



EAST MIDLANDS LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT

April 1st 2007 – March 31st 2008

Report prepared on behalf of
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NHS East Midlands
by Shirley Smith LSAMO

Acknowledgements



This report is prepared on behalf of the Local Supervising Authority of the East Midlands.

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Executive Summary

This report depicts the details of the LSA function in the East Midlands which is hosted by NHS East Midlands. This is a statutory responsibility as defined in the Nursing and Midwifery Order 2001 and further described in the Midwives Rules and Standards (NMC 2004).

The principle tenants of the LSA function are to:

- safeguard and enhance the quality of care for the childbearing mother and her family
- provide a source of sound professional advice on all midwifery matters

Supervisors of Midwives are appointed by the LSA independently of their employers. Trusts have a responsibility to ensure that supervision of midwives is supported. Supervision of midwives is a statutory responsibility and covers **all** midwives irrespective of employers, therefore midwives practicing within the East Midlands but not employed by the NHS in the region are covered by these requirements.

There is a robust process for the training and appointment of supervisors of midwives, which follows that laid down by the Nursing and Midwifery Council (NMC) in the standards for the preparation and practice of supervisors of midwives (NMC 2006). The East Midlands LSA access three courses for the preparation of supervisors; one within the East Midlands and two within Yorkshire and Humberside. This is a 6 month course at either Masters or first degree level, the process taking approx 1 year from nomination to appointment. This is a recordable NMC qualification and appointment.

The numbers of supervisors in the East Midlands has been reasonably static in the past year, there are a total of 141 supervisors appointed, 14 of which have been appointed in the past year and 22 have resigned or retired in this same period. The latter was due to several factors which included supervisors moving from one LSA to another, retirements and the release of the NMC publication 'Standards for the preparation and practice of supervisors of midwives'. Within this document the competencies for supervisors were formalised and several supervisors took the opportunity to review their commitment to supervision and opted to 'stand down'. In units where there is no remuneration for supervisors there appears to be a reluctance to take on the role and the extra responsibilities it requires. The NMC state that the ratio of supervisors to midwives should be 1:15. Within the East Midlands 141 supervisors of midwives equates to ratio of 1 supervisor to 14 midwives across the LSA which meets the NMC recommended ratio, however there are two Trusts where this ratio is exceeded. Actions are being taken to redress this issue.

There is a robust supervisory presence at each maternity unit and each Trust which hosts maternity services have had an LSA supervisory audit in this reporting period. Recommendations are made as a result of this visit and action plans are prepared by the supervisors. The report is sent to the Head of Midwifery and the supervisors with a recommendation to share the report with the Trust Boards, the commissioning PCT and the Maternity Services Liaison committee (MSLC).

User involvement is key in the delivery of midwifery and maternity services and this is reflected in the LSA audit. User involvement is one of the five main criteria assessed. Users of the services are involved in the LSA audits and the selection of supervisors for the preparation course.

An important aspect of ensuring safe midwifery care is the training of student midwives. The LSAMO and supervisors of midwives have strong links with the three Universities within the East Midlands who provide midwifery training and also meets with student midwives as part of the LSA audit.

There is an LSA webpage on the NHS East Midlands website which identifies information in relation to supervision of midwives, including contact details, the LSA guidelines, events etc. This is available not only to supervisors and midwives but to the general public as well.

There have been a total of 22 formal supervisory investigations this year which have resulted in 6 episodes of supervised practice and 14 episodes of developmental support from supervisors at the appropriate Trust. All episodes of supervised practice have resulted in a formal training program with educational input. Five of these midwives have successfully completed this program and therefore have been deemed as fit to practice on the midwifery part of the register. One midwife was unsuccessful and has subsequently been suspended from midwifery practice in the UK and referred to the Nursing and Midwifery Council Fitness to Practice committee. A further midwife did not partake in the supervisory process. Her ability to practice as a midwife at the standard required by the NMC was questioned, as it was not possible to demonstrate that she was practicing at the required level she has also been suspended from practice and referred to the NMC.

The report details concerns in relation to the supervisory function, this includes concerns in some units in relation for appropriate time to undertake supervision; secretarial support and issues of remuneration in 5 of the Trusts (this is a Trust decision). There is an ongoing concern in relation to the midwifery workforce of the future with 45% of midwives in the East Midlands being potentially eligible to retire within the next ten years, coupled with a rising birth rate and the difficulties in securing employment for student midwives on completion of their training, there is a potential shortfall in the ability to ensure sufficient midwives in the future. Following the publication of Maternity Matters and its implementation, there has been a visible increase in the midwifery establishment which will work towards addressing the rise in birth numbers over the past few years. This information will be reviewed with the workforce planning department and Deanery within the Strategic Health

Authority and appropriate action plans developed. The additional factor of the 5% increase in births in the East Midlands will also form an important aspect of this profile.

Appendix 4 of the report illustrates some of the midwifery data that is collected annually by the LSA. Data collection is a challenge, as maternity units use a variety of IT maternity systems with some units collating such data manually due to the lack of a maternity system. These units are eagerly awaiting the introduction of a maternity system through Connecting for Health.

On review of the NMC standards there are 54 criteria identified that the LSA should achieve, these are outlined in Appendix 1 and this year the LSA comply with all these criteria apart from the ratio of supervisors to midwives in two of the units.

Supervisors are challenged not only to meet the requirements of their role, but also to assist in change management in relation to the recent government initiatives including children's centres, normalising childbirth, standard 11 of the NSF for children, young people, Maternity Matters and the Next Stage Review. The supervisors have ensured that there are action plans in relation to National reports e.g. The HCC Maternity services review, CEMACH report – 'Saving Mothers Lives' Safer Childbirth; Safe Birth and other reports which effect the provision of maternity care.

EAST MIDLANDS LSA ANNUAL REPORT 2007 – 08

1. Introduction

- 1.1 This report is prepared by the Local Supervising Authority Midwifery Officer (LSAMO) on behalf of the East Midlands Local Supervising Authority (LSA) - NMC LSA code 94, in order to meet the requirements set out by the Nursing and Midwifery Council (NMC) under Rule 16 of the Midwives rules and standards (2004), and in accordance with the NMC circular 15/2007.
- 1.2 This report covers the period 1st April 2007 to 31st March 2008 and details the activities undertaken in the discharge of the NHS East Midlands responsibility in relation to the Local Supervising Authority (LSA) function.

2. Responsibilities

- 2.1 The responsibilities of the Local Supervising Authority are defined within the Midwives rules and standards produced by the NMC 2004 (Nursing and Midwifery Council). These emanate from Article 42 & 43 of the Nursing and Midwifery Order 2001, which describes the Council rules in respect to the regulation of midwifery, the role of supervision and that of the LSA Midwifery Officer. 'Shifting the balance of power' (April 2001) designated the Strategic Health Authority (SHA) as the local body responsible for the LSA function in England. Supervision of midwifery is thus a statutory responsibility. To ensure that this function is undertaken to the required standards, the Local Supervising Authority appoints a LSA Midwifery Officer and Supervisors of Midwives (who are employed within the East Midlands) and are responsible for ensuring that they:
 - safeguard and enhance the quality of care for the childbearing mother and her family
 - provide a source of sound professional advice on all midwifery matters

3. Background

- 3.1 The East Midlands covers the five counties of Derbyshire, Nottinghamshire, Leicestershire, Lincolnshire and Rutland, serving a population of 4.36 million. The Chief Executive of the SHA is Barbara Hakin and the Local Supervising Authority Midwifery Officer is Shirley Smith.
- 3.2 The profile of the public health trends are similar to the national picture and can be found on the E Midlands Public Health Observatory site at:

<http://www.empho.org.uk/Download/Public/10650/1/Monitoring%20Trends%20update%202008.pdf>.

Overall the general health and life expectancy is improving and is close to the average for England as a whole. However there are large inequalities within the region with the health of those living in more deprived areas generally worse than those living in more affluent areas. Lifestyle indicators are similar to the average for England, 1 in 4 adults smoke, more than 1 in 6 binge drink and only 12% meet the recommended level of physical activity. One in four adults in the East Midlands are classified as obese, this is higher than the national average. The rate of road injuries and resulting deaths is higher than average (One pregnant woman and one mother of a five month old baby died in road traffic accidents in the East Midlands this year).

- 3.2.1 Specifically in relation to the maternity service the percentage of mothers who smoke in pregnancy is high compared with the average for England. The Health Strategy for the East Midlands 'Next stage for investment in Health' 2008, highlights as priorities, high levels of smoking, high levels of obesity, high levels of harmful alcohol use and low levels of physical activity . (Health Profile 2008 East Midlands)
- 3.2.2 Within the maternity profile the numbers of births continue to increase. There is a reported change in demographics with more women requiring interpreting services than previously and this is reflected in all areas where maternity services are provided.
- 3.3 Within the East Midlands there is a combination of urban and rural settings varying from large cities to remote rural locations. As such the models of midwifery care vary in response to the local variations in need.
- 3.4 Within the LSA there are 11 NHS Trusts providing maternity services on 17 sites; with community provision of midwifery services across the counties of Nottinghamshire, Derbyshire, Lincolnshire (excluding Humberside) Leicestershire, Northamptonshire and Rutland.
- 3.5 The NHS Trusts providing maternity services are:
 - Chesterfield Royal Hospital NHS Foundation Trust
 - Darley Dale Maternity Unit
 - Derby Hospitals NHS Foundation Trust
 - Sherwood Forest NHS Foundation Trust
 - Nottingham University Hospitals NHS Trust
 - Queens Medical Centre Campus
 - Nottingham City Campus
 - Nottingham City PCT
 - United Lincolnshire Hospitals NHS Trust
 - Lincoln County
 - Pilgrim Hospital, Boston

- Grantham Maternity Unit
- University Hospitals of Leicestershire
 - Leicester General Hospital
 - Leicester Royal Infirmary
 - Melton Mowbray Birth Unit
- Northampton General Hospital NHS Trust
- Kettering General Hospital NHS Trust
- Bassetlaw Hospital (part of Doncaster and Bassetlaw NHS Foundation Trust)
- Corbar Maternity Unit at Buxton (Stockport Hospitals NHS Foundation Trust).

