



NORTH WEST LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT

TO THE

NURSING AND MIDWIFERY COUNCIL

ON THE

STATUTORY SUPERVISION OF MIDWIVES

& MIDWIFERY PRACTICE

2007 – 2008

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LSA Midwifery Officer**

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EXECUTIVE SUMMARY

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

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

The LSA appoints a Midwifery Officer, who has the qualifications determined by the NMC, to exercise supervision and ensure that the 54 standards contained within the Midwives rules are fulfilled. Rule 16 requires the Midwifery Officer to submit a written report to the NMC, by 30th September each year, the structure of which is prescribed and the purpose of which is to inform the NMC, the SHA and the public of how statutory supervision is ensuring safe care for mothers and babies.

Key points summarised

- The NMC risk score for the North West LSA, assessed on the 2006 – 2007 annual report, was one of the two lowest in the UK
- A self assessment of the LSA performance, against the NMC rules pertaining to discharge of the statutory function, demonstrates that the North West LSA meets all applicable standards
- The LSA Midwifery Officer has a unique strategic overview of maternity services in the North West and liaises with the regulatory body on behalf of the SHA
- There are a diverse range of maternity services across the North West, the smallest unit had 60 births in 2007 – 2008 and the largest had 8,089
- There were 4,225 midwives and 327 Supervisors practising at 31st March 2008
- The Midwifery Officer, on behalf of the LSA, appoints Supervisors of Midwives. The ratio of Supervisors to midwives was 1 to 13, which is below the NMC recommendation of 1 to 15
- 18 Supervisors resigned in the year and 19 were appointed
- The main challenges identified by North West Supervisors, related to the statutory function, are lack of dedicated time, resources and remuneration
- Supervision is audited annually and measured against the LSA National (UK) Standards – the statutory function is effective in the North West
- Service users have been involved in monitoring the supervision of midwives
- The LSA can demonstrate that midwives are provided with continuous access to a Supervisor of Midwives and that they can choose who their Supervisor is
- There were 40 investigations by Supervisors of Midwives in 2007 – 2008 and six formal LSA investigations

- A total of 17 midwives underwent supervised practice and two midwives were referred to the NMC by the LSA
- The LSA has engaged with Higher Education Institutions in relation to midwifery education programmes
- The birth rate in the region continues to rise, the number of babies born in the year was 91,517, an increase of 14.5% in the last five years
- Temporary closures of maternity units continues to affect midwifery practice
- The significant ethnic minority population, plus the high number of dispersed asylum seekers and the rapidly increasing number of Eastern European migrant workers, provide challenges to maternity services in the region
- Statistics have been included in this report, outlining clinical trends affecting midwifery practice across the LSA
- Additional information has been provided in the report, including age profiles of Supervisors and midwives in the region
- National Guidelines for Supervisors of Midwives have been written in collaboration with the other LSAs across the UK and the North West LSA Guidance has been revised to reflect this
- Examples of good practice and supervisory or LSA initiatives, are included in the report
- There have been no complaints regarding the LSA discharge of the statutory function and two complaints about Supervisors made by midwives
- The LSA annual report will be made available to the public on the LSA and NMC websites

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

1. INTRODUCTION

Each Strategic Health Authority acts as the Local Supervising Authority for the statutory supervision of midwives and midwifery practice, as prescribed by the Nursing and Midwifery Order 2001. The Nursing and Midwifery Council sets rules and standards regulating the practice of midwifery and directing how the LSA function is to be executed, these are published in the NMC Midwives rules and standards (2004). The SHA employs the LSA Midwifery Officer to carry out the statutory function on its behalf and the LSA Midwifery Officer appoints Supervisors of Midwives on behalf of the SHA. This report demonstrates how the North West LSA Midwifery Officer and Supervisors of Midwives ensured that the legislative requirements were met in 2007 – 2008 and explains the processes involved.

NHS North West is the SHA that is the LSA for the North West of England. In addition, NHS East Midlands have an interest - a Service Level Agreement is in place for the North West LSA to include Corbar Birth Centre in Derbyshire - because it is managed by a Trust in the North West and the Supervisors and midwives work across both sites. Also, the Isle of Man Health Services Division continues to participate in the North West arrangements, although there is no SHA and Trust system there.

The mission of NHS North West is to maintain and improve the health of the population and ensure the delivery of world class services for those who need care. The LSA strives to ensure that statutory supervision contributes to this – by ensuring safe midwifery practice and thus protecting North West mothers and babies. Names, addresses and contact details for personnel within the LSAs are detailed below:

LSA Midwifery Officer for the North West – Marian Drazek

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Chief Executive of NHS North West – Mr Mike Farrar

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Chief Executive of NHS East Midlands – Dr Barbara Hakin

NHS East Midlands, Octavia House, Bostocks Lane, Sandiacre,
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LSA representative for the Isle of Man – Mr Norman McGregor-Edwards

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The NMC Midwives rules and standards (2004) are reflected in this report and the National LSA Standards for Statutory Supervision - which relate specifically to the rules and standards - have also been applied. The LSA audit of each maternity service required presentation of evidence to demonstrate achievement or otherwise of these standards, data obtained during the audits has been collated and is included. Also incorporated is information from Supervisor of Midwives' local annual reports and data on clinical activity collected by the LSA.

A self-assessment of the LSA performance against the NMC Rules pertaining to the discharge of the LSA function has been carried out for the second time this year and the results are included as appendix 1. This reveals that, as in the previous year, the North West LSA meets all criteria for Rules 4, 5, 9, 11,12, 15 and 16. Some of Rule 13 is not currently applicable - as there has been no requirement to date to use the first two criteria detailed here. In addition, the NMC risk score for the North West LSA, assessed on the 2006 – 2007 annual report, was one of the two lowest in the UK

The headings stipulated by the NMC, in the letter of 2 June 2008 and the accompanying; **'Guidance for Local Supervising Authority Annual Report submission to the NMC'** for practice year 1 April 2007 – 31 March 2008', have been utilised in **Section 5** of this report. This ensures compliance with **Rule 16** of the NMC Midwives rules and standards (2004). The remainder of the report provides additional information that will be of interest to stakeholders and gives a broader picture of the work carried out in the North West throughout the year, under the remit of statutory supervision.

2. LOCAL SUPERVISING AUTHORITY FUNCTION

Core Functions of the SHA in protection of the public - through statutory supervision of midwives and midwifery practice - carried out by the LSA Midwifery Officer, in order to fulfil the requirements of the NMC Midwives rules and standards (2004): -

- Ensure that frameworks exist to provide equitable supervision for all midwives.
- Provide a framework of support for supervisory and midwifery practice.
- Ensure that communication networks facilitate effective exchange of information.
- Manage the "Intention to Practise" process.
- Ensure that each midwife meets statutory requirements and is eligible to practise.
- Investigate cases of alleged impairment of fitness to practise.
- Determine when to suspend a midwife from practice.
- Ensure the safe preservation of supervisory and midwifery records.
- Lead the development of standards and audit of supervision.
- Manage the appointment of Supervisors of Midwives.

- Ensure the provision of initial and ongoing education for Supervisors of Midwives.
- Publish LSA procedures and a written annual report for the NMC.

The North West LSA is committed to building on past successes, whilst embracing change and innovation. The effectiveness of statutory supervision relies on the LSA and Supervisors of Midwives working together and on harnessing the energy and commitment of all those involved. This report demonstrates how this has been achieved in the year 2007 – 2008.

North West LSA Objectives:

- To discharge the statutory function as specified in the NMC Midwives rules and standards
- To ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision
- To promote excellence in midwifery practice and statutory supervision through audit and dissemination of good practice
- To provide leadership and guidance to all Supervisors of Midwives within the North West
- To provide advice, guidance and support to women who are experiencing difficulty in achieving care choices.

3. BACKGROUND

The LSA function for the North West was carried out in 2007 – 2008 by one full time Midwifery Officer and a full time LSA Midwife post. One full time LSA Services Manager and a full time secretarial post provided support.

The North West LSA covers the largest geographical area of any of England's 10 SHAs and in 2007 – 2008 maternity services were provided on 34 sites in 24 organisations. These services are spread across an area of approximately 14,000 square km, running from Carlisle to Crewe and from Saddleworth to Wirral. The region stretches 250 km from North to South and in addition, the LSA function covers Corbar in Buxton and the Isle of Man.

There are challenges for midwives working in the North West area and also for families accessing maternity care, due to the diversity of services provided and the variations of geography in the area. For example, the Isle of Man has just one maternity unit and relies on other North West services to assist when transfers are necessary. As an island, transport across to tertiary referral centres is an issue and weather conditions can provide additional problems. Contrasting challenges face the inner city and rural areas. This is well illustrated when comparing Cumbria, which is one of the most rural parts of England and the second largest in area in the country, with Greater Manchester which is the third most populous metropolitan area in England, after London and the West Midlands.

Cumbria covers an area of 6,767 square km but has only three obstetric led units and one birth centre - whilst Greater Manchester, with an area of only 1,274 square km, has 12 obstetric led units and the nearest birth centre is Corbar in Buxton, Derbyshire. The North West has a population of approximately 7.5 million and 60% of people live in the two urban areas of Greater Manchester and Merseyside – even though 4/5 of the area is rural.

There are a broad range of social inequalities and wide socioeconomic variations between neighbouring communities and this is reflected in the health of the population – with a high number of people experiencing some of the worst health in the country. For example, the North West has the highest rate of long term mental health problems in England and more people in the region die from alcohol related illnesses than anywhere else in the country.

Statistically, the North West ranks seventh out of the nine English regions in terms of its number of ethnic minority residents, but some parts of the area – notably Manchester and the towns of Blackburn, Burnley, Preston and Oldham – have significantly larger ethnic minority populations, particularly within the Asian groups. In addition, the region has one of the greatest numbers of dispersed asylum seekers in the UK and also a rapidly increasing number of migrant workers arriving from the new European countries – currently there are 37,000 in the region. Clearly these factors can all impact significantly on midwifery care – needing Supervisors and midwives to be aware, empathic, inventive and resourceful.

The total number of babies born in the North West in 2007 – 2008 was 91,517, compared to 89,630 the previous year and continuing the trend of an increasing birth rate in the area. Twenty-three NHS Trusts provided midwifery services in the North West during the year, plus Nobles Hospital on the Isle of Man. In addition, midwives continued to give care to inmates of one women's prison. There were also twenty midwives who practised independently within the boundaries, some in addition to National Health Service (NHS) or other posts.

Maternity services continued to be provided by a diverse range of units, the majority based within Acute Trusts, only one was part of a Primary Care Trust (PCT). The largest Trust covers 4 sites - with 10,969 babies born there in the year and the North West also has two tertiary referral centres – the largest of which had 8,089 births in the year. The smallest maternity service is one of the four 'stand alone' midwife led units/birth centres – which had 60 births. The Isle of Man has different arrangements to those of the United Kingdom, but all maternity services there are managed by Nobles Hospital.

A total of 4,225 midwives notified their intention to practise in the North West in the year 2007 – 2008 and there were 327 Supervisors of Midwives in post. (Data as at end of March 2008).

4. NUMERICAL IDENTIFICATION OF UNITS FOR CHARTS & TABLES

No	Unit
1	Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust
2	Bolton Hospitals NHS Foundation Trust
3	Central Manchester & Manchester Children's University Hospitals NHS Trust
4	Countess of Chester Hospitals NHS Foundation Trust
5	East Cheshire NHS Trust
6	East Lancashire Hospitals NHS Trust (Blackburn)
7	East Lancashire Hospitals NHS Trust (Burnley)
8	Halton & St Helens NHS Primary Care Trust
9	Isle of Man Department of Health
10	Lancashire Teaching Hospitals NHS Foundation Trust (Chorley)
11	Lancashire Teaching Hospitals NHS Foundation Trust (Preston)
12	Liverpool Women's NHS Foundation Trust
13	Mid Cheshire Hospitals NHS Foundation Trust
14	Morecambe Bay University Hospitals NHS Foundation Trust (Furness)
15	Morecambe Bay University Hospitals NHS Foundation Trust (Lancaster)
16	Morecambe Bay University Hospitals NHS Foundation Trust (Kendal)
17	North Cheshire Hospitals NHS Trust
18	North Cumbria Acute Hospitals NHS Trust (Carlisle)
19	North Cumbria Acute Hospitals NHS Trust (Penrith)
20	North Cumbria Acute Hospitals NHS Trust (Whitehaven)
21	Pennine Acute Hospitals NHS Trust (Bury)
22	Pennine Acute Hospitals NHS Trust (North Manchester)
23	Pennine Acute Hospitals NHS Trust (Oldham)
24	Pennine Acute Hospitals NHS Trust (Rochdale)
25	Salford Royal NHS Foundation Trust
26	South Manchester University Hospitals NHS Foundation Trust
27	Southport & Ormskirk Hospitals NHS Trust
28	St Helens & Knowsley Teaching Hospitals NHS Trust
29	Stockport NHS Foundation Trust (Stepping Hill)
30	Stockport NHS Foundation Trust (Corbar)
31	Tameside Hospitals NHS Foundation Trust
32	Trafford Healthcare NHS Trust
33	Wirral University Teaching Hospital NHS Foundation Trust
34	Wrightington, Wigan & Leigh NHS Trust

5. NMC REQUIREMENTS FOR THE LSA ANNUAL REPORT

To meet rule 16 – NMC Midwives Rules And Standards

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

This North West LSA Annual Report on the statutory supervision of midwives and midwifery practice will be widely available in electronic version, after it has been sent to the NMC by the stipulated date of 30th September 2008. In addition to the NMC, it is being sent to each LSA, i.e. NHS North West, NHS East Midlands and the Isle of Man Health Services Division and also to the Department of Health (DH) and the Royal College of Midwives (RCM). The report will be made available to all Supervisors of Midwives in the region and to the Lead Midwife for Education at North West Higher Education Institutions (HEIs) providing programmes of midwifery education. All users that have been involved with LSA work over the year will be sent the report and printed versions provided to other stakeholders on request. There is no copyright on any part of the report and all recipients are free to share the contents with any interested parties and/or members of the public.

In addition, the report is electronically available to the public on the North West LSA website at www.northwest.nhs.uk/LSA/ or via NHS North West's website at www.northwest.nhs.uk and it will also be placed on the NMC website. Supervisors of Midwives in Trusts, Maternity Service User Groups and LSA user representatives are aware that anyone who wishes to can contact the LSA office to request printed copies of the document – only 5 of these were sent out last year – the majority of people clearly preferring to access the electronic version.

Response to circulation of previous annual reports has been extremely positive and in addition to the main document, requests for copies of specific sections have increased and been met, e.g. clinical data, age profiles and examples of good practice. In addition, the LSA Midwifery Officer has devised shortened versions of the last two years annual reports – which were supplied to all user representatives that did not wish to receive a copy of the full report. This was utilised at user auditor training sessions and again, feedback about the content was excellent.

5.2 Numbers of Supervisor appointments, resignations and removals

TABLE 1 - Appointments of North West Supervisors of Midwives

1 April 2003 – 31 March 2004	42
1 April 2004 – 31 March 2005	25
1 April 2005 – 31 March 2006	45
1 April 2006 – 31 March 2007	26
1 April 2007 – 31 March 2008	19

As demonstrated in table 1, there were 19 Supervisors of Midwives appointed in the year, all on successful completion of the Preparation of Supervisors of Midwives course.

The apparent decrease in numbers appointed was due to the introduction of a new, much longer programme at the HEI – to comply with the NMC Standards for the preparation and practice of supervisors of midwives – which were published in October 2006. A further 13 midwives began the course in January 2008, due to complete in the summer and likely to be appointed as Supervisors by September, 2008.

TABLE 2 - Resignations of North West Supervisors of Midwives

1 April 2003 – 31 March 2004	23
1 April 2004 – 31 March 2005	29
1 April 2005 – 31 March 2006	23
1 April 2006 – 31 March 2007	34
1 April 2007 – 31 March 2008	18

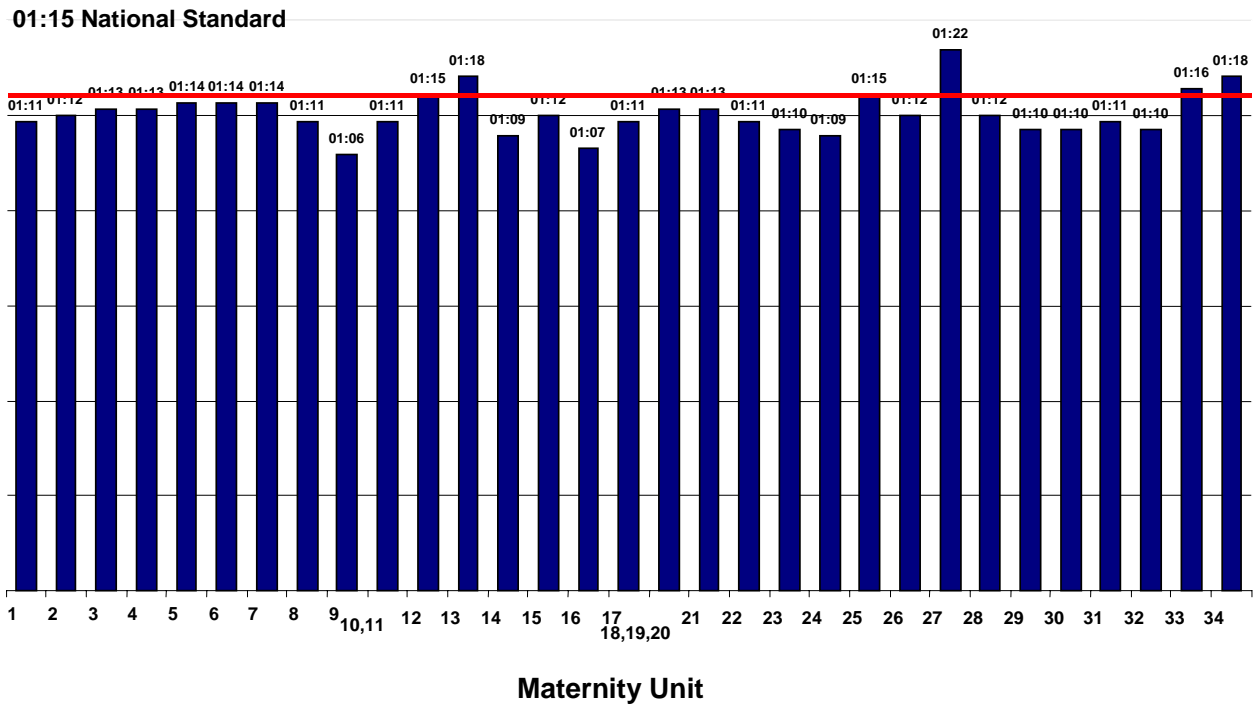
Of the 18 Supervisors who stopped practising in the year; four retired from their substantive midwifery posts, two gave up the role due to ill health, one died, two left the UK, one left the North West, three made a career change, one reduced her midwifery hours and could not continue to find time to carry out supervisory duties, one had to increase her midwifery hours and therefore did not feel she would have time to practise satisfactorily as a Supervisor, one ceased practising because she had failed to meet NMC requirements for PREP as a Supervisor and one did not return to supervision after having a period of leave from the role. The LSA Midwifery Officer removed one Supervisor from the role in the year.

Also during the reporting year, two North West Supervisors requested a sabbatical leave of absence from their supervisory duties, compared to four the previous year. Prior to their return to the supervisory role a period of updating is usually required – dependent on the length of time out and individual circumstances

The figures shown for the last five years in table 2, illustrate that the number of Supervisors of Midwives ceasing to practise was lower in 2007 - 2008 than in any previous year. This is very positive, particularly as significantly less Supervisors resigned from the role for reasons of ill health or personal circumstances, indicating that they hopefully do not find the statutory function as stressful as some Supervisors have done in the past. The North West cannot however become complacent, as trends in other parts of the country are causing concern. In some services, particularly where Supervisors receive no remuneration for the role, recruitment and retention are becoming a considerable problem.

