

South Central Local Supervising Authority



Annual Report to the Nursing and Midwifery Council

1st April 2007- 31st March 2008

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Suzanne Cro
Local Supervising Authority
Midwifery Officer

South Central LSA

Document purpose

This document has been written to meet the standard set within the Nursing and Midwifery Council Rule 16 of the *Midwives Rules and Standards 2004*.

Title South Central Annual Report to the Nursing and Midwifery Council 2007/08

Author Suzanne Cro

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- NHS Trusts CEs
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- Directors of Nursing
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- Heads of Midwifery
- Supervisors of Midwives
- MSLC chairs
- Report to be made available to the public via the communication services at the SHA
- Hard copies of the report are available on request to the LSAMO

Contact details



South Central

South Central Strategic Health Authority

Rivergate House
Newbury Business Park
London Road
Newbury
Berkshire
RG14 2PZ

www.southcentral.nhs.uk

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1 Executive Summary

Supervision is a statutory function (required by law, through an Act of Parliament) that increases protection of the public through a system of self regulation. The Strategic Health Authority has the delegated responsibility to be a Local Supervising Authority (LSA). The LSA has the delegated responsibility for ensuring that the system is in place and that it is functioning. The intention of supervision is that it provides a mechanism for support and guidance to every midwife practising in the United Kingdom (UK). The function of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

Key points summarised

- South Central Local Supervising Authority has met all the standards set by the Nursing and Midwifery Council (NMC), within *The Midwives Rules and Standards* (see appendix 3).
- This *South Central LSA Annual Report to the Nursing and Midwifery Council* will be made available to the public on the Health Authority website.
- The number of supervisors of midwives (SoM) appointments has increased this year, the number of resignations has decreased and there have been no removals.
- There is still more work to be done to meet the NMC recommended ratio 1:15 of supervisors to midwives across the area, as the current ratio remains at 1:16. Succession plans are in place across the region with the aspiration to achieve a 1:12 ratio, which then allows for some flexibility if several SoMs resign or leave the area within the same year.
- All midwives in this LSA are provided with continuous access to a supervisor of midwives 24 hours a day and have a choice of who is their SoM.
- The report includes details of how the practice of midwives is supervised and how this enhances public protection.
- Service users have been involved in monitoring supervision of midwives and assisting in the local supervising authority audits.
- This report provides the evidence that there has been engagement with higher education institutions (HEIs) and that there is supervisory input into midwifery education.
- There have been new national LSA policies related to the supervision of midwives and the current local *South of England LSA Guidance* is being revised.
- The report details some of the current trends affecting midwifery practice - of most significance is the continued trend of a rising birth rate.
- There have been no complaints regarding the discharge of the supervisory function.

- There has been an increase in the number of supervisory investigations undertaken this year and an increase in the number of midwives requiring formal supervised practice programmes.
- The NMC has developed a system for reviewing Local Supervising Authorities. The aim is to ensure that the rules and standards for statutory supervision of midwives and the function of the LSA are being met and to highlight any concerns around protection of the public.
- The recommendations made on completion of the last LSA report, which were supported by the Health Authority Board, have been implemented and will also be audited by the LSA in the 08/09 reporting year (appendix 2).
- Statutory supervision (self regulation of the profession) must continue to be valued, appreciated and recognised as the fundamental safeguard to support midwives and thus protect the safety of mothers and babies in the South Central LSA.

2 Introduction

The Nursing and Midwifery Council is the UK regulator for two professions, nursing and midwifery. The primary purpose of the NMC is protection of the public. It does this through maintaining a register of all nurses, midwives and specialist community public health nurses eligible to practise within the UK and by setting standards for their education, training and conduct.

The Strategic Health Authority (SHA) has the delegated responsibility of carrying out the function of a LSA and it must ensure that the practice of midwives is supervised within its area of responsibility. The NMC has a duty to monitor that South Central LSA is meeting the standards as set by the Council. Rule 16 of *The Midwives Rules and Standards* requires that the LSA must submit a written report to the Council by the 30th September 2008. The purpose of this report is to inform the Strategic Health Authority, the NMC and the public of how the LSA was meeting those standards. It is the responsibility of South Central SHA to ensure that the LSA standards and activities promote safe, high quality care for women and their babies and that it monitors the standards of midwifery practice.

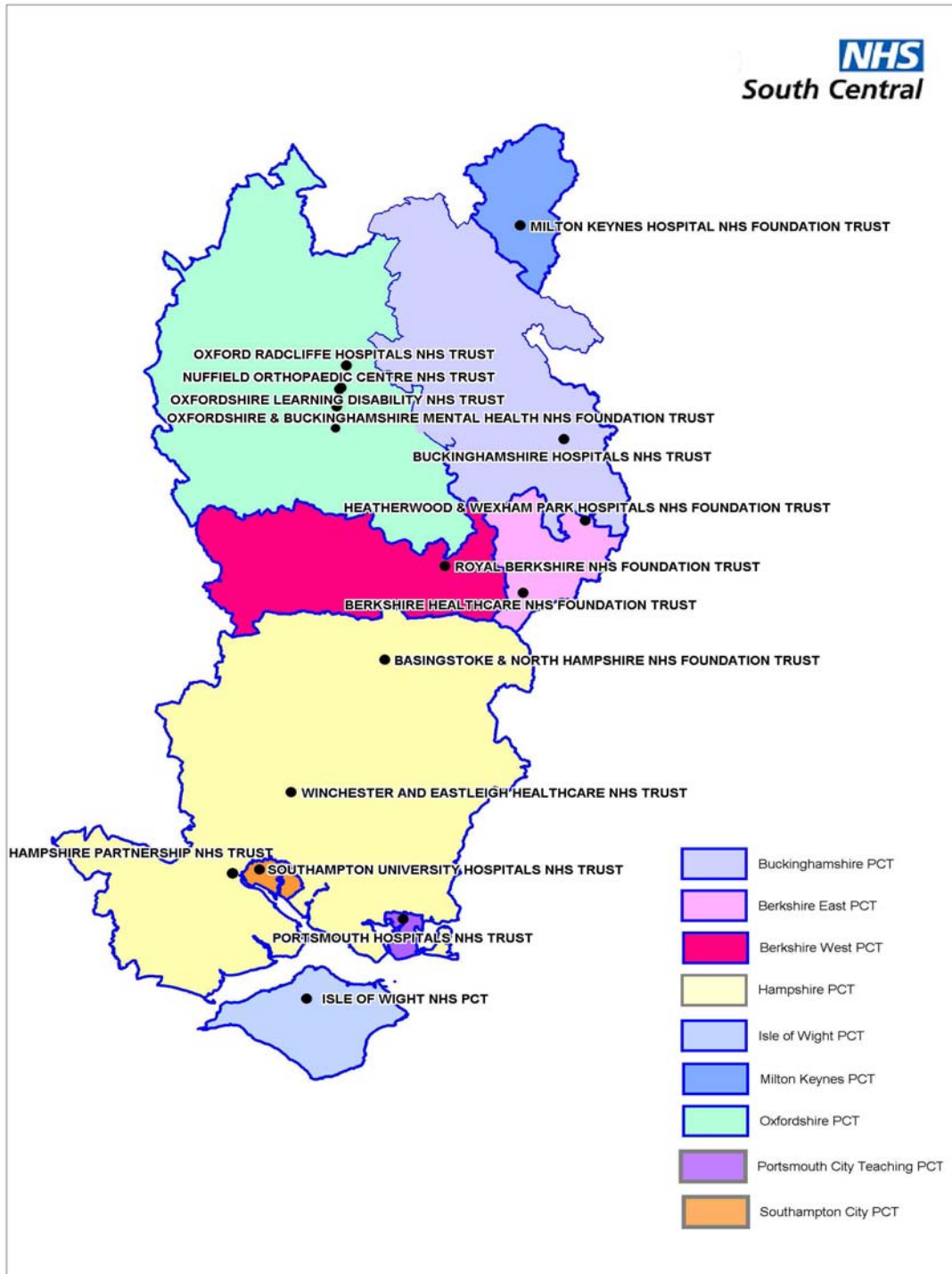
NHS South Central Profile

This information can be found online at

http://www.southcentral.nhs.uk/page.php?area_id=1

There are 23 NHS organisations in the South Central region that provide healthcare to around four million people across 10,000 sq km. NHS South Central encompasses:

- Nine Primary Care Trusts (PCTs) (including a single organisation for the Isle of Wight providing acute hospital, mental health, community, primary care and ambulance services).
- A single ambulance service covering Oxfordshire, Berkshire, Buckinghamshire and Hampshire.
- Nine Acute Trusts providing secondary and tertiary care (including four NHS Foundation Trusts).
- Three Mental Health Trusts, two of which are Foundation Trusts.
- A Learning Disability Trust (Oxfordshire Learning Disability Trust).



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The total budget of NHS South Central is £5bn, this is used to provide primary and secondary healthcare services to the public. Helping to achieve this are more than 88,000 staff working throughout the local

NHS – approximately 5% of the working population - making the NHS one of the largest employers in the South Central area.

Across the NHS South Central region (as of September 2007) there are:

- 30,259 nursing, midwifery and health visiting staff
- 8,369 scientific, therapeutic and technical staff
- 2,744 healthcare scientists
- 9,845 healthcare Assistants and other support staff
- 1,455 ambulance staff
- 2,931 GPs
- 6,699 medical and dental staff including Specialists, Consultants and Registrars working in Hospital, Public Health and Community Health Services.

In 2007:

- There were just over 1 million A&E attendances in the South Central area
- More than 47,000 babies were born
- Across the ambulance Trusts over 250,000 emergency 999 calls were answered, 86,000 of which were deemed life threatening.

The Strategic Health Authority

South Central Strategic Health Authority is an organisation formed by a merger of Thames Valley and Hampshire and the Isle of Wight Strategic Health Authorities which took place on 1 July 2006 as part of a national re-organisation of the NHS. The merger followed local consultation on *Commissioning a Patient Led NHS*, a Government initiative which also set the direction of travel for Primary Care Trust and Ambulance Trusts across England.

South Central Strategic Health Authority is one of ten Strategic Health Authorities across the country. Dr Geoffrey Harris is the Chairman and Jim Easton is the Chief Executive. The main responsibilities of the SHA are to:

- Provide strategic leadership to the local NHS, ensuring national policy is implemented at a local level.
- Lead on organisational and workforce development, ensuring organisations are fit for purpose and that the local NHS has a workforce that will meet the future healthcare needs of the population.

- Performance manage local trusts to ensure local systems operate effectively and deliver improved performance and value for money.

The SHA holds PCTs and Trusts to account for their performance against key targets and in turn SHAs are held to account by the Department of Health to ensure the local NHS is implementing government health policy.

On 1 October 2006 the 25 PCTs which operated in Berkshire, Buckinghamshire, Oxfordshire, Hampshire and the Isle of Wight merged to a total of nine PCTs covering the region. They are:

- [Oxfordshire PCT](#)
- [Buckinghamshire PCT](#)
- [Milton Keynes PCT](#)
- [Berkshire West PCT](#)
- [Berkshire East PCT](#)
- [Hampshire PCT](#)
- [Southampton City PCT](#)
- [Portsmouth City Teaching PCT](#)
- [Isle of Wight NHS PCT](#)

As of 1 July 2006, following a national consultation earlier in the year, the four ambulance trusts covering Oxfordshire, Berkshire, Buckinghamshire and Hampshire merged to create a single trust – [South Central Ambulance Service NHS Trust](#).

On 1 October 2006, on the Isle of Wight a new organisation called Isle of Wight NHS PCT was established to commission and provide acute hospital, mental health, community, primary care and ambulance services.

Maternity services in brief

- The counties covered by South Central LSA are Berkshire, Buckinghamshire, Hampshire, Oxfordshire and the Isle of Wight.
- Maternity services are commissioned by 9 Primary Care Trusts (PCTs) and provided by 9 acute Trusts (of which 4 are Foundation Trusts). The Isle of Wight commission and provide maternity services.
 - Milton Keynes Hospital NHS Foundation Trust (MKH)
 - Buckinghamshire Hospitals NHS Trust (BHT)
 - Oxfordshire Hospitals NHS Foundation Trust (ORH)
 - The Royal Berkshire NHS Foundation Trust (RBH)

- Heatherwood and Wexham Park NHS Foundation Trust (HWWP)
- Basingstoke and North Hampshire NHS Foundation Trust (BNHFT)
- Winchester and Eastleigh Healthcare Trust (WEHT)
- Southampton University Hospitals NHS Trust (SUHT)
- Portsmouth Hospitals NHS Trust (PHT)
- Isle of Wight NHS Primary Care Trust (IoW)
- There are currently no private hospitals providing maternity services.
- A total of 47 604 women gave birth and used NHS services in the 07/08 year.
- There are a small number of self employed midwives who practise independently from NHS organisations.
- The total number of midwives notifying their Intention to Practise midwifery in this LSA was 1940 as of 31st March 2008.
- Women continue to be offered with a choice of place of birth with services being provided at a variety of settings including women's homes, midwifery led birth centres, consultant units and birth centres within hospitals.
- 2% of all births were achieved in women's home.