3.6 Four of these Trusts have achieved Foundation status.

3.7 Two of these services are amalgamated with larger Trusts outside of the East Midlands LSA; Corbar in Buxton is linked with Stockport in the North West LSA and Bassetlaw in Worksop is linked with Doncaster in the Yorkshire and Humberside LSA.

3.8 The Corbar maternity unit is a small midwifery led unit, which as stated is managed from the Stockport Hospitals NHS Foundation Trust, this lies within the North West LSA. To ensure that the process of supervision is not disjointed, a Service Level Agreement has been drawn up with the North West LSA to provide LSA services to this area. This has led to a simplified process with clear lines of communication and accountability for the midwives. Therefore this report will not include the situation at Corbar as this will be encompassed within the North West LSA report.

4. LSA Function

4.1 The Nursing and Midwifery Council require the LSA to meet the 54 standards outlined in the midwives rules and standards to enable the satisfactory discharge of the LSA function (Appendix 1).

4.2 The main functions of the LSA role is the protection of the public and ensuring statutory supervision of midwives occurs within the Local Supervising Authority's geographical area. Statutory supervision of midwives encompasses **all** midwives irrespective of employment status and includes those employed through, the NHS, higher education, agencies, those who are self employed including independent midwives and any other midwife practicing midwifery within the LSA boundary. Within the East Midlands there are 15 midwives who practice independent midwifery, either full or part time and record the East Midlands as their main area of practice. There are a further 16 who put their intention to practice into the East Midlands but whose main area of practice lies within another LSA.

- 4.3 In order to ensure that the LSA is aware of all practicing midwives in the East Midlands the administrative aspects are recorded on the LSA database. This database captures information in relation to all midwives who are practising within the East Midlands LSA. Each year every practicing midwife is required to complete an 'intention to practise' form stating their intention to practice within the LSA and confirming that they meet the educational and clinical requirements to practice. Supervisors of midwives register these electronically onto the database, this allows automatic upload of data to the NMC on a weekly basis. This has streamlined several areas of the administration of the LSA function.
- 4.5 The LSA has a webpage which is located on the NHS East Midlands website, which identifies the varying aspects of the LSA function and relevant information. The website address is:
<http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>.

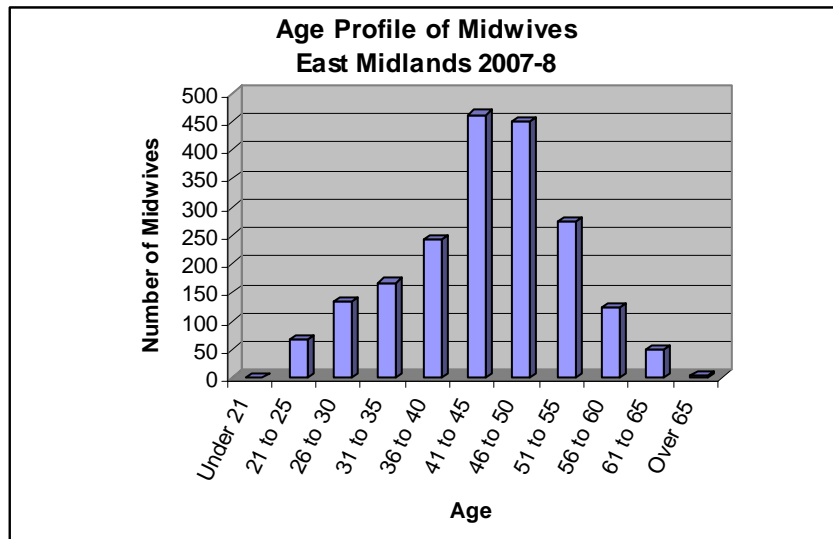
5. Report publication

- 5.1 The LSA report is available in the public domain on the SHA website on the LSA page as stated above. Printed copies are sent to the following:
- The NMC
 - Heads of Midwifery
 - East Midlands contact supervisors
 - Chief Executives of Trusts
 - Commissioning Primary Care Trusts (PCTs)
 - Maternity Service Liaison Committees (MSLCs)
 - SHA Chief Executive
 - The SHA Board
 - SHA Director of Patient Care
 - CSIP
 - Copies will be made available to the public on request
- 5.2 During the past year there have been several instances where the LSAMO has been approached for further information by the commissioning PCTs. This information has been in relation to safe staffing levels at the maternity units.

6. Supervision of Midwives

- 6.1 Profile of Midwives in the East Midlands
1976 midwives notified their intention to practise to the LSA during 2007/08, of these 63% worked part time and 37% full time. The age profile of midwives across the LSA is indicated in the graph below.

Graph 1 Age Profile of Midwives



6.1.2 As can be seen from the above chart, approximately 45% of midwives are over 45 and thus may be potentially eligible to retire within the next 10 years (23% within the next 5 years). During 2007/08 there were issues in relation to the ability to employ newly qualified midwives in some Trusts. These Trusts, while enthusiastic to employ their students have not had the vacancies within their establishment to recruit. With potentially a significant number of midwives retiring in the next 5/10 years, and the increasing number of births, this could pose a significant issue. This risk has been raised locally, regionally and nationally and plans are in place to redress this issue. The service workforce profile of midwives is a significant item on the SHA workforce agenda.

6.2 Profile of supervisors

6.2.1 In order to ensure that midwives are able to access statutory supervision, appropriately trained and qualified supervisors of midwives are appointed by the LSAMO. As of the 31 March 2008 there were 141 supervisors of midwives practising in the East Midlands. This is a decrease from the previous year. Following the publication of the NMC's 'Standards for the preparation and practice of supervisors of midwives', supervisors of midwives reviewed their role and several made a decision in respect to their continuance in the role. Action plans are in place to ensure that Trusts are working towards nomination and selection of potential supervisors to ensure that the NMC ratio is attained.

6.2.2 The ratio of supervisors of midwives to midwives varies across the Trusts with 141 appointed supervisors for 1976 midwives. This gives an overall ratio in the East Midlands of 1:14. However, as can be seen, this varies by Trust. As of the 31st March 2008, there were 2 Trusts with a ratio greater than that recommended by the NMC; both of these exceed a ratio of 1:20. At present 5 midwives are undertaking the

preparation of supervisor's course and 15 are due to commence training in September 2008. As of April 2008 there are a further 10 midwives awaiting imminent appointment:

- 2 supervisors have recently moved Trusts and are undergoing a period of orientation prior to reappointment
- 1 is undertaking an assessment of competencies following a period of leave greater than three years
- 7 are awaiting finalisation of results following the completion of their preparation course.

Table 1 Ratio of supervisors to Midwives by Trust

Trust	No of Midwives	No of Supervisors	Ratio of Supervisors to Midwives	Caseload Range
Chesterfield Royal Hospital	112	5	1:22.4	13-26
Derby Hospitals	203	19 (4 on leave)	1:14	8-16
Doncaster & Bassetlaw Hospitals	56	10	1:14	
Kettering General Hospital	162	12	1:13.5	5-14
Northampton General Hospital	165	12	1:13.75	7-20
Nottingham Community	113	9	1:12.55	9-13
Nottingham University Hospitals	299	22	1:13.59	7-17
University Hospitals of Leicester	409	17	1:24.06	7-31
Sherwood Forest Hospitals	128	11	1:11.36	11-16
ULH	284	25	1:11.36	6-17
Universities	19			
Other	26			

* Bassetlaw is a merged Trust with Doncaster in the Yorkshire and Humberside LSA. Midwives are supervised across the two sites and may be supervised by an East Midlands or a Yorkshire and Humberside supervisor.

** University lecturers are normally supervised within the Trust where they are placed clinically - all lecturers have supervisors.

6.2.3 From the above chart it can be seen that two Trusts lie outside the NMC recommendation of a 1:15 ratio.

6.2.4 At Chesterfield Royal Hospital NHS Foundation there has been a significant change of senior staff and three supervisors have left during the year. This resulted in a change in ratio from 1:14 to 1:22 in a short time scale. There are plans in place to address this, with one supervisor due to be appointed in June 2008 and a further midwife on the preparation course due to complete in July 2008 (which will give a ratio of 1:16). There are also two further midwives selected for the course starting in September 2008, this will address the ratio and bring it in line with the NMC recommendations.

6.2.5 At the University Hospitals of Leicester there was a review of the supervisory team and several supervisors opted to stand down. The remaining supervisors have worked hard to revive supervision and are making good progress. In the first few months of the new financial year 4 more supervisors are due to be appointed, this will amend the ratio to 1:19, further recruitment is ongoing.

6.3 Appointment, resignations and removals of Supervisors of Midwives. Within the East Midlands there have been 14 supervisors of midwives appointed during the year. Of these 13 have been newly qualified and one has been appointed following relocation from another LSA.

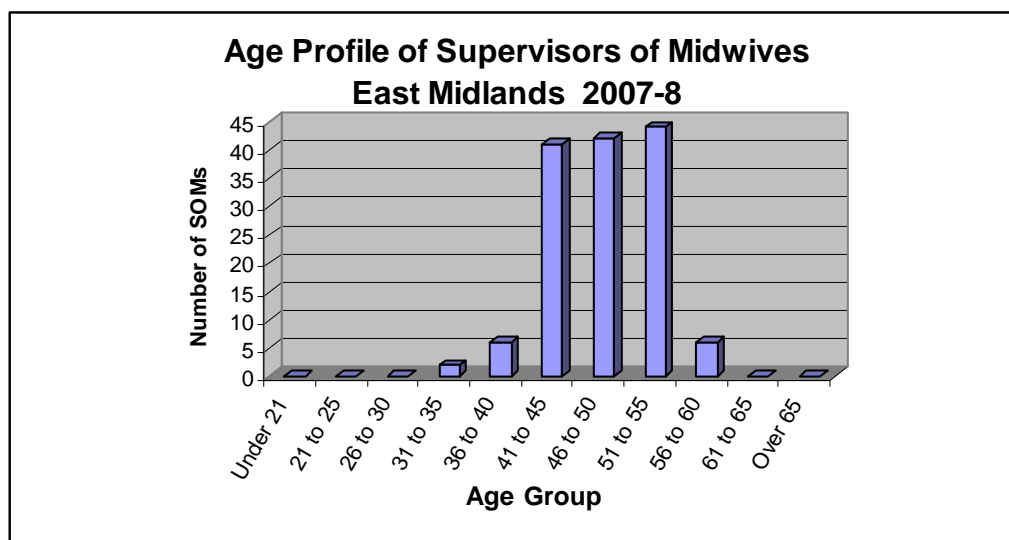
6.3.1 There have been 22 resignations of Supervisors of Midwives; of these eight relocated elsewhere within the NHS, six retired and eight opted to stand down.