Regarding the ratio of midwives to Supervisors over the year, criteria 2.1 of standard 2 in the LSA National Standards for Supervision states; 'The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees'. Whilst forward planning has previously usually ensured sufficient numbers of Supervisors of Midwives in each service, in 2007 – 2008, four North West units did not meet this target. This was partly due to unforeseen resignations, but also because the Preparation of Supervisors of Midwives course - in order to meet new NMC requirements - became considerably longer than in the past. Therefore, although succession planning takes place, the timescale from nomination of a midwife to her appointment as a Supervisor is well over a year – which clearly cannot compensate for resignations, which may happen almost instantly.

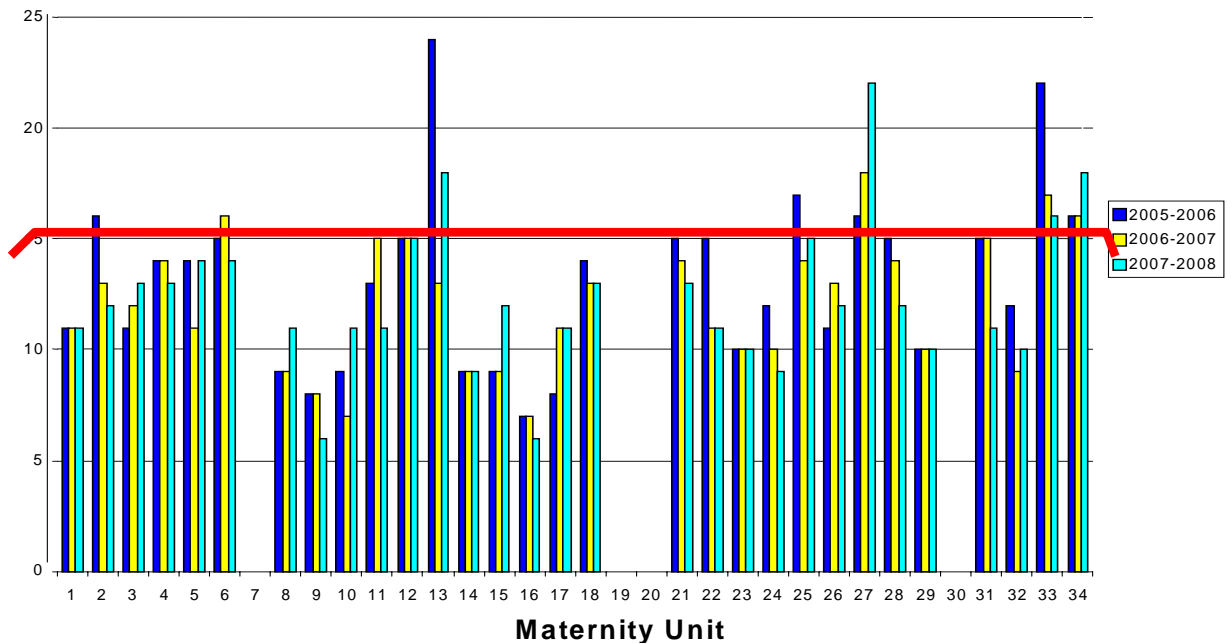
CHART 1 Ratio of Supervisors to Midwives for 2007 – 2008



NB: Units 6 & 7 are the same Trust and Supervisors cover both sites
 Units 18, 19 & 20 “ “ “ “ “ “ “

The average ratio of Supervisors to midwives across the LSA was 1 to 13 as at 31 March 2008. Chart 1 shows the ratio in each of the North West maternity services, in comparison to the national standard of 1 to 15 and chart 2 demonstrates this in comparison to the previous two years.

As illustrated in chart 2, where the red line represents the national standard, Southport & Ormskirk Hospitals NHS Trust (unit 27) have not met the recommended 1 to 15 ratio for the last three years. In 2007 – 2008, despite an action plan being in place locally, the ratio there increased to 1 to 22, the highest in the North West. Three other Trusts were above the 1 to 15 ratio; Wrightington, Wigan and Leigh NHS Trust (unit 34) and Mid Cheshire Hospitals NHS Foundation Trust (unit 13) were both 1 to 18 and Wirral University Teaching Hospital NHS Foundation Trust (unit 33) was marginally above the national standard at 1 to 16.



NB: Units 6 & 7 are the same Trust and Supervisors cover both sites
 Units 18, 19 & 20 “ “ “ “ “ “ “ “ “ “
 Units 29 & 30 “ “ “ “ “ “ “ “ “ “

5.3 Details of how midwives are provided with continuous access to a Supervisor of Midwives

The North West LSA Guidance for Supervisors of Midwives includes a section entitled ‘Access to Supervisors of Midwives’ This makes it clear that all midwives, whether practising within the NHS, in independent practice, or within other establishments (e.g. HM prisons, GP practices), must have access to a Supervisor of Midwives at all times.

To ensure compliance, the LSA appoints a minimum of three Supervisors per Trust and in all situations works towards ensuring a ratio of Supervisors to Midwives of no more than the national standard of 1 to 15 and no less than 1 to 5.

The Guidance states that Supervisors of Midwives within each Trust should: -

- Inform each midwife of her named Supervisor of Midwives
- Ensure midwives are aware of local arrangements to change their named Supervisor of Midwives
- Publish arrangements for the availability of Supervisors of Midwives
- Ensure access to Supervisors of Midwives by the public

- Ensure that where there are insufficient Supervisors available within a Trust, appropriate arrangements are made with neighbouring Trusts for a Supervisor of Midwives to be accessible for advice
- Where such arrangements are made with neighbouring trusts it is essential that those supervisors of midwives are familiar with the policies and protocols of the Trust in which they will be giving advice
- Forward plan to ensure that appropriate ratios of supervisors to midwives are maintained

Regarding allocation of midwives to Supervisors, the principles are that midwives are free to choose their named Supervisor and that they can change to another whenever they wish. In addition, it is emphasised that any midwife can refer to any Supervisor at any time – ensuring that when a midwife’s named supervisor is not available, she can always access another. Another section of the Guidance is entitled ‘Allocation of Supervisors to Midwives’ and contains the following: -

1. Where practice is undertaken in more than one LSA, a copy of the Intention to Practise form is given to a Supervisor of Midwives in each area. However, one named Supervisor of Midwives should be identified to provide overall professional support and guidance.

In the case of midwives who have a substantive contract with a particular Trust and are employed on the bank of other Trusts, the named Supervisor should be within the employing Trust where the substantive post is held.

In the case of midwives practising across Trust boundaries, the named Supervisor of Midwives should be within the employing Trust where the substantive contract is held.

For independent midwives, the allocation of a named Supervisor of Midwives is normally from within the area that is the midwife’s main area of practice.

These arrangements will facilitate continuity of support, effective liaison and a consistent approach and will also clarify which Trust will provide vicarious liability for an NHS employed midwife.

This does not negate the responsibilities of Supervisors of Midwives in other Trusts, who - it is recommended - should act as “associate Supervisors” for midwives practising within their boundaries.

2. On appointment, midwives will be allocated to their named Supervisor by a variety of methods, which are designed to meet local needs and individual preferences. Examples include: -

- Temporary allocation for a short period of time after which the midwife may elect to change her Supervisor
- Allocation to a Supervisor working in the midwife's own clinical area, who may also be her manager.
- Allocation to a Supervisor working outside the midwife's own clinical area who is not her manager.

- Midwives practising anywhere in the service are randomly allocated to a Supervisor from the local team.

3. Considering the diverse activities Supervisors of Midwives must undertake, it is useful if the Supervisors in a local team represent a variety of backgrounds and experiences within the midwifery services; e.g. clinician, manager, educationalist. Each Supervisor of Midwives can bring different skills and perspectives to the role.

4. It is recommended that within the NHS midwives are allocated a named Supervisor of Midwives within the employing Trust, for the following reasons/advantages: -

To ensure continuous access to a named Supervisor of Midwives and availability for support and guidance, including "on call" arrangements for Supervisors.

For organisation and continuity of annual supervisory reviews, receipt and verification of Intention to Practise forms, ensuring PREP requirements are met.

Familiarity with the provision of maternity services within the Trust boundary, including local policies, procedures and guidelines of the Trust, local arrangements for medical aid, emergency services, statutory documentation, supplies and equipment, home births, etc.

To facilitate effective channels of communication and liaison with midwives, managers, Supervisors of Midwives and the LSA Midwifery Officer and also with medical personnel and GPs.

Familiarity with the practice environments in which the midwife is working.

Familiarity with local drug policies and record keeping in accordance with statutory instruments and LSA guidance.

Continuity of records of supervisory activities, maintaining confidentiality, safe storage of records.

To facilitate professional development in relation to education, practice and the acquisition of new skills or competencies and updating in accordance with PREP requirements and the NMC (2004) Midwives rules and standards.

To provide arrangements for implementing and supporting change related to practice issues based on research and evidence based practices, thereby enabling local strategies for developing key areas of practice.

Supervision within an employing Trust will provide a significant contribution to risk management within the Trust; through standard setting, policies and guidelines, quality assurance, clinical audit and audit of records as well as critical incident investigations and analysis.

Planning, monitoring and evaluating of supervised practice, with provision of support for the midwife.

Dissemination of information from the LSA, NMC, DH, SHA and Trust Board.

It is also recommended that within Higher Education Institutions, midwifery lecturers are supervised by a Supervisor of Midwives within a Trust affiliated to that HEI.

5. The midwife must be given the choice of changing her named Supervisor of Midwives. If a midwife wishes to change she may approach any Supervisor, however, it is recommended that the process be managed by one identified Supervisor of Midwives. Midwives wishing to change their Supervisor should be encouraged to indicate the reasons for doing so; e.g. the expertise of a particular Supervisor in relation to that midwife regarding personal, clinical, managerial or educational issues. A tear-off slip attached to the annual supervisory meeting documentation could be utilised to request a change of Supervisor, or a separate form devised.
6. Supervisors of Midwives should be aware of any midwife who changes her named Supervisor frequently and try to establish the reasons why.
7. If re-allocation of midwives to Supervisors becomes necessary, due to the appointment or resignation of a Supervisor of Midwives, midwives being re-allocated should be asked to give first and second choice of a new Supervisor.
8. It must be emphasised to the midwife that she can approach any Supervisor of Midwives at any time if a problem arises. Thus, although midwives will have a named Supervisor of Midwives, other Supervisors should make themselves available to all midwives within the local team so that midwives can draw upon their particular expertise or qualities.
9. A Supervisor of Midwives also has the right to change the midwife/midwives she supervises. In this situation it is recommended that discussion takes place between all Supervisors within the Trust and agreement is reached to ensure appropriate supervision of the midwife/midwives in question.
10. In exceptional circumstances, it may be appropriate for a period of time, for a midwife to be allocated a Supervisor of Midwives in another Trust within the LSA: -
 - Where there are insufficient Supervisors of Midwives available.
 - Where the midwife has specific justifiable reasons for this request.

The LSA Midwifery Officer, in conjunction with local Supervisors, will make the decision regarding arrangements for a midwife to have a Supervisor of Midwives outside the employing Trust.

11. When the LSA or a Trust requests that a Supervisor of Midwives undertakes activities in an area other than her employing Trust, arrangements regarding vicarious liability must be identified.

Two suggested proforma, for informing midwives of local arrangements when they are new to a Trust and for requesting a change of named Supervisor, are included in the North West LSA Guidance.

LSA national standard 4 for supervision is about equity of access to Supervisors of Midwives and criteria 4.1 requires evidence to demonstrate that there is 24 hour access to Supervisors for all midwives, irrespective of their employment status. This criteria was audited at each LSA visit to North West maternity services and achieved 100% compliance for the third year running. In most units a 24 hour 'on call' system operates – so that in an emergency the midwife knows whom to contact and therefore no contingency is required. In just two North West units Supervisors currently do not undertake 'on call' but ensure that a Supervisor of Midwives is available on every shift and that midwives also have personal contact telephone numbers for their named Supervisor, plus a bleep system via switchboard. When tested out at audit visits, midwives confirmed that they could always contact a Supervisor for support.

LSA national standard 4, criteria 4.2, requires that each midwife have a named Supervisor of Midwives, of her/his choice, with the option to change to another. There was 100% compliance with this in 2007 – 2008 and again the fact was verified on discussion with midwives at audit visits.

LSA national standard 4, criteria 4.4, also requires each service to survey midwives' views of supervision locally, which will also demonstrate whether or not midwives have any difficulty in contacting a Supervisor and if they all have a named Supervisor of Midwives. In 2007 – 2008, all but one service reported that they had met this criteria by carrying out a survey within the previous three years– results were provided as evidence at audit visits and also, details of how the local supervision strategy had been influenced by the midwives views.

Most supervisory teams have developed their own information for midwives – about the arrangements for statutory supervision in their locality – including details of how midwives can change their named Supervisor of Midwives and how the Supervisors can be contacted. These are distributed to Trust and bank midwives on taking up employment and also supplied to any independent midwives practising in the area. Increasingly Trust web sites also include information related to supervision – accessible to midwives, other Trust personnel and members of the public. In addition, the North West LSA website and the information leaflet for the public, both contain a list of unit phone numbers for Supervisors – so that women know how to access a Supervisor of Midwives in any particular maternity service.

Others involved in statutory supervision across the North West maintained their commitment throughout the year, so that Supervisors and midwives had consistent access to relevant support and guidance. The LSA Midwife continued to broaden the expertise available from the LSA – particularly regarding clinical issues and advocacy for service users.

Midwives are encouraged to contact the LSA directly if they wish, regarding supervision and practice issues, in addition to the confidential discussion that takes place at the LSA audit visits. In addition, the 5 Link Supervisors of Midwives provided support to the LSA Midwifery Officer and LSA Midwife throughout the year – their availability is also communicated to Supervisors and midwives - to ensure that appropriate advice is easily available at all times.

5.4 Details of how the practice of midwifery is supervised

The North West LSA Guidance for Supervisors of Midwives, together with the **National Guidelines produced by the LSA Midwifery Officers (UK) Forum**, provides a framework for how Supervisors should be carrying out the role - to ensure a consistent approach to all aspects of the statutory function. The North West Guidance was introduced in 1997 and since it was first published, has been developed continuously as new issues arise. It is totally revised every two to three years, most recently in 2007 - 2008.

The North West LSA Guidance document covers a wide range of topics, relating to all areas of statutory supervision and midwifery practice, the main headings of which currently are: -

- Statutory Supervision of Midwives
- Access to Supervisors of Midwives
- Raising Public Awareness of Supervision
- Allocation of Supervisors to Midwives
- Annual Supervisory Review Form
- Supervision of Independent Midwives
- Supervision of Midwives Practising in Neonatal Units
- Providing Support to Student Midwives in Practice
- Continuing Education of Supervisors of Midwives
- Boundaries of Midwifery Practice
- Midwifery Staffing Levels
- Management of Maternity Beds
- High Risk Pregnancy
- Health Care Support Worker in Maternity Care
- Nurses Working in General Practice - involvement in Antenatal Care
- Midwives Practising Across Boundaries
- Safety of Midwives in the Community
- Requests from Midwives to Deliver Relatives or Friends
- Home Birth
- Stillbirth in the Home
- Notification of an Abandoned Baby
- Supporting Midwives in their Public Health Role
- Antenatal Assessment, Screening and Diagnostic Tests in Midwifery Practice
- Promoting Straightforward Birth
- Infant Feeding
- Complementary Therapies
- Postnatal Care
- Caring for Women with Drug and Alcohol Problems
- Caring for Women Subjected to Domestic Violence
- Caring for Women with Mental Health Problems
- Principles for Supervisors Working in the Safeguarding Children Arena
- Supporting Midwives in Caring for Women involved in Surrogacy
- Maternal Deaths
- Supporting Midwives Involved in Termination of Pregnancy
- Spontaneous Deliveries before Expected Viability of 24 weeks
- Dealing with Allegations of Harassment or Bullying
- Risk Management Strategy
- Reporting and Monitoring Serious Untoward Incidents
- Learning Contract and Action Plan for Supervised Practice
- Appeal against an LSA Decision to Suspend a Midwife from Practice

The National Guidelines, produced by the LSA Midwifery Officers (UK) Forum, have been formulated around the 'must do' issues – that is, to comply with the NMC Midwives rules and standards. This ensures that the statutory duties of Supervisors, e.g. managing the 'Intentions to Practise' process, is carried out in line with NMC requirements and is consistent with Supervisors across the rest of the UK. These are used by North West Supervisors in conjunction with the North West LSA Guidance.

The National Guidelines and the North West LSA Guidance are made available to every Supervisor in the North West, each LSA, all HEIs, to the NMC and are on the North West LSA website. It is made clear that there is no copyright on the publications and Supervisors are encouraged to copy relevant sections for midwives and service users as appropriate and/or requested.

Trust personnel (particularly Human Resource Departments), also regularly ask for sections of the Guidelines and Guidance – most often to understand the process when a local issue is being dealt with by Supervisors of Midwives, rather than through the management route.

The two documents provide a structure by which Supervisors in the North West practise – ensuring equity and no conflicting advice. They include details of how the practice of midwifery is supervised in the region and demonstrate best practice in numerous professional situations.

North West LSA Audits of how the statutory function is undertaken are carried out annually - to discover if supervision is effective – partly by measuring the performance of each group of Supervisors of Midwives against the LSA National Standards for the statutory supervision of midwives and examining the evidence presented to demonstrate compliance. The results of this exercise for 2007 – 2008 are shown in appendix 2 of this report and demonstrate that, although a small number of units did not meet all criteria of every standard, this was largely due to resource issues rather than poor supervision.

In addition, every maternity service underwent an LSA audit visit – the team carrying this out comprised the LSA Midwifery Officer and/or the LSA Midwife, at least one peer Supervisor and a user auditor. During these visits the audit team met with service users, midwives, Supervisors and other appropriate Trust personnel. All evidence produced by Supervisors, to explain how the statutory function is being carried out in that service and how the national standards are being met, was examined at each visit and this was verified and triangulated by discussions with midwives and service users.

The documentation for the audit was completed in advance of the visit by the Supervisors in that unit and completed by the LSA team following the visit. A North West proforma was used, alongside the documentation for the audit of national standards. The resulting report was then sent to the Chief Executive and Director of Nursing of the service concerned and simultaneously to the Supervisors of Midwives - with the suggestion that a meeting be arranged if any issues required discussion.

Details of all audits are also supplied to the Director of Nursing, Performance & Quality and to the Associate Director of Clinical Quality at the SHA and any outstanding issues discussed with them. After every audit visit, Supervisors draw up action plans in response to the recommendations in the LSA audit report – thus completing the audit cycle and demonstrating how supervision is being taken forward in each service. Evidence shows that by the following year's audit, Supervisors of Midwives have usually addressed any issues or have evidence to demonstrate why resolution is not possible.

In addition, local supervisory annual reports have been provided to the LSA by all groups of supervisors for 2007 – 2008, informing the LSA Midwifery Officer, Chief Executives of Trusts and midwives in the service of activity carried out in the year. The LSA Midwifery Officer annually provides a proforma for North West Supervisors, which contains the information to be included in the local annual reports. The headings of this reflect the NMC guidance related to Rule 16, so that the content of these local reports can inform the LSA annual report. This proforma is included as appendix 3.

Data from the annual LSA audits of supervision and local annual reports by Supervisors of Midwives are included later on in this document. Data about clinical activity is also collected annually by the LSA and the form devised for this is included as appendix 4, these statistics are also presented later in the report. Trends in North West maternity services are illustrated and examples of good practice during the year demonstrate that supervision continues to be a dynamic process that ensures safe, effective and appropriate care for mothers and babies in the North West.