South Central public health profile at a glance

- *“The health of people in the South Central SHA area is generally better than the average for England.*
- *Levels of deprivation are low and life expectancy for both men and women is higher than average.*
- *However, violent crime rates in South Central appear worse than the England average with almost 82,000 reported incidents in 2006/07.*
- *There are inequalities in health within the region. For example, the health of people from large towns and cities such as Southampton, Portsmouth, Oxford and Slough is generally worse than the national average. In contrast, the health of those from more affluent areas such as Wokingham and Winchester is better than average and well below the national average.*
- *Early deaths from cancer, heart disease and stroke are well below average. While death rates from smoking are also below average, smoking is estimated to account for around 6,500 deaths per year.*
- *Although rates of child poverty are low, there are nearly 115,000 children living in poverty.*
- *The percentage of children classified as obese is lower than average.*
- *Breast feeding initiation rates appear high.*
- *Teenage pregnancy rates are low.*
- *GCSE achievement is slightly higher than average.*

Regional priorities are: improving health and well-being, addressing the underlying causes of ill health in a sustainable way and reducing health inequalities.”

The information in this section has been obtained from APHO and Department of Health. © Crown Copyright 2008. This information is available online at

<http://www.apho.org.uk/resource/item.aspx?RID=52587>

3 Each local supervising authority will ensure their report is made available to the public

This report will be made available to the public once it has been approved by the SHA Board and then it will be posted on the South Central website <http://www.southcentral.nhs.uk/>. Also hard or electronic copies report may be requested directly from the LSAMO or by accessing the communication services at the SHA.

The report last year was made available to the public by being published on the South Central SHA and the NMC website.

- http://www.southcentral.nhs.uk/document_store/11952096823_ha07-101_south_central_local_supervising_authority_annual_report_2006-7.pdf
- <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4055>

Several requests were made for a copy of the report and approximately 30 copies were issued. The LSAMO has received positive feedback on the report and its contents.

4 Numbers of supervisor of midwives appointments, resignations and removals

Supervisors of midwives are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. It is the responsibility of South Central LSA to appoint an adequate number of supervisors to exercise supervision over practising midwives in the area.

Appointments

There were a total of 134 SoMs appointed to the LSA. This represents an increase of 4 supervisors of midwives (1%) in the last year and an increase of 13 (9%) in the last 3 years. Within this reporting year 19 supervisors of midwives have been newly appointed to the role within South Central. Two supervisors of midwives have moved into the area and were then appointed once they had been employed within a Trust for approximately 6 months. There were 17 new SoMs appointed after satisfactory completion of their preparation courses.

Ratio of supervisors of midwives to midwives

For South Central LSA the mean ratio of SoMs to midwives is **1:16**, which is above the recommended NMC ratio of 1:15. The NMC gave South Central LSA an amber risk score for this category (see appendix 1 for NMC LSA Risk Profile Score and section 6 for further discussion). The ratio last year was also 1:16 and there has been no change because currently 6 SoMs have required a leave of absence from their role.

There are currently four Trusts which have levels above the 1:15 ratio:-

- Milton Keynes Hospital NHS Foundation Trust (MKH) 1:18
- Royal Berkshire NHS Foundation Trust (RBH) 1:18
- Southampton University Hospitals Trust (SUHT) 1:24
- Portsmouth Hospitals NHS Trust (PHT) 1:21

The risk of these high SoM to midwife ratios was mitigated against in the following ways:-

- MKH is the only Trust that is not remunerating the SoM team. The LSAMO has worked with the team to prepare a business case for the Trust Board and so remuneration should be achieved later in the year. This is hoped to act as an incentive to encourage midwives to put themselves forward for this additional role. There was one midwife undertaking the SoM preparation programme but she has taken up a post in Scotland and so will not be appointed here. Two places have been obtained on the course starting in Birmingham in September and the SoM team are working hard to encourage midwives to come forward to be nominated. There are 2 SoMs who have recently joined the Trust who can be appointed once they have been employed within the Trust for 6 months.
- RBH, unusually, has 2 SoMs who have taken a leave of absence from the role this year. One midwife has completed her preparation programme and will be appointed soon and 2 more midwives are going to train next year. Once the 2

SoMs return and the 3 new SoMs are appointed this will again bring the level to below the recommended level. Two SoMs have increased their hours and will also increase their caseloads. Not all the SoMs have managed to complete their annual reviews and this is because the time allocated has not always been protected because of the constraints of meeting the service demands.

- The SUHT Divisional Management Board has agreed a business case to remunerate each SoM with an additional payment of £2k/annum. The figure of £2k, which is the highest in the LSA, is in recognition of the SoMs' larger caseloads. There are currently 4 midwives just about to complete their training and another 4 midwives about to start in September 2008. Once these 8 midwives are appointed as supervisors this will bring the ratio to under the recommended level of 1:15. Each SoM has a dedicated day/month in recognition of their role and there is a dedicated administrator to support the team. The SoMs also have dedicated office space to work from. All the SoMs have managed to achieve 100% in completing their annual reviews for the year 07/08. This will continued to be monitored by the LSAMO at the annual audit.
- The team of SoMs at PHT have put together a local action plan to meet the recommended level. As of March 2008 three midwives will have successfully completed their preparation programme. Three midwives from the previous year have required extensions for the submission of the final assessment because of extenuating circumstances. Once these 6 midwives are appointed by the LSA in September 2008 the Trust will meet the target. In addition to this 5 more place have been obtained for the course commencing in September 2008 and an advert for self or peer nomination has been circulated. Interviews will take place in the near future.

The LSAMO is working with all the Trusts to ensure they have a mechanism and succession plan in place to recruit more supervisors of midwives. Within the strategy for supervision for each Trust active recruitment is being pursued in a variety of ways:-

- Interested midwives are being invited to shadow SoMs.
- In some Trusts there has been promotion of the role by having a 'Supervisor of Midwives' stand which was manned by the SoMs informing midwives and the public about the role.
- Interested midwives have been targeted and invited to attend SoM meetings to learn more about the role.
- SoMs have carried out presentations within the mandatory Trust training days raising the profile of the role to all midwives and maternity staff.
- Information on local Trust websites has been provided about the role and who to contact if midwives are interested in finding out more information about becoming a supervisor.
- Guidance written by the NMC on *Standards for the preparation and practice of supervisors of midwives* can be downloaded from the NMC and this information has been cascaded electronically by the LSAMO to all prospective SoMs who would like to know how the role is structured (<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=2229>).
- A leaflet written by the LSA Forum UK endorsed by the NMC was sent to every midwife in the UK providing up-to-date information on the role of the SoM. This leaflet '*Modern Supervision in Action: A practical guide for*

midwives' can be downloaded from the NMC website (<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3623>).

The LSAMO will closely monitor that succession plans within the units that have higher levels are monitored. Places have been already been obtained on the University Courses and currently midwives are being interviewed.

Within the table below it should be noted that individual SoMs within the LSA also have caseloads which are often much higher than the 1:15 ratio. This is discussed with the SoM teams at the annual LSA audit visit and a plan is put in place. Statutory supervision is not employer based but takes place across the South Central LSA area and so the LSAMO is exploring with the SoM teams within Trusts how to have a much more even distribution of caseloads across the LSA. The aspiration is that SoMs will be encouraged to have a caseload of midwives some of whom will not be employed at the Trust that they are employed by. The disadvantage to this proposed new way of working is that the SoMs will have to travel to see midwives for their annual reviews and also who is going to be responsible for reimbursing travel expenses. Also service pressures are such that this would not be feasible when staffing levels are constrained and the SoM is required to work clinically at short notice. This way of working has already been tried in one Trust and at the LSA audit visit the midwives did not perceive having a SoM from another area as a positive experience as they did not having a working relationship and only met for the annual review.

Table – Individual SoM to midwife ratios by Trust

| Trust | MKH | BHT | ORH | RBH | HWWP | BHNFT | WEHT | SUHT | PHT | IoW |
|----------------------------|--------|---------|------|------|------|-------|------|------|------|------|
| SoM 1 | 1:23 | 1:9 | 1:14 | 1:19 | 1:16 | 1:13 | 1:11 | 1:21 | 1:20 | 1:14 |
| 2 | 1:21 | 1:9 | 1:12 | 1:16 | 1:15 | 1:13 | 1:13 | 1:26 | 1:10 | 1:15 |
| 3 | 1:22 | 1:7 | 1:20 | 1:19 | 1:13 | 1:15 | 1:15 | 1:20 | 1:35 | 1:18 |
| 4 | 1:16 | 1:14 | 1:24 | 1:17 | 1:6 | 1:14 | 1:14 | 1:27 | 1:37 | 1:14 |
| 5 | 1:18 | 1:12 | 1:11 | 1:15 | 1:17 | 1:15 | 1:12 | 1:31 | 1:20 | 1:14 |
| 6 | 1:12* | 1:12 | 1:15 | 1:22 | 1:15 | 1:15 | 1:14 | 1:30 | 1:17 | |
| 7 | 1:14 | 1:10 | 1:15 | 1:16 | 1:14 | 1:13 | 1:15 | 1:23 | 1:24 | |
| 8 | 1:1 ** | 1:9 | 1:15 | 1:18 | 1:17 | 1:15 | 1:10 | 1:32 | 1:17 | |
| 9 | | 1:12 | 1:2 | 1:16 | 1:16 | | 1:16 | 1:21 | 1:10 | |
| 10 | | 1:10 | 1:7 | 1:20 | 1:15 | | 1:14 | 1:19 | 1:24 | |
| 11 | | 1:12 | 1:2 | 1:9 | 1:11 | | | 1:21 | 1:23 | |
| 12 | | 1:10 | 1:15 | 1:15 | 1:13 | | | | 1:31 | |
| 13 | | 1:15 | 1:8 | 1:8 | 1:15 | | | | | |
| 14 | | 1:11 | 1:17 | | | | | | | |
| 15 | | 1:14 | 1:17 | | | | | | | |
| 16 | | 1:12 | 1:17 | | | | | | | |
| 17 | | 1:1 *** | 1:15 | | | | | | | |
| 18 | | 1:12 | 1:18 | | | | | | | |
| 19 | | 1:7 | 1:19 | | | | | | | |
| 20 | | 1:2 | 1:14 | | | | | | | |
| 21 | | 1:14 | 1:16 | | | | | | | |
| 22 | | | 1:5 | | | | | | | |
| 23 | | | 1:13 | | | | | | | |
| 24 | | | 1:15 | | | | | | | |
| 25 | | | 1:5 | | | | | | | |
| 26 | | | 1:16 | | | | | | | |
| 27 | | | 1:16 | | | | | | | |
| 28 | | | 1:23 | | | | | | | |
| 29 | | | 1:15 | | | | | | | |
| 30 | | | | | | | | | | |
| MEAN | 1:18 | 1:13 | 1:13 | 1:18 | 1:13 | 1:14 | 1:15 | 1:24 | 1:21 | 1:15 |
| MWs on SoM courses Sept 08 | 1 | 3 | 1 | 2 | 4 | 2 | 4 | 4 | 4 | 2 |

- * SoM has student midwives as well
- ** SoM employed at BHT but has a caseload at MKH
- *** SoM has all self employed midwives as her caseload

The LSAMO would like to make the following comment that the caseloads shown are a snapshot provided as of 31/03/08 and some of the uneven distribution shown on the table above can be accounted for because some SoMs are part time and have reduced caseloads. Also there is uneven distribution because the SoMs are newly appointed and caseloads have not been realigned after their appointment within the team.

Within the Trust SoM reports submitted to the LSA there is commentary about the challenges faced by the supervisors of midwives in undertaking their role. The SoMs frequently cite that their 'day job' often does not allow for time to carry out their supervisory role. This then impacts on the time available to carry out annual reviews. Lack of remuneration (MKH only) and lack of dedicated resources are cited as reasons for other midwives not wanting to nominate themselves for this additional role.