Table 2. Appointment and Resignations of Supervisors of Midwives within the East Midlands LSA

	2005/6	2006/7	2007/8
Appointments	18	21	14
Resignations	10	23	22

6.3.2 A list of the supervisors of midwives in the East Midlands appears in Appendix 2.

Graph 2 Age Profile of SoMs



6.3.3 As is indicated in the graph above, the age profile of supervisors is higher than that of midwives in general, with 65% eligible to retire within the next 10 years and 35% in the next five years. This information will be shared with both the Provider and Workforce Development Directorate and the Deanery at the SHA in order to

ensure satisfactory workforce planning for supervisors of midwives in the East Midlands.

7. Access to Supervisors of Midwives

7.1 The named supervisor

7.1.1 All midwives in the LSA have a named supervisor of midwives of their choice. Wherever possible they are given their first choice. However, if this is not possible they will have either their second or third choice. This occurs at varying frequencies between Trusts (1-3 years or whenever there is a significant number of new appointments).

7.1.2 Newly appointed midwives. On initial appointment a midwife will either choose a supervisor or where they are unfamiliar with the supervisors, initially they will be allocated a supervisor and the mechanism for changing supervisors explained. The named supervisor of midwives contacts the midwife with details of how to contact her and instructions for arranging an annual review.

7.1.3 All units either give midwives a letter or information leaflets identifying how to contact a supervisor of midwives and how to change supervisors if they wish.

7.1.4 During the LSA audits the midwives questionnaire identified a varying perception as to the ease of transferring from one supervisor to another. In the annual audits a very small number of midwives stated that they were unaware of how to change supervisors, the ease of this change was perceived to be either possible or easy. Where this was perceived as anything other than easy, a recommendation was made for the supervisors to address this issue and this is then reviewed in the following audit.

7.2 Contacting a supervisor of midwives

7.2.1 The named supervisor provides each of their supervisees with their contact details, how to check their availability and who they may contact if their named supervisor is not available. In addition, all but one unit has an on call rota for supervisors of midwives; this covers 24 hrs a day, seven days a week. In the unit where there is no formal rota, all of the supervisor's numbers are available in the clinical areas and the supervisors are happy for midwives to contact them as required. All of the units have a list of the supervisors' contact details, in the rare event that the on call supervisor is not contactable; the unit will contact an alternative supervisor. The mechanism for this varies between Trusts, but is specific in each Trust. The list of supervisors may be held on the delivery suite or by the switchboard, but is identified as such in each unit. When a named supervisor is not available, the midwife may refer to the on call rota or select an alternative supervisor of their choice.

7.2.2 This access to supervisors is verified through the LSA audit via a questionnaire for midwives and in person during the actual visit itself. There was a very positive response in the audit questionnaire sent to midwives in relation to the ease of contacting a supervisor. All midwives were aware of how to contact a supervisor within their own unit and no hesitations were expressed in their willingness to do so. There also appears to be an improved understanding in relation to when to contact a supervisor and when to contact a manager.

8. Supervision of Midwifery Practice

8.1 The supervisory function is based within the Trusts providing maternity services. The supervisors are responsible for ensuring that the supervisory function is carried out within their area (this includes all practicing midwives irrespective of employment status).

8.2 Annual monitoring visits

8.2.1 The LSA standards to audit this function were revised nationally in December 2004, in accordance with the revised midwives rules and standards published by the NMC. The LSA audit standards are published on the NHS East Midlands website:
<http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>.

8.2.2 All units were audited this year either formally or informally. These visits followed the format identified on the LSA website and gave the LSAMO the opportunity to ensure that the supervision of midwives was being undertaken to a satisfactory standard in each Trust.

8.3 Communication with supervisors of midwives

8.3.1 Contact supervisor meetings

Supervisors of midwives at each Trust identify a supervisor to undertake the role of the contact supervisor, acting as a focal point of contact with the LSAMO. This does not preclude direct contact between any supervisor and the LSAMO. Regular meetings between the LSA Midwifery Officer and the contact supervisors take place every two months.

8.3.2 Network meetings

Network meetings are held three times a year. These are educational based meetings with the focus on supervision. Any supervisor may attend these meetings. (A typical agenda may be found in Appendix 3). During the past year subjects have included two study days on Health Care records, a study day in relation to the supervisory investigation process, general update in relation to maternity issues and the investigation process. Supervisors are encouraged to present and share learning experiences on these days. This has included

presentations in relation to challenging issues where women have wanted to follow a personalised care plan that midwives were uncomfortable with. The involvement of the supervisor enabled the woman to follow her birth plan and support the midwives in supporting the woman. In order to ensure that supervisors are aware of training opportunities for themselves and their supervisees, a current events page has been introduced to the LSA website. The LSAMO notifies supervisors via the contact supervisor in relation to educational opportunities.

8.3.3 Guidelines group

There are regular meetings of the LSA guideline group, which reviews the guidelines for supervisors to ensure that there are consistent approaches with supervisory functions. For guidelines reviewed see section 12

8.3.4 Newly appointed supervisor meetings

All newly qualified supervisors of midwives are offered the opportunity to network with each other and the LSAMO on a bimonthly basis during their first year of appointment. These meetings take the form of action learning sets.

8.3.5 Other communication

The LSAMO has direct electronic communication with all supervisors in the East Midlands, as well as through the contact supervisors' links. The LSAMO has also attended various units to discuss issues pertinent to those Trusts. All relevant information received in the LSA office is disseminated electronically to the contact supervisor and then forwarded to the other supervisors. Supervisors have access to the email addresses of other supervisors through the LSA Database.

8.4 Supervisory reviews

It is a requirement that midwives identify the date of their last supervisory review on their Intention to Practise form. This has raised the profile of this review with the midwife and attendance at the review has improved significantly. The dates of these reviews are now collected centrally on the LSA database, which allows ease of access to this information for the LSA office. The content of the annual review is confidential and accessible only by the named supervisor. The rate of completion of annual reviews is reviewed during the LSA audit, where there are issues then a recommendation is made and followed up at the next audit.

8.5 Mandatory Study Days

Supervisors are involved in mandatory training and emergency skills days for staff who work in a maternity setting in all Trusts in the East Midlands. These are in most cases done in a multiprofessional / multidisciplinary setting to enhance the team working necessary for safe and effective care of women and babies.

- 8.6 Clinical Governance (including supervised practice)
Supervisors are intricately involved in the clinical governance arrangements with the maternity service. All Trusts have a supervisor on the maternity clinical governance team and supervisors are involved in investigating any issues of midwifery practice.
- 8.6.1 In order to protect the public and retain qualified midwives who are able to provide safe and competent care, supervisors investigate any instances where there are allegations or suspicions of suboptimal midwifery care. In cases where suboptimal practice has occurred, the supervisor identifies whether there has been a breach of the 'midwives rules and standards' (NMC 2004a) or 'the code of professional conduct' (NMC 2004b) and makes a formal recommendation to the LSAMO.
- 8.6.2 There are times where a midwife may have practiced in a suboptimal manner but not in serious breach of the midwives rules and standards. Where this is identified the supervisor will work with the midwife and a period of developmental support will be offered. This is structured around the individual midwife's learning needs
- 8.6.3 Where a need for supervised practice is identified, i.e. there has been a serious breach of the midwives rules and standards, the supervisors will work with a midwifery educationalist and the midwife in order to ensure that the midwife's practice meets the required standard. Where a Midwife fails to achieve the competencies required in the programme of supervised practice she will be referred to the NMC.
- 8.6.4 Following supervisory investigations, 14 midwives have undertaken a period of developmental support and six midwives have undertaken a course of supervised practice. Of the latter, two of these episodes were related to intra-partum care, two to overall care, one to medication errors and one to non attendance when requested for assistance. Robust educational programmes were put into place for each midwife and five of these midwives successfully completed the programme of practice and were deemed safe to provide care for women and their babies, to the standard required of a practicing midwife on the NMC register. There were four referrals from the LSA to the NMC, one for failure to successfully complete a period of supervised practice; two for misconduct and one on Health grounds. Two of these midwives were suspended by the LSAMO from the practice of midwifery within the UK pending the interim hearing by the fitness to practice committee of the NMC.
- 8.6.5 Supervisors review any incident in which there are concerns regarding midwifery practice – these may be in relation to individual midwives, but system failures or areas for improvement are also identified. Where

system failures are identified supervisors develop an action plan and work closely with management to ensure these areas are addressed.

8.7 Maternal Deaths

There were eight (8) maternal deaths reported to the LSA which met the Confidential Enquiry into maternal Deaths (CEMACH) definition during the year. This has changed this year and excludes most maternal deaths occurring six weeks post delivery. Of these deaths two were considered direct deaths, these were attributed to pre-eclampsia, (both of these women requested that they not receive blood products). One woman collapsed at home but the cause of death has not been identified and has been classified as query Direct/Indirect. One woman died in a bath during labour but the precipitating cause of death is not believed to be pregnancy related. Three deaths have been classified as coincidental –two as a result of Road Traffic accidents and one at 7 weeks of pregnancy prior to engagement with midwifery services. One death has not been classified as no known cause of death has been identified.

8.7.1 Supervisors report all maternal deaths to the LSAMO and to CEMACH. In cases of direct maternal deaths and in indirect deaths where there are concerns that there may have been midwifery issues supervisors undertake a supervisory investigation. This process has been enhanced and supervisory reports are now sent to the LSAMO.

8.8 Other Challenges for supervision

8.8.1 There is a variance across the LSA in respect to remuneration of supervisors; this is a local Trust decision. Across the East Midlands, five of the Trusts remunerate supervisors and five do not. This variance is a source of disharmony for supervisors and where supervisors are not remunerated, a recommendation is made that Trusts may wish to review their stance in relation to this issue.

8.8.2 A further challenge for supervisors in some Trusts is the lack of dedicated time for supervision and appropriate administrative support. Where this is an issue, it has been identified as a recommendation in the LSA audit report. These reports are submitted to the individual Trust Boards through the Midwifery services.