Initiatives in midwifery and supervisory practice continued to be shared by North West Supervisors and many of these successful innovations demonstrate multi-professional and multi-agency collaboration. The All-Party Parliamentary Group on Maternity (APPGM) presented awards to outstanding maternity units on 11 July 2007 at the Houses of Parliament; over 50 submissions were received and four of the eight awards went to North West Maternity Services. The awards were based on the three key themes in the National Service Framework for Children, Young People and Maternity and acknowledged the units' inspiring work in improving local maternity services. Brief details are included as appendix 5 to this report.

Supervisors continue to attend a wide variety of forums – to explain in more detail how statutory supervision of midwives is being carried out locally, to present local achievements and to demonstrate how the statutory function fits into corporate Trust and wider strategies. A growing number of Supervisors of Midwives are working jointly with medical and other staff to address issues such as audit of maternity records, analysis of adverse incidents and near misses, reflection on good practice and inter-professional training and education. North West Supervisors have been invited or have asked to attend a wide range of forums, both within their own organisation and also outside of it. In addition to the more traditional membership of groups such as MSLCs, Labour Ward Forums, Maternity Advisory Groups, Baby Friendly Steering Groups and Clinical Guidelines Groups, Supervisors are becoming involved in a far broader range of activity. Some examples within Trusts are: -

- Trust Board meetings
- Clinical Governance Forums
- Risk Management Groups
- Clinical Audit Committee
- Nursing & Midwifery Leaders Forums, Advisory Forums & Professional Forums
- Divisional Management Boards
- Business Planning meetings regarding service reconfigurations
- Women's Health Service Quality Team
- Public Health Issues meetings
- Trust Safeguarding Steering Committee
- Trust Service Quality Management Team
- Trust Corporate Committee linked to patient & staff experiences
- Transforming Care Steering Group
- Privacy & Dignity Working Party
- Clinical Audit Committee
- NHSLA & CNST Standards Group

- Trust Learning Group
- Clinical Support Worker Training
- Research & Development Forums
- Record Keeping Group
- Information Governance
- Trust Editorial Board
- Public & Patient Involvement Group
- Patient Experience Group
- Patient Safety Forum
- Links with PALS & Patient Forums
- Complaints Forum
- Infection Control Group
- Safe Medicines Practice Group & Medicines Management Committee
- Equality & Diversity Groups

Some examples of interaction with external bodies are: -

- PCT meetings
- Secondment of a Supervisor to PCT to plan for Maternity Matters
- Implementation Teams for the NSF
- CSIP Groups
- Family Team membership
- Membership of Maternity Network Boards
- Regional Perinatal Steering Group
- CEMACH
- Links with Multi Cultural Women's Advisory Group
- Links with the Female Genital Mutilation UK Network
- Home Birth Support Groups
- Baby Loss Support Groups
- National Fetal Anomaly Consent for Screening Group
- Teenage Pregnancy Strategy Groups
- Work with Social Services, Police and Probation Services re Child Protection
- Membership of Local Safeguarding Children's Boards
- Links with Drug & Alcohol Teams
- Links with Perinatal Mental Health Teams & Psychiatric Services
- Domestic Abuse Teams
- Vulnerable Families Team
- Membership of Surestart & Children's Centre Boards
- Funding from Local Authorities to develop public health initiatives
- Interaction with local NCT Groups
- Contribution to GP Trainee Programme
- HIV Groups
- Membership of Haemoglobinopathies Group
- Blood Transfusion Committee

Supervisors are also working with others to ensure research and evidence based practice, multi-disciplinary working and effective monitoring of performance of services and individual practitioners. They have introduced innovations across the North West that have raised the profile of supervision, supported the practice of midwives and improved care to women. The following are some examples from 2007 – 2008: -

- Supervision awareness week – held annually
- Supervisors of Midwives ‘Open Day’
- ‘Birth Stories’ group – facilitated by a Supervisor of Midwives
- Supervision stall at ‘Pregnancy to Parenthood’ open days
- Mother & Baby Fair
- Information posters about supervision - in GP practices
- Supervisor of Midwives ‘Business cards’ given to all women
- Hand held maternity records contain a section on supervision
- Discussion about the role of Supervisors - with all women at booking
- Supervisor initiated & led development of a ‘Birth Choices’ DVD for women
- Hospital TV – information channel on a television within antenatal clinic
- Supervision ‘Question & Answer’ sessions
- Supervision Newsletters
- Local staff ‘Induction Plan’ includes supervision
- Group supervision sessions – in addition to annual 1 to 1 reviews
- Supervision included on Trust mandatory training days
- Supervisors have developed a form, for completion by midwives, if any woman booked for home birth is asked to come into hospital for delivery
- Notice board highlights all current supervisory activity - updated regularly
- Supervisors leading on the development of an ‘Early Warning’ system
- Consultant obstetricians refer women to Supervisors of Midwives, to discuss plans of care that may deviate from the normal pathway
- Supervisor involved in training & assessment of newly appointed medical staff
- Health Visitors refer women to Supervisors of Midwives
- Supervision information available on Trust ‘Intranet’ and maternity website
- Supervision included on Trust parent education website
- Reduction in caesarean section rate - as a result of Supervisors of Midwives challenging obstetric interventions
- Introduction of a ‘Gold Standard’ partogram
- Reduction in number of complaints – as a result of Supervisors of Midwives introducing a robust ‘Debriefing’ system for women
- Audits of all ‘BBAs’ by Supervisors of Midwives
- Multidisciplinary training – led by a Supervisor – resulted in a care pathway being developed for women with mental health problems
- Supervisors participate in ‘Open Days’ for potential student midwives
- Supervisors developed a positive/normal birth review with midwives
- Supervisors lead on GAP analysis of recent policy drivers

Communication within the North West LSA is excellent and to ensure it is effective on a daily basis, each North West maternity service has a designated “Contact” Supervisor – to act as a conduit between the LSA and the group of Supervisors of Midwives in that area. It is the Contact Supervisor’s responsibility to ensure that all information received from the LSA is cascaded to every Supervisor of Midwives and that, when requested, joint responses are formulated and communicated back to the LSA. This system works extremely well – email, postal and telephone systems ensure that rapid two-way access is in place. The trend for the Contact Supervisor to be someone other than the Head of Midwifery continues and is encouraged by the LSA. This emphasises the fact that there is no hierarchy in supervision and demonstrates to midwives that the statutory function and management are totally separate. Currently only four Heads of Midwifery undertake the Contact Supervisor role in the North West.

Communication between the LSA Midwifery Officer, LSA Midwife and the Link Supervisors of Midwives for the North West was maintained by meeting every three months to discuss supervisory issues and incidents and to review the supervision and education strategies. Link Supervisors were particularly involved with planning and facilitating courses, study days and conferences for North West midwives and Supervisors, frameworks continue to be devised and activities evaluated to ensure that LSA plans meet identified local needs. They also assisted the LSA in carrying out the statutory functions and took part in audit visits, reviews of supervisory and midwifery practice in individual services and also undertook and/or assisted with LSA investigations. Although the number of Link Supervisors reduced from six to five last year, as one of them relocated abroad, the system continues to extend the capability of the LSA function - as all five individuals currently undertaking the role are involved in practice, in a variety of posts and geographical bases across the North West.

Communication between the LSA Midwifery Officer and LSA Midwife with Supervisors of Midwives also took place at regular meetings – there were four formal meetings of the LSA and North West Supervisors in 2007 - 2008. The venue for these meetings was changed from April 2007 onwards, because the number of Supervisors attending had increased over the years and the original venue had insufficient capacity. The meetings have since been held at Birchwood Park Conference Centre in Warrington, providing still central but much larger accommodation. Attendance for the four meetings held in 2007 - 2008 was between 43 and 84 Supervisors. Most North West maternity services were represented by at least one Supervisor of Midwives (usually more) on each occasion. The format of these meetings has continued to include invited local or national speakers, (often North West Supervisors of Midwives), to address topics identified by Supervisors or by the LSA. This provides a valuable opportunity to share learning experiences and good practice and continues to be appreciated by North West Supervisors. The second part of each meeting continued to be devoted to supervisory business and any Supervisor of Midwives can suggest items for the agenda.

Newly appointed Supervisors and midwives undertaking the Preparation Course are encouraged to attend the meetings with an experienced Supervisor of Midwives, to encourage integration into supervision and development of the ‘networking’ system. A database is kept of attendances at all North West LSA meetings and those Trusts that appear to have difficulty in allowing Supervisors of Midwives to attend are approached to discuss the situation and offered support where appropriate. Issues covered in the past year can be seen on the agenda of the April, July and October 2007 meetings and the one held in January 2008, which are all included as appendix 6.

In addition to formal meetings, local ad hoc ones (often requested by Supervisors themselves) of Supervisors of Midwives with the LSA Midwifery Officer and/or the LSA Midwife have continued. These are usually to discuss specific concerns relating to maternity services, aspects of supervision or midwifery practice and issues regarding individual midwives.

Communication between LSA Midwifery Officers continued on a UK national basis with meetings held regularly over the year. Venues in 2007 – 2008 were moved around the UK and meetings were held three times in London and once each in Leeds, Ballymena and Cardiff. Supervisory practice continues to be shared and information disseminated between regions. Common challenges are also discussed and support offered, particularly when a problem has previously occurred in another part of the UK. Pressure continues to be applied by the group to raise issues with the Department of Health and the NMC and the forum is regularly accessed by national external bodies in an advisory capacity. In addition, when new LSA Midwifery Officers are appointed, they usually arrange to be mentored and spend time with an established LSA Midwifery Officer, to support their induction into the role and learn from others experiences of executing the statutory function.

The Head of Midwifery and the Midwifery Advisers at the NMC continue to attend London meetings of the LSA Midwifery Officers and the Department of Health Midwifery Adviser is also present on a regular basis. Meetings with the Royal College of Midwives (RCM) also took place during the year, the General Secretary with all LSA Midwifery Officers at a national level and between the North West LSA Midwifery Officer and the Director of the English Board and RCM Regional Officers - on an ad hoc basis.

Communication with the NMC was excellent throughout the year, quarterly meetings take place, arranged by the NMC, which include LSA Midwifery Officers from all 4 countries and once per year with the Lead Midwives for Education attend as well. This wider forum allows the opportunity to discuss a broad range of professional issues - which affect all of the UK countries. LSA Midwifery Officers also continued to be on Department of Health, NMC and other appropriate working groups – ensuring that the profile of statutory supervision is maintained and developed whenever midwifery practice or associated issues are being discussed.

In addition to the formal meetings and written referral of midwives by the LSA Midwifery Officer to the NMC, contact was also maintained with the Head of Midwifery and Midwifery Advisers by telephone and email throughout the year. Approximately once a week, discussion took place regarding planned action related to an individual midwife or Supervisor and on aspects of practice that were causing concern – often in relation to expanding roles and an individual's perception of this. The LSA office staff also communicated regularly with NMC staff, usually in relation to individual Intentions to Practise or with general administrative queries.

Communication with NHS North West is broad and often informal, regarding the role of the LSA and the statutory functions, but also during 2007 – 2008 included meetings with: -

- Chief Executive & Executive Director of Performance, Nursing & Quality
- Associate Director of Clinical Quality
- Clinical Governance staff
- Maternity Matters lead
- CSIP lead
- Regional CEMACH manager
- Communications & IT staff

The LSA Midwifery Officer is also a member of the SHA non-medical consultant panel - which discusses all proposals from Trusts for new posts – including any for Consultant Midwives. In addition, as a member of the Maternity Matters steering group, visits to PCTs were made during the year – establishing improved channels of communication with the maternity service commissioners and raising the profile of both midwifery and statutory supervision.

The LSA Midwife post contributes significantly to supervision in the North West; improving care to women, whilst enhancing the practice of midwives. The role complements that of the LSA Midwifery Officer by taking the lead in the development, promotion and practice of normal midwifery, whilst upholding the provision for safety of mothers and babies within the statutory supervision framework. The post holder acts as a resource to the profession and to service users and plays a key part in enabling midwives to re-establish their role as experts in normal midwifery practice throughout the North West, promoting the role of the midwife in all aspects of maternity care. Specifically, the LSA Midwife has undertaken project work within all areas of practice and professional development, arising from requests from Supervisors and/or midwives within the region. This has encompassed, in the past year, the provision of practical support and workshops, to service providers, in the development of service innovations including; midwifery led care, promotion of home birth, water birth, public health initiatives and in the introduction of complementary therapies. In addition, she has undertaken ongoing facilitation of the North West 'Child Protection Networking Group', which meets regularly to share good practice and to offer peer support to every 'Child Protection Midwife' in the North West. This is an invaluable resource to the LSA and to individuals, particularly as the issues arising from child protection increase rapidly and the role undertaken by midwives continues to expand.

The LSA Midwife also provides practical support and expert advice to midwives and Supervisors of Midwives in the management of challenging clinical situations - ensuring the safety of mothers and babies remain paramount and that practice remains within the statutory framework. Regular contact with service users, through the clinical practice function of the role, constitutes a large part of the LSA Midwife's work and she is accessible to the public; to answer any queries regarding the provision of maternity services or in response to a direct enquiry about an individual woman's care. She responds to women who contact the LSA office - with requests for support and advocacy in relation to their maternity care and also advises and supports members of the public, providing access and communication pathways relevant to their needs.

During 2007 – 2008 the LSA Midwife documented 91 cases of women needing support to explore their care options, of these she went on to facilitate the care of 28 of them by liaising with local Supervisors, midwives and other professionals to negotiate and/or provide individual packages of care, for women with very specific identified requirements. Unfortunately, in some instances, women's trust in professionals had broken down due to previous negative experiences of maternity care. However, access to the LSA Midwife – viewed as an external, expert source of support - was invaluable to them and restored their confidence, both in the healthcare system and in their own capabilities.

A referral pathway, to illustrate the ways in which women may access the LSA Midwife, was developed – in conjunction with some North West Supervisors of Midwives - during 2007 – 2008. This was circulated widely, including to Heads of Midwifery, some of whom needed clarification about how and why women sought out additional support - rather than access

local maternity services directly. The LSA Midwife referral pathway is included as appendix 6 to this report.

Challenges identified by North West Supervisors of Midwives during the year, which have influenced midwifery practice and/or impeded effective supervision on occasions have been identified in most units for 2007 – 2008. The main causes for concern were: -

- Lack of remuneration for carrying out the supervisory role
- Lack of dedicated resources, such as secretarial support & office space to support the statutory function
- Lack of protected time to undertake supervision
- Time for supervision away from clinical responsibilities
- Increase in number of investigations that Supervisors have undertaken
- Investigations into the practice of independent midwives
- Increases in the birth rate & in the home birth rate
- Efforts involved in keeping birth normal
- Working to implement government policy
- Increase in the number of pregnant women with underlying medical illness and/or raised BMI
- Substantial increase in minority groups as percentage of service users – particularly East European women in many areas
- Capacity issues and temporary unit closures
- Increase in disclosure of domestic violence
- No Head of Midwifery in post
- Appointment of new Trust Chief Executive
- Maternity service reviews
- Reconfiguration of services
- Higher than usual numbers of midwives resigning – due to retirement, emigration, relocation and change of career
- Concerns regarding staffing levels & skill mix
- Patient choices & support of midwives
- Changes to training of student midwives – from short to long course
- Motivating staff working in an ever changing environment
- Meeting performance indicators
- Ratio of Supervisors to midwives
- Increase in caseloads when Supervisors leave or on long term sick leave
- Supervisors involvement in training Maternity Assistant Practitioners
- Supervisors involved in ultrasound scanning training
- Maternity Information Systems

The first three issues on the above list are the most frequently cited challenges. Unfortunately, Supervisors in several North West maternity units continued to receive no secretarial support or protected time to carry out the statutory function and only five Trusts reward them financially. Of those receiving remuneration in 2007 - 2008, it varied between only £500 and £1,000 per annum - this is in comparison to some parts of the country where Supervisors receive up to £2,500 per year each - from the Trust where they are based.

5.5 Evidence that service users have been involved in monitoring supervision of midwives and assisting the Local Supervising Authority Midwifery Officer with the annual audits

Since 2003, when a maternity service user was recruited as the first North West LSA 'user auditor', efforts to involve more women - with recent experience of maternity care - have continued. Users are involved in many aspects of supervision and LSA work and they have been particularly helpful and successful as part of the team at the annual audit visits. Progress was made in 2007 – 2008, regarding remuneration for user auditors. In addition to the previously reimbursed expenses, usually travel and childcare costs, the SHA agreed to pay each service user £100 per audit visit, from January 2008, plus a pro rata payment for other LSA work.

Regarding user auditors, the exercise carried out in the previous three years was repeated – this involved all North West Supervisors being asked by the LSA Midwifery Officer to promote the role to women who accessed their services. In addition, maternity service users who had previously contacted the LSA - for whatever reason - were invited to discuss the remit of the 'user auditor' and to volunteer if they felt able. Current users involved with the LSA also helped to recruit more interested women and established 'user groups' were approached – again to see if any of their members were interested in becoming a 'user auditor'. A new initiative for 2007 – 2008 was a poster, designed by the LSA Services Manager, to invite appropriate service users to contact the LSA office and find out more about the role. This poster was circulated widely and displayed in Trusts, in GP practices and local community venues such as libraries and playgroups, in addition to being placed on the LSA website when that became operational. The poster is included as appendix 8 to this report.

The initiatives were very successful and before the round of LSA audit visits began for 2007 – 2008, training had been carried out for the three additional service users who had agreed to act as 'auditors' for the LSA visits, this was in addition to the users who had carried out the role previously. In conjunction with this, training was also provided for twelve more North West Supervisors who volunteered to become 'peer auditors' - again following an initiative by the LSA to increase representation and review by peers on the audit visits. Following completion of the audit visits for the previous year, planning for the training of more 'peer supervisors' and 'user auditors' was influenced by feedback received from those who had participated. Those who had assisted in the audits were invited to take part in the next training session – as 'word of mouth' had resulted in substantially more Supervisors in particular, wishing to join in the following round of visits. Appendix 9 of this report is the programme for the training day.

Experienced users have also provided one to one support and in some cases additional training for new service user representatives. There has also been the opportunity for new volunteers to 'shadow' experienced service users undertaking the audit visits. Networking between service users and Supervisors of Midwives has also been positive, in some cases ensuring that in areas where there had been difficulties in recruiting representatives to maternity service forums, this was successfully addressed. Aspects of Supervisors interaction with maternity service users and their involvement in Trust initiatives are detailed in local annual reports and also discussed during LSA audits. For 2007 - 2008 these included: -

- Involvement with maternity service development & redesign
- Involvement in maternity service evaluation & reviews
- Design & review of all patient information & literature
- Service users involved in reviewing content of maternity services website
- Maternity information booklet seeks service users' views via Supervisors
- Maternity care pathway includes Supervisors details
- Labour ward forums
- Maternity service user forums & patient experience group
- Maternity user groups & surveys of women's views in Children's Centres
- Risk management committees
- Clinical guidelines groups
- Home birth support groups & home birth information evenings
- Breast feeding support groups
- Maternity Services Liaison Committees
- Baby Fairs & Baby Café
- Feedback cards offered at all stages of contact with service
- Suggestion boxes & satisfaction questionnaire
- Supervisors review comments page of maternity records – where users offer suggestions to shape the service for the future
- Supervisors working with PALs patient forums
- Patient tracker survey
- Checklist for Supervisor to ask users about their experiences
- User interviews by Supervisors of Midwives
- Supervisors at parenthood open days - held throughout the locality
- Evaluation of parent education sessions
- Young parents services and Parents & Carers group
- Baby loss support group
- Listening & debriefing services

The LSA leaflet for service users, about the function of the LSA and the role of Supervisors of Midwives, entitled 'How can we help?' is widely distributed to women across the North West. This was updated in 2008 and is included as appendix 10.

