	5%	8%	7%
Mayday Hospital	21%	12%	14%	23%	27%	18%	3%
St George's Hospital	11%	11%	10%	14%	23%	11%	13%
St Helier & Epsom Hospitals	9%	12%	12%	12%	9%	7%	9%
Sector Total	14%	15%	13%	16%	17%	11%	9%
London Total	13%	15%	15%	16%	15%	11%	8%



APPENDIX 20

Self Assessment of NMC Standards

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	Notifications (ITP) by Local Supervising Authority				
	In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:				
	i) Publish annually the name and address of the person to whom the notice must be sent	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	ii) Publish annually the date by which it must receive intention to practise forms from midwives in its area	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	iii) Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	✓			LSA upload to NMC
	ix) Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	✓			LSA upload to NMC
5	Suspension from Practice by a Local Supervising Authority				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
	i) Publish how it will investigate any alleged impairment of a midwife's fitness to practise	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	ii) Publish how it will determine whether or not to suspend a midwife from practice	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	iii) Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	✓			Correspondence
	ix) Publish the process for appeal against any decision	✓			See LSA Policies & Guidelines on www.midwife.org.uk
9	Records				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:				
	i) Publish local procedures for the transfer of midwifery records from self-employed midwives	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	ii) Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	✓			LSA Audit
	iii) Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	✓			LSA Audit & LSA database
	ix) Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	✓			LSA Audit & LSA database
	x) Publish local procedures for retention and transfer of records relating to statutory supervision	✓			See LSA Policies & Guidelines on www.midwife.org.uk
11	Eligibility for Appointment as a Supervisor of Midwives				
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:				
	i) Publish their policy for the appointment of any new supervisor of midwives in their area	✓			See LSA Policies & Guidelines on www.midwife.org.uk
	ii) Maintain a current list of supervisors of midwives	✓			LSA database
	iii) Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period	✓			LSA Annual Report

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
12	The Supervision of Midwives				
	To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:				
	i) Publish the local mechanism for confirming any midwife's eligibility to practise	√			LSA Audited standards
	ii) Implement the NMC's rules and standards for supervision of midwives	√			LSA Audited standards
	iii) Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)		√		Local variations
	To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:				
	iv) Set up systems to facilitate communication links between and across local supervising authority boundaries	√			Sector networks; contact SOM meetings; LSAMO forum; LSA/NMC forum
	v) Enable timely distribution of information to all supervisors of midwives	√			Web site and email
	vi) Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	√			Web site and email
	vii) Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice	√			LSA audit process and many others
	To ensure there is support for the supervision of midwives the local supervising authority will:				
	viii) Monitor the provision of protected time and administrative support for supervisors of midwives	√			LSA Audit
	ix) Promote woman-centred, evidenced-based midwifery practice	√			LSA Audit
	x) Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	√			LSA Audit
	A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:				
	xi) Supervisors of midwives are available to offer guidance and support to women accessing maternity services	√			LSA Audited standards
	xii) Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	√			LSA Audited standards
	xiii) Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	√			LSA Audited standards; letters of appointment
	xiv) Supervisors of midwives provide professional leadership	√			LSA Audited standards
	xv) Supervisors of midwives are approachable and accessible to midwives to support them in their practice	√			LSA Audited standards & selection process

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
13	The Local Supervising Authority Midwifery Officer				
	In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:				
	i) Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	√			Systems in place
	ii) Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	√			Systems in place
	iii) Manage the performance of the appointed local supervising authority midwifery officer	√			Appraisal
	ix) Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	√			Systems in place
	x) Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met	√			Systems in place

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
15	Publication of Local Supervising Authority Procedures				
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:				
	i) Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents	√			See LSA Policies & Guidelines on www.midwife.org.uk
	ii) Publish the investigative procedure	√			See LSA Policies & Guidelines on www.midwife.org.uk
	iii) Liase with key stakeholders to enhance clinical governance systems	√			LSA Audit
	To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer or supervisor of midwives, the local supervising authority will:				
	iv) Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives	√			Systems in place
	v) Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment	√			Systems in place
	vi) Publish the process for appeal against the decision to remove	√			See LSA Policies & Guidelines on www.midwife.org.uk
	vii) Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion	√			Systems in place
	viii) Consult the NMC for advice and guidance in such matters	√			Systems in place

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
16	Annual Report				
	Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:				
	i) Numbers of supervisor of midwives appointments, resignations and removals	√			LSA upload to NMC
	ii) Details of how midwives are provided with continuous access to a supervisor of midwives	√			LSA Audit
	iii) Details of how the practice of midwifery is supervised	√			LSA Audit
	iv) Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	√			LSA Audit Reports
	v) Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	√			LSA Audit & LSA Annual Report
	vi) Details of any new policies related to the supervision of midwives	√			In the public domain
	vii) Evidence of developing trends affecting midwifery practice in the local supervising authority	√			LSA Annual Report
	viii) Details of the number of complaints regarding the discharge of the supervisory function	√			LSA Annual Report
	ix) Reports on all local supervising authority investigations undertaken during the year	√			LSA Annual Report

Note: There is no change from the previous year. The ratio of Supervisors to Midwives remains above 1:15 in a number of Trusts for a variety of reasons. (See 2.4.2)