9. LSAMO involvement within the wider remit of the Strategic Health Authority

9.1 The LSAMO is a member of the Nursing and Patient Safety team. There are close working relationships within this team. The LSAMO is copied into the Serious Untoward Incident (SUI) reporting mechanism, thus ensuring an awareness of any maternity related SUIs. There is

also close working relationships with the safeguarding team, especially the Lead for Children, CAMHS and Safeguarding.

- 9.1.2 The LSAMO also takes the lead for any midwifery issues within the SHA and is the SHA representative at the national maternity leads meetings with the Department of Health. She is also the LSA representative on the Department of Health National 'Maternity Services Implementation Advisory Group', which advises on 'Maternity Matters'. During the course of the year a secondment position was introduced to enable the management of the implementation of maternity matters within the SHA. There is close matrix working with the Strategic Development Directorate who leads on Maternity Matters and the Next Stage Review for the SHA.

10. User Involvement.

- 10.1 User involvement is an integral aspect of the audit process. Service user involvement in monitoring supervision of midwives and assisting the local Supervising Authority Midwifery Officer with the annual audits is seen as essential.
- 10.1.1 In order to have local user representation, each Trust invited a local user representative to be a part of the audit team in the annual supervision of midwives' audit. The representatives came from a variety of contacts – Maternity Services Liaison Committee (MSLC), National Childbirth Trust (NCT) or women who had recently delivered.
- 10.1.2 In some instances the user representatives were involved in the full audit process, in others they were involved by talking to mothers and supervisors within the unit. This was the second year of formal user involvement in the audit process for the East Midlands LSA. The contribution that the user representatives have brought to the audit process was greatly valued by the audit team, the Trust and the user representatives themselves. The user representatives on the audit team are given guidelines for audit team members, which can be found on the LSA website.
- 10.2 User involvement in the selection of supervisors of midwives. There is user representation on the interview panel for the Preparation of Supervisors course. These users are invited to the seminar presentations at the end of the course in two of the programmes in Leeds and Sheffield.
- 10.3 This year has seen the introduction of user representative in the teaching of the preparation course. A user was invited to the fixed resource session relating to the trigger regarding women centred care.

11. Involvement with Higher Education Institutions

11.1 There are three higher educational institutes which provide midwifery training within the East Midlands; these are Nottingham University; DeMontfort University in Leicester and Northampton University. The LSA also access the University of Sheffield and the University of Leeds for the preparation of supervisor's course. There are eight midwifery University lecturers who are appointed supervisors in the East Midlands, one in Northampton, two in Leicester (with a further one undertaking the preparation course) and five in Nottingham. These supervisors bring diversified skills to the supervisory team and are able to assist and guide their fellow supervisors, particularly in the academic assessment of midwives requiring supervised practice. There are very positive benefits of educationalists as supervisors not only for students, but for qualified staff.

11.2 Midwifery Training

11.2.1 The LSAMO and supervisors of midwives have close contact with the three universities in the East Midlands. There are regular meetings between the University and the LSAMO and supervisors in relation to midwifery training.

11.2.2 The LSAMO and/or Supervisors from the local units are involved in curriculum planning for the pre-registration course for midwives, leading to entry to the midwifery part of the NMC register. The LSAMO has been involved in accreditation visits at all three universities in the East Midlands this year. Supervisors teach student midwives in relation to supervision of midwifery. Supervisors are involved in the interview process for student midwives.

11.2.3 Student midwives are introduced to the concept of supervision throughout their training. Each Trust has arrangements for the students to have the name of a supervisor to discuss aspects of the supervisory function. Supervisors are involved in the teaching of supervision to midwifery students. This exposure is not only beneficial in respect of student midwives learning about supervision, but also to supervisors understanding the challenges that students face.

11.2.4 The involvement of the supervisors in the education process and particularly the educationalists as supervisors has raised the profile of supervision and allows students to become more familiar with the concept and importance of supervision.

11.2.5 The LSA audit team meets with students during the audit visit and any concerns regarding the learning environment are reflected back to the Trust.

11.3 Preparation of Supervisors of Midwives.

There are three Higher Education Institutes which offer the Preparation of Supervisor courses for East Midlands' midwives. These are the Universities of Northampton, Sheffield and Leeds. All three courses have been validated by the NMC for the first time this year – in response to these courses now requiring recognition as an NMC approved course and qualification. The LSAMO and/or supervisors of midwives are members of the course curriculum review team for all three universities and the LSAMO teaches on both the Northampton and Sheffield courses and assesses on the Sheffield and Leeds course. These programmes are offered at both Masters and first degree levels. All three courses have been evaluated favourably by the students.

11.4 Return to midwifery practice.

The LSAMO receives enquiries in relation to midwives who wish to return to practice. Two of the universities offer return to practice courses, Nottingham and Northampton; students may also access the Royal College of Midwives (RCM) distance learning course. There appears to have been a reduction in midwives returning to practice which has been compounded by the lack of available employment opportunities for midwives within the region.

12. Guidelines

12.1 Guidelines are developed via the supervisors' guideline group, in conjunction with the South Yorkshire (now Yorkshire and Humberside) group.

12.2 There is a system by which guidelines are reviewed and updated. All guidelines have set dates for review and these are available on the LSA website at: <http://www.eastmidlands.nhs.uk/the-local-supervising-authority-midwifery>.

12.3 The guideline on guideline writing describes the mechanism by which guidelines are reviewed and ratified. This guideline can be found with the other LSA guidelines at the above website. All guidelines are reviewed by the guideline group and then disseminated to all supervisors for further comment.

12.4 The National LSAMO Forum has developed national guidelines to reduce variations in midwifery supervision across the four countries of the UK. Supervisors have the opportunity to comment on the draft guidance.

12.5.1 New guidelines relating to the Supervision of Midwives, which have been introduced / reviewed include:

- Transfer of midwifery records from self employed midwives
- Suspension of midwives from practice
- Confirming midwives eligibility to practice
- NHS East Midlands LSA suspension appeal procedure

13. Trends and challenges in Midwifery Practice

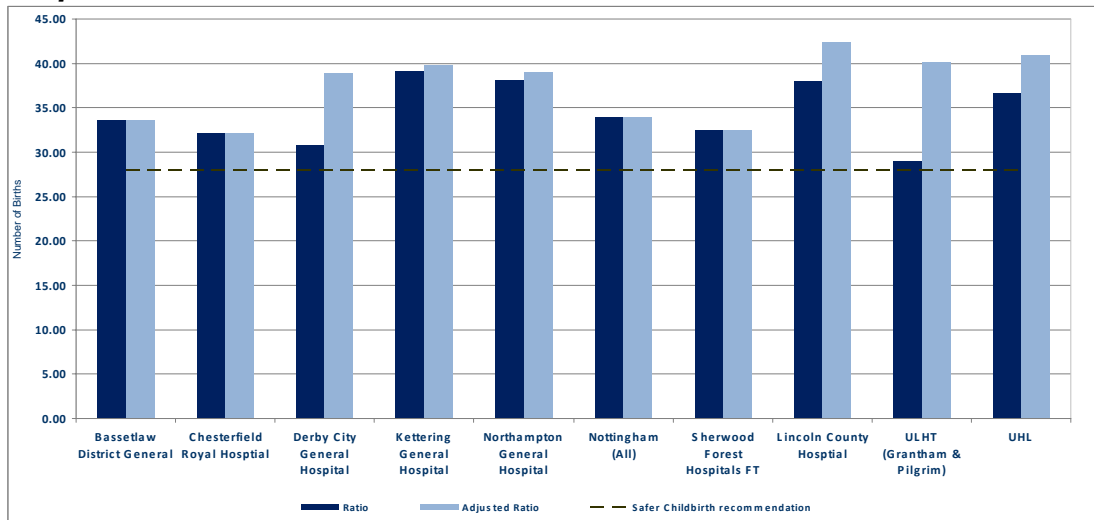
13.1 Workload

The number of births has once again increased within the East Midlands this year. Last year this varied by Trust but this year all Trusts have reported an increase. There has been a lot of work with commissioners in relation to appropriate numbers of midwives. This led to an investment of more than 100 extra positions which has been seen as a positive move. However an increase of 2352 deliveries (4.9%) and 2879 (5.7%) of births to women resident in the East Midlands has required extra midwives and thus the birth to midwife ratio has not improved to the anticipated level.

13.1.2 Midwife to woman ratio

Midwifery staffing establishments expressed as a midwife to birth ratio varies across the East Midlands. This ratio does not take into account community activity and in some Trusts there are up to an extra 2800 women for whom community care is provided who do not give birth within the Trust, therefore an adjusted ratio has been developed to take this workload into consideration. These adjustments do not take into account the number of women who book for care but for one reason or another do not continue with their pregnancy. This ratio is illustrated in the graph below. Safer Childbirth recommends a midwife to birth ratio of 1:28. No unit within the East Midlands meets this ratio, and ranges from 1: 32 to 1:45

Graph 3 Midwives to Birth Ratio



13.1.3 Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment and is the recommended tool for identifying the required workforce for a varied and complex service.

13.1.4 The rising birth rate and workforce issues are raised with Trusts and PCTs through the LSA audits and the maternity matters partnership forum and in addition for non foundation Trusts via the SHA.

13.2 Data collection

Data collection continues to be a challenge. There is no common data collection tool. Trusts have varying IT systems with some Trusts still collecting maternity data manually. Accuracy of data is vital for planning and commissioning services and for ensuring accurate payment by results. The data utilised in this report has been collated using the LSA database and the annual LSA returns submitted by the midwifery service. Those Trusts that rely on manual data collection are awaiting the implementation of the maternity package within the national project 'Connecting for Health'.

13.3 Maternity Service Developments

In the East Midlands Maternity Matters has been taken forward by the SHA through the PCTs, with input from clinical representatives both on the Maternity Matters partnership board and the Next Stage Review.

13.4 Appointment of newly qualified midwives

The challenge for student midwives acquiring positions at the end of their training continued in the early part of this year, with several newly qualified midwives unable to find employment. Innovative approaches have been put in place to address this situation wherever possible and several midwives have been employed in temporary positions until contracts were able to be substantiated. Failure to secure employment as a midwife and consolidate training can result in the potential loss of trained midwives to the profession. This is a significant issue especially with the increasing birth rate and the increasing age profile of midwives in the East Midlands indicating that a substantial number of midwives will be eligible to retire in the next 10 years. As previously stated this will form part of an information base to inform workforce planning.