In addition, service users were involved more widely in LSA work over the year, undertaking presentations at meetings and educational events. The 2007 LSA annual study day for midwives and Supervisors, entitled 'Alcohol & Drugs - a sign of the times', included a service user talking about her experiences as an alcoholic. The programme for the day and Supervisors comments are included in appendix 11 to this report.

The April 2007 LSA Midwifery Officer's meeting with North West Supervisors of Midwives included a joint presentation by a Supervisor and a mother. This addressed the issue of her choosing a home birth; despite suffering from diabetes, and focussed on the support she had received from the local team of Supervisors of Midwives. The October 2007 LSA meeting included a presentation by a Doula, who is the co-ordinator for the service to the Jewish community in Manchester. She was accompanied by a Jewish couple, who had significant recent experience of maternity services and described very eloquently, the problems they had encountered with their maternity care. The agenda for each of these meetings are included as part of appendix 6 to this report.

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

The LSA Midwifery Officer and LSA Midwife both contributed regularly to pre and post registration midwifery education programmes in several North West HEIs in 2007 – 2008. The LSA Midwifery Officer is an Honorary Lecturer in three Universities and the LSA Midwife regularly lectures in five HEIs. In addition, the LSA Midwifery Officer has been invited to staff meetings, curriculum planning meetings and programme reviews at several Universities in the past year and both her and the LSA Midwife have taken part in planning of study days for student midwives and midwives at various HEIs in the North West.

Criteria 3.6 of standard 3 in the LSA National Standards for Supervision states; 'Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives'. All maternity units in the North West complied with this in 2007 – 2008, examples included: -

- Lead Midwives for Education who are Supervisors of Midwives
- Consultant Midwives who are Supervisors
- Lecturer Practitioners who are Supervisors
- Supervisors who are honorary lecturers
- Clinically based Supervisors undertaking presentations on statutory supervision to student midwives
- Supervisors who are risk management or clinical governance midwives, undertaking presentations on midwifery education programmes
- Midwifery lecturers who are Supervisors leading and/or contributing to pre and post registration midwifery education programmes

Supervisors of Midwives from local maternity units are involved in many aspects of HEI activity, examples include: -

- Curriculum development and planning teams
- Midwifery education and examination boards
- Midwifery programme committees and course management teams
- Midwifery courses advisory board & education advisory boards
- Quality assurance exercises
- Validation of midwifery programmes of education
- Major review of health care programmes
- Steering group for mapping exercise in re-accreditation of midwifery degree programmes
- Participation in review, planning and ratification of mentorship module
- Participation in research projects and activities
- Liaising with midwifery lecturers to ensure that issues identified by Supervisors are reflected in changes to education programmes
- Education users and student forums
- Practice assessment for pre-registration midwifery programme
- Selection panels for prospective student midwives
- Student midwives viva assessments

- Open days for prospective student midwives

In Trusts, Supervisors contribute to mandatory training for midwives, facilitate 'drop in' sessions for midwives and student midwives, organise teaching sessions, undertake presentations on all aspects of the role of Supervisors of Midwives, present feedback from critical incidents and from audits and respond locally to the identified developmental needs of midwives in their area. This wide range of engagement ensures that midwifery practice is evidence based and that the protection of women and babies is at the forefront of service developments.

In addition, many Supervisors contribute significantly to midwifery education in Trusts as part of their role in the organisation: -

- Practice placement co-ordinator for midwifery students
- Professional development co-ordinator for all midwives – links with HEI
- Practice development midwife in Trust
- Teaching of skills drills

Standard 4, criteria 4.7 states; 'Student midwives are supported by the supervisory framework' and every North West maternity service met this standard again in 2007 - 2008, either by giving each student a named Supervisor or identifying one Supervisor who took a cohort of student midwives onto her caseload. Midwife teachers continued to invite a variety of Supervisors of Midwives, with differing substantive posts, to talk to student midwives during their training. Feedback from this exercise continues to be excellent; the Supervisors based in clinical practice provide a pragmatic view of the statutory function, which brings the subject to life in the classroom. This demonstrates supervision in action in everyday midwifery practice and helps students to relate supervision to clinical situations. In this way, student midwives learn to recognise the positive and supportive nature of the supervisory system and are accessing it both prior to and immediately after they register as practising midwives.

Midwifery educationalists, who are also practising Supervisors, have demonstrated that this role significantly enhances the way that supervision is taught in HEIs, expanding on classroom based understanding of the statutory function and relating it to all aspects of practice. Rather than supervision being viewed in isolation, the topic is seen as a thread running through midwifery education, both in the classroom and in the practice areas. The result is that newly qualified midwives feel confident about supervision and access their named Supervisor from the first days of their practice. Student midwives are also given local information packs about supervision in many Trusts and invited to attend supervision 'events' in the unit.

Local networking groups, regular meetings, study days, conferences and other activities, provided learning opportunities for North West Supervisors of Midwives during the year. Statutory education for prospective and experienced Supervisors was arranged, in conjunction with the University of Manchester and as in previous years, was extremely well evaluated. These events demonstrate a commitment by the LSA to provide continuing professional development opportunities for Supervisors, in order that they meet NMC PREP requirements, specifically as Supervisors. In addition, one of the North West Link Supervisors is a midwifery lecturer and also the course leader for the Preparation of Supervisors of Midwives course. Her educational input to all LSA activity continues to be invaluable.

The North West and West Midlands continued to collaborate to provide a Bi-Regional Course for the Preparation of Supervisors of Midwives at academic level 3. In order to meet the requirements of the NMC Standards for the preparation and practice of supervisors of midwives, published in October 2006, a new course was developed by the LSA and HEI teams. The two approved educational institutions that provided the programme were the University of Manchester and the University of Central England and the first cohort to undertake this new course, now of 26 weeks duration, commenced in September 2007 and the next in January 2008. Also, the North West LSA, in conjunction with West Midlands LSA and the Universities of Manchester and Central England, developed a new education pack for midwives undertaking the preparation course. The course continues to be led by four midwife teachers who are also practising Supervisors of Midwives in local Trusts. The LSA Midwifery Officer remains a member of the Course Planning Team, also participating with the LSA Midwife in delivering some of the programme content. This approach provides a mechanism whereby all aspects of the preparation course are facilitated by experienced Supervisors of Midwives and maintains the principle of safety of mothers and babies as paramount. In 2007 – 2008, for the first time, the LSA Services Manager contributed to the course – by undertaking a presentation on the LSA Database and its value to Supervisors and the LSA.

In addition, 'mentor' study sessions continued to be held at the HEIs, prior to and during each course, for experienced Supervisors who planned to support midwives undertaking the preparation course. Attendance at a study session in the year prior to the course starting is mandatory for mentors/assessors in the North West, to ensure that the framework to support student supervisors in the clinical environment is robust and thus contributes to public protection in maternity services.

The LSA Midwifery Officer meets with the North West Lead Midwives for Education (LMEs) at least annually, as a group, to discuss current issues - in particular matters related to pre and post registration education. The notes from the meeting held in January 2008 are included as appendix 12 to this report. In addition, meetings are arranged on an ad hoc basis at individual HEIs, whenever matters are highlighted – either by the LSA Midwifery Officer or by the LME – which would benefit from collaboration and sharing of ideas and information. The HEIs in the region providing midwifery education are: -

- Edge Hill University College
- Liverpool John Moores University
- University College of Chester
- University of Central Lancashire
- University College of St Martin's
- University of Manchester
- University of Salford

Finally, a requirement of any supervised practice programme is that an academic mentor is identified – to enhance the midwife's reflection and learning. The midwifery lecturer concerned meets with the midwife regularly, reviews and assesses the specified written work and liaises very closely with the Supervisors involved to monitor progress against the objectives and learning outcomes identified for that individual midwife.

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

During 2007 – 2008, all 'North West LSA Guidance for Supervisors of Midwives' was updated; this exercise is carried out every two to three years. The LSA collates any views from Supervisors about what should be included, omitted, revised or developed for the next version and then work to address these issues is undertaken by the LSA Midwifery Officer, the LSA Midwife and the Link Supervisors of Midwives, as a group. In view of the increasing number of National Guidelines produced by the LSA Midwifery Officers (UK) Forum, which have been formulated around the 'must do' issues, to comply with the NMC Midwives rules and standards, many sections of the North West Guidance were removed to avoid duplication.

In the previous year, it had been suggested by Supervisors of Midwives and agreed by the LSA, that some guidance on 'Surrogacy' was required – as there had been an increasing number of situations of this type across the North West. Work on this document was completed in 2007 by a working group of Supervisors convened specifically to address the matter. This has been a successful format in the past – those Supervisors of Midwives with an interest in the particular issue identified meet, to bring together any available local and national information. The group, using examples of individual experiences and good practice, then produces a draft policy or guidance - which is circulated to all North West Supervisors for comment. The working group meet to finalise the document – incorporating the views of Supervisors from across the LSA and publication follows. This process ensures that the work is collaborative and that all Supervisors of Midwives are 'signed up' to the document, rather than the LSA being viewed as producing the guidance in isolation. The work to develop the guidance on surrogacy began in May 2007, was completed in October 2007 and then became part of the newly revised North West LSA Guidance for Supervisors of Midwives document and made available on the North West LSA website.

Also in 2007 – 2008, a policy was proposed to remunerate service users who undertake audits as part of the LSA team. This document was submitted to the SHA and agreed – with financial payment of £100 per visit, to begin in January 2008, when the next round of audits began. In addition, it was agreed that service users contributions to other LSA activities should be financially rewarded and this too was included in the policy document. The other new policy agreed in the year was an appeal process to NHS North West, for any midwife who has been suspended from practice by the LSA. Again this document was submitted to the SHA and agreed.

Both of these new policies and the full Guidance document are available on the North West LSA website at www.northwest.nhs.uk/LSA/

5.8 Evidence of developing trends affecting midwifery practice in the Local Supervising Authority

Public Health

The North West is a diverse and dynamic region with a broad spectrum of social inequalities and as a result, health professionals face key challenges in addressing the needs of a wide range of individuals. The SHA has evidence to show that some minority groups are experiencing exclusion and disadvantage and ethnic minorities are more likely to report poor health than white populations. There is also evidence of poorer access to health services, including diagnosis and elective procedures and minority groups have higher rates of diabetes, mental health and other health problems. New migrant groups are emerging with diverse needs and issues of equality; the region has seen a recent considerable change in its demographics and these changes bring about different and complex health and social care needs. Some of the diversity and changes in the region's demography are: -

- One of the greatest number of dispersed asylum seekers in the UK
- 20.6% of the working age population is identified as being disabled
- Black, Minority and Ethnic population has increased to over 7%
- 10% of the population identify themselves as Lesbian, Gay, Bisexual and Transgender
- There is a growing presence of Gypsy and Traveller families - an annual increase of 3%
- Migrant workers from the new European countries are the largest arrivals with 37,000 in the North West
- Poland as the biggest single group (22,000)

There are significant socioeconomic variations across the North West; in Greater Manchester, 38.6% of the population are classed as being in the lowest 20% for deprivation in England. This compares to 34.9% for Cheshire and Merseyside and 22.5% in Cumbria and Lancashire. Of the 10 local authorities with the worst income deprivation in England, three are in the North West; Knowsley (28.6 per cent), Liverpool (27.9 per cent) and Manchester (27.5 per cent).

A large part of the population live in poor general health and this is well illustrated by data from the Community Health Profiles (APHO 2007a) which compares the health of people living in the North West with the England average and other government office regions. Out of the 26 indicators used in these profiles, 19 are significantly worse and only one significantly better than the England average. The North West has the highest rate for: -

- Deaths from heart disease and stroke
- Long-term mental health problems
- Alcohol-related hospital stays
- Hospital admissions for depression, anxiety disorders and for schizophrenia
- Self-reported violence
- Violent injuries serious enough to require hospital treatment
- Claiming incapacity benefits for mental and behavioural disorders

The region has the second lowest breastfeeding and healthy eating rates in England and the second highest rates for: -

- Deprivation
- Smoking in pregnancy
- Teenage pregnancy
- Binge drinking

There is also low life expectancy and an infant mortality rate above the England average.

Clearly these statistics impact significantly on the provision of midwifery care, needing Supervisors and midwives to target interventions to specific localised populations, in order to help improve the health of mothers and babies. In many North West maternity services specialist posts have been developed, to address the local public health agenda. Some examples are: -

- Teenage pregnancy midwife
- Asylum seeker and refugee midwife
- Drugs and alcohol specialist midwife
- Substance misuse/dependency midwife
- Mental health specialist midwife
- Smoking cessation midwife
- Consultant midwife in public health
- Midwife specialist for women with disabilities
- Specialist midwife to support women/babies with special needs
- Midwife specialist for women with inherited blood disorders
- Midwife to support vulnerable women and their families
- Midwife to support women suffering domestic violence
- Specialist mental health midwife
- HIV specialist midwife
- Infectious diseases midwife
- Diabetic specialist midwife
- Midwife supported to learn to speak Polish
- Midwife undertaking training in sign language
- Link workers for ethnic minority women

Numbers of Births

The total number of babies born in the North West during the year was 91,517, an increase of 1,887 from 2006 – 2007. As illustrated in chart 3, this is a rise of 11,606 in the past five years and a 14.5% increase in the birth rate since 2003 – 2004. In total, 80% of North West maternity units experienced an increase in births in the year, with the resultant impact on services and serious implications for midwifery practice. Again this year, the situation has led to the temporary closure of units to admissions, due to insufficient midwives, as most Trusts have had no significant increase in staffing to address the additional workload. Clearly, there is a considerable impact on the provision of care to mothers and babies, causing serious concern to midwives and Supervisors.

The number of whole time equivalent (wte) midwives employed by NHS Trusts in the North West was requested from all units for the first time in 2007 – 2008, to enable the ratio of midwives to births to be provided. Within all NHS maternity services, 2,875.5 wte midwives were employed; which gives a ratio of 31.8 births per wte midwife.

CHART 3 Total babies born in the North West

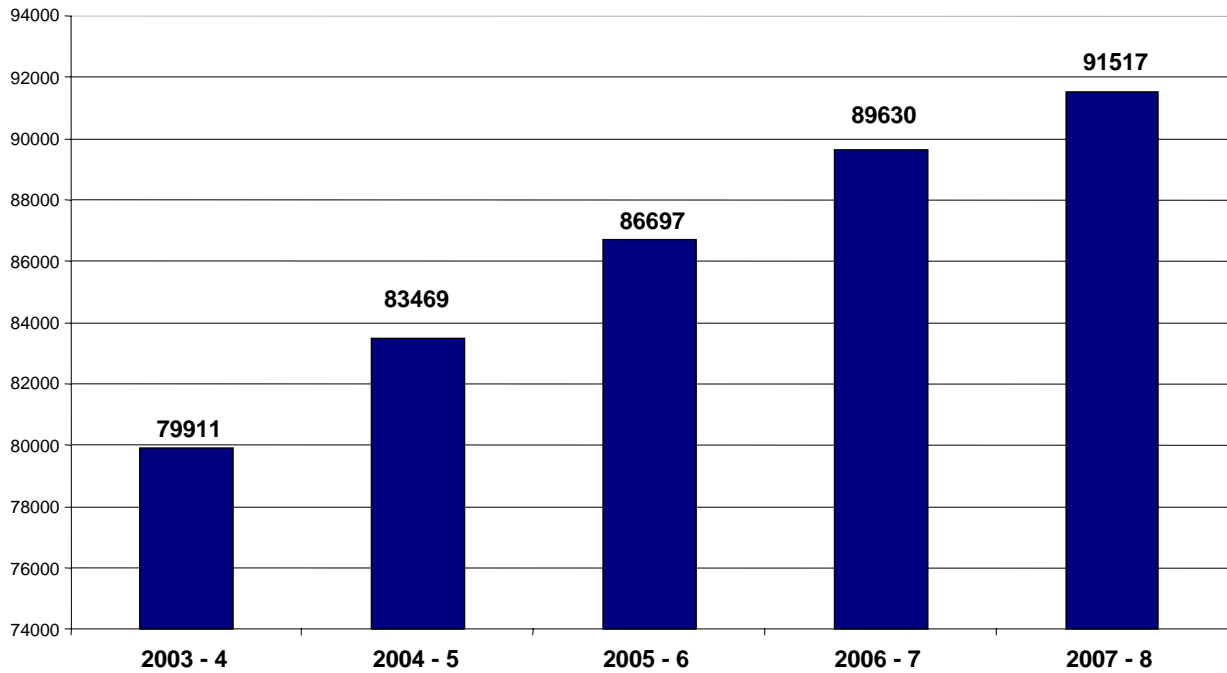
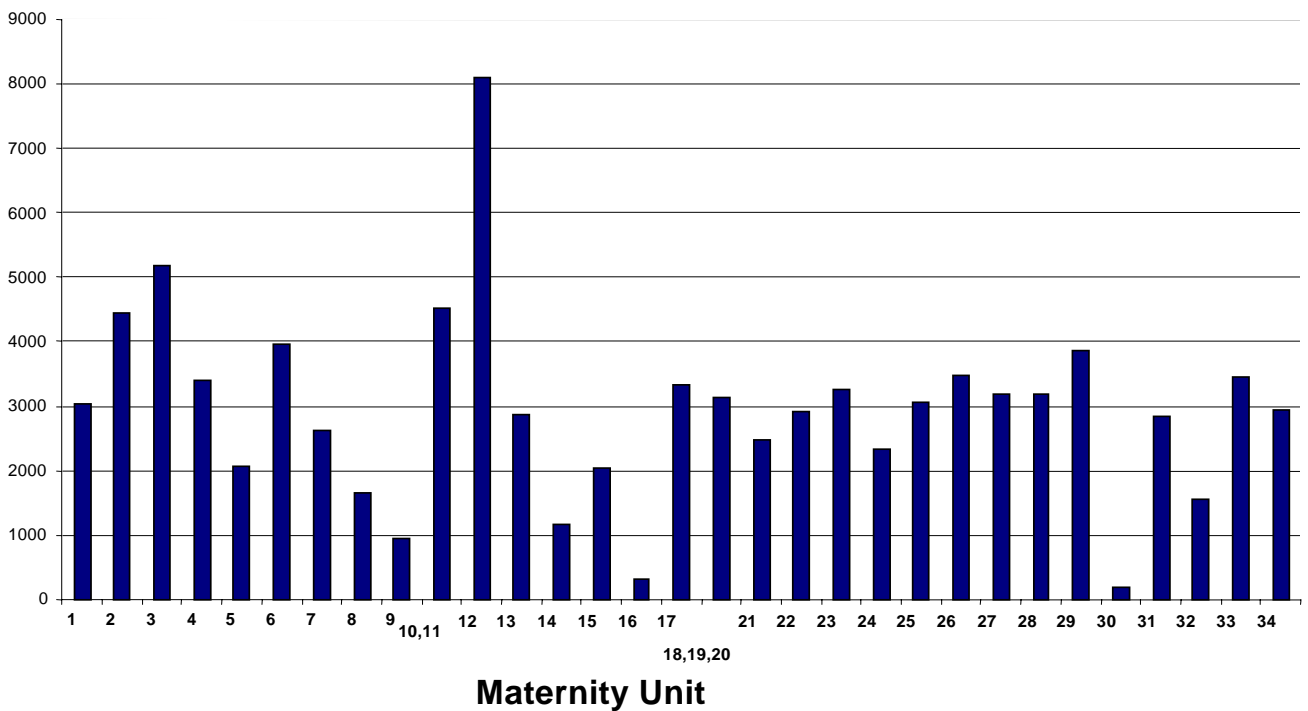