Resignations

There were 6 supervisor of midwives who resigned from their roles. This is a decrease from last year when 13 SoMs resigned. The reasons for resignations:-

- Retirement x2
- Change in clinical post x1
- Reduction in contracted hours x1
- Personal reasons x2

Leave of absence

During the year 8 SoMs took a leave of absence, for varying reasons, from supervision with permission from the LSAMO.

Removals or suspensions

No supervisors of midwives have been suspended from their roles and there have been no removals.

Table - Numbers of supervisors of midwives appointments, resignations and removals for the LSA of South Central for years 05/06 – 07/08

| Trust | Number of SoMs currently appointed | | | SoM : midwife mean ratio (should not usually exceed 1:15) | | | Number of SoMs taking a leave of absence (LA) | | | Numbers of newly appointed SoMs | | | Number of SoM resignations | | | Number of SoM removals by LSA | | | Number of midwives on SoM preparation course | | |
|--------------|------------------------------------|------------|------------|--|-------------|-------------|---|----------|----------|---------------------------------|-----------|-----------|----------------------------|-----------|----------|-------------------------------|----------|----------|--|-----------|-----------|
| | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 | 07/08 | 06/07 | 05/06 |
| MKH | 7 | 7 | 4 | 1:18 | 1:14 | 1:27 | 2 | 1 | 4 | 2 | 4 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 4 |
| BHT | 21 | 22 | 21 | 1:13 | 1:11 | 1:11 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| ORH | 29 | 26 | 22 | 1:13 | 1:15 | 1:17 | 0 | 3 | 3 | 5 | 5 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 3 | 6 |
| RBH | 13 | 15 | 15 | 1:18 | 1:15 | 1:15 | 2 | 0 | 0 | 2 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 2 | 2 | 1 |
| HWWP | 15 | 15 | 11 | 1:13 | 1:12 | 1:15 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 3 |
| BHNFT | 9 | 9 | 5 | 1:14 | 1:15 | 1:20 | 1 | 0 | 0 | 1 | 3 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 4 | 4 |
| WEHCT | 10 | 9 | 8 | 1:15 | 1:14 | 1:18 | 1 | 1 | 0 | 3 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 2 | 2 |
| SUHT | 12 | 9 | 13 | 1:24 | 1:28 | 1:22 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 5 | 1 | 0 | 0 | 0 | 4 | 3 | 2 |
| PHT | 13 | 13 | 16 | 1:21 | 1:23 | 1:20 | 0 | 1 | 0 | 2 | 0 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 3 | 4 | 1 |
| IoW | 5 | 5 | 6 | 1:15 | 1:15 | 1:15 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| TOTAL | 134 +8 LA | 130 | 121 | 1:16 | 1:16 | 1:18 | 8 | 6 | 7 | 19 | 21 | 14 | 6 | 13 | 9 | 0 | 0 | 0 | 17 | 21 | 24 |

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

Choice of named SoM

Each practising midwife within this LSA has a named SoM covering her main area of practice and every midwife is offered the option to choose their named SoM. Teams often undergo a reorganisation of caseloads when new SoMs are appointed to allow for redistribution of caseloads that were above the 1:15 ratio. The midwives then choose their named SoM and once the SoM has a caseload of 15 the midwife will then have to choose another SoM, this is their second choice.

In the case of newly employed midwives they are usually allocated a named SoM with the option of changing once they had got to know the individual SoMs better. They receive an introductory letter which includes information about how to choose their SoM.

Midwives can approach the LSAMO directly if they are unable to find a SoM and there are SoM contact lists available. During the course of the year 7 midwives have approached the LSAMO directly and have been directed to supervisors. The contact details for the LSAMO are on the NMC website and there are plans to develop a South Central LSA and also a national LSA Forum UK websites with information about how midwives can choose their SoM.

Contact for named SoM

It is up to each individual supervisor to ensure that they provide the midwives they supervise with their contact details and also how to contact another supervisor if they are not available. Usually the midwife is provided with a contact list for all the SoMs in the unit. Within the units the rota and the contact details are displayed for every midwife to use.

At least once a year each SoM meets each midwife, for whom she is the named supervisor, to review the midwife's practice and identify any training needs. The purpose of the annual review is to provide the midwife with an opportunity to discuss professional development.

Emergency contact for a SoM

Each Trust provides 24 hour access to a SoM and this is by SoMs participating in on call rotas. On a few occasions emergency on call cover has been provided by another Trust when unique problems have arisen and the Trust has been unable to provide on call cover within the local team or a SoM cannot be contacted.

Evidence that access to a supervisor is audited

The LSAMO can provide evidence that access to a supervisor has been audited within all Trusts within the LSA. At the annual audit the SoMs are required to provide evidence of their on call rota. Midwives have been questioned to ask if they know how to contact a SoM if they needed one. There have been no real issues identified from the audits with nearly 100% of midwives across the LSA having a SoM of their choice, also 98% of midwives stating that it would be easy to change SoM if they wished and 98% stating that they had access to a SoM 24 hours a day. The LSAMO tested the system in several Trusts and was always able to speak to a supervisor during office hours and out of hours.

6 Details of how the practice of midwifery is supervised

South Central LSA is responsible for ensuring that the statutory supervision of midwives happens as set out in the Nursing and Midwifery Order (2001). The LSA function was carried out by one full time Midwifery Officer and ad hoc LSA administrative support. Good communication between LSA and the NMC enhances protection of the public, especially if there are any concerns relating to the function of midwifery supervision or midwifery practice.

Supervision of midwives in South Central LSA

The NMC rules are requirements for registration and practice that gain their authority from legislation set out in the NMC Order. Therefore the rules and the accompanying standards describe what would reasonably be expected from someone who practises as a midwife or who is responsible for statutory supervision and so to detail of how the supervisory function works and what processes are in place for the effective supervision of midwives these rules and standards have been used as a framework. The new revised guidance for the *South of England guidance for Supervisors of Midwives* will also follow this framework providing local interpretation to ensure a consistent approach. A copy of the guidance will be sent to every supervisor of midwives and will be available on the LSA website.

Rule 3 - Notification of intention to practise

It is a midwife's responsibility to notify his/her intention to practise (ITP) midwifery in the South Central LSA area when he/she intends to practise midwifery. This notification process enables the LSA to check that the midwife is eligible to practise and so protects the public by ensuring that only eligible midwives practise midwifery.

Currently midwives submit their ITP to their named SoM and this information is entered onto the South Central LSA database. A SoM should only sign the ITP if she can confirm that to the best of her knowledge that the information contained on the form is correct and the midwife has provided the SoM with the evidence that he/she has met the NMC requirements to maintain registration as a midwife.

The total number of midwives notifying their Intention to Practise (ITP) to the LSA of South Central has increased. The total no. of ITPs received by the SoMs by the 1st of April has increased from 1851 in 2007 to 1940 in 2008. This figure is not representative of the total number of midwives working in NHS Trusts in the area but it indicates every midwife who notified their intention to practise as a midwife in the South Central LSA area (this figure includes midwives employed in Higher Education Institutions, agency midwives, bank midwives, midwives who work across SHA boundaries, self employed midwives etc).

Rule 4 - Notifications by LSA

The LSA published the date and the name and address of the LSAMO to whom the midwife must give notice under rule 3 (1). The SoMs send the notifications to the LSA via the web based electronic database and this information was uploaded to the NMC in March 2007 and subsequent notifications were thereafter uploaded weekly. The system enabled South Central LSA and the NMC to keep an updated record of all practising midwives.

The online system continues to be managed locally by the supervisors of midwives and is monitored by the LSAMO. The ITP upload failures are reported back to the LSA by the NMC and acted upon by the LSAMO once the report is received. There are very few upload failures (0.01% of all ITPs notified) and the two main reasons for a failure notice was an incorrect date of birth being entered onto the LSA system or the midwife's registration payment had not been processed by the NMC before the ITP was submitted. The LSAMO made certain that all the failure notices were acted upon.

It was the responsibility of the named SoM to also carry out checks on the NMC website to ensure that midwives who are part of their caseload have had their ITPs successfully uploaded. This notification system identifies those midwives who are entitled and those who are not able to provide midwifery care. This notification system supports public protection.

Employers, SoMs and the public may verify a midwife's registration and entitlement to provide midwifery care status on the NMC online register. This register can be accessed via the NMC's website <http://www.nmc-uk.org/aNewSearchRegister.aspx> . Details of those registrants with effective registration will be displayed.

Rule 5 - Suspension from practice by a Local Supervising Authority

If anyone (service users, colleagues and managers) had concerns about a midwife's ability to practice safely and effectively this must be reported to a supervisor of midwives or directly to the LSAMO. Any concerns raised were investigated and through this process it will identify those midwives who may need additional support, supervised practice or on the rare occasion, need to be suspended from practice by the LSAMO in the interest of their own, or public safety. Section 11 in this report details the investigations, suspension and outcomes carried out in the 07/08 year and details how the public were protected.

Rule 6 – Responsibility and sphere of practice

At the contact SoM forum this rules and its interpretation was discussed. It was decided that this rule provided a discussion point for the midwife's annual review. The SoMs can ask individual midwife's how they interpret this rule and make certain that this happens in their everyday practice. The standards within this rule define what would be reasonably expected from someone who practices midwifery. When carrying out investigations it is this rule that is discussed frequently with the LSAMO.

Rule 7 – Administration of medicines

SoMs audit individual records related to the administration of medicines and controlled drugs. Evidence of this is provided at the annual LSA audits. The audits show whether midwives are meeting standards and if any improvements to every day practise are needed.

Rule 8 - Clinical trials

There were very few midwifery clinical trials in South Central LSA and any that were in progress had been approved by the relevant ethics committee.

Rule 9 – Records

The SoMs audit records with their supervisees at their annual reviews. This exercise enables the SoM to have an open discussion about the standards for recordkeeping. SoMs also audit records annually in a variety of ways. During investigations the SoM will review records to ensure that an appropriate standard of care has been given and this is based on current evidence. Many SoM teams discuss recordkeeping at the mandatory training day in Trusts.

Rule 10 – Inspection of premises and equipment

SoMs are able to monitor standards and methods of practice and this includes reviewing records, equipment and place of work.

Rule 11 - Eligibility for appointment as a supervisor of midwives

Information about this rule and how it protects the public has been given in section 3 of this report.

Rule 12 - The supervision of midwives

All midwives should meet with their named SoM at least once a year for the purpose of statutory supervision. This provides the midwife with an opportunity to discuss their professional development needs. The LSAMO can now monitor the percentage of annual reviews achieved via the LSA database.

Table – Average percentage of annual reviews achieved by Trust

| Trust | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IOW |
|--------------------------------|------------------------|-----------|-----------------|-------------------|--------------------------|-----------|------|------|----------|-------------------------|
| Average % | 85% | 82% | 95% | 94% | 90% | 84% | 100% | 100% | 90% | 95% |
| Reasons for not achieving 100% | ML LTS MWC NR | ML LTS | NR ML LTS | SoMP ML LTS | SoMP MWC LTS ML | LTS ML | | | CB NR | LTS ML NR SoMP |

ML= Maternity leave

NR= No SoM record on LSA database

MWC= Midwives Cancelling appointments

LTS = Long Term Sickness

CB = Career Break

SoMP= SoM time Pressure

Ninety two per cent of midwives had an annual review by their named SoM. The commonest legitimate reason for a midwife not having attending for an annual review is that when the review was due she was not at work because of either long term sickness, taking a career break or being on maternity leave. A few Trusts have cited SoM time pressures as a reason for the annual review being achieved will be explored with the teams and action plans put in place.

Methods of communication with supervisors

Each SoM has the means to contact the LSA MO (electronic, mobile or telephone). The LSA acts as 'communication centre' receiving and transmitting information from the regulatory body, Department of Health, Royal College of Midwives and locally from the SHA, Trusts and from the supervisors. Information flows in both directions allowing the national bodies to be aware of local issues affecting maternity services and ensuring that supervisors of midwives have information distributed directly to them.

The following forums facilitate the communication network: -

- The NMC/LSA Strategic Reference Group - one of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO was a member of the group and attended meetings throughout the year. The current Chair of the group is Professor Paul Lewis, Council member.
- The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK) - this forum meets every 2 months and was established to provide all the LSAMO with support and to also make sure that supervision across the UK developed in consistent direction. National speakers are invited and information and disseminated between regions. Building on the achievements of the past 3 years, the 16 LSAMOs have moved to develop a cohesive strategy for the statutory function, with shared principles and a common approach to achieving the NMC's standards. The published strategy describes the plan of achievements for the Forum for the next 3 years. This document can be viewed at <http://www.midwife.org.uk/>. Through the strategy the Forum are endeavouring to make certain that midwives working in any part of the UK can rightly expect the same standard of supervision through developing this unified approach. Also supervisors of midwives will have consistent guidance with the production of national policy and guidance. There are currently 12 national guidelines and policies which the LSA and the SoMs can use in their supervisory practice.
- The Contact Supervisors of Midwives (CSoM) forum meeting – the aim of this group is that this is a forum meeting with a representative from each Trust.
- Local Trust Supervisor of Midwives meetings – the SoMs in each Trust meet on a regular basis and the LSAMO attends on an ad hoc basis.
- England Heads of Midwifery network.
- Heads of Midwifery/Consultant Midwives Forum South Central.
- Midwives Education Meeting (TVU)
- Bournemouth Midwifery Forum.
- South Central Clinical Network meetings.