13.5 Clinical Activity

The following table indicates the basic clinical delivery activity within the LSA a full breakdown can be found in Appendix 4.

Table 3 Clinical Activity

Data was obtained from the Head of Midwifery/Contact Supervisor at each of the Trusts. The method of collecting data varies; as previously stated some units have a maternity information system while several still collate the data manually.

Maternity Unit Name	Caesarean Section	Forceps	Ventouse	Water Births	Home Births	SVD	Total Births
<i>Bassetlaw District General Hospital</i>	335	52	108	5	32	921	1416
<i>Chesterfield Royal Hospital NHS Trust</i>	515	122	182	11	104	2182	3001
<i>Derby Hospitals NHS Foundation Trust</i>	1189	365	448	14	140	3487	5489
<i>Kettering General Hospital NHS Trust</i>	903	59	289	34	120	2630	3881
<i>Sherwood Forest Hospitals NHS Foundation Trust</i>	410	306	106	23	180	2137	2959
<i>University Hospitals of Leicester</i>	2298	595	786	147	234	6917	10596
<i>Boston and Grantham Hospitals</i>	729	135	318	10	53	2296	3478
<i>Lincoln County Hospital</i>	778	151	163	51	87	2500	3592
<i>Northampton General Hospital NHS Trust</i>	1238	147	257	72	257	2954	4596
<i>Nottingham University Hospitals Trust + Nottingham City PCT</i>	2258	862	717	115	175	6610	10447

13.6 Common themes

13.6.1 Themes common to several Trusts in relation to the function of supervision, included lack of protected time for all supervisors, administrative time, inadequate maternity information systems. Where these issues have been identified they form part of the LSA audit recommendations.

14. Suspension of services

14.1 There have been a small number of occasions where maternity services at particular units have transferred admission to other units for short periods of time; this has been within units of the same Trust, mainly due to short term staffing issues.

- 14.2 There was a temporary closure of a midwifery led birth unit, this was due to issues in relation to the building (burst water pipes) and the unit was opened once these repairs were undertaken.

15. Complaints and LSA Investigations

15.1 Complaints regarding the supervisory function

There have been no formal complaints made to the LSA office in relation to supervision during this time frame. Should a complaint be made, the LSAMO will undertake an investigation and respond in line with the NHS complaints process. Where the complaint is against the LSAMO then the SHA will take the lead in the investigation and the SHA process for complaints management will be followed. Directions regarding how to complain and who to complain to, can be found on the East Midlands website.

15.2 LSA Investigations

- 15.2.1 There have been LSA investigations into the practice of four midwives following issues of concern in relation to their practice see paragraph 8.6.4

- 15.2.2 Where there is a significant concern regarding midwifery practice within a unit then the NMC are informed. This year there has been one informal notification to the Head of Midwifery at the NMC with the acknowledgement that the Trust is undertaking work on the issue. This issue has been appropriately addressed by the Trust.

16. Statutory requirement for publication of LSA functions

16.1 Rule 4 Notifications by the Local Supervising Authority

The midwives rules and standards (NMC2004) state that the LSA shall publish the name and address of its midwifery officer for the submission of notification of Intention to practice and the date by which they must be received. This information was published via the website and through a memorandum to the supervisors of midwives in each Trust. Intention to practise forms were completed and uploaded in a timely fashion to the NMC. Intention to practise is now notified electronically through the LSA database. This permits weekly updating of information to the NMC.

16.2 Rule 5 Suspension from practice by a local supervising authority

- 16.2.1 The LSA publishes on the LSA website the process by which it will:

- investigate any alleged impairment of a midwife's fitness to practice;
- determine whether to suspend a midwife from practice;
- the process of appeal against any decisions, this process has been further developed and published this year.

16.2.2 In relation to allegations of suboptimal practice, supervisors of midwives will investigate the situation using root cause analysis. A recommendation is then made by the supervisor to the LSAMO. If the recommendation is supervised practice, a formalised programme is instituted, which addresses the suboptimal practice identified. This programme is developed by the supervisor and an educationalist. The midwife is able to input to the programme. Completion is assessed by the educational and supervisor mentor and is finalised with a recommendation to the LSAMO as to the midwife's fitness to practice. The LSAMO then meets with the midwife to finally sign off the supervised practice programme. Where the programme is not completed successfully, the supervisors may recommend suspension from practice or referral to the NMC. A letter addressing the issue of supervised practice is sent to the midwife on both commencement and completion of supervised practice following a meeting with the LSAMO. Midwives are informed of their right of appeal through the LSA guideline, in person and in writing.

16.3 Rule 9 Records

16.3.1 The East Midlands LSA follows the national LSA guideline on the retention and transfer of records, which is published on the East Midlands LSA website.

16.3.2 In relation to poor performance of the LSAMO, contact details of the Chief Executive are published on the main LSA web page.

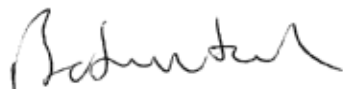
16.4 Compliance with the 54 criteria identified in the midwives rules and standards can be found in Appendix 1

17. Conclusion

This has been a year of challenge and change for Supervision in the East Midlands. There is continuing development of the supervisory function with supervisors undertaking a challenging role to ensure the safety and protection of the women and babies in the East Midlands.

Guidelines have been reviewed and the LSA website is seen as a current source of information for supervisors, midwives and the general public alike.

Supervisors are challenged not only to meet the requirements of their role, but also to assist in change management in relation to the recent government initiatives including children's centres, normalising childbirth, standard 11 of the NSF for children, young people, Maternity Matters and the Next Stage Review. The supervisors have ensured that there are action plans in relation to National reports e.g. The HCC Maternity services review, CEMACH report – 'Saving Mothers Lives' Safer Childbirth; Safe Birth and other reports which effect the provision of maternity care.



Dr Barbara Hakin OBE
Chief Executive
NHS East Midlands



Shirley Smith
LSAMO
East Midlands LSA

References

Nursing and Midwifery Council (2004) Midwives rules and standards. London; NMC

Nursing and Midwifery Council (2006) Standards for the preparation and practice of supervisors of midwives. London; NMC

Nursing and Midwifery Council Circular 15/200 Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC

Royal College of Obstetricians and Gynecologists (2007) Safer Childbirth

The Nursing and Midwifery Order 2001 Statutory Instrument 2002 No. 253 HMSO The Stationery Office Limited ISBN 0 11 039325 2

(DoH) 2007 Department of Health: Maternity Matters: Choice, access and continuity of care in a safe service

(DoH) 2005 Department of Health: Creating a patient-led NHS: Delivering the NHS Improvement Plan

(DoH) 2002 Department of Health: Shifting the Balance of Power: The Next Steps

(DoH) 2008 Department of Health: Health Profile 2008 East Midlands

(DoH) Our NHS, Our Future

NMC Standards for Local Supervising Authorities 2006/7

The Accountability of the SHA for the LSA role is outlined in the Midwives Rules and Standards and the following table depicts those areas of the Rules and Standards, which pertain to the SHA's responsibilities.

Rule 4- Notifications (Intention to Practice) by Local Supervising Authority

Standard	Action	Compliance	Comments
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.	Guidelines for completion of the intentions to practise are reviewed and sent out to all contact SoM on an annual basis	Compliant	Published on the E Mids LSA website and by letter to all supervisors of midwives.
Publish annually the date by which it must receive intention to practise forms from midwives in its area.	Information included in the guidelines	Compliant	Published on the E Mids LSA website and by letter to supervisors of midwives.
Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20 th of April each year.	Input into LSA database and uploaded to the NMC electronically	Compliant	Electronic database introduced to enable accurate and timely notification
Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20 th of each month.	Electronically submitted weekly	Compliant	Electronic database introduced to enable accurate and timely notification

Rule 5 – Suspension from Practice by a Local Supervising Authority

Standard	Action	Compliance	Comments
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.	Published in the following guideline Reporting and monitoring of serious incidents and events, process of investigation and reporting to the LSA	Compliant	
Publish how it will determine whether or not to suspend a midwife from practice	Published in the following guideline Suspension of midwives from practice	Compliant	
Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	Published in the following guideline Reporting and monitoring of serious incidents and events, process of investigation and reporting to the LSA	Compliant	
Publish the process for appeal against any decision.		Compliant	

Rule 9 – Records

Standard	Action	Compliance	Comments
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.	Published in the National guideline Procedure for the transfer of midwifery records from self employed midwives	Compliant	
Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Audited through the LSA audit	Compliant	
Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	All SoM currently keep either paper or electronic files. Local arrangements made for storage and preservation of supervisory records.	Compliant	
Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Local arrangements made for storage and preservation.	Compliant	
Publish local procedures for retention and transfer of records relating to statutory supervision	Covered in LSA National guidelines	Compliant	

Rule 11 – Eligibility for Appointment as a Supervisor of Midwives

Standard	Action	Compliance	Comments
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 supervisor of midwives in their area.	Covered in LSA National guidelines	Compliant	
Maintain a current list of supervisors of midwives.	LSA database	Compliant	
Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours annually.	Network meetings every 4 months	Compliant	

Rule 12 – The Supervision of Midwives

Standard	Action	Compliance	Comments
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will :			
Publish the local mechanism for confirming any midwife's eligibility to practise.	National guideline published	Compliant	
Implement the NMC's rules and standards for supervision of midwives.		Compliant	
Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances will not normally exceed 1:15, but does not exceed 1:20.	Priority of SoM courses where the standard is not met	Partial	2 units did not meet the 1:15 ratio in 2007/8.
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.	LSA /NMC regular meetings Cross coverage for LSAMO annual leave with East of England and South Central LSAMO	Compliant	LSA Database now national.
Enable timely distribution of information to all supervisors of midwives.	Via Contact Supervisors and website	Compliant	
Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	All SoMs have email and telephone access to the LSAMO	Compliant	
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.	Bimonthly meetings for Contact SoM 4 monthly meetings for SoM	Compliant	