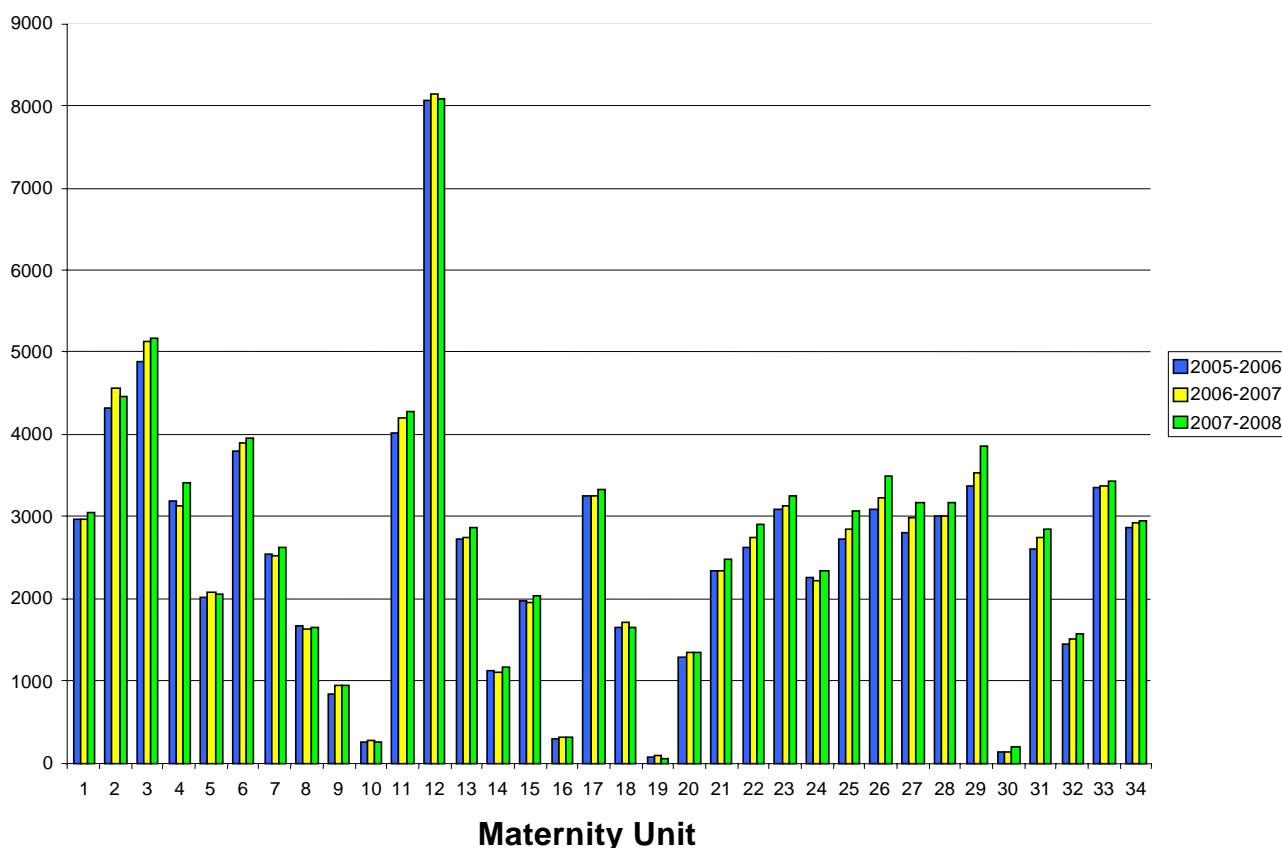
Chart 4 shows the numbers of babies born in each North West maternity unit over the year – illustrating the huge variation in size and capacity of local services.

CHART 4 Total numbers of babies born in 2007 – 2008



In view of the significant increase in numbers of births in the North West and the fact that most maternity services have seen no increase to midwifery establishments to reflect this, it is not surprising that one of the overwhelming themes at many audit visits was that Supervisors and midwives continue to be concerned about the quality of care they can provide. In addition, return to practice midwives are finding it increasingly difficult to obtain clinical placements, as maternity units do not have the time or resources to facilitate them. Worryingly, Supervisors are reporting an inability to ensure that student midwives are adequately supported at all times in the clinical areas. The increase in workload for midwives means that when they are allocated as a 'mentor' to a student, they cannot always spend sufficient time with them, resulting in the possibility of a suboptimal experience for the student and in some cases, consideration that numbers of students midwives should be reduced. It is also becoming increasingly difficult in some services to provide robust preceptorship for newly qualified midwives. Chart 5 demonstrates the increase in births by showing the number of babies born in each unit for the last three years.

CHART 5 Total numbers of babies born in North West units for the last 3 years



The increases in midwifery workload have caused acute concern to Supervisors in several North West units during the year, resulting in appeals to some Trusts to review the situation, particularly with regard to staffing levels. Whilst the latest data shows that number of deliveries taking place in NHS hospitals across England increased by 2.9% last year, Stockport NHS Foundation Trust (unit 29) had a 9% increase in births at Stepping Hill, the obstetric unit and a 29.4% increase at Corbar, their birth centre. The Countess of Chester Hospitals NHS Foundation Trust (unit 4), also had a 9% increase and the number of births at South Manchester University Hospitals NHS Foundation Trust (unit 26), was up by 8%.

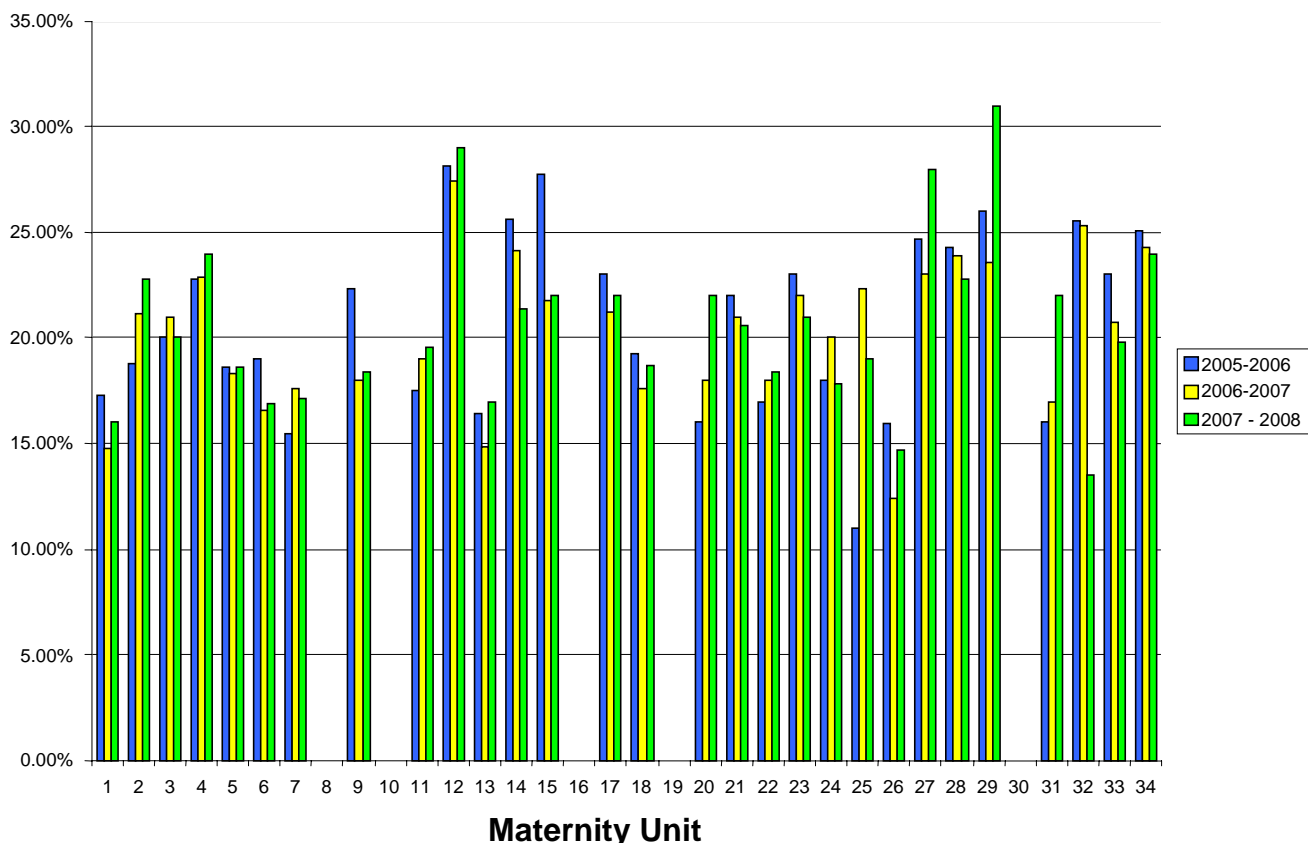
Only five Trusts in the region had undertaken Birthrate Plus (midwifery manpower planning tool), in 2007 or 2008 and three Trusts have never utilised the tool at all.

Trends in obstetric interventions

Inductions of labour

In 2006 – 2007, it appeared that induction rates across the North West were slowly reducing; the highest rate for that year was 27.40%, compared to 2003 – 2004, when it was 32%. However, in 2007 – 2008, as the data in chart 6 demonstrates, several units have seen an increase. The highest rate of inductions in the North West in the year was 31% at Stepping Hill, part of Stockport NHS Foundation Trust (unit 29). Trafford Healthcare NHS Trust (unit 32) had the lowest at 13.5%.

CHART 6 Induction rates for the last 3 years



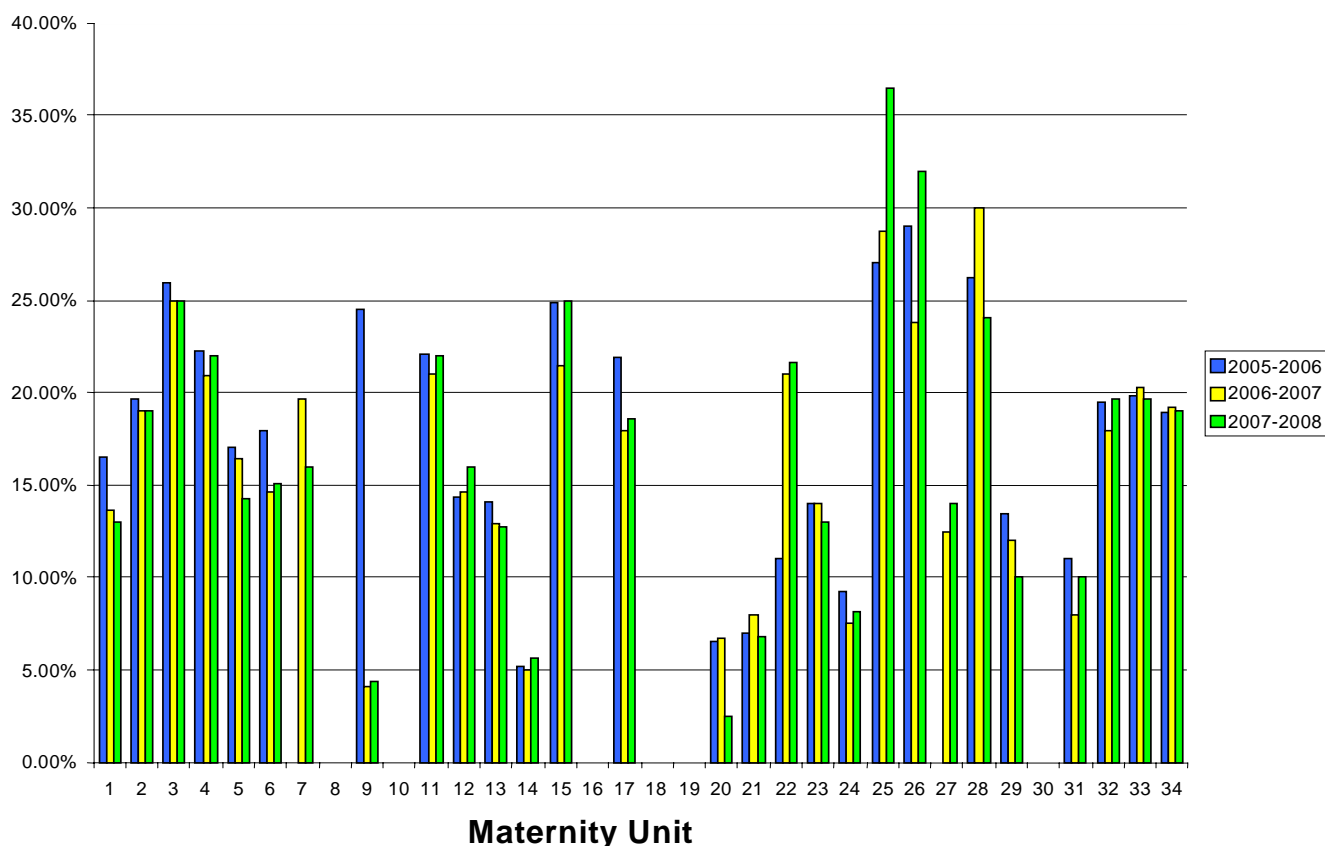
NB: Units 10, 16, 19 and 30 are midwife led therefore no inductions are carried out.
Unit 8 is a PCT therefore no inductions are undertaken.

Epidural rates

Nationally, one third of women have an epidural in labour - but as chart 7 demonstrates, there were huge variations across the North West in 2007 – 2008. The figures range from the lowest at Whitehaven (unit 20), part of North Cumbria Acute Hospitals NHS Trust, with a rate of only 2.5% and the Isle of Man (unit 9), at 4.4%. The highest was 36.5% at Salford Royal NHS Foundation Trust (unit 25), which had a rate of 28.7% the previous year. St Helens and Knowsley Teaching Hospitals NHS Trust (unit 28) have seen a significant reduction in epidurals from 30% to 24.1% and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust (unit 1), have sustained their reduction, the rate there was only 13%.

Once again, Morecambe Bay University Hospitals NHS Foundation Trust demonstrate a significant difference in epidural rates between their two obstetric units - Furness site (unit 14) having a rate of 5.6%, whilst Lancaster (unit 15) had a rate of 25%. Similarly, Bury (unit 21) had a rate of only 6.8% and Rochdale (unit 24) of 8.2%, both of these units are part of Pennine Acute Hospitals NHS Trust and the other two units in the organisation are Oldham (unit 23), where the epidural rate was 13% and North Manchester (unit 22), where it was 21.6%.

CHART 7 Epidural rates for the last 3 years



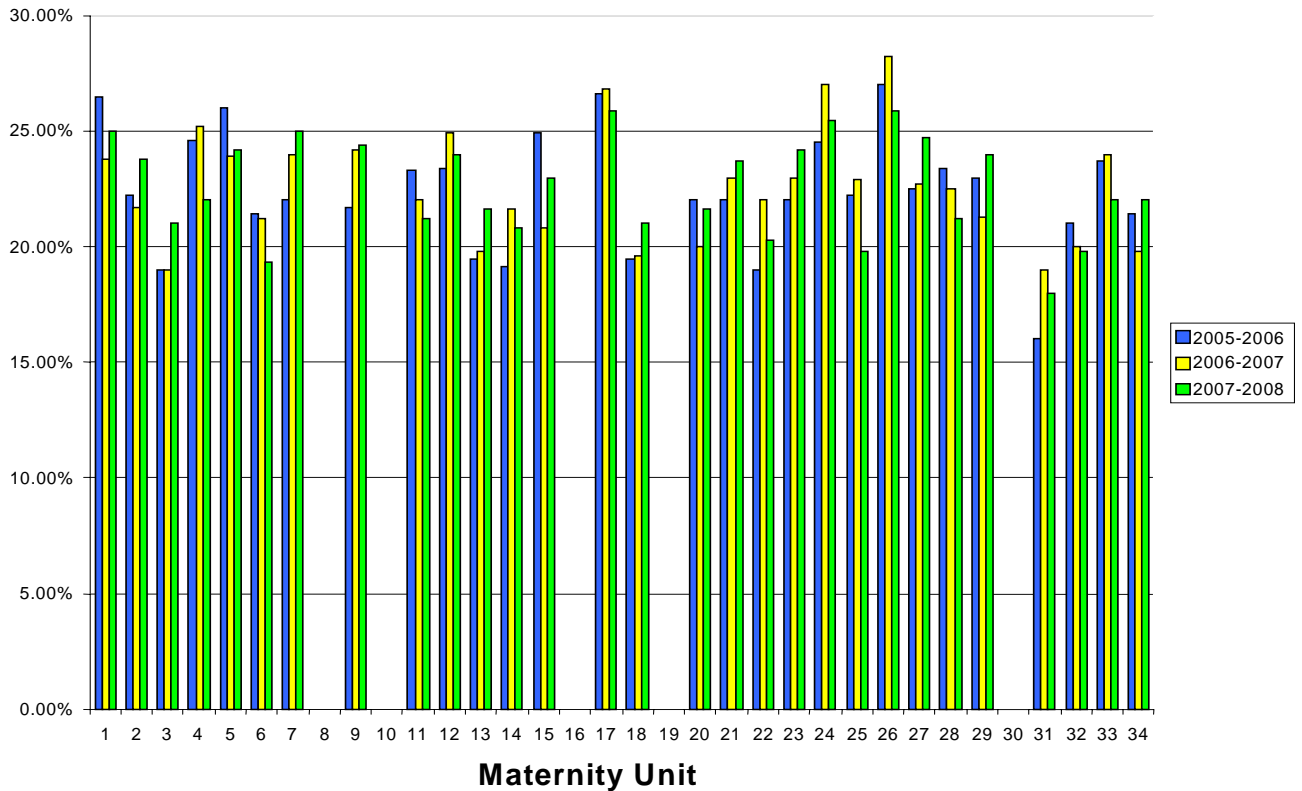
NB: Units 10, 16, 19 & 30 are midwife led & unit 8 is a PCT, therefore no epidural service is provided. Unit 18 does not provide this service.

Caesarean section rate

The data in chart 8 is for all caesarean sections, so includes both elective and emergency operations. Although the rates in some units are still a cause for concern, past trends - that saw several units with a rate of well over 27% - appear to have ceased. The majority of services are now at or below 25%. Whilst the latest available national data shows a rate of just over 24% as an average for England, the average rate in 2007 – 2008 for the North West of 22.5% was the same as in the previous year.

The unit with the lowest Caesarean section rates in the region was once again, Tameside Hospitals NHS Foundation Trust (unit 31) at 18%. Tameside is a service that has consistently achieved the lowest rate across the whole North West for many years. The highest rates in 2007 – 2008 were at North Cheshire Hospitals NHS Trust (unit 17) and South Manchester University Hospitals NHS Foundation Trust (unit 26), both had a caesarean section rate of 25.9%.