LSA conferences

Supervisors who continue in the role are required to undertake a minimum of six hours relevant learning in each year of appointment. This is in addition to the 35 hours required to renew professional registration. The LSAMO organised two conferences in the 07/08 practice year. The first conference was held in May 2007 in Milton Keynes and second in January 2008 at Winchester. The programmes are included in the appendices.

There will be 2 future conferences held in the 08/09 practice year. The National LSA conference will take place in April. The South Central LSAMO is part of the conference planning team and will also speak at the conference. The event is hoping to attract 450 delegates and keynote speakers include the Chief Nursing Officer, Dame Christine Beasley and Baroness Cumberlege.

The date has been set for the next local supervisor of midwives conference which will be hosted by the Basingstoke and North Hampshire SoM team and will be held in The Ark Centre at Basingstoke on 19th November 2008.

Rule 13 – The Local Supervising Midwifery Officer

South Central LSA appointed a LSAMO, Suzanne Cro, to ensure that the processes of statutory supervision are in place for the area. The LSAMO acts as an essential point of contact for supervisors of midwives to consult for advice on all aspects of supervision, and for advice with especially difficult or challenging situations.

The LSAMO has completed 10 annual audit and monitoring visits of the practice and supervision of midwives within the LSA area to ensure the requirements of the NMC are being met. The *Midwives Rules and Standards* (2004) set broad principles for supervisors of midwives and the LSAs in the South of England have joined to set the standards for the LSA audits for the Trusts. These audit standards are published in *Standards and Guidance for Supervisors of Midwives* (April 2005).

Each Trust was visited for either 1, 2 or 3 days depending on the size of the service and the location of the midwifery led units. The LSA has continued to use a formal/informal process for the audits. The main difference being that for a formal audit a team visits and for an informal audit just the LSA MO attends. On completion of the audit visit a report was prepared for each Trust highlighting good practice and identifying suggested areas for development. Overall, all the 5 standards for the supervision of midwives, have been met within South Central LSA. Some of the individual criterion within the standard have been challenging to some Trusts.

The South of England LSAMOs are going to develop a risk scoring system for individual Trusts. The intention will be to flag up the risks to the organisation and develop plans to mitigate against the risks identified.

Table - Annual LSA audit visits 07/08

| Trust | Audit process | Date | LSA MO & SoM auditors | Student SoMs | Lay auditor |
|-------|---------------|--|---|-----------------------------|----------------|
| BHT | Formal | 5 th & 6 th Feb 2008 | Suzie Cro LSAMO Jane Ostler SoM Louise Webb SoM | | Sarah Fishburn |
| ORH | Informal | 28 th Jan 2008 | Suzie Cro | | |
| RBH | Formal | 23 rd Jan 2008 | Suzie Cro Jayne Jempson Helen Allen | Anita Hedditch | Sarah Fishburn |
| HWWP | Informal | 19 th & 20 th Feb 2008 | Suzie Cro | | |
| MKH | Formal | 10 th Dec 2008 | Suzie Cro Annette Weavers Rosalie Wright | Lesley Wang Gilly Gibbin | Sarah Fishburn |
| BNHFT | Informal | 31 st March 2008 | Suzie Cro | | |
| WEHT | Formal | 20 th Dec 2007 | Suzie Cro Tracey Payne June Matyr | | Sarah Fishburn |
| SUHT | Formal | 6 th & 7 th Jan 2008 | Suzie Cro Sylvia Ashton Jackie Lockett | | Julie Osborne |
| PHT | Informal | 17 th March 2008 | Suzie Cro | | |
| IoW | Informal | 3 rd March 2008 | Suzie Cro | - | |

Rule 14 – Exercise by a LSA of its functions

The NMC has a duty to verify that the standards set for the LSA are being met and has therefore developed a system for reviewing LSAs and this is contained in the document available on the NMC website online at <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3085>. The aim is to ensure that the rules and standards for statutory supervision of midwives and the function of the LSA are being met and to highlight any concerns around protection of the public.

This is the second year that the LSA reports have been risk scored by the NMC and this risk score can be seen in appendix 1. The three areas of concern the NMC highlighted were that the last report were:

- **The SoM/MW ratio was above 1:20 in individual services.**

This year in the 07/08 report more detail has been provided in section 3 of how the risk of these high levels was mitigated against.

- **There was limited description provided on maternal death trends within the LSA and the interface with the supervisory framework.**

There has been more description of maternal deaths trends in section 9.

- **No description of complaints process.**

The complaints processes have been detailed in section 10 this year and there have been no complaints.

After the all the UK reports have been risk scored the NMC will decide which LSAs to review. The purpose of the review is to be formative and summative. South Central LSA has not been chosen to be reviewed for the 08/09 reporting year but the LSAMO will be part of the NMC review team and will undertake a review of another LSA.

Rule 15 – Publication of Local Supervising Authority procedures

The LSAMO is working to develop a webpage for the LSA within the South Central website. On this page it will include the name and address of the LSAMO, the procedure for reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practice, and the procedure by which it will investigate any such reports. The guidance is available on a national website but it is important that it is available on a local webpage as well.

Rule 16

This report is the evidence of compliance with rule 16.

Examples where supervision within South Central LSA has improved care for women

- A template for a supervised practice programme has been developed, which ensures all midwives requiring this sort of programme receive the same level of support, development and assessment.
- The LSAMO has been to individual Trusts and has carried out teaching sessions on how to carry out a supervisory investigation.
- Supervisors of midwives have become more involved in the clinical governance processes and the Serious Untoward Incident (SUI) processes and there has been an increase in the number and the quality of the supervisory investigation that are taking place.
- More information has been made available to women who use the services about supervision and the information portrays how SoMs can support them in a variety of ways including; - leaflets, web information and within the maternal handheld record. The information includes how to contact a SoM in the local Trust and why a woman might want to do this. An example of this can be found online at:-
 - http://www.heatherwoodandwexham.nhs.uk/departments/som/maternity_supervisory_notice.pdf

Challenges identified by the South Central SoMs that impede effective supervision

The SoMs identify challenges to the LSAMO in a number of ways. This year the LSAMO met with as many as 75% of the supervisory team on a one-to-one basis. This enabled the SoMs to raise current issues and concerns within the LSA and the LSAMO used a solution based coaching style to discuss ways in which these areas could be improved. These concerns have been summarised below:-

- SoMs expressed concern with the high numbers of inexperienced staff requiring support and guidance.
- Others expressed difficulty in developing shared goals and objectives with the multidisciplinary team.
- Individual SoMs are still facing difficulties getting designated time to undertake their role.
- There are real concerns in regard to the reservation some midwives have about taking up the role of the SoM.

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

The NMC standards include the requirement to involve service users in the audit processes. In the 07/08 practice year 2 service users helped with the 5 planned formal audits across the LSA. This is the third year that these motivated women have joined the LSA audit team. Training has been provided in the past and the LSAMO holds a briefing session with the team on commencement of the audit and a debriefing session at the end. The service users meet women on a one to one basis, critique guidelines, meet with midwives, student midwives and review patient information. Both LSA service users are members of local Maternity Service Liaison Committees in the area.

The SoMs this year provided a variety of activities and opportunities for the LSA user representative. The different activities have been outlined in the table below. Service users went to clinical areas to talk to women about their experiences of the maternity service and this information provides a 'snap shot' picture of the service as experienced by the women which is feedback to the SoM team on completion of the audit and in their LSA annual audit report. The majority of women who were spoken to as part of the LSA audit rated their midwifery care very highly.

Table – Service user involvement at LSA audits

| Trust | Audit process | Date | Lay auditor | Activities engaged in during audit |
|-------|---------------|---|-------------------|---|
| BHT | Formal | 5 th & 6 th Feb 2008 | Sarah Fishburn | <ul style="list-style-type: none"> Met with at least 15 women in the wards Reviewed Trust Patient Information leaflets Met with Director of Nursing Met with Head of Midwifery Attended the SoM team presentation with NoN Executive Director, Jane Bramwell, in attendance. Attended interviews for prospective SoMs Gave preliminary feedback of women's experiences to SoM team at the conclusion of the audit days |
| RBH | Formal | 23 rd Jan 2008 | Sarah Fishburn | <ul style="list-style-type: none"> Reviewed Trust Patient Information leaflets Attended the SoM team presentation with Chief Executive, Chief Nurse and user representatives in attendance Met with women on the wards Met 1:1 with user representatives Gave preliminary feedback of women's |

| Trust | Audit process | Date | Lay auditor | Activities engaged in during audit |
|-------------|---------------|--|----------------|---|
| | | | | experiences to SoM team at the conclusion of the audit days |
| MKH | Formal | 10 th Dec 2008 | Sarah Fishburn | <ul style="list-style-type: none"> • Met with Thelma Sackman chair of MSLC • Reviewed Trust Patient Information leaflets • Attended the SoM team presentation with Chief Executive, Director of Nursing and user representatives in attendance • Met with women on the wards • Met 1:1 with user representatives • Gave preliminary feedback of women's experiences to SoM team at the conclusion of the audit days |
| WEHT | Formal | 20 th Dec 2007 | Sarah Fishburn | <ul style="list-style-type: none"> • Met with MSLC user representative • Met with Labour Ward Forum user representative • Met with women on the antenatal and postnatal wards • Met with women who had used birth centre at Andover • Attended presentation • Met with Consultant obstetrician candidates at their interview lunch • Postnatal trauma support group |
| SUHT | Formal | 6 th & 7 th Jan 2008 | Julie Osborne | <ul style="list-style-type: none"> • Went to visit caseloading midwives and mothers in the surestart area • Reviewed patient information • Met with women in the in-hospital birth centre • Met with women on the postnatal wards • Gave preliminary feedback of women's experiences to SoM team at the conclusion of the audit days |

The LSA will be recruiting more user representatives to the LSA team and the LSAMO is working with the SHA human resources department to develop job descriptions, training and reimbursement packages.

SoMs themselves engage with user groups and voluntary organisations such as attending MSLC meetings. Some teams have started to talk to women themselves to find out first hand their experiences of midwifery care in their own units. One team of SoMs has set up meetings with 'hard to reach' groups and have started asking how the services could be improved for them.

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

National Forums

All the LSAMOs meet with the Lead Midwives for Education (LME) nationally at the NMC/LSA/LME Strategic reference group annually. This meeting provides an opportunity to debate and discuss national issues relating to the training and education of students and midwives.

South Central Higher Education Institution (HEI) Forums

The LSAMO attends meetings with Universities on a regular basis to give advice and guidance. The LSAMO has attended and contributed to NMC monitoring visits to HEIs. Also midwife teachers have been involved with the LSAMO with the development of programmes during supervised practice programmes. This partnership is required to meet the standards set within the NMC document *Standards for the supervised practice of midwives* (NMC 2007).

SoMs engagement with HEIs

The supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and the continuous professional development of all midwives. The SoM involvement is monitored by the LSA at the annual audit visit. Supervisors of midwives have:-

- Set up systems of support within the Trusts they work to ensure the continued support of student midwives.
- Continued to be involved with return to midwifery practice courses and student assessment processes.
- Continued to be involved in curriculum planning
- Attended 'Higher Education Institute Forums' (or equivalent) meetings
- Continued to be involved in strategy groups to conduct training needs analysis/commissioning.
- Ensured that midwives remain updated and undertake continuous professional development to meet their registration requirements.
- Attended planning meetings for postgraduate study days.
- Participated in link teacher's forum.
- Involved in the NMC Quality Assurance exercises.
- Undertaking lectures on both pre and postgraduate programmes.