Standard	Action	Compliance	Comments
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.	Protected time monitored however the application is not consistent across the various Trusts within the East Midlands	Compliant	Where not provided this is identified in the LSA audits as a recommendation for the Trust
Promote woman-centred, evidenced-based midwifery practice.	This is monitored through the LSA audit and is a national standard	Compliant	
Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	This is monitored through the LSA audit Annual review recorded on the LSA database	Compliant	
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.	Covered in LSA National Standards and monitored through LSA audit	Compliant	Website
Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Covered in LSA National Standards and monitored through LSA audit	Compliant	
Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Covered in LSA National Standards and monitored through LSA audit	Compliant	
Supervisors of midwives provide professional leadership.	Covered in LSA National Standards and monitored through LSA audit	Compliant	
Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Covered in LSA National Standards and monitored through LSA audit	Compliant	

Rule 13 – The Local Supervising Authority Midwifery Officer

Standard	Action	Compliance	Comments
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		No new appointments during the year	
Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process		No new appointments during the year	
Manage the performance of the appointed local supervising authority midwifery officer	Performance managed by the Director of Nursing and patient safety	Compliant	
Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function		Compliant	
Arrange for the local supervising authority midwifery officer to complete an annual audit of the practise and supervision of midwives within its area to ensure the requirements of the NMC are being met	All units visited in 2007/8	Compliant	

Rule 15- Publication of Local Supervising Authority Procedures

Standard	Action	Compliance	Comments
To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practise 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.	LSAMO informed of all SUIs that come into the SHA.	Compliant	
Publish the investigative procedure.	Published within the Guidelines for Supervisors of Midwives	Compliant	
Liaise with key stakeholders to enhance clinical governance systems	LSAMO is part of the patient safety team at the SHA	Compliant	
To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer or supervisor of midwives, the local supervising authority will:			
Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives.	Published on LSA website	Compliant	
Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment.	Published on the LSA website	Compliant	
Publish the process for appeal against the decision to remove	Published on the LSA website	Compliant	
Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion.		Compliant	
Consult the NMC for advice and guidance in such matters		Compliant	

Rule 16 – Annual Report

Standard	Action	Compliance	Comments
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 30 th September 2008.		Compliant	
Each Local Supervising Authority will ensure their report is made available to the public.		Compliant	
The report will include but not necessarily be limited to:			
Numbers of supervisor of midwives appointments, resignations and removals.	This information is currently provided in the LSA Annual Report	Compliant	
Details of how midwives are provided with continuous access to a supervisor of midwives.	This information is currently provided in the LSA Annual Report	Compliant	
Details of how the practise of midwifery is supervised.	This information is currently provided in the LSA Annual Report	Compliant	
Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.	This information is currently provided in the LSA Annual Report	Compliant	

Standard	Action	Compliance	Comments
Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	This information is currently provided in the LSA Annual Report	Compliant	
Details of any new policies related to the supervision of midwives.	This information is currently provided in the LSA Annual Report	Compliant	
Evidence of developing trends affecting midwifery practise in the local supervising authority.	This information is currently provided in the LSA Annual Report	Compliant	
Details of the number of complaints regarding the discharge of the supervisory function	This information is currently provided in the LSA Annual Report	Compliant	
Reports on all local supervising authority investigations undertaken during the year.	This information is currently provided in the LSA Annual Report	Compliant	

NMC Midwives Rules and Standards

Rule 1	Citation and commencement
Rule 2	Interpretation
Rule 3	Notification of Intention to practise
Rule 4	Notifications by Local Supervising Authority
Rule 5	Suspension from practise by a Local Supervising Authority
Rule 6	Responsibility and sphere of practise
Rule 7	Administration of medicines
Rule 8	Clinical Trails
Rule 9	Records
Rule 10	Inspection of premises and equipment
Rule 11	Eligibility for appointment as a supervisor of midwives
Rule 12	The supervision of midwives
Rule 13	The Local Supervising Authority Midwifery Officer
Rule 14	Exercise by a Local Supervising Authority of its functions
Rule 15	Publication of Local Supervising Authority procedures
Rule 16	Annual reports

A full description of each of these rules is outlined in the Nursing & Midwifery Council Midwives rules and standards (2004). These are available through the NMC website at www.nmc-uk.org or through the LSA Midwifery Officer, Shirley Smith.

East Midlands LSA

Chesterfield Royal Hospital

GUERRIERO, Lyn M
GUSTARD, Linda
HAMILTON-CODY, Bodil
KIRKHAM, Julie
WILTON, Caroline

Derby Hospitals

BONIFACE, Helen
CHARITY, Janet L
DRURY, Colleen A
GREGORY, Jayne L
HARDING, Julie
HASLAM, Jane
HEROD, Pamela M
JAMES, Catherine M
MEADOWS, Anne
PAYNE, Karen Jane
PURCELL, Lorraine Elizabeth
RIGBY, Carol E
ROULSTONE, Lesley E
SAVAGE, Julia
SMITH, Helena P
SMITH, Mary C
TILLEY, Anne H
WALLIS, Sharon
WHITING, Rosemary
WILLIAMSON, Lenmoy E

Doncaster & Bassetlaw Hospitals - Bassetlaw

BARKER, Sylvia
COUSINS, Karen
HOLLAND, Pat
KNIGHT, Vivienne
LEE, Carol
LIVINGSTON, Christine
MEARS, Linda
RAINSFORTH, Sharon
SCHOFIELD, Alison
SMITHSON, Sharon
WRIGHT, Donna Mary

Kettering General Hospital

ANDERSON, Paula
BARCLAY, Catriona
BEASLEY, Julie
BENZIE, Nancy
BERRILL, Sarah
BRATLEY, Michelle
CREIGHTON, Christine

Supervisors of Midwives by Trust

GARVEY, Christine
MILDREN, Clare
PATRICK, Kathryn
RUSSELL, Linda

Northampton General Hospital

AGER, Christine
ASHTON, Marj
BENNETT, Julia
BROWN, Janet Elizabeth
BUTLER, JD
GREY, Krystyna B
HESSELDEN, Sue J
JAMES, Julie A
MATTHEWS, Linda
ROMECCIN, Joanne
STANILAND, Caroline
WINWRIGHT, Julie Ellen

Nottingham Community

BACON, Lyn
BROOKS, Joanna
CHAPPELL, Angela
DOLBY, Louise
JONES, Linda
LINK, Susan
MCAREE, Timothy J
MILLER, Suzanne
PIDGEON, Jane
POSANER, Carole
WALLEY, Carolyn

Nottingham University Hospitals

ABOLINS, Linda
BARKER, Karen J
BRAMFORD, Jackie
BRYDON, Susan
BUCKLEY, Elisabeth Rosemary
BURBIDGE, Paula
COOK, Lorraine C
CROMPTON, Anne
CROW, Helen E
EVANS, Karen
GRIFFITH WRIGHT, Mandy
GUDGEON, Julia
HAYES, Susan
HUTCHBY, Jane
MARSHALL, Christine
MCCORMICK, Carol Susan
PETTIPHER, Hazel
RAYNOR, Debra
RAYNOR, Maureen
REED, Michelle
SMITH, Phillipa

STOREY, Martine
WARSALEE, Belinda

Sherwood Forest Hospitals

BROCKLEHURST, Mary
CURTIS, Maria
GREENWOOD, Alison
MATTHEWS, Janice
MORECROFT, Anne
MUIRDEN, Lindsay
SEMPLE, Lesley
SHAW, Julie
WALKER, Teresa
WHITHAM, Alison
WOODRUFF, Helen

ELLIS, Nicola Sheila
GARRATT, Rosemary
HARVEY, Louise
LYDALL, Rosemary
MCLEAN, Moira
MORRISSEY, Joan
MOSS, Linda
MUXLOW, Audra
PLANT, Anne
PORTER, Jane
RAVAL, Jyotsna
SAUNDERS, Bridget
SAVAGE, Nicola
TURNOCK, Jane

ULH - Boston

APPLEBY, Patricia EM
DALTON, Jane
DUST, Penelope J
FOWLER, Ellen Deidre
HARRISON, Hazel
LAWSON, Christine Diane
PEARSON, Beverley
WALKER, Emma
WARD, Rosemary

ULH - Grantham

APPLEBY, Patricia EM
BESWICK, Judith A
HARRISON, Hazel
WARD, Helen
WELBY, Elizabeth Anne

ULH - Lincoln

APPLEBY, Patricia EM
BRODRICK, Alison
CLARK, Bridget
COOKE, Yvonne
EGGLESTON, Heather
ELLIS, Elizabeth
HASTINGS, Karen
HUGO, Louise
KANIA, Jane
LASCELLES, Swee Ling (Katie)
LILL, Jennifer
STUBBS, Pauline
THOMAS, Dawn

University Hospitals of Leicester

ANDREWS, Margaret
ASBURY, Marisa
BAKER, Nicola
BENNION, Susan

Maternity Matters and the supervisor's role
30 May 2007; 9.30 am – 4.00 pm
Octavia House
A G E N D A

09:30 ARRIVAL

10:00 **Introduction** – Shirley Smith LSAMO and member of MSAIG

10:15 **What does maternity matters mean to you?** Group discussion

10:45 **DVD – Maternity Matters**

11:05 COFFEE

11:25 **Maternity Matters**
The Department of Health Delivery Plan: Maternity Matters

12:40 LUNCH

13:30 **Maternity Matters – the health community aspect**
Heather Miller – Care Services Improvement Partnership

13:35 **Group work**

As supervisors how do we take maternity matters forward?