CHART 8 Caesarean Section rates for the last 3 years

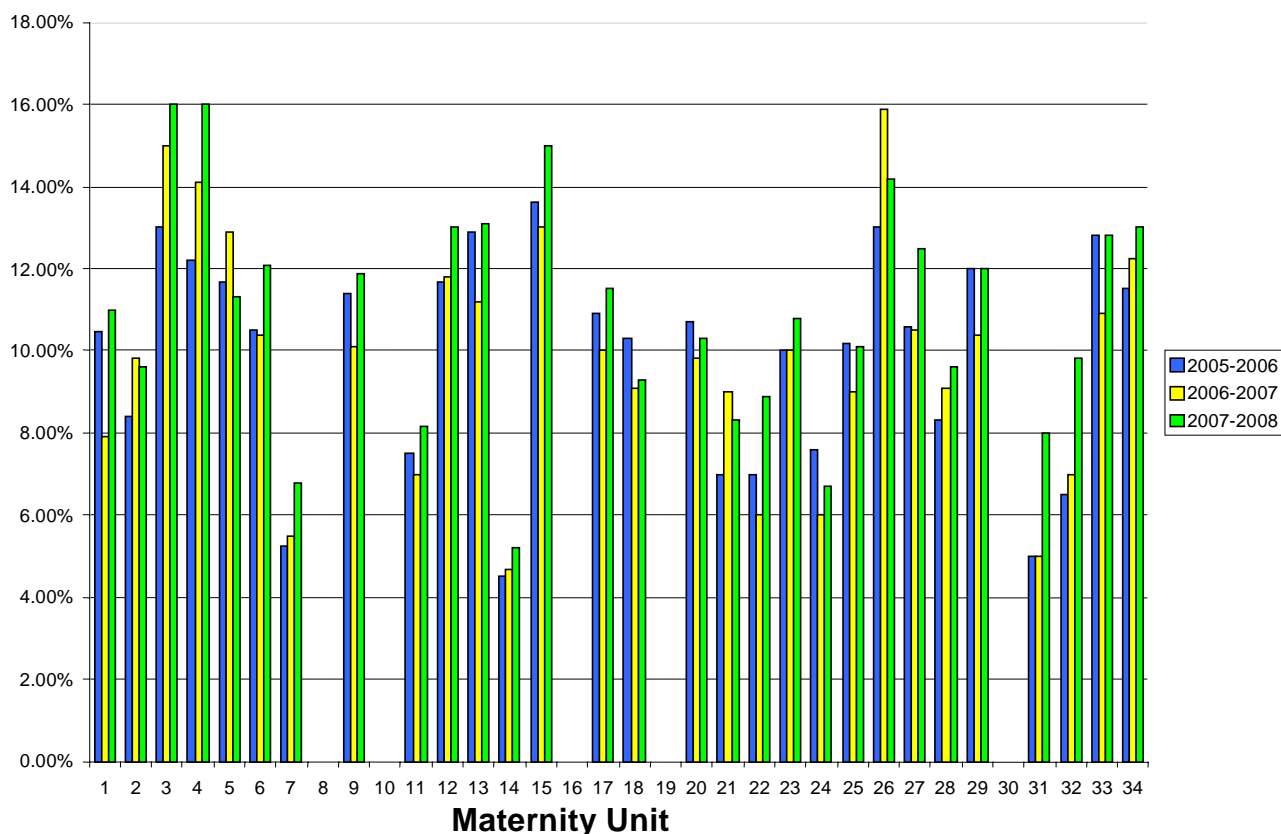


NB: Units 8, 10, 16, 19 and 30 are midwife led, therefore no caesarean sections were undertaken.

Instrumental deliveries

The data on chart 9, for instrumental delivery rates, shows that the slight increase from the previous year has continued. The rates in the North West for the year varied from the highest at 16% to the lowest at 5.2%. This makes an average of 10.95% for the region, an increase from 9.74% the previous year. National data shows an average of 11% for England. The highest rates were in Central Manchester University Hospitals NHS Trust (unit 3) and Countess of Chester Hospitals NHS Foundation Trust (unit 4), both at 16% - each higher than in 2006 - 2007 and both also higher than they were for the year before that. The lowest instrumental delivery rate, for the second consecutive year, was at Morecambe Bay University Hospitals NHS Foundation Trust – Furness site (unit 14), at 5.2%.

CHART 9 Instrumental deliveries for the last 3 years



NB: Units 8, 10, 16, 19 and 30 are midwife led therefore no instrumental deliveries are undertaken.

Other clinical trends

Home births

In line with national policy and the 'choice' agenda, North West maternity services continue to make a concerted effort to ensure that all women are offered the opportunity to have their baby at home, resulting in a slow but sure increase in home births in the region. The total number of planned home births in the North West for 2007 – 2008 was 1,778 compared to 1,299 in the previous year and the number of actual home births with a midwife in attendance was 1,551 compared to 1,314 in 2006 – 2007. This is a shift from 1.1% of North West babies born at home in 2005 – 2006, to 1.5% in 2006 – 2007 and 2% in 2007 - 2008. The current national average is 2.6%, so although the rate remains low compared with many areas of the country, the increase in the North West is a significant improvement.

Most maternity services in the region experienced an increase in home births over the year. The most notable are; East Lancashire Hospitals NHS Trust in both the Blackburn (unit 6) and Burnley (unit 7) areas, all four sites of Pennine Acute Hospitals NHS Trust (units 21, 22, 23 & 24), Salford Royal NHS Foundation Trust (unit 25), Liverpool Women's Hospital NHS Foundation Trust, South Manchester University Hospitals NHS Foundation Trust (unit 26) and North Cheshire Hospitals NHS Trust (unit 17), all of whom cared for significantly more women giving birth at home than in previous years. The Isle of Man (unit 9) also increased from one to seven home births in the year.

Unfortunately, some services saw a decrease in the number of babies born at home; these were East Cheshire NHS Trust (unit 5), Wrightington, Wigan and Leigh NHS Trust (unit 34),

Trafford Healthcare NHS Trust (unit 32), St Helens and Knowsley Teaching Hospitals NHS Trust (unit 28) and both the Lancaster and Furness sites of Morecambe Bay University Hospitals NHS Foundation Trust (units 14 & 15). Chart 10 shows planned home births for all of the North West for the last four years.

CHART 10 Planned home births in the North West for the last 4 years

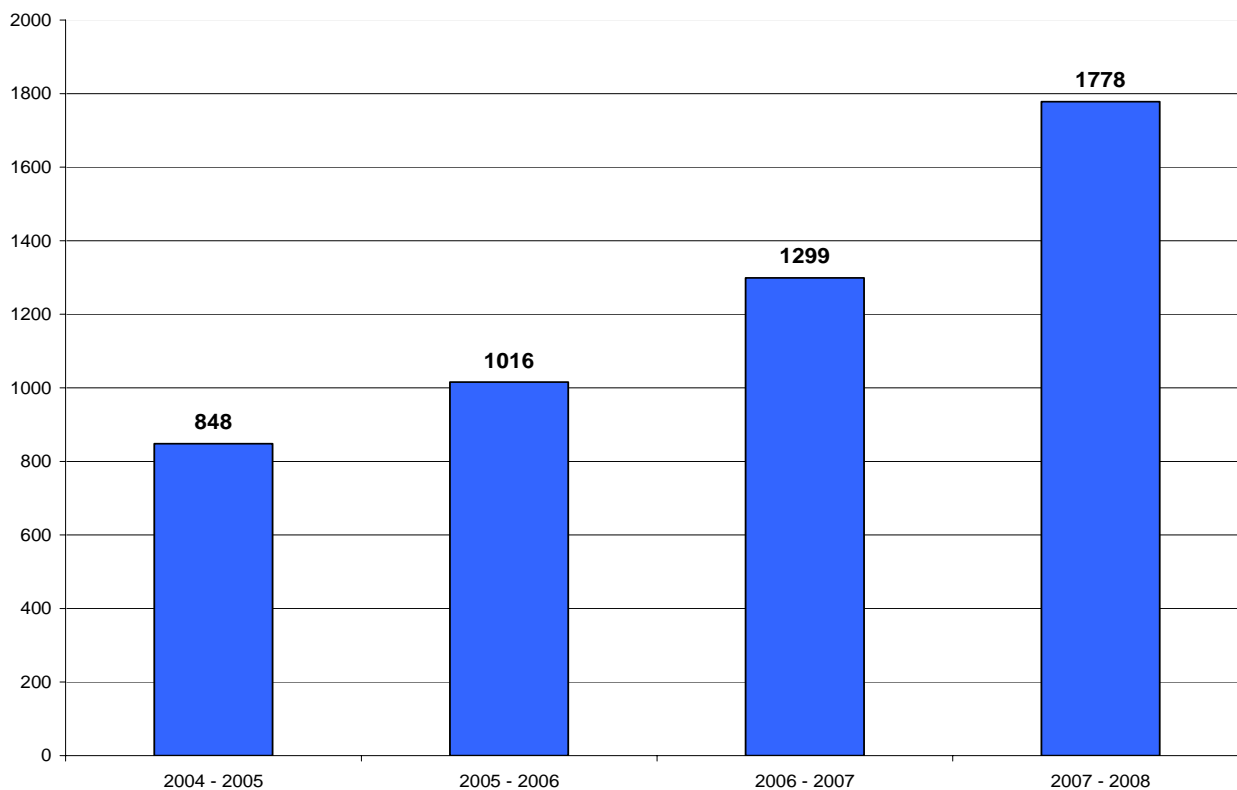
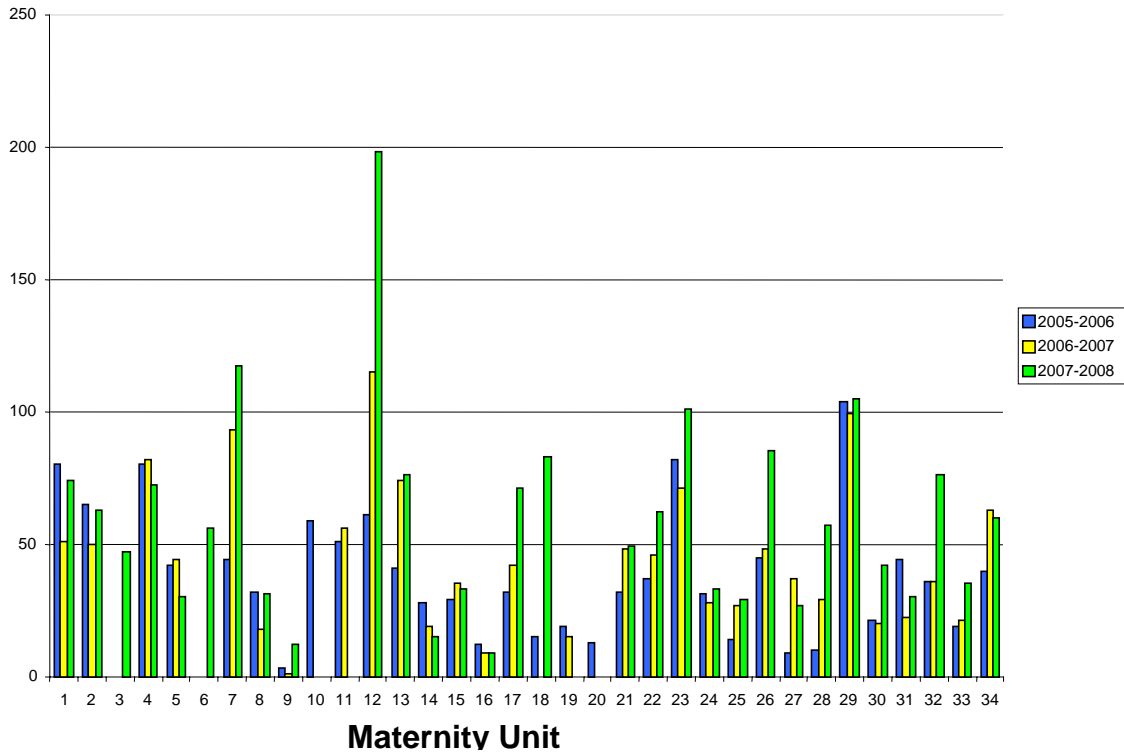


Chart 11 illustrates all planned home births per unit for the last two years and demonstrates that the most significant increases were at Liverpool Women's Hospital NHS Foundation Trust (unit 12) and Trafford Healthcare NHS Trust (unit 32). However, there were also considerable differences - in several units - between the number of home births planned and those that actually took place.

Chart 12 shows actual home births – with a midwife in attendance - for the last two years and highlights this fact. This chart also demonstrates that once again, the highest numbers of babies born at home were in areas where midwives work from a 'stand alone' birth centre or midwife led unit. However, regarding obstetric units – as illustrated in chart 12, Pennine Acute Hospitals NHS Trust, Oldham site (unit 23), have maintained the highest number of actual home births for the second consecutive year and their home birth rate continues to be significantly higher than obstetric units elsewhere in the North West at 4%.

CHART 11 Planned home births for the last 3 years



NB: Units 18, 19 & 20 are one Trust & this year supplied one figure for all 3 sites.

CHART 12 Actual home births with midwife in attendance for the last 3 years

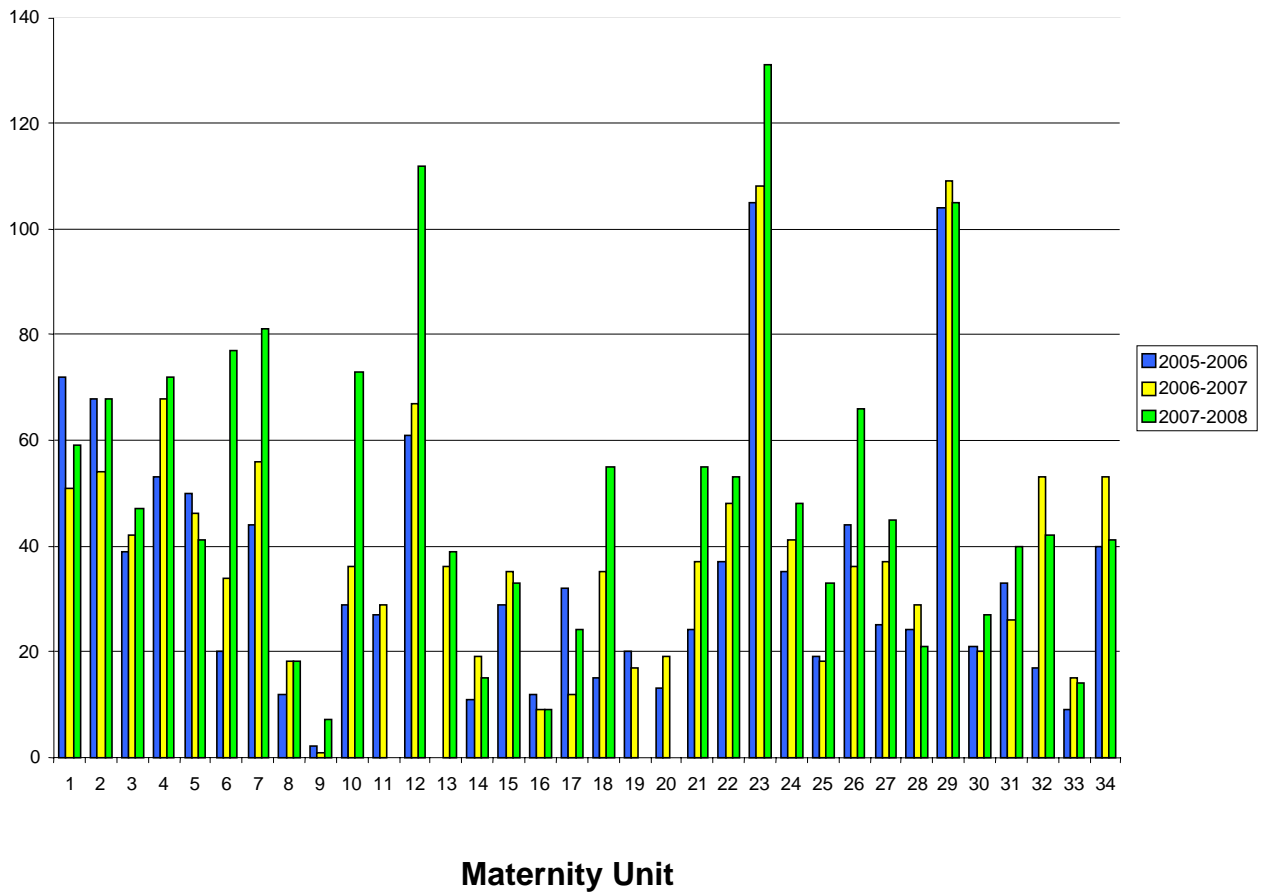


CHART 13 BBAs in the North West for the last 5 years

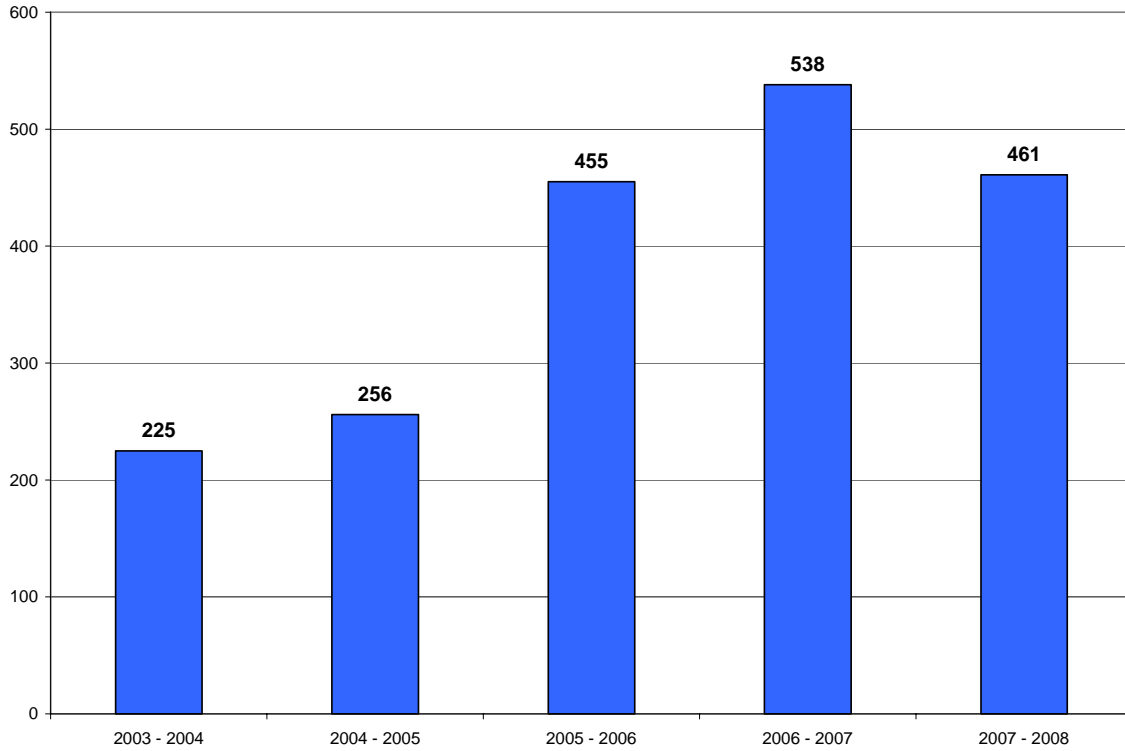
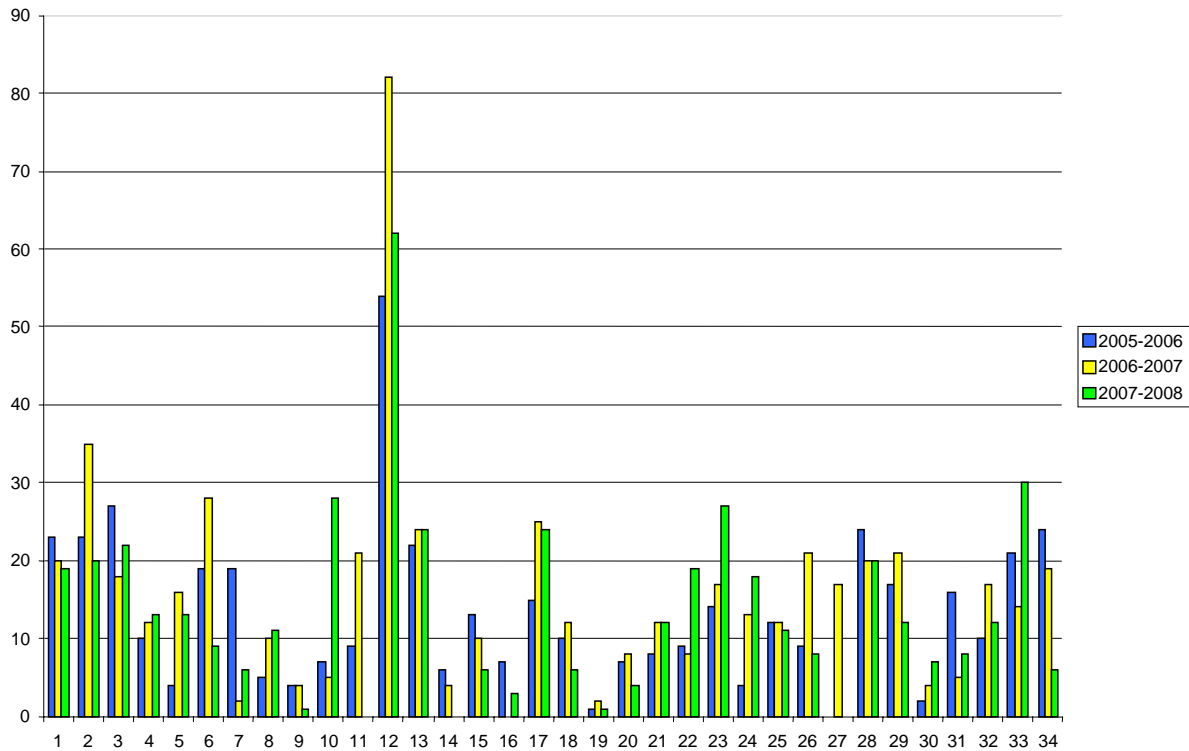


CHART 14 Total numbers of BBAs per Maternity Unit for the last 3 years



NB: 10 & 11 is one Trust and this year supplied one figure

The number of babies 'born before arrival' (BBAs), without a professional in attendance, remains a concern in many areas. However, as demonstrated in chart 13, the figure for the North West as a whole reduced in 2007 – 2008 to 461, from 538 the previous year. Across the LSA the figure had been rising steadily until now and in recent years Supervisors have undertaken audits of all BBAs, in an attempt to establish the reasons - the current reduction demonstrates that their efforts are paying off.