SoMs supporting student midwives

Within the 10 provider units student midwives are working with mentors in the clinical areas. SoMs are linked with student midwives in a variety of ways and some examples have been given below:-

- MKH third year students have a named supervisor of midwives and SoMs attend a 'meet and greet' session with new students. The aim of the session is to inform them of how and why they might want to contact a SoM.
- ORH SoMs teach on the curriculum about the supervision of midwives.
- BHT have 2 midwives who are Practice Educators and SoMs who are employed within the University team and teach student midwife sessions.
- WEHT allocate 2 named SoMs to each cohort and give them their 'Supervisor of Midwives Pack' which is an excellent resource that includes local information about supervision.
- SUHT SoMs organise and provide a 'drop in surgery' for students midwives.
- At the LSA audit visits the audit team meet with student SoM and discuss their engagement with supervision.

Preparation of Supervisor of Midwives Programmes

There are now NMC *Standards for the Preparation and Practice of Supervisors of Midwives* (2006). Any midwives wanting to become a supervisor of midwives may contact the LSAMO directly for more information. The pre requisites of attending a preparation programme are that midwives are required to be nominated by their midwifery peers and then must go through the LSA selection processes before attending the preparation programme. The aim of the programme is to prepare midwives for the statutory role and to help them to understand, critique and evaluate the role and the significance of self regulation of the profession for public protection.

Only NMC approved educational institutions can deliver the preparation programmes. The programmes are approved and monitored annually through the NMC quality assurance processes. Programme planning teams must include representation from the LSA and key stakeholders, including service users.

Thames Valley University <http://www.tvu.ac.uk>

The Preparation Course commences in September and is run as a part time module at level 6 (degree) and level 7 (masters). The LSAMO lectures on the course and is involved in the planning and evaluation of the module with the LSAMO from London.

Module lead – Sandra MacDonald

Bournemouth University <http://www.bournemouth.ac.uk/>

The preparation course held at Bournemouth also can be taken at degree or Masters level. The programme commences in September. The LSAMOs at South Central and

the South West are part of the team delivering the programme and evaluating the programme.

Module lead – Dr Jen Leamon

Northampton University <http://www.northampton.ac.uk/>

The East Midlands and South Central LSAMOs are involved in the planning of this module and the course starts in April every year. The course is available at degree and masters levels.

Module Lead – Chris Ager

9 Details of any new policies related to the supervision of midwives

A UK wide approach has been taken to developing policies and guidance for SoMs and the list of current national guidelines are listed below and these are available to all SoMs and are available online on the website www.midwife.org .

The national guidelines are:-

- LSAMO Forum UK National guideline preparation process
- Supervised practice programmes
- Retention and transfer of records relating to statutory supervision
- Nomination, selection and appointment of supervisors of midwives
- Poor performance and de-selection of supervisors of midwives
- Voluntary resignation from the role of supervisor of midwives
- Process for the notification and management of complaints against a supervisor of midwives or an LSA Midwifery Officer, including appeals process
- Transfer of midwifery records from self employed midwives
- LSA suspension of midwives from practice
- Confirming midwives eligibility to practise
- Guideline for the completion of the Intention to Practise form by a registered midwife
- Investigation of a midwife's fitness to practise

The local LSA guidance which has been written for the South of England (South Central, South East Coast & South West) is currently under review after the publication of the national guidance to make sure that there is no confusing duplication. This guidance is due to be available at the end of September 2008.

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

Workforce

At NHS South Central the Head of Workforce Strategy is currently working with PCTs and provider units, as part of the operational planning process, to ensure strategies are in place beyond 2008/9 for increases in the number of midwives. Increases in birth rate vary across each provider unit and so the PCTs that particularly need to work with their provider units to ensure they increase the number of midwives and improve their midwife to birth ratios are Hampshire, Berkshire East, Milton Keynes, Oxford, and Berkshire West. The *SHA Maternity Workforce Plan* shows that across the 10 provider units there is a planned increase of 54 wte in 2008/9 against the 06/07 LSA report baseline.

Workforce (snapshot picture as of 31/03/08)

- The total number of ITPs received by the SoMs by the 1st of April has increased from 1851 in 2007 to 1940 in 2008.
- There were 1450 funded midwifery post (wte) in NHS South Central and this equates to a midwife to birth ratio of 1:33 if all the posts were filled.
- Currently the vacancy rate ranges from 0.5% to 21%.
- As of current establishments the midwife to birth ratio is 1:35.
- There is the possibility of significant numbers of midwives retiring in the next 5 years.

Table - Workforce by Trust 06/07 & 07/08

| Trust | MKH | | BHT | | ORH | | RBH | | HWWP | | BNHFT | | WEHT | | SUHT | | PHT | | IOW | |
|---|-------|------------|--------|-------------|--------|------------|--------|-------------|--------|-------------|-------|------------|-------|-----------|--------|-------------|--------|-------------|-------|------------|
| | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 | 06/07 | 07/08 |
| Total no women giving birth | 3644 | 3782 ↑ | 545 | 5971 ↑ | 8262 | 8633 ↑ | 5457 | 5863 ↑ | 5194 | 5409 ↑ | 2578 | 2931 ↑ | 3044 | 3070 ↑ | 5375 | 5708 ↑ | 5375 | 5465 ↑ | 1229 | 1229 = |
| Funded WTE | 90.2 | 110.8 ↑ | 156.25 | 167.78 ↑ | 254.39 | 263.8 ↑ | 149.91 | 149.91 = | 126.57 | 150.27 ↑ | 76.73 | 76.73 = | 85.94 | 91.5 ↑ | 182.35 | 182.74 ↑ | 206.38 | 222.01 ↑ | 41.39 | 43.39 ↑ |
| In post WTE | 78.09 | 100.34 | 144.25 | 165.98 | 242.17 | 248.17 | 144.95 | 147.3 | 115.66 | 134.67 | 63.36 | 59.9 | 78.5 | 90.35 | 164.29 | 162.24 | 205.53 | 217.55 | 41.26 | 42.82 |
| Overall births to mw establishment | 1:45 | 1:36 | 1:35 | 1:35 | 1:35.6 | 1:33 | 1:36 | 1:39 | 1:40 | 1:37 | 1:37 | 1:38 | 1:35 | 1:32 | 1:31 | 1:31 | 1:27.1 | 1:24.6 | 1:30 | 1:28 |
| Ratio of births to mw in post WTE | 1:46 | 1:38 | 1:38 | 1:35 | 35.6 | 1:34.7 | 1:37 | 1:40 | 1:44 | 1:40 | 1:37 | 1:46 | 1:38 | 1:33 | 1:24 | 1:35 | 1:26.6 | 1:25.1 | 1:19 | 1:28 |
| Total no of mw employed | 112 | 106 | 204 | 245 | 384 | 398 | 193 | 202 | 145 | 159 | 77 | 86 | 112 | 123 | 207 | 247 | 291 | 307 | 62 | 69 |
| Vacancies according to funded establishment | 1.91% | 10.6% | 11% | 1.8% | 2.2% | 5.65% | 4.96% | 0.6% | 10.91% | 10.38% | 13% | 21% | 7.44% | 1.23% | 5.9%3 | 11.2% | 5.48% | 4.46% | 0% | 0.57% |

Midwifery education commissions

Currently there are two types of training commissioned, a 3 year course and an 18 month conversion course from 6 HEIs across NHS South Central (Northampton University, Oxford Brookes University, Bedford University, Thames Valley University, Southampton University and Bournemouth University). The former SHAs, Thames Valley and Hampshire IOW, kept education commissions constant in 2005/6 and 2006/7 at 151. South Central SHA have increased commissions from 163 in 2006/07 to 192 for 2008/09, an increase of approximately 15%. Placement capacity and supervision in Trusts is a limiting factor on how many students can be commissioned and how rapidly commissions can be increased.

Return to midwifery practice

There continues to be a steady stream of return to midwifery practice enquiries of on average 2/3 emails, phone calls or letters each month. The LSAMO has continued to assess the minimum required length of clinical practice placement required and sends this in a letter to the 'returnee' with advice on how to find a clinical place and a place on a return to practice University course. Supervisors of midwives provide support to midwives returning to the profession.

Table - Total no. of return to midwifery practice midwives supported by Trusts 07/08

| Trusts | MKH | BHT | ORH | RBH | HWWP | BHNFT | WEHT | SUHT | PHT | IOW | Total |
|--------------|-----|-----|-----|-----|------|-------|------|------|-----|-----|-----------|
| RTP midwives | 0 | 2 | 1 | 2 | 2 | 0 | 0 | 2 | 0 | 1 | 10 |

The plan across NHS South Central is to support more midwife returnees on an annual basis. The contact point within the SHA is now the Education Commissioning Projects Manager. As the student midwife commissions and the return to practice placements have increased the SoMs in the Trusts will need to be aware of the need for an increasing no. of mentors that will be required.

| NHS South Central Return to Midwifery Estimates, 2008 - 2011 | | | | |
|---|-------------|-------------|-------------|--------------|
| Organisation | 2008 - 2009 | 2009 - 2010 | 2010 - 2011 | 3 Year Total |
| BHT | 4 | 4 | 4 | 12 |
| BNHFT | 3 | 3 | 3 | 9 |
| HWWP | 2 | 2 | 2 | 6 |
| IOW | 1 | 1 | 1 | 3 |
| MKH | 2 | 2 | 2 | 6 |
| ORH | 4 | 4 | 4 | 12 |
| RBBH | 4 | 4 | 4 | 12 |

| Organisation | 2008-2009 | 2009-2010 | 2010-2011 | 3 Year Total |
|---------------|-----------|-----------|-----------|--------------|
| PHT | 1 | 2 | 2 | 8 |
| SUHT | 4 | 3 | 3 | 8 |
| WEHT | 1 | 1 | 1 | 3 |
| TOTALS | 26 | 26 | 26 | 78 |

Midwife retirements

There are significant numbers of midwives eligible to retire in the next 5 years within each Trust. This will impact on the skill mix and experience available to support newly qualified midwives.

Birth trends

The number of women giving birth and using NHS Trust facilities has increased again for the fourth year running. The increase in the last year has been greater than all the year-on-year increases.

Table - Total number of women giving birth in the South Central area

| SHA | TVSHA LSA & HIOWSHA LSA | TVSHA & HIOWSHA | TVSHA & HIOWSHA | South Central | South Central |
|--|-------------------------|-----------------|-----------------|-----------------|-----------------|
| Year | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/8 |
| Total no. Women | 41077 | 42650 | 43667 | 45540 | 47604 |
| Year/year increase No. of women Percentage | | ↑1573 (3.8%) | ↑1017 (2.4%) | ↑1873 (4.3%) | ↑2100 (4.6%) |

The table below shows the breakdown of births and babies in each of the NHS Trust providing maternity services.

Table – Total No. of women and babies per Trust 06/07 & 07/08

| PCT | Trust | Women | | Babies | |
|---------------------|---|-------|-------|--------|-------|
| | | 06/07 | 07/08 | 06/07 | 07/08 |
| Milton Keynes PCT | Milton Keynes Hospital NHS Foundation Trust (MKH) | 3644 | 3782 | 3746 | 3838 |
| Buckinghamshire PCT | Buckinghamshire Hospitals NHS Trust (BHT) | 5344 | 5514 | 5342 | 5588 |

| PCT | Trust | Women | | Babies | |
|--|--|------------------------------|------------------------------|-------------------------------|-------------------------------|
| | | 06/07 | 07/08 | 06/07 | 07/08 |
| Oxfordshire PCT | Oxford Radcliffe NHS Trust (ORH) | 8262 | 8633 | 8421 | 8762 |
| Berkshire West PCT | The Royal Berkshire NHS Foundation Trust (RBH) | 5457 | 5863 | 5560 | 5968 |
| Berkshire PCT East | Heatherwood and Wexham Park NHS Foundation Trust (HWWP) | 5194 | 5409 | 5259 | 5483 |
| Hampshire PCT | Basingstoke and North Hampshire NHS Foundation Trust (BNHFT) | 2578 | 2931 | 2617 | 2965 |
| | Winchester and Eastleigh Healthcare NHS Trust (WEHT) | 3030 | 3070 | 3044 | 3142 |
| Hampshire PCT Southampton City PCT | Southampton University Hospital NHS Trust (SUHT) | 5319 | 5708 | 5402 | 5801 |
| Hampshire PCT Portsmouth City Teaching PCT | Portsmouth Hospital NHS Trust (PHT) | 5375 | 5465 | 5486 | 5563 |
| Isle of Wight NHS PCT | | 1229 | 1205 | 1243 | 1233 |
| | | Total no. women 07/08 | Total no. women 06/07 | Total no. babies 07/08 | Total no. babies 06/07 |
| | | 47 604 | 45540 | 48353 | 46192 |

Homebirths

The national average home birth rate is 2%. Women are able in all the Trusts to choose the option of homebirth. Some births at home are planned and some are unplanned. When looking at the percentage of births which are planned at home the range was from 1 - 4% of the total births at the Trusts. On the whole the total number of births at home had increased across the patch with most Trusts providing a service for over 3% of women.