- *How can you as SoMs take Maternity Matters forward in your unit/PCT*
- *What are the greatest challenges and how do you envision undertaking them*
- *What are the three main actions you need to undertake to achieve this*

14:30 COFFEE

14:50 **Feedback from and the way forward**

15:30 **Closing Remarks**
Shirley Smith LSA Midwifery Officer

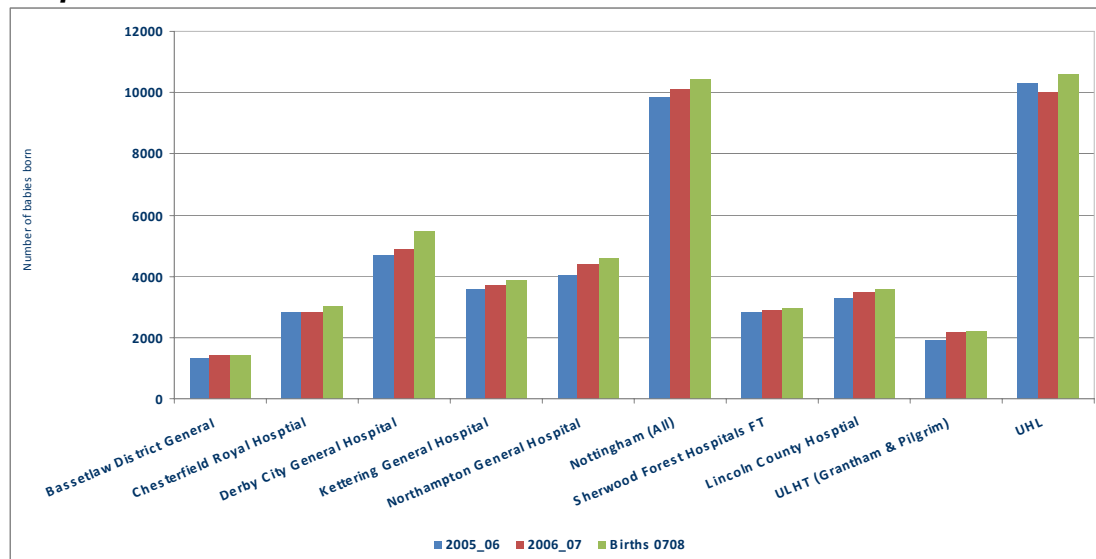
16:00 CLOSE

LSA Annual Report 2007-8 Statistical Data

The following graphs are based on the information collected from the annual midwifery returns to the LSA. These figures relate to deliveries that occur in the East Midlands regardless of residence of the mother.

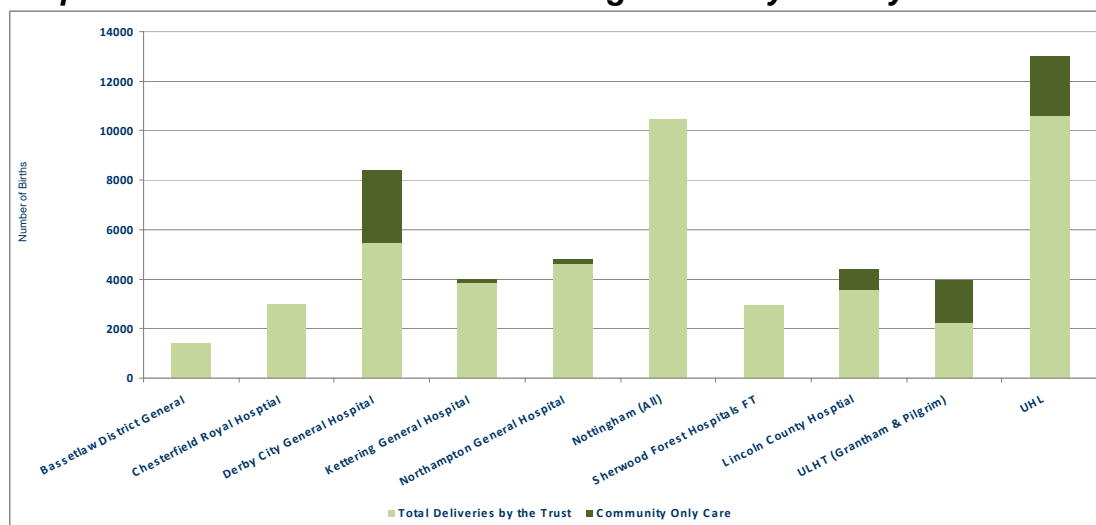
Data is collated on a number of different databases and in some cases manually, as there is no consistency of maternity databases across the East Midlands.

Graph 1 Birth rate



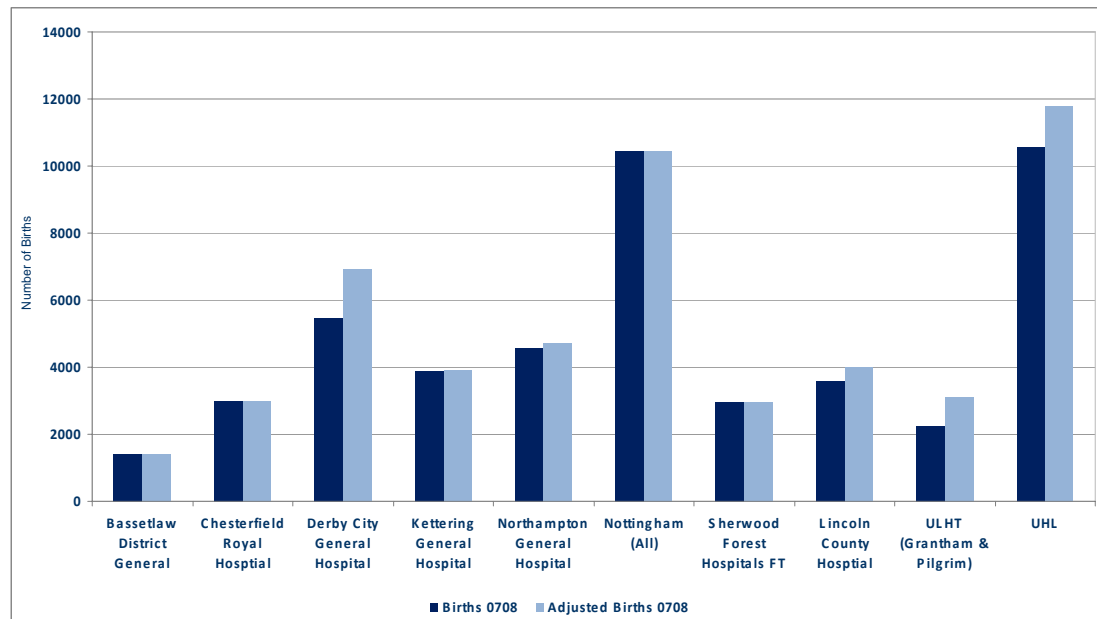
The above graph shows the birth rate in the East Midlands Trusts. As can be seen all Trusts have had a rise in the number of births with an overall increase of 4.9% deliveries within the East Midlands and an increase of 5.7% in relation to the number of women receiving community midwifery care.

Graph 2. The number of women receiving midwifery care by Trust



The above chart shows the number of women cared for by the Trusts. Some Trusts provide ante and postnatal care to a significant number of women who deliver in other maternity units. This is particularly evident in Derby, Leicester and Lincolnshire.

Graph 3. Number of births against the adjusted number of births. The adjusted rate includes care for women resident in the locality who delivered elsewhere

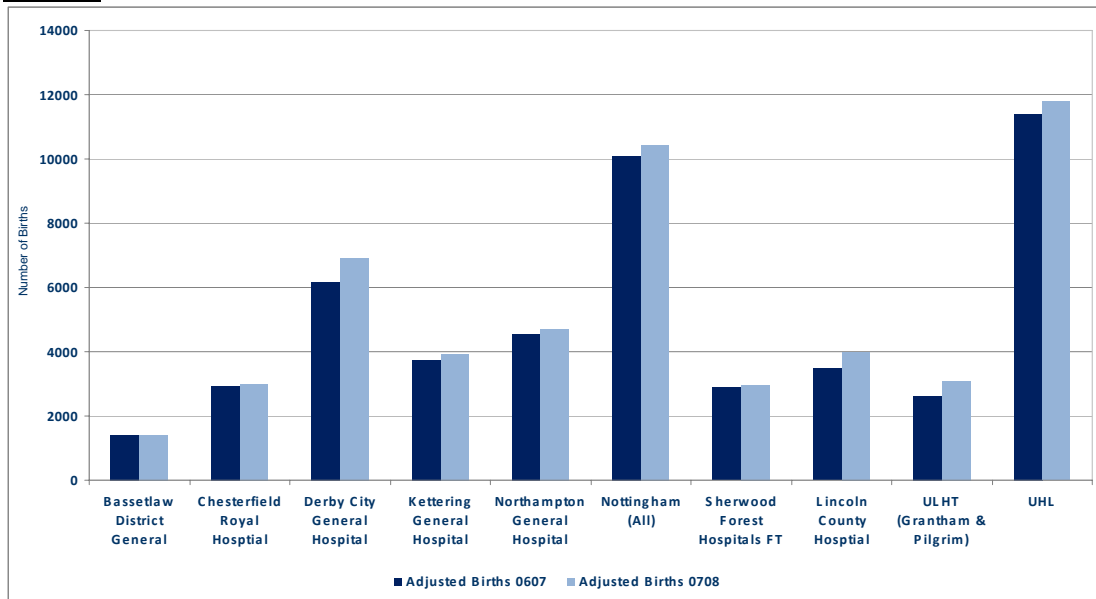


The adjusted ratio takes into account those women who deliver out of the East Midlands, but who reside in the East Midlands, thus requiring the community element of midwifery care. It takes into account those women who deliver within the East Midlands, but live outside of the area and thus do not require midwifery care. The excess of women requiring community care for statistical purposes are estimated to require per woman 0.5 of a complete episode of care. This is purely an estimate.

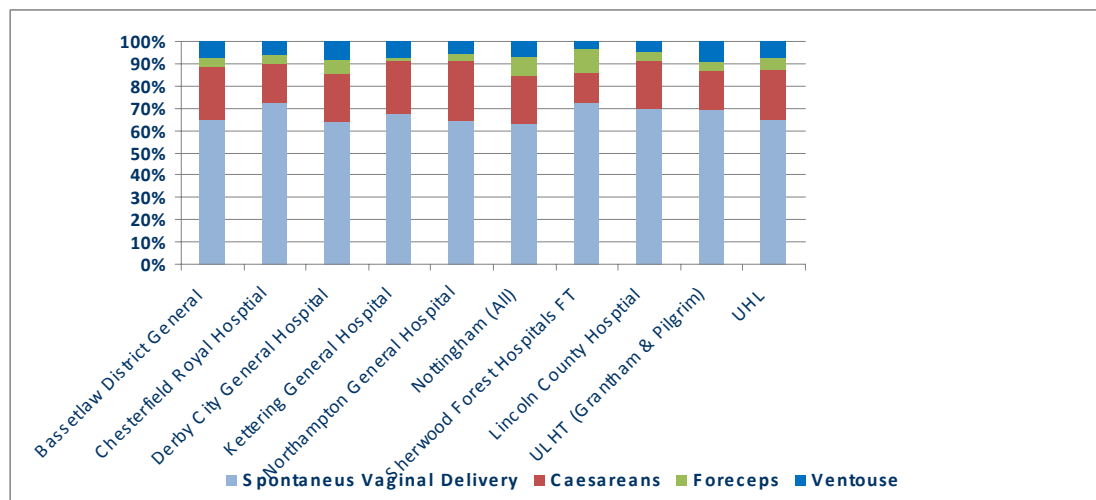
Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment.