Chart 14 shows the BBAs per unit over the past three years and demonstrates that Liverpool Women's Hospital NHS Foundation Trust (unit 12) had the highest number in 2007 – 2008, but had achieved a substantial reduction from the previous year. Several other units also saw a decrease, however – some had a higher number than in 2006 – 2007; namely Pennine Acute Hospitals NHS Trust, North Manchester site (unit 22) and Oldham site (unit 23), Wirral University Teaching Hospital NHS Foundation Trust (unit 33) and Lancashire Teaching Hospitals NHS Foundation Trust (units 10 & 11).

Breastfeeding rates

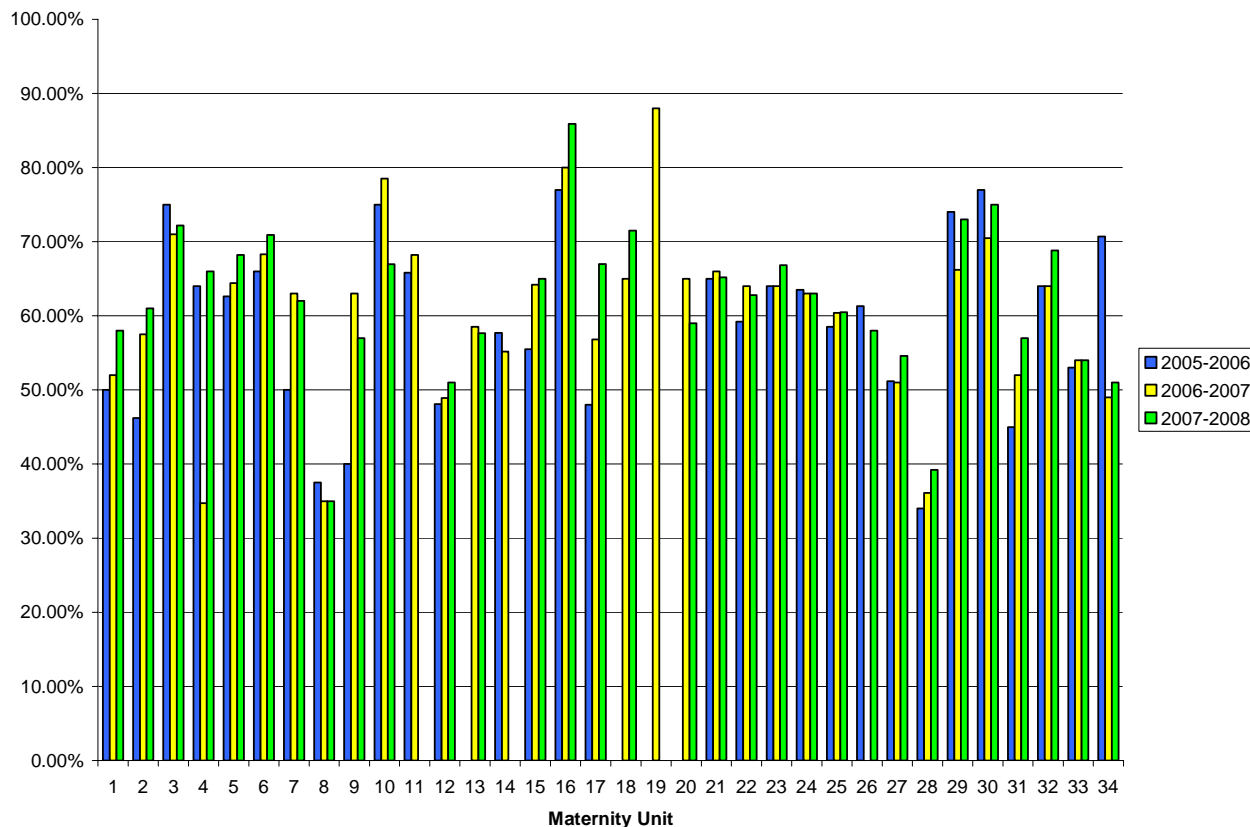
For the first time in 2005 - 2006, the North West LSA collected information on rates for initiation of breastfeeding, but four units were unable to provide the data that year. In 2006 – 2007, only one unit did not supply the information, so meaningful comparisons between services could be made. In 2007 –2008, two units did not supply the data – each of who had done so for the previous year and one unit, who had not provided the information for the previous year, did so for 2007 – 2008.

In view of government policy and public health initiatives, it is a cause for concern that data collection in some maternity services appears erratic and that some units do not currently know how many of the women they care for initiate breastfeeding. The information regarding this - shown in chart 15 - and the conclusions drawn from it, are therefore incomplete.

The figures presented in chart 15 show considerable variation, ranging from 35% to 85.9% across the North West. The highest rates for breastfeeding are again in 2007 – 2008, generally at the midwife led units and birth centres. Kendal, part of Morecambe Bay Hospitals NHS Foundation Trust, (unit 16) was the highest at 85.9% and Corbar, part of Stockport NHS Foundation Trust (unit 30) achieved 75%. Of the obstetric units, Stepping Hill (unit 29), the other hospital that – with Corbar - forms Stockport NHS Foundation Trust, achieved 73%, an increase from 66.2% the previous year. Central Manchester University Hospitals NHS Trust (unit 3) had a rate of 72.2%, an increase from the year before.

The lowest breastfeeding initiation rates in 2007 – 2008 were at Halton and St Helens NHS Primary Care Trust (unit 8), which was 35% for the second year running and St Helens and Knowsley Teaching Hospitals NHS Trust (unit 28) at 39.2%, although this was an improvement on 36.1% the previous year. The Countess of Chester Hospitals NHS Foundation Trust (unit 4) achieved 66%, a significant increase as they had recorded 34.72% the year before.

CHART 15 Percentage of women initiating breastfeeding for the last 3 years



NB: Units 13, 18, 19 & 20 did not supply the information for the 2005-2006
 Unit 26 reported they were unable to collect the information for 2006-2007
 Units 10 & 11 are one Trust and supplied one figure for 2007-2008
 Unit 14 reported that they did not collect the data for 2007 - 2008
 Unit 19 did not supply the information for the year 2007-2008

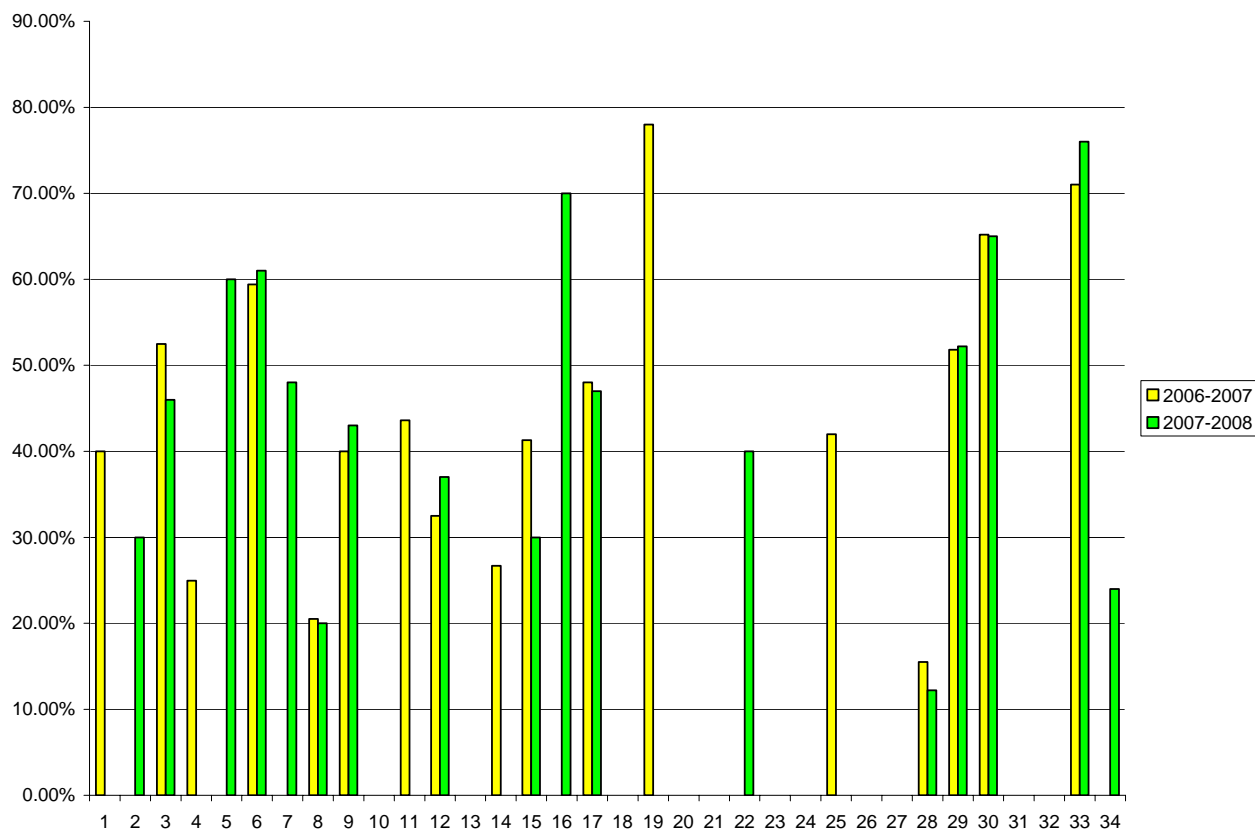
In 2007 – 2008, for the second time time, the percentage of women exclusively breastfeeding on transfer from midwife to Health Visitor care was collected. Although once again, not all units could provide the information, the data that was available is presented in chart 17.

Again there are wide variations; North Cumbria Acute Hospitals NHS Trust at Penrith birth centre (unit 19), had the highest rate for the second consecutive year, although at 70% this was reduction from 78% in the previous year and a reduction of 15% on those women initiating breastfeeding. For the second year, Wirral Teaching Hospitals NHS Foundation Trust (unit 33), reported more women exclusively breastfeeding on transfer to Health Visitor care than had initiated breast breastfeeding. Last year the figure rose from 54% to 71% and in 2007 – 2008, it rose from 54% to 76%.

Although many units sustained a high percentage of women breastfeeding from initiation through to transfer, some had a substantial decrease in that time. St Helens and Knowsley Teaching Hospitals NHS Trust (unit 28), had a relatively low initiation rate, but this decreased significantly more and they had the lowest exclusively breastfeeding rate on transfer at 12.2%.

This is a cause for concern, as it is even lower than in the previous year, when they recorded 15.5%. Halton and St Helens NHS Primary Care Trust (unit 8), had only 35% initiating, but 20% of women were still exclusively breastfeeding on transfer.

CHART 16 Percentage of women exclusively breast feeding on transfer to Health Visitor care



NB: Units 7, 10, 13, 16, 24, 26, 27, 31, 32 & 34 reported that they do not collect the information.

Units: 2, 5, 18, 20, 21, 22, 23 did not supply the data for 2006 – 2007

Units 1, 10, 11, 13, 14, 18, 19, 20, 21, 23, 24, 25, 26, 27, 31, & 32 reported that either the data was not available or not collected for 2007 - 2008

Maternal deaths

The number of maternal deaths across the North West for 2007 – 2008 was 13, a decrease from 17 in the previous year. The LSA Midwifery Officer liaises with the CEMACH Regional Manager, to cross-reference and ensure that all deaths have been reported.

The reasons for the maternal deaths were varied, some had more than one contributing factor and several were indirect maternal deaths. The list below includes all causes of maternal deaths in the region for the year: -

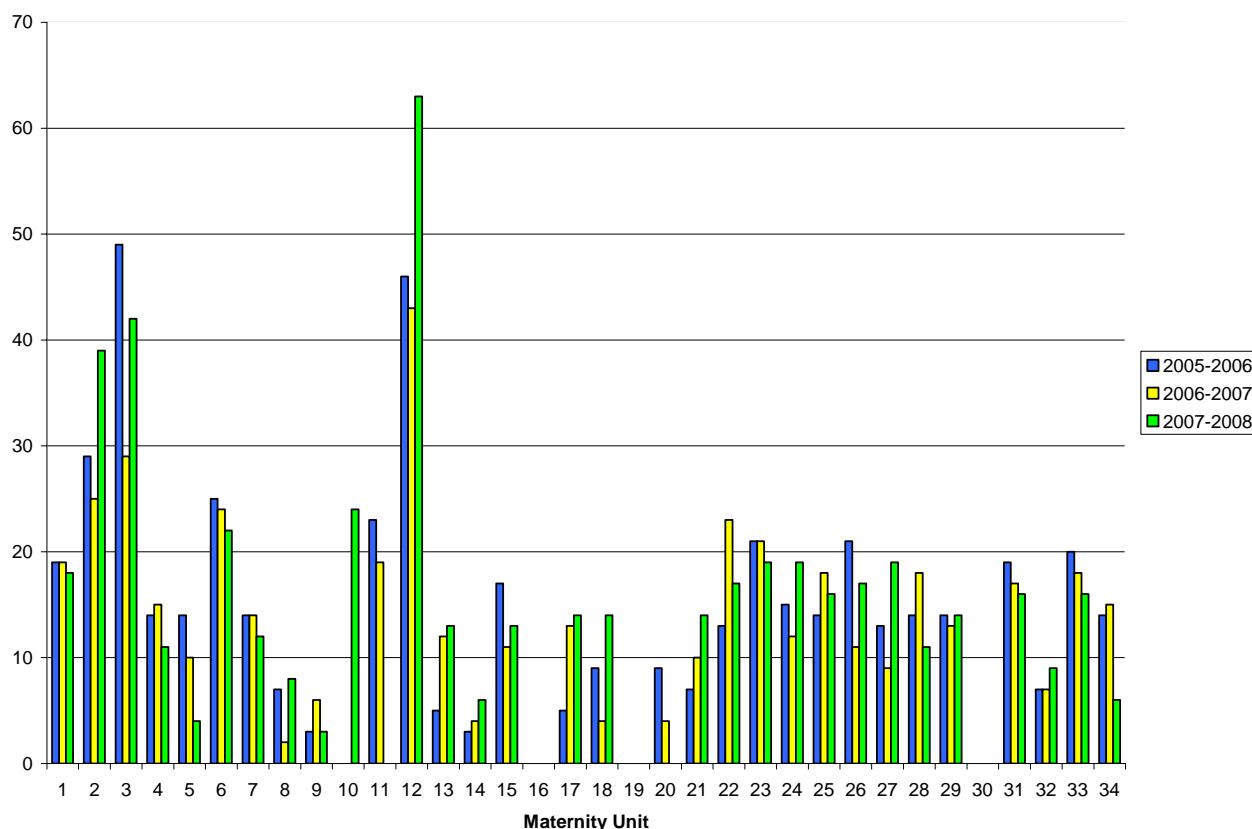
- Myocardial infarction and coronary artery disease
- Acute perinatal cardiomyopathy
- Sudden arrhythmic death syndrome
- Acute asthma
- Hypovolaemic shock and post partum haemorrhage
- Haemorrhage from oesophageal varices

- Ischaemic stroke
- Pulmonary embolism
- Birketts Leukaemia
- Breast carcinoma
- Generalised sepsis and multi organ failure – purulent peritonitis
- Epilepsy
- Heart failure secondary to metabolic acidosis

Stillbirths

During the year there were a total of 499 stillbirths across the North West, which was an increase from the 446 reported in the year before – to be expected as the birth rate increased significantly. As illustrated by chart 17; several Trusts reported a rise in the number of stillbirths - Liverpool Women’s Hospital NHS Foundation Trust (unit 12) had the highest number, but some units did have a decrease.

CHART 17 Stillbirths for the last 3 years



NB: Units 10, 16, 19 and 30 reported no stillbirths for the year 2006-2007
 Units 16 & 30 reported no stillbirths for the year 2007-2008
 Units 10 & 11 are the same Trust, submitted joint data for 2007- 2008
 Units 18, 19 & 20 are the same Trust, submitted joint data for 2007- 2008

Methodology for Data collection

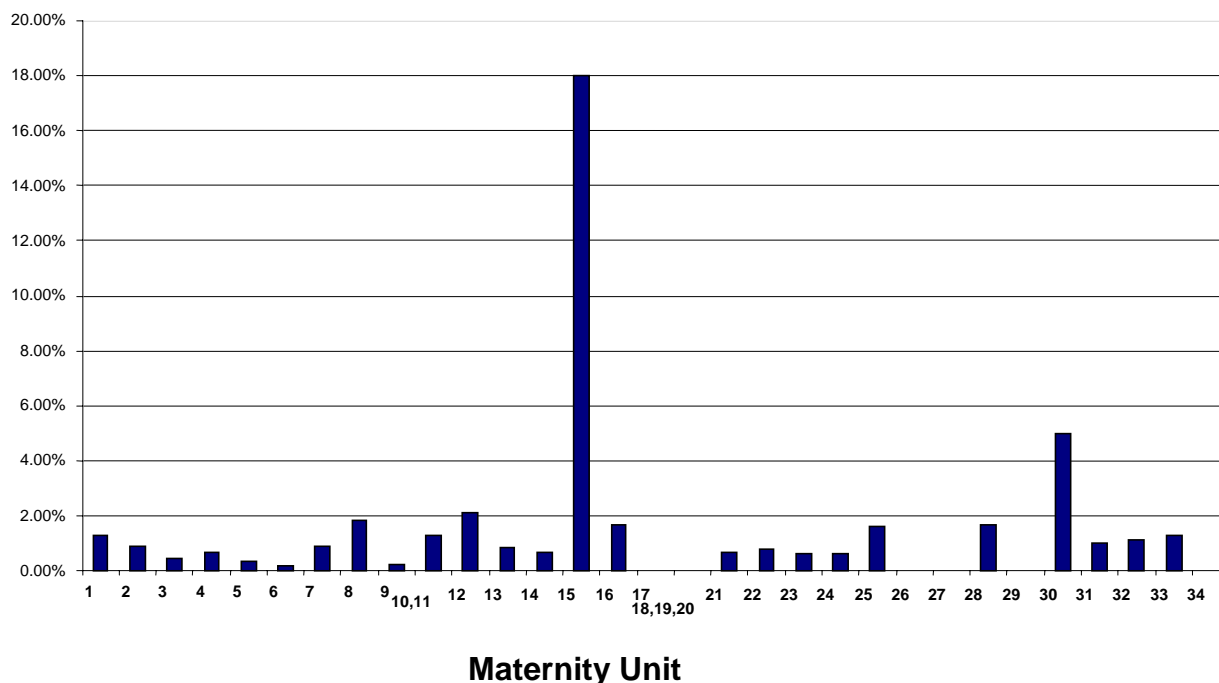
The North West LSA collects the clinical information discussed in this section of the report annually. At the end of the fiscal year, the LSA office sends out a data collection form to each contact Supervisor of Midwives and when complete, it is submitted along with the local annual report of statutory supervision in that area. The LSA Services Manager then collates the statistics onto a spreadsheet, which means that comparison with previous years is possible. As national or regional issues are identified, the requirements of data collection may vary year on year – Supervisors also comment on the information collected - therefore the form is revised annually to address specific requirements. The form supplied to Supervisors for completion in 2007 – 2008 is included as appendix 4 of this report

Additional categories that were added for 2007 - 2008 are: -

- Teenage pregnancy rate
- Number of women referred to mental health services antenatally
- Number of women referred to mental health services postnatally
- Trusts providing preconception care
- Percentage of women accessing a midwife as the 1st point of contact
- Percentage of pregnant women booking by 12 weeks
- Number of wte clinically based midwives, excluding neonatal units

CHART 18

Teenage Pregnancy Rate (age 16 and under)



An example of the clinical data collected for the first time this year is shown as chart 18 for teenage pregnancies – clearly demonstrating that Lancaster, (unit 15), part of Morecambe Bay University Hospitals NHS Foundation Trust, had the highest rate in the North West. However, several units did not supply these statistics. At this stage, other charts have not been formulated for the new categories, as many more units reported that they currently do not collect the required data.