Perinatal mortality

The national stillbirth rate is 5.3% per 1000 total births and the South Central rate is the same as this national average. Trusts report only the deaths to the LSA where there has been suboptimal care issues identified. The SoMs carry out investigations of all intrapartum related deaths and submit the reports to the LSA. If there has been a cluster of stillbirths in a unit then a review of the deaths occurs with either an internal or external review team. The LSAMO was invited into one unit to review all intrapartum related deaths over a 3 year period.

Breastfeeding initiation

The breastfeeding initiation rates across South Central are equal to the national average of approximately 75% of mothers initiating breast feeding. No Trusts are currently able to supply data to the LSA about the numbers of mothers continuing to breastfeed at 6 weeks.

Table- Percentage of mothers initiating breastfeeding

| Trust | MKH | BHT | ORH | RBH | HWWP | BNHFT | WEHT | SUHT | PHT | IoW |
|-----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| % mother initiating breastfeeding | 60% | 73% | 79% | 73.5% | 75.5% | 74% | 70% | 76% | 74% | 75% |
| % at 6 weeks | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data |

Maternal deaths

Confidential enquiries into maternal deaths began in England and Wales more than fifty years ago and have covered the United Kingdom since 1985. All maternal deaths known to the LSA in the 07/08 period were reported to the Confidential Enquiry Maternal and Child Health (CEMACH).

The number of deaths this year reported to the LSA has decreased from 8 (Year 06/07) to 3 (Year 07/08). Of the 3 maternal deaths in the LSA, 2 deaths were directly related to pregnancy and (haemorrhage and genital tract sepsis) and the other death was 'indirect' (not related to pregnancy). The LSAMO and the SoM teams were involved in the investigations of all the deaths. No midwives went on to undertake supervised practice as a consequence of the deaths being investigated and no midwives have been reported to NMC. The midwifery department at the NMC were informed of the deaths at the time.

Caesarean section rates

The data in the following chart is for all Caesarean sections, so includes both elective and emergency operations. Although the rates are still a cause for concern and some units are above the national average (23.5%) there is a general focus within units and teams to reduce the rates. In 08/09 practice year the South Central Clinical Network will be working with the NHS Institute for Innovation and Improvement to hold a workshop event to look at reversing this trend.

| Trust | MKG | BHT | ORH | RBH | HWWP | BHNFT | WEHT | SUHT | PHT | IOW | Total |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total no. CS | 1058 | 1404 | 1706 | 1636 | 1191 | 686 | 775 | 1313 | 1414 | 272 | 11455 |
| % | 27.97% | 23.51% | 19.76% | 27.90% | 22.02% | 23.40% | 25.24% | 23.00% | 25.87% | 22.13% | 23.83% |

Methodology for data collection

South Central LSA collects the clinical information collected in this report on an annual basis. At the end of the fiscal year the LSAMO sends out a data collection form to each Contact Supervisor in each Trust which is returned to the LSA with an annual report by June.

11 Details of the number of complaints regarding the discharge of the supervisory function

There have been no complaints in this reporting year regarding the discharge of the supervisory function. The LSA would use the national guidance if it had to deal with a complaint about a SoM and the LSA would use the SHA processes to deal with a complaint about the LSAMO.

All letters posted to midwife registrants on conclusion of investigations highlight to the midwife who he/she can write to if they wish to complain or appeal against any decisions made. Midwives can raise concerns with the LSAMO and the Head of Clinical Standards would be the person to contact if a registrant wanted to appeal against LSA processes.

12 Reports on all local supervising authority investigations undertaken during the year

Maternity incident reporting

South Central LSA is informed of all incidents relating to midwifery practice via telephone contact with the LSAMO, by confidential email and within a monthly reporting 'Rule 15' form that the CSoMs complete and return each month as detailed in the 06/07 Annual report. The maternity service under Rule 15 of *The Midwives Rules* must ensure that incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the LSA. If the SoMs are unsure whether or not to report or investigate an incident then they may contact the LSAMO for further advice.

LSA Guidance - Examples of serious untoward incidents within maternity services the LSA expects to be reported may include the following (*Supervisors of Midwives Standards and Guidance for the South of England 2005*):

- Intrapartum stillbirth
- Maternal death
- Baby delivered (after 37 weeks gestation) with persistent low APGAR scores i.e. less than 6 at 5 minutes **and** where there were also neonatal seizures within 24 hours
- Baby with brachial plexus injury or other serious trauma (when there has been sub optimal midwifery care identified).
- A serious outbreak of an infection within the unit
- Infant abduction or baby being discharged home with the wrong mother
- Any other incidents where circumstances immediately suggest a claim may result or may lead to media interest.
- A serious breach of confidentiality
- An incident or accident when a patient, any member of NHS staff (including those working in the community), or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or injury), on hospital, other health service premises or other premises where health care is provided or whilst in receipt of health and social care, or where actions of health service staff are likely to cause significant public concern
- Neonatal death (where they has been sub optimal midwifery care identified)
- Significant drug errors
- Temporary closure of maternity beds/units
- Sustained deficits in midwifery staffing
- Maternal mortality/ serious morbidity
- Any incident not already reported that does generate media attention
- Any incident likely to generate media attention
- Any investigation into suboptimal midwifery practice

This information is shared with the Head of Patient Safety, Head of Clinical Standards and the Director for Clinical Standards if the incident falls into the SHA category of a Serious Untoward Incident (SUI). The LSAMO ensures that the SUI report is received

by the SHA and provides the SHA with any additional information if it is required. The LSAMO meets with the Head of Clinical Standards on a regular basis and discusses all the incidents that have been reported and the subsequent action.

Supervisor of midwife investigations

Once an incident is reported it is in the interest of protection of the public that the investigation of the event takes place and that it is concluded promptly. Guidance for carrying out an investigation is available in the National LSA Guideline entitled '*Investigating a midwife's fitness to practice*' available online at www.midwife.org.

Irrespective of the clinical outcome, it is essential that a detailed and independent investigation of an untoward event or near miss be carried out by a SoM to ensure that midwifery practice has been safe and woman centred. The investigating SoM should not have been involved in the original incident. This is to reduce any potential conflict of interest. On conclusion of an investigation the SoM makes a recommendation to the LSA and the LSA then supports the SoMs recommendations. The recommendation could be for:-

- no further action required,
- a period of supervised practice is required for an individual midwife
- or a supported development opportunity needs to be facilitated through the supervisory mechanism.

Supervised practice and supported development programmes

After appropriate investigation a SoM may recommend for a midwife to undertake a programme of supervised practice. This should only be considered if the allegation is serious enough to warrant referral to the NMC. Any supervised practice programme is a formal process which include academic and practice learning outcomes. The aim is to assist a midwife to improve her knowledge and skills so she can demonstrate that she is competent in practice and may be assessed as fit to remain on the NMC Register. The responsibility for overseeing the supervised practice process sits with the LSA. In October 2007 the NMC produced standards for '*Supervised Practice for Midwives*' <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3288>. The LSAMO has worked with the SoM teams to confirm that this guidance is used for every programme that is developed.

In summary in the 07/08 year the:-

- The SoMs carried out a total of 37 supervisory investigations after reporting incidents. The number of investigations has increased from last year and this is because of increased vigilance by the SoMs to ensure that **all** incidents are investigated (irrespective of the outcome of the incident).

- On conclusion of their investigations SoMs recommended to the LSA that a total of 9 midwives undergo supervised practice programmes. The number of programmes has also increased. To assist the SoMs in developing consistent programmes the LSAMO has produced a template document which may be used. The next table details the outcomes of the investigation which led to either supervised practice programmes being commenced and the outcomes of these programmes.
- The common themes identified in the investigations were that these midwives had:-
 - Failed to maintain adequate records to show that an appropriate standard of care was given.
 - Failed to risk assess and then plan appropriate care for women and their babies.
 - Failed to adequately monitor the fetal condition in labour
 - Failed to recognise established labour and plan care appropriately.
 - Failed to refer to an appropriate medical practitioner in a timely manner when deviations from the norm became apparent in either the maternal or fetal condition.
- The LSAMO is discussing these themes with the CSoMs, SoM teams, LMEs, Heads of Midwifery and Consultant midwives to identify programmes to improve these standards in the future.
- It was recommended that 9 midwives commenced supported development programmes.
- Two midwives commenced on supported development programmes that then were changed to supervised practice programmes when further deficiencies in their competence were identified.
- There have been no programmes of supervised practice that have not been implemented due to employer dismissal or refusal of the midwife.
- Northamptonshire Healthcare NHS Trust (a Trust outside the LSA area) provided a placement for an agency midwife to undertake a programme there. The LSAMO had tried for over 6 months to find a placement within the LSA.

Table - Details of incidents reported to LSA and investigations which led to the recommendation of supervised practice

| Details of incident | Recommendation to the LSA | Programme length | End outcome |
|---|---|---|-------------------------------------|
| Agency Midwife Trigger event – serious untoward incident It took the LSAMO 1 year to find a placement for an agency midwife. | Supervised practice | 6 weeks | Successful completion of programme. |
| Trigger event – serious concerns raised about the midwife’s ability to practise safely and effectively Allegations <ul style="list-style-type: none"> • Failure to keep adequate records • Failure to adequately monitor fetal condition • Failure to treat women with kindness and respect | Supported programme commenced then a programme of supervised practice after further incidents investigated. | Supported programme Supervised practice - Initial programme set for 12 weeks extension 150 hours required to complete all objectives | Successful completion of programme. |
| Trigger event – woman admitted with severe preeclampsia infant stillborn Allegations <ul style="list-style-type: none"> • Failure to recognise signs of pre eclampsia • Failure to refer to medical practitioner • Failure to use evidence to inform practice | Programme of supervised practice | 10 week programme | Successful completion of programme |
| Trigger event - post partum haemorrhage >2litres Allegations <ul style="list-style-type: none"> • Failure to keep adequate records | Programme of supervised practice | 12 week programme | Successful completion of programme |

| Details of incident | Recommendation to the LSA | Programme length | End outcome |
|--|----------------------------------|-----------------------|---|
| <ul style="list-style-type: none"> Failure to base practice on current evidence Failure to diagnose established labour | | | |
| <p>Trigger event – serious untoward incident</p> <p>Allegations</p> <ul style="list-style-type: none"> Failed to keep adequate records to show that an appropriate standard of care given. Failed to work in partnership with women Failed to communicate effectively with women and the health professional team | Programme of supervised practice | 12 week programme | This midwife has taken early retirement due to ill health. The LSAMO has written to the registrant to ask if she intends to complete programme. Awaiting reply. |
| <p>Trigger – serious untoward incident</p> <p>Allegations</p> <ul style="list-style-type: none"> Failure to adequately monitor fetal condition Failure to refer to medical practitioner Failure to recognise decline in fetal condition | Supervised practice | 12 weeks | Successful completion of programme. |
| <p>Trigger – Serious untoward incident</p> <p>Allegations</p> <ul style="list-style-type: none"> Failure to refer to appropriate medical practitioner in a timely manner. Failure to keep adequate records to show that an appropriate standard of care was given. | Supervised practice | 12 weeks | Successful completion of programme. |
| <p>Trigger - Concerns raised about administration and destruction of controlled</p> | Supervised practice | Placement to be found | Contract of employment terminated |

| Details of incident | Recommendation to the LSA | Programme length | End outcome |
|--|---------------------------|---|-------------------------------------|
| drugs | | | |
| Trigger – involvement in serious untoward incident. Allegations <ul style="list-style-type: none"> • Failure to plan care appropriately. • Failure to appropriately refer to medical practitioner in a timely manner. | Supervised practice | 12 weeks programme extended by 4 weeks. | Successful completion of programme. |
| Trigger event – serious untoward incident. | Supervised practice | 25 days | Successful completion of programme. |

LSAMO investigations

LSAMO carried out 1 investigation after the SoM team requested that an independent review was needed of a midwife's practice after a serious untoward incident. The LSA suspended this midwife from practice and then referred this midwife to the fitness to Practice Directorate at the NMC. The LSAMO alleged that the conduct of this midwife was below the expected standard and her practice was not based on evidence. The LSA did not commission any external investigations during the 07/08 year.

LSA communication with the NMC

The LSAMO is able to telephone the NMC Midwifery Department or the NMC Fitness to Practice Directorate for advice and guidance on issues pertaining to a midwife's fitness to practice.