The following graph illustrates the rise in the adjusted birth rate over the past two years.

Graph 4. Comparison of the adjusted births in 2006/7 and 2007/8

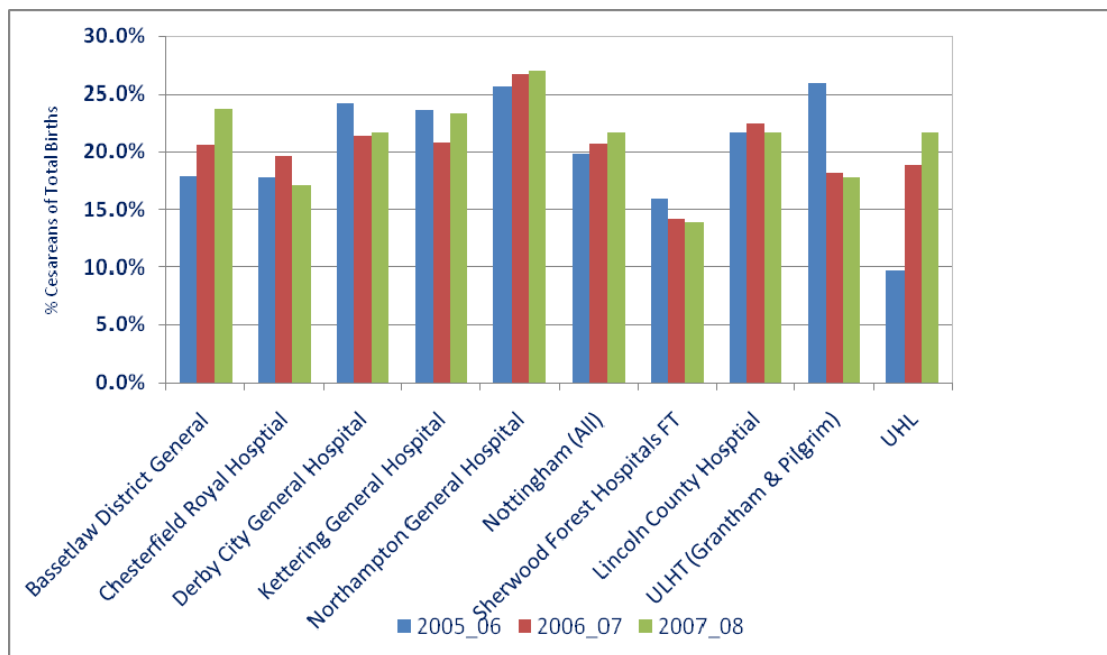


Graph 5 Mode of delivery



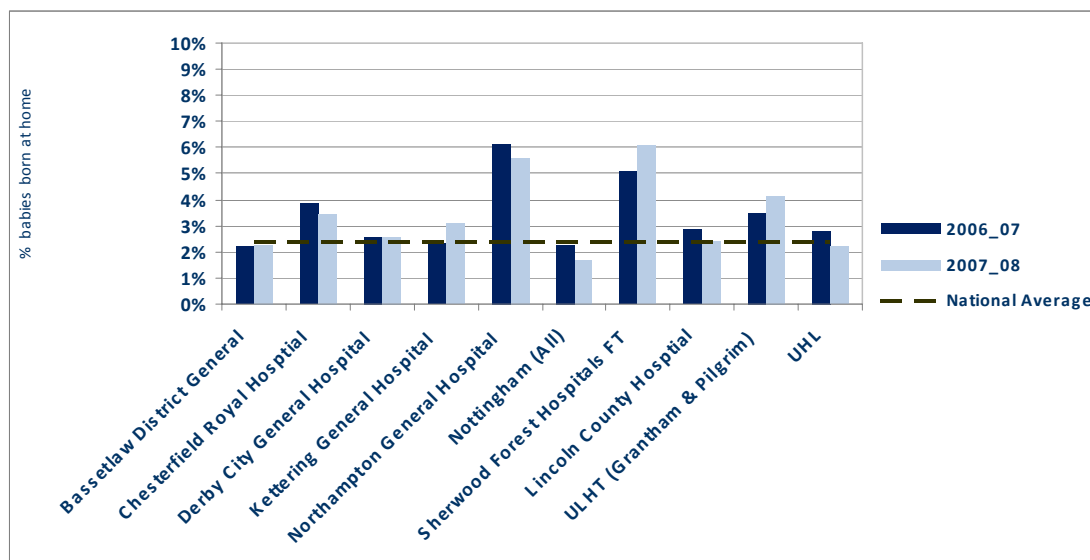
The above graph illustrates the rates for the different models of deliveries at the Trusts within the East Midlands.

Graph 6 Caesarean Section Rate



The national average for Caesarean sections is 24%. As can be seen from the above chart the rate in the East Midlands varies from one Trust to another, the lowest at 13.9% and the highest at 26.9%.

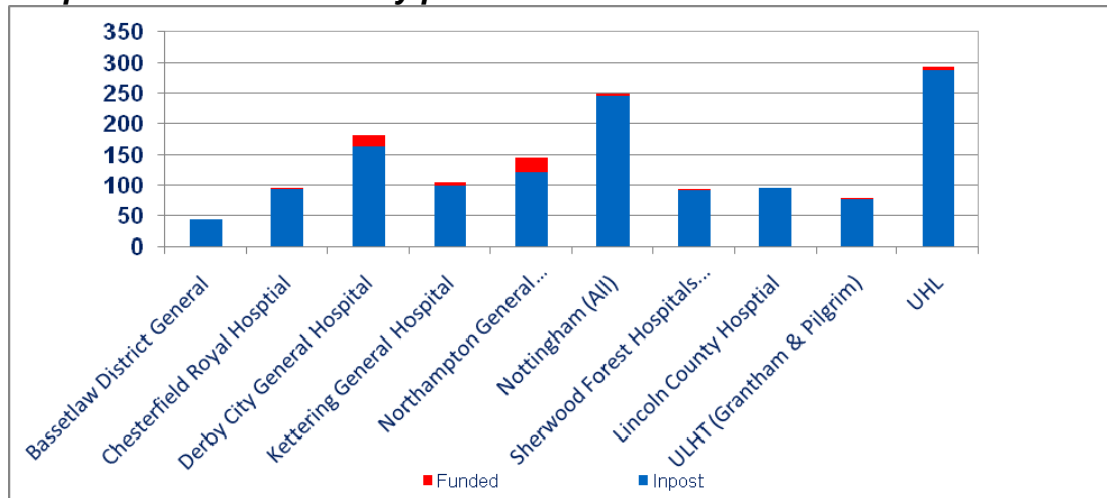
Graph 7 Percentages of Home Deliveries by Trust



Workforce data

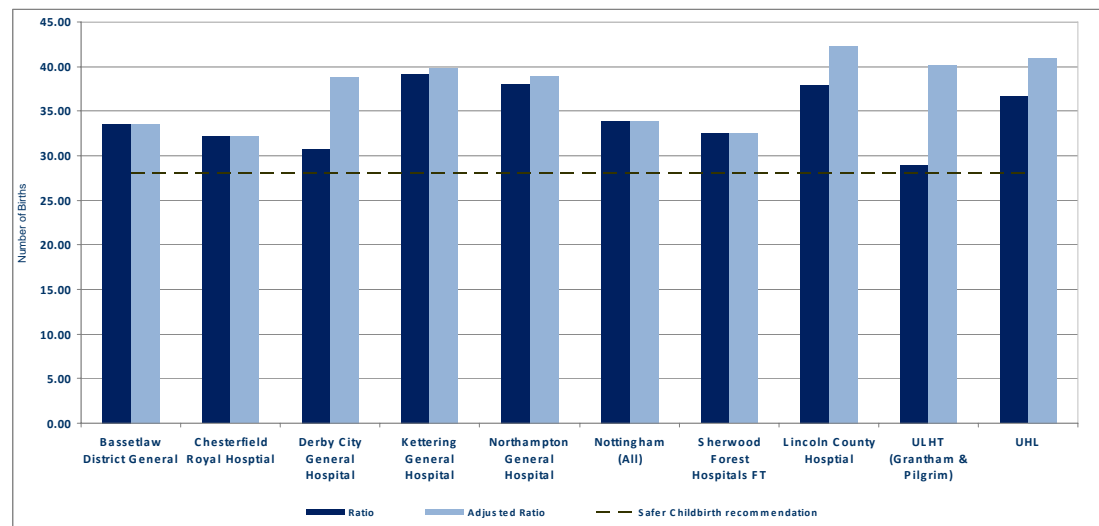
Age related charts are to be found in the text of the document

Graph 8 Funded midwifery posts in the East Midlands



Derby and Northampton are showing a number of vacancies in their midwifery establishments. At both of these units there has been a recent investment in midwives and recruitment is in progress.

Graph 9 Births to wte midwife



The adjusted ratio takes into account those women who deliver out of the East Midlands, but who reside in the East Midlands, thus requiring the community element of midwifery care. It takes into account those women who deliver within the East Midlands, but live outside of the area and thus do not require midwifery care. The excess of women requiring community care for statistical purposes are estimated to require per woman 0.5 of a complete episode of care. This is purely an estimate.

The above graph illustrates the ratio of women to midwives. As can be seen from this graph, no unit in the East Midlands is below or at the Safer Childbirth recommendation of 1:28. The PCT's are aware of this situation and are committed to improving the ratio of midwives to women. There has been an investment in midwifery positions across the East Midlands however the increase in births has resulted in the ratio remaining above that recommend by Safer Childbirth.

Birth rate plus is still considered to be the most accurate way of establishing the required midwifery staffing establishment.

Shirley Smith
LSA Midwifery Officer
NHS East Midlands
Octavia House
Interchange Business Park
Bostock's Lane
Sandiacre
Nottingham
NG10 5QG
Sent via e-mail



29.09.2008

Ref: East Midlands LSA
Direct line: 020 7333 6530
Email: susan.way@nmc-uk.org

Dear Shirley.

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