The LSAMO communicates with the NMC Fitness to Practise Directorate about all the midwife registrants who have been referred because there have been allegations about their fitness to practise. The next 2 tables serve to provide an update on the all the referrals that have been made in the last 3 years.

NMC Interim Orders

The Investigating Committee, Conduct and Competence Committee or Health Committee can refer cases to an Interim Orders hearing if they consider a midwife to be a threat to the public if they continue to practice during the investigation. Interim Orders hearings are arranged as soon as possible after a referral. Midwives with Interim Orders made against them are shown in the next tables. All midwives that have been suspended from practice by the LSA are referred by the Investigating Committee for Interim Orders hearings.

NMC Investigating Committee

Panels of the Investigating Committee are responsible for considering all allegations made to the NMC about unfitness to practise. The Investigating Committee can best be described as a screening process.

Investigating Committee (IC) proceedings are held in private. Once the committee has considered all the available evidence, the IC panel has a range of powers. It can:

- close the case with no further action taken
- refer the case to a panel of the Conduct and Competence Committee in cases about alleged impairment of fitness to practise
- for reasons of ill health, refer the case to a panel of the Health Committee

NMC Conduct and Competence Committee

Panels of the Conduct and Competence Committee consider allegations referred to them by the Investigating Committee or the Health Committee. Conduct and Competence Committee hearings are generally held in public; the openness of the proceedings reflects the NMC's public accountability.

The panel will decide whether a registrant's fitness to practise is impaired by reason of:

- Misconduct
- Lack of competence
- A criminal offence
- Mental or physical health
- A determination by a health professions body in the UK that fitness to practise is impaired

Whilst making decisions Conduct and Competence Committee panels look for the level of conduct and competence expected of the average registrant, not for the highest possible level of practice. Even if there has been a breach of a standard set out in the Code of Professional Conduct, it does not automatically follow that a registrant's fitness to practise is impaired. That is a separate judgement for the panel to make. The Conduct and Competence Committee have a range of powers. In relation to its final sanction, it can decide to:

- Strike off the practitioner's name from the register
- Suspend the practitioner's registration for a specified period not to exceed one year
- Impose a conditions of practice for a specified period not to exceed three years
- Issue a caution for a specified period of between one and five years
- Conclude that the case is not well founded and therefore take no further action
- Decide, taking into account all the circumstances of the case, it is not appropriate to take further action

Table - Update for previous referral made to the NMC 05/06-07/08

| Referral made by | LSA Action | Additional information | NMC sanction |
|--|--|--|---|
| LSA MO | <p>LSAMO investigation. LSA suspension 23rd April 2006</p> <p>Referral to the NMC for alleged intractable incompetence.</p> | <p>Two periods of supervised practice in which the registrant did not achieve competencies.</p> <p>Referred to NMC 23rd April 06</p> <p>↓ Investigating Committee</p> <p>↓ Interim Orders – suspension from midwifery practice. Able to continue practice as a nurse under conditions of practice.</p> <p>↓ Interim orders changed cannot now practice as a nurse as failed to comply with conditions of practice.</p> <p>↓ Conduct and Competence Committee Hearing 28th April 2008</p> | <p>Suspended from practice for 12 months. Interim suspension order imposed for 18 months as fitness to practice impaired by reason of lack of competence.</p> <p>Comment</p> <p>Suspension - Sanction can be made for any time, not to exceed one year by the Conduct and Competence Committee. A registrant is not able to practise during a period of suspension. This sanction is likely to be used in appropriate competency health cases.</p> <p>Interim suspension order - Prevents registrants from working as registered practitioners until their case is disposed of. Suspension can be imposed for up to 18 months, but must be reviewed every six months and every three months thereafter. An order may be revoked, modified or replaced with a different order if circumstances indicate that it is appropriate. Interim suspension orders are imposed in the public or the registrant's own interest and for the protection of the public</p> |
| LSA MO & Supervisor of Midwives/Consultant Midwife Sian Warriner | <p>LSAMO investigation LSA suspension 4th August 2006</p> <p>Referral to the NMC</p> | <p>Alleged suboptimal care given to a woman in labour.</p> <p>Referred to NMC 4th August 06</p> <p>↓ Investigating Committee</p> <p>↓ Interim Orders – LSA suspension not replaced by Interim orders. LSA suspension revoked. Able to continue</p> | <p>Case ongoing.</p> |

| Referral made by | LSA Action | Additional information | NMC sanction |
|------------------|--|--|--|
| | | <p>to practice whilst investigation takes place.</p> <p>Case still proceeding as allegations thought to be serious.</p> | |
| LSA MO | <p>LSAMO investigation LSA suspension 16th November 2006</p> <p>Referral to the NMC</p> | <p>Alleged failure to meet the PREP requirements to maintain registration.</p> <p>Referred to NMC November 06</p> <p>↓ Investigating Committee</p> <p>↓ Interim Orders – suspension from midwifery practice.</p> | <p>The IC holds hearings considering fraudulent or incorrect entries on the NMC Register. These hearings are usually heard in public. The panel receives evidence relating to the entry concerned including any representations from the practitioner. If the panel is satisfied that an entry in the register has been fraudulently procured or incorrectly made it may make an order that the Registrar removes or amends a registrant's entry on the Register.</p> <p>Striking off order imposed</p> <p>Comment Striking off order - Removes the registrant's name from the register for an indefinite period of time. Prevents individuals from any employment that requires NMC registration. Registrants who are subject to a striking off order may not apply to restore their name to the register for a period of five years.</p> |
| Trust | <p>Investigated by a SoM supervised practice recommended. LSA unable to obtain placement in another Trust.</p> | <p>Alleged failure to adequately monitor the fetal condition in labour.</p> <p>NMC Investigating Committee</p> <p>↓ Interim Orders – suspension from midwifery practice</p> <p>↓ Conduct and Competence</p> | <p>Case ongoing to be heard in November 2008.</p> |

| Referral made by | LSA Action | Additional information | NMC sanction |
|----------------------|--|--|--------------|
| | | | |
| Trust | LSA met with registrant who planned not to work as a midwife. | Failure to adequately care for women Investigating Committee ↓ Interim Orders – suspension from midwifery practice. | Case ongoing |
| Member of the public | This registrant has completed supervised practice and is now working in the clinical environment unsupervised. The SoM has regular meetings with the midwife to provide support and to review the midwife's ability to practice effectively. | NMC Investigating Committee | Case ongoing |

Table – Referrals to the NMC 07/08

| Referral made by | LSA Action | Additional information | NMC action |
|----------------------|---|--|--|
| LSAMO | <p>LSAMO Investigation after SUI reported and request by SoM team for LSAMO to carry out the investigation.</p> <p>LSA suspension 19th July 2007</p> | <p>Registrant had 2 previous episodes of supervised practice for the same issue</p> <p>Referral to NMC July 2007</p> <p>Investigating Committee</p> <p>↓</p> <p>Interim Orders – suspension from midwifery practice.</p> | <p>Interim suspension order</p> <p>Investigation being carried out by Investigat Committee</p> |
| Member of the public | <p>Local SoMs had reviewed issues and individual programmes of development had taken place.</p> <p>Midwives currently continue to work.</p> | <p>2 midwives referred</p> | <p>Investigation being carried out by Investigat Committee</p> |
| Trust | <p>LSAMO met with midwife who intends to allow registration to lapse.</p> <p>SoMs no involvement as management issue.</p> | <p>Contract of employment terminated with Trust after disciplinary hearing.</p> | <p>No Interim Orders</p> <p>NMC case did not proceed as registration h expired.</p> |

13 Conclusion and assurance to NMC and South Central SHA


The LSAMO would like to take this opportunity to thank all the SoM teams for providing an individual report pertaining to each Trust providing maternity services. The information provided has informed this LSA report and has helped to provide assurance to the NMC Council and to South Central SHA that this LSA is meeting the requirements of rule 16.

SoMs in South Central are successfully supporting midwives in services that are experiencing a continued rise in birth rate. Due to the increasing number of investigations into midwifery practice and the subsequent organisation of periods of formal supervised practice the SoMs are working harder than ever. All the supervisory activities described in this report are an essential part of the clinical governance framework in Trusts and help to ensure that the public are protected.

Statutory supervision (self regulation of the profession) must continue to be valued, appreciated and recognised as the fundamental safeguard to support midwives and thus protect the safety of mothers and babies in the South Central LSA.

Report compiled by
Suzanne Cro
Local Supervising Authority
Midwifery Officer South Central LSA

Report released by
Jim Easton
Chief Executive
NHS South Central



Suzanne Cro



Recommendations

South Central LSA will:

1. Publish the findings of this report on the South Central SHA website.
2. Continue to use the data, from this and the Trusts reports, to furnish the LSA assurance framework for reviewing and auditing Trusts within the LSA area.
3. Develop a risk scoring audit system for the Trust teams which will highlight areas of concern and then enable the LSAMO to mitigate against those risks with the development of action plans which will be monitored closely by the LSA.
4. Work with stakeholders to ensure that data collected for this report informs PCT commissioning plans which must include the statutory supervision of midwives.
5. Work towards the aspiration of having a SoM to midwife ratio of less than 1:15 to allow for sudden changes in the SoM team numbers.
6. Ensure that all SoMs in the South Central LSA area are appropriately remunerated for the additional role they undertake.
7. Continue to recruit and train more service users to undertake the annual audits with the LSAMO.
8. Further develop the questionnaire that the lay members of the LSA audit team use to gather data from service users.
9. Continue to share good practice and innovation where supervision enhances midwifery practice and effectively protects women and their babies.
10. Through a variety of media, hold educational development opportunities for the SoM teams around the patch, to meet their continuous professional development requirements.

Appendices

Appendix 1 - South Central risk profile 2006/07

LSA Profile

| | | | |
|--------------|---------------|-------------------------------|--|
| LSA | South Central | Chief Executive | Jim Easton |
| LSAMO | Suzie Cro | Contact details of LSA | 1st floor, Rivergate House Newbury Business Park London Rd Newbury RG14 2PZ suzie.cro@southcentral.nhs.uk |

| Ref | Date | Summary of concern / information | Source | Risk | Risk score | | |
|-----|--------|---|-------------------|--|------------|--------|-------------|
| | | | | | Likelihood | Impact | Overall |
| 2 | Jan 08 | SoM/MW ratio above 1:20 within individual services or across the LSA | LSA Annual Report | Elements of supervisory framework unachievable or unsustainable due to lack of supervisors. | 3 | 4 | 12 AMBER |
| 8 | | Limited information or description provided on maternal death trends within LSA and interface with supervisory framework. | | Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public. | 4 | 4 | 16 RED |
| 9 | | No description of complaints process or number of complaints | | Possibility that complaints process is not in place or is not robust. | 3 | 5 | 15 AMBER |

Appendix 2 – Update on the recommendations made 06/07

South Central Local Supervising Authority Annual Report 2006-2007

Recommendations to the Board

The Local Supervising midwifery officer would like the Board to support the following recommendations:-

- 1. The statutory supervision of midwives should be recognised and supported in all Trusts providing midwifery services and all PCTs commissioning maternity services. This regulatory practice should be recognised in maternity commissioning and service plans.**

(Action: South Central Maternity Commissioning Leads & HoMs Group & Clinical Standards Group)

Update 07/08

The LSA Annual report was presented at the Maternity Commissioning Leads meeting last October and a link was sent with the minutes once the report had been presented to the public Board. Maternity Commissioners and Heads of Midwifery were in attendance at this meeting and the subject of statutory supervision was discussed. As part of the LSA audit processes 08/09 the LSAMO will review the service and commissioning plans.

- 2. The supervisor of midwife to midwife ratio in this LSA exceeds the NMC recommended ratio of 1:15. In the Trusts, where the ratio is higher, the supervisory teams should be supported by the NHS and Foundation Trusts to recruit more midwives to become supervisors of midwives.**

(Action: PHT, SUHT & South Central LSA)

Update 07/08

Even though more SoMs have been trained and less SoMs have retired the ratio remains at 1:16 because 8 supervisors have taken a leave of absence from the role for a various reasons. All Trusts are training more supervisors of midwives this year (08/09) with the aspiration of having a level of 1:12 across the area. The risk of the high levels has been mitigated against and this information is included in the main body of the report. More midwives are undertaking the Supervisor of Midwives Preparation programme this year than in the previous 3 years.

- 3. The LSA MO has concern with regard to the reservation some midwives have about taking up the role of the supervisor of midwives. An improvement to recruitment may be established if there was equitable remuneration for the role (currently only 5/10 Trusts pay the supervisors an additional £1000/annum for undertaking the role).**

(Action: South Central HoMs Group)

Update 07/08

MKH is the only Trust not paying the SoMs additional remuneration. The SoMs are preparing to resubmit their business case to the Trust board. The new HoM and the LSAMO have been supporting the team in gaining recognition and remuneration for the role.

SUHT and IoW are paying the SoMs £2k/annum and the other Trusts are paying £1K.

- 4. The public need to be aware of and support this regulatory practice so that they can contact supervisors of midwives and the Local Supervising Midwifery Officer directly if they have concerns about a midwife's ability to practise safely and effectively.**

(Action: NHS and Foundation Trusts and South Central LSA)

Update 07/08

The contact details for the LSAMO are on the NMC website. Plans are being made to develop a South Central LSA web page with information for the public about the role of the LSA.

There is a National LSAMO Forum UK website being developed and will be available on www.midwife.org.

Each Trust team is developing mechanisms to ensure the public are aware of the role. Examples are

- MKH have a page about the supervision of midwives on their public website.
- HWWP have a poster on their public website about why women might want to contact a SoM and include details about supervision in the hand held notes.
- WEHT have developed a leaflet.
- BHT has included information in the 'Bounty Book' given out at booking.
- Lanyards with 'Supervisor of Midwives' written on them have been given to each SoM.

- 5. All supervisors of midwives need to undertake Root Cause Analysis (RCA) training to assist them with the robust investigation of Serious Untoward Incidents relating to midwifery practice.**

(Action: NHS and Foundation Trusts and South Central LSA)

Update 07/08

RCA training is included in all the SoM Preparation Programmes.

At the Contact Supervisors of Midwives meeting in January 08 the LSAMO carried out a workshop on how to carry out supervisory investigations. Included in this was RCA training and then all who attended were asked to cascade this training to the SoMs within their Trusts.

The LSAMO has attended several team 'away days' and has carried out supervisory investigation training and has discussed RCA training.

The LSAMO has presented an 'Investigations Master Class' at the LSAMO national conference in April 08. This topic has also been included in the May 2007 LSA conference and 75 (60%) SoMs attended. All the SoMs were advised to attend RCA training within their own organisations.

The LSAMO has just asked for an update to see how many SoMs have achieved this and will also ask the SoMs individually when they meet up with the LSAMO at a 1:1 meeting during the LSA audits.

Web links to the NPSA RCA toolkits have been sent to every supervisor of midwives.

6. Designated protected time should be given to the supervisors of midwives in each Trust to undertake their role and this should be monitored.

(Action: NHS and Foundation Trusts and South Central LSA)

Update 07/08

This is monitored at the annual LSA audits. SoMs are reporting that the Trusts are recognising the need for this protected time and are more supportive of this happening.

7. The leadership skills of the supervisors of midwives should be developed to enable them to provide leadership for the midwifery profession.

(Action: NHS and Foundation Trusts and South Central LSA)

Update 07/08

The LSAMO has meet with 60% of the SoMs on a 1:1 basis and discussed leadership development opportunities. Each Supervisor of Midwives has been sent a professional development plan document which must completed.

The Contact SoMs have had some additional training organised for the 08/09 year to include chairmanship training.

One of the Heads of Midwifery carried out a seminar on leadership at the January 08 LSA conference and there is a plan for this to happen again at the November 08 conference.

Appendix 3 – LSA conference posters

Supervisors of Midwives Local Conference
Supervisors of Midwives Local Conference



‘Supervision Making a Difference’

Date - Friday 4th May 2007

Time - 0900 - 1630

Venue - Milton Keynes General Postgraduate Centre
Milton Keynes General Hospital
Standing Way
Eaglestone
Milton Keynes
MK6 5LD

Suzie Cro LSA MO 01635 275507 or mobile 07785 570945
NHS South Central
Rivergate House
Newbury Business Park
London Road
RG14 2PZ

Programme

Programme

0830 Coffee and registration

0900 start

Welcome & opening remarks

Suzie Cro LSA MO

0900 – 1100

Clinical Risk Co-ordinator– MKH Michelle Errington

'Root Cause Analysis for Supervisors of Midwives - practical application'
(2 hours)

Coffee 1100 - 1130

1130 – 1150

Children's Young People and Maternity Lead SCSHA - Sue Sylvester

'Maternity Matters'
(20 min)

1150 - 1250

Supervisor of Midwives SUHT - Sally Burton

'Six Hat Supervision'
(1 hour)

Lunch 1250 - 1345

1345 - 1415

LSA Midwifery Officer SCSHA – Suzie Cro

'Being open - communicating patient safety incidents with patients and their carers'
(30 min)

1415 – 1500

Supervisor of Midwives ORH - Sylvia Ashton

'Breaking the 'six months in post before appointment' rule'
(45 min)

1500 - 1545

LSA Midwifery Officer SCSHA – Suzie Cro

'A year in the life of the LSA MO'
(45 min)

1545- 1630 Tea & close

South Central LSA

Supervisors of Midwives Local Conference



‘Safe and Sound’

Protecting the public through statutory supervision

Date – 18th January 2008

Time - 0900 - 1630

Venue – Winchester and Eastleigh Healthcare Trust Postgraduate Centre

Royal Hampshire County Hospital
Romsey Road
Winchester
Hampshire
SO22 5DG

<http://www.wehct.nhs.uk/directions/>

Suzie Cro LSA MO 01635 275507 or mobile 0782 5448214

Programme Programme

0830 - 0900 Coffee and registration

| | | |
|--------------------|---|---|
| 0900 | Welcome & opening remarks | Suzie Cro LSA MO & Winchester SoM Team |
| 0915 – 1000 | Fraud Matters | Jennison Baskerville Local Counter Fraud Squad Specialist |
| 1000- 1030 | Meeting the maternity public health agenda | Sue Sylvester Children, Young People and Maternity Lead South Central SHA |
| 1030 - 1100 | Leadership Management and supervision working together | Gill Walton Head of Midwifery/Directorate Manager ORH |
| 1100 - 1130 | Coffee | |
| 1130 – 1230 | Northwick Park Hospital and the ten maternal deaths - Are there still lessons to be learnt? | Stephanie Goodwin In patient Service Manager Student SoM |
| 1230 - 1300 | 'Saving Lives' Findings from the CEMACH report | Val Beale LSA MO South West SHA |
| 1300 – 1400 | Lunch | |
| 1400- 1445 | NICE Intrapartum care guidelines | Jayne Jempson SoM PHT |
| 1445 - 1515 | Investigating self employed midwifery practice | Jo Disney Spiers SoM WEHT |
| 1515 -1545 | Promoting Normal Birth: A Priority for Supervisors of Midwives | Jo Fairhurst Student SoM WEHT |
| 1545 - 1600 | Meeting the NMC Standards for Supervised Practice | Suzie Cro LSA MO |
| 1600- 1630 | Conference close Tea & close | |

Appendix 3 - Gap analysis for LSA standards within Midwives Rules

| Rule No. | Rule Description | Met | Partially Met | Not Met | Comments |
|----------|---|-----|---------------|---------|--|
| 4 | Notifications by Local Supervising Authority | | | | |
| | In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will: | | | | |
| | * Publish annually the name and address of the person to whom the notice must be sent | √ | | | Sent to all SoMs Jan 07. |
| | * Publish annually the date by which it must receive intention to practise forms from midwives in its area | √ | | | Sent to all SoMs Jan 07. |
| | * Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year | √ | | | ITPs successfully uploaded via LSA database. |
| | * Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month | √ | | | Weekly submission via LSA database. |
| 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: | | | | |
| | * Publish how it will investigate any alleged impairment of a midwife's fitness to practise | √ | | | Local guidance South of England LSAs available to all SoMs |
| | * Publish how it will determine whether or not to suspend a midwife from practice | √ | | | National guidance |
| | * Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority | √ | | | National guidance guideline 1 |
| | * Publish the process for appeal against any decision | √ | | | National guidance guideline 1 |

| | | | | |
|----|--|---|--|---------------------------------|
| 9 | Records | | | |
| | To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will: | | | |
| | * Publish local procedures for the transfer of midwifery records from self-employed midwives | √ | | National guidance guideline B |
| | * Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity | √ | | LSA database or paper copies |
| | * Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years | √ | | LSA audit |
| | * Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years | √ | | LSA audit |
| | * Publish local procedures for retention and transfer of records relating to statutory supervision | √ | | National guideline |
| 11 | Eligibility for Appointment as a SoM | | | |
| | In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will: | | | |
| | * Publish their policy for the appointment of any new SoM in their area | √ | | National guidance C |
| | * Maintain a current list of supervisors of midwives | √ | | LSA database |
| | * 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 | √ | | Conference May 07 & November 07 |

| 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 SoM is accessible at all times a local supervising authority will: | | | | |
| * Publish the local mechanism for confirming any midwife's eligibility to practise | √ | | | National guidance J |
| * Implement the NMC's rules and standards for supervision of midwives | √ | | | |
| * Ensure that the SoM to midwives ratio reflects local need and circumstances (will not normally exceed 1:15) | | √ | | |
| 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: | | | | |
| * Set up systems to facilitate communication links between and across local supervising authority boundaries | √ | | | Various methods employed. |
| * Enable timely distribution of information to all supervisors of midwives | √ | | | Email |
| * Provide a direct communication link, which may be electronic, between each SoM and the local supervising authority midwifery officer | √ | | | All SoM have email address and contact no. |
| * 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 | √ | | | Attendance at away days, CSOM and SoM meetings. |
| To ensure there is support for the supervision of midwives the local supervising authority will: | | | | |
| * Monitor the provision of protected time and administrative support for supervisors of midwives | √ | | | Annual audit |
| * Promote woman-centred, evidenced-based midwifery practice | √ | | | Annual audit |
| * Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise | √ | | | Submission of investigation reports |
| A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles: | | | | |

| | | | | | |
|-----------|---|---|---|--|--|
| | * Supervisors of midwives are available to offer guidance and support to women accessing maternity services | √ | | | One of the recommendation to all teams has been to raise the profile of supervision. |
| | * Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice | √ | | | LSA audit New strategies developed with teams. |
| | * Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives | √ | | | LSA audit |
| | * Supervisors of midwives provide professional leadership | √ | | | LSA audit |
| | * Supervisors of midwives are approachable and accessible to midwives to support them in their practice | √ | | | LSA audit |
| 13 | The Local Supervising Authority Midwifery Officer | | | | |
| | In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will: | | | | |
| | * Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer | √ | | | |
| | * Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process | √ | | | |
| | * Manage the performance of the appointed local supervising authority midwifery officer | √ | | | Cathy Geddes manager |
| | * Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function | | √ | | Admin support ad hoc. |
| | * 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 | √ | | | For the last 3 years all Trusts have been audited |

| 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: | | | | |
| * Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents | √ | | | Rule 15 report forms |
| * Publish the investigative procedure | √ | | | National guidance |
| * Liaise with key stakeholders to enhance clinical governance systems | √ | | | HCC NMC RCM SHA TRUSTS PCT |
| To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of SoM, the local supervising authority will: | | | | |
| * Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or SoM | √ | | | National guidance G |
| * Publish the process for removing a local supervising authority midwifery officer or SoM from appointment | √ | | | National guidance D |
| * Publish the process for appeal against the decision to remove | √ | | | National guidance D |
| * Ensure that a local supervising authority midwifery officer or SoM is informed of the outcome of any local supervising authority investigation of poor performance, following its completion | √ | | | National guidance D |
| * Consult the NMC for advice and guidance in such matters | √ | | | As required |

| 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: | | | | |
| * Numbers of SoM appointments, resignations and removals | √ | | | LSA annual report |
| * Details of how midwives are provided with continuous access to a SoM | √ | | | LSA annual report |
| * Details of how the practice of midwifery is supervised | √ | | | LSA annual report |
| * Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority with the annual audits | √ | | | LSA annual report |
| * Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education | √ | | | LSA annual report |
| * Details of any new policies related to the supervision of midwives | √ | | | LSA annual report |
| * Evidence of developing trends affecting midwifery practice in the local supervising authority | √ | | | LSA annual report |
| * Details of the number of complaints regarding the discharge of the supervisory function | √ | | | LSA annual report |
| * Reports on all local supervising authority investigations undertaken during the year | √ | | | LSA annual report |

Suzie Cro
Local Supervising Authority Midwifery Officer
South Central SHA
Rivergate House
London Road
Newbury
RG14 2PZ
Sent via e-mail



29.09.2008

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

Dear Suzie.

Re: LSA Annual Report

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

Please let me know if you have any queries.

Yours sincerely

A handwritten signature in black ink, appearing to read "Susan Way", is positioned below the text "Yours sincerely".

Susan Way
Midwifery Adviser