By the next LSA annual report, it is expected that – in view of government policy for maternity services and the public health agenda - more units will be in a position to provide this information and comparisons will be possible. For example, only half the Trusts could supply the percentage of women booking by 12 weeks, only eight maternity services could supply the percentage of women who access a midwife as the first contact in pregnancy and only six units could answer the two questions about women referred to mental health services. The number of Trusts answering ‘yes’ to the provision of preconception care was 11, with 19 replying ‘no’ and some did not complete this section.

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

Two complaints were made to the LSA about individual Supervisors during 2007 – 2008; both from midwives regarding Supervisors who were investigating clinical incidents and concerns about the midwife’s practice. In the first instance, the midwife clearly had supervision and management processes confused and when asked to specifically identify the issues around the supervisory process about which she was not happy, withdrew the complaint and pursued the Trust management process. In the second case, the allegations were fully investigated by the LSA and a Link Supervisor was involved to ensure independent input. The midwife and the Supervisor were each interviewed and all aspects of how the Supervisor had dealt with and documented the supervisory investigation were reviewed. It became clear that the Supervisor had followed all NMC and LSA policies and guidance and on consideration of all the evidence, it was concluded that there was no case to answer and the Supervisor was exonerated.

The process used by the North West LSA to investigate any complaint against a Supervisor of Midwives is addressed in the National Guidelines (UK) for Supervisors of Midwives; Guideline G ‘Policy for the notification and management of complaints against a Supervisor of Midwives or an LSA Midwifery Officer, including appeals’.

There were no complaints about the LSA Midwifery Officer, however she did assist another SHA during 2007 – 2008, regarding a complaint by a midwife against their LSA Midwifery Officer. This involved reviewing all the documentation, close liaison with the Executive Nurse at the other SHA and holding a meeting with the midwife involved. It hopefully demonstrated that the statutory function is well supported between regions and that external assistance is essential for the investigation to be seen as objective and unbiased.

On several occasions over the year, woman have contacted the LSA to express concern about the response they received when trying to access their chosen package of care at the local maternity unit. Unfortunately, in some of these instances, they had contacted Supervisors of Midwives but the situation had not been resolved. The LSA intervened and discussions between the LSA Midwife, the Supervisors and the woman have usually resulted in a plan of action for those particular circumstances and a positive outcome. In addition, the LSA has been contacted by members of the public regarding a variety of other issues – often because they were unaware of the role of Supervisors of Midwives or how to contact one. The LSA Midwife has liaised with Supervisors across the North West to try and ensure that women, who were concerned that their specific needs or choices for maternity care were not being met, have been supported by a Supervisor of Midwives to address the situation.

5.10 Reports on Local Supervising Authority investigations undertaken during the year

The LSA and North West Supervisors of Midwives carried out a number of investigations during the year 2007 – 2008, Supervisors notified the LSA of 40 separate investigations into midwifery practice, however five Trusts did not supply this information when requested. The LSA was required to be formally involved in investigations on six occasions and two of these resulted in referral of midwives to the NMC. A Link Supervisor of Midwives assisted with each of the formal LSA investigations, but it was not necessary to commission any external Supervisors or LSA Midwifery Officers to participate. In addition to formal investigations, the LSA Midwife and/or LSA Midwifery Officer were involved informally on several other occasions, to support and advise Supervisors, as they carried out an local investigation and/or planned supervised practice for midwives. If it becomes clear that a particular situation involves serious allegations of misconduct or unfitness of a midwife to practise, or if protracted incompetence is apparent, North West Supervisors always contact the LSA. The LSA Midwifery Officer will then decide if the SHA need to be informed – although they are always notified of any midwife suspended from practice and referred to the NMC. In addition, if an incident is classed as a ‘Serious Untoward Incident’ (SUI), the Trust will follow the policy pertaining to reporting of these to the SHA – independent of the LSA process.

The North West LSA Guidance for Supervisors of Midwives includes a section on ‘Reporting and monitoring of serious untoward incidents’ which sets out the mechanism by which the LSA are notified of any incidents or issues involving midwifery practice that are of serious concern. For clarity the guidance also sets out how the LSA and the SHA clinical governance systems work together - this complies with Rule 15 of the NMC Midwives rules and standards (2004). The following is taken from the guidance: -

Definition of a Serious Untoward Incident

An accident or incident when a patient, member of staff or members of the public suffer:

- Serious injury
- Major permanent harm
- Unexpected death or the risk of death or injury
- Where actions of health service staff are likely to cause significant public concern

or any event that might:

- Seriously impact on the delivery of service plans
- and/or may attract media attention
- and/or may result in litigation
- and/or may reflect a serious breach of standards or quality of service

In addition to the above the LSA requires notification of the following:

- All maternal deaths, as defined by the Confidential Enquiry into Maternal and Child Health
- All supervisory investigations of midwifery practice that result in a midwife undertaking a period of Supervised Practice
- Significant changes in service configuration that may have the potential for adverse impact on women and babies, such as closure of a maternity unit or change in service provision
- Sustained deficits in midwifery staffing
- Midwives reported to the Nursing and Midwifery Council

- Unexpected intrauterine or neonatal deaths
- Unexpected significant morbidity of a mother or baby
- Sustained and persistent team conflict that has the potential to impact on service provision

This is not an exhaustive list and where there are uncertainties the LSA should be contacted for advice.

Role of the Supervisor in reporting a Serious Untoward Incident

It is essential that the team of Supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the Supervisors and the clinical risk co-ordinator, the complaints co-ordinator and any other relevant Trust personnel. A Supervisor of Midwives should undertake an investigation where circumstances suggest that there may have been poor midwifery practice. This function cannot be delegated to anyone else, although at times the clinical risk manager and Supervisor may be the same person. The LSA Midwifery Officer and/or LSA Midwife are always available to provide advice and support to the team of Supervisors.

A proforma is included with the guidance, which may be useful to Supervisors for the reporting of serious untoward incidents and can be adapted for local use. This is included as appendix 13 to this report.

In addition to the above, guidance for Supervisors of Midwives regarding when and how they should proceed with a supervisory investigation is available as LSA National Guideline L; 'Investigation of a midwife's fitness to practise'. This is very detailed and includes a format for the investigation, a template for documentation of the investigation and a checklist of considerations when undertaking a supervisory investigation. In addition, support is available from the LSA Midwifery Officer, the LSA Midwife and also from the five Link Supervisors.

Supervised Practice

As shown in table 3, following supervisory and/or LSA investigations, a total of 17 midwives undertook supervised practice in 2007 – 2008, which is a significant decrease from 29 in the previous year.

North West Supervisors now utilise the NMC Standards for the supervised practice of midwives, published in September 2007; which, in addition to providing a framework around supervised practice, also supports the investigatory process. Documentation for every midwife undertaking supervised practice is sent to the LSA by the Supervisors involved and regular updates on the progress of each midwife and also the eventual outcome, is an LSA requirement. A proforma is included in the North West LSA Guidance for Supervisors of Midwives, to record all details of the programme of supervised practice - which ensures consistency and also provides evidence that everyone concerned has signed up to the proposal.

TABLE 3 - Midwives on Supervised Practice in last 4 years

1 April 2004 – 31 March 2005	13
1 April 2005 – 31 March 2006	18
1 April 2006 – 31 March 2007	29
1 April 2007 – 31 March 2008	17

The reasons for midwives being placed on supervised practice are similar to previous years and the action has always followed an investigation or clinical review - which may have arisen from a significant clinical incident or a history of recurrent impaired midwifery practice. Supervised practice is only considered when the level of concern is such that the midwife's practice could warrant referral to the NMC if not addressed.

Key trends: -

- Sub-optimal practice
- Misinterpretation of CTGs
- Failure to act on sub-optimal CTG
- Failure to maintain adequate records and legibility of documentation
- Falsification of records
- Inability to identify abnormalities
- Failure in duty of care
- Lack of understanding of responsibility and sphere of practice
- Failure to accept accountability
- Failure to follow guidelines and protocols for care
- Failure to communicate or collaborate effectively with colleagues
- Inadequate observations of mother and/or fetus
- Failure to summon appropriate practitioner for assistance
- Failure to act as an advocate for women
- Drug errors
- Practised outside NMC rules and standards (2004) and Code of professional conduct: standards for conduct, performance and ethics (2004)

In most instances more than one of the above factors were involved.

The learning outcomes differ for each individual midwife, however, some of the objectives identified for periods of supervised practice during 2007 – 2008 are listed below and represent those used most frequently: -

- To be engaged in and demonstrate an understanding of the full range and responsibilities of a practising midwife
- To demonstrate an appropriate understanding of clinical scenarios and the actions required by a midwife
- To be fully confident in appropriate action to be taken by a practising midwife when deviations from normal occur
- To demonstrate competence in caring for women in labour

- To review normal birth physiology and abnormal progress
- Evidence of CTG interpretation in written form
- To critically evaluate the fetal heart monitoring policy
- To demonstrate an understanding of the importance of good documentation and evidence of consistent high quality record keeping
- To assess, plan and implement care of women who attend with antenatal complications or potential problems
- To demonstrate an understanding of the accountability of a practising midwife
- To understand the process of risk identification and the ongoing assessment of women in high risk cases
- To demonstrate an evidence based approach to care
- To feel confident in supporting learners in the clinical environment
- To demonstrate an understanding of medicines management and the responsibilities of a practising midwife in drug administration
- To review the communication pathway for home births and be involved in implementation of revised guidelines
- To work in partnership with women and other care providers during the postnatal period, to provide seamless care to mothers and babies
- To achieve accurate and appropriate communication with other members of the multidisciplinary team

In all instances several of the above learning outcomes were set for each midwife's period of supervised practice and appropriate attendance at relevant study days and skills drills workshops was arranged. In addition – written, reflective and academic pieces of work were required, under the guidance of the academic mentor and these were assessed as per the accepted HEI standards. Both the objectives and the academic work were related to the NMC Midwives rules and standards and to the NMC code of professional conduct: standards for conduct, performance and ethics, plus any additional relevant NMC or LSA policy, advice or guidance.

When supervised practice does not achieve the desired outcomes, of supporting the midwife to become competent, confident and safe, the LSA Midwifery Officer and the Supervisors involved jointly agree the next step. Sometimes this is an additional period of supervised practice, or if it is clear that this will not address the outstanding issues, the midwife is referred to the NMC.

During 2007 – 2008, one midwife refused to cooperate with Supervisors of Midwives locally, regarding undertaking the recommended period of supervised practice. The LSA then became involved and at the end of the fiscal year, the investigation was still underway.

NMC referrals

The LSA Midwifery Officer referred two midwives to the Investigating Committee of the NMC during 2007 – 2008, because it was considered they were unfit to practise, this was compared to five in the previous year. Both of these cases were a serious cause for concern and in order to protect the public, the midwives were suspended from practice by the North West LSA – preventing them from practising anywhere in the UK – pending an NMC decision. The reasons for referral were breaches of the NMC Midwives rules and standards and of the NMC code of professional conduct: standards for conduct, performance and ethics.

The main areas of concern for each individual midwife were:

Midwife 1: Was referred to the LSA jointly by the LME at an HEI and a Supervisors of Midwives at the local unit. The midwife failed to reach the required standards on her 'Return to Midwifery Practice' programme, despite several extensions and a total course length of one year. There were very serious concerns about many aspects of her clinical competence and academic ability. However, whilst on the course she signed her Notification of Practice and re-registered with the NMC – but could not evidence, when asked, how she met the PREP requirements for either practice or for Continuing Professional Development.

Midwife 2: Serious concerns whilst she was undertaking her midwifery training because she forged signatures of several midwife mentors, regarding her clinical experience and competence. The Fitness to Practise panel at the HEI allowed her to qualify and to register with the NMC, but she subsequently failed to disclose these issues to a potential employer – as had been agreed as a condition with the HEI. This midwife was referred to the NMC jointly by the LSA and the LME at the HEI.

Midwife 1 had interim Suspension Orders imposed by the NMC, meaning that it was considered that the registrant posed an unacceptably high level of risk if they had continued practising and emphasising the very serious nature of the concerns. Midwife 2 did not have any Interim Orders imposed, therefore, the LSA had to notify her that the LSA suspension from practice was lifted. However, both midwives' cases are being taken forward to the full investigation stage; each one is currently at a different point in the NMC process.

In all instances of a North West midwife's practice causing serious concern, the LSA Midwifery Officer discusses the situation with a Midwifery adviser at the NMC. For every midwife referral to the NMC, close communication is maintained with all departments involved – usually by telephone and email. In addition, when the documentation and evidence file is sent to the NMC Investigating Committee, the Midwifery Directorate is also informed and when an NMC Case Manager has been allocated to the case, the LSA office receives regular updates regarding progress.

Other serious untoward incidents

North West Supervisors of Midwives reported three other clinical incidents of a serious nature to the LSA in the year, all of which were also reported to the SHAs as part of the clinical governance system.

These were:

- Suspicious circumstances surrounding an unattended stillbirth at home – became a Corner's case and the subject of a police investigation into the parents.
- The suspicious Sudden Infant Death of a 3 week old baby – the police contacted the maternity unit when the family went missing
- Misinterpretation of a CTG by the whole medical/midwifery team – resulting in a fetal death in utero during labour

Temporary closures of maternity units

There have been many temporary closures of several maternity units over the year and as illustrated in table 4, the frequency with which closures now occur has increased significantly over the last four years. The North West LSA Guidance for Supervisors of Midwives contains a bed management and escalation policy – which is used in conjunction with Trust management systems and ensures that the LSA office are informed each time a unit closes and reopens. This guidance recommends a ‘traffic lights’ approach and has been formulated to ensure that in the event of the temporary closure of a maternity unit, Supervisors of Midwives adopt a consistent approach throughout the region, with clear alternative arrangements for the safety and care of mothers and babies.

This policy is available on the LSA website and makes it clear that closure of a unit should only be considered when other potential solutions are exhausted, as the consequences of diverting women to neighbouring units and them coping with an increase in workload, must be appreciated. The individuals who are likely to be involved in the decision to close the unit must be notified at an early stage of the risk of potential closure. This course of action must be considered as part of the Trusts’ risk management strategy. Factors precipitating closure of a maternity unit in the North West are: -

- Insufficient midwives or doctors
- Inappropriate experience/skill mix to provide suitable care, e.g. high dependency
- No available beds
- Infection in clinical areas – advised by Microbiologist
- In the event of a major incident or power failure

Supervisors of Midwives are asked to ensure that each maternity unit has an operational plan to prevent closure. This will include calling in extra midwifery staff to provide safe midwifery care and the early discharge of mothers and babies.

TABLE 4 – Closures of maternity units in last 4 years

1 April 2004 – 31 March 2005	31
1 April 2005 – 31 March 2006	152
1 April 2006 – 31 March 2007	190
1 April 2007 – 31 March 2008	195

The most common reason for maternity units closing to admissions in 2007 - 2008 was ‘insufficient midwifery staff’, the same as in the previous year - the second most frequently quoted was ‘insufficient beds’, often cited together with ‘insufficient midwifery staff’. Bed shortages were also a reason for closure and workload, skill mix, case mix (large numbers of high dependency patients) were given as reasons in a minority of instances.

The length of time units remained closed varied enormously; ranging from the longest occasion of one week to the shortest of two hours, with closures frequently lasting one or two days. Considering that midwifery staffing was the overwhelming issue causing these temporary closure, the implications for midwives working under this type of pressure and the impact on practice is a cause of great anxiety to Supervisors of Midwives – who express concern to the Trusts and to the LSA about the declining morale of staff. The only alternative to closure in these situations is to practise in unsafe conditions, which clearly cannot be a stance supported by the LSA or Supervisors of Midwives.

From table 5 below it is clear that the majority of the temporary closures are concentrated in three North West units, all in the Greater Manchester area and that the two maternity services closing most frequently are both part of Pennine Acute Hospitals NHS Trust. This is of particular concern in view of ongoing proposals for the reconfiguration of maternity services across Greater Manchester and the fact that this will significantly reduce capacity and bed numbers further, as the plan is to reduce the number of maternity units in the area, including closing down two of the four Pennine units altogether.

TABLE 5 – Temporary unit closures per Trust 2007 – 2008

TRUST	NUMBER OF CLOSURES
	1 APRIL 07 – 31 MARCH 08
Bolton Hospitals NHS Foundation Trust	1
Central Manchester & Manchester Children's University Hospitals NHS Trust	52
Lancashire Teaching Hospitals NHS Foundation Trust (Preston)	1
Pennine Acute Hospitals NHS Trust (Oldham)	74
Pennine Acute Hospitals NHS Trust (Rochdale)	55
Mid Cheshire Hospital NHS Foundation Trust	2
Southport & Ormskirk Hospitals NHS Trust (Ormskirk)	1
Stockport NHS Foundation Trust (Stepping Hill)	6
Tameside Hospitals NHS Foundation Trust	2
Wrightington, Wigan & Leigh NHS Trust (Wigan)	1
Total	195

Although the four sites within Pennine Acute Hospitals NHS Trust try to redirect women to other units within their organisation, the frequency with which Oldham closed during the year and to a lesser degree, Rochdale, would clearly still have had a significant impact on families. Similarly, for the 107 women who expected to give birth at Central Manchester and were redirected to other Trusts in the area. We know from what parents tell us, that it is always very upsetting and traumatic for women to have to travel to a unit that they did not choose to give birth in and that they do not know. Supervisors of Midwives try their best to ensure that women are kept informed and supported as much as possible in these circumstances and in most cases, letters of apology for the distress and inconvenience are sent to the families concerned.

Other issues

During 2007 – 2008 'Child Protection Alerts' continued to be issued by the North West LSA, utilising a standard proforma and circulated to all units in the area on behalf of Supervisors of Midwives (often in conjunction with Social Services or the police). There were 152 alerts in the year, compared to 165 in the previous year and below are some of the serious concerns they contained: -

- Vulnerable 16 year old, unsure of her legal status, lack of support & no fixed abode.
- Vulnerable pregnant woman, mobile life style, suspicions of drug dealing by partner.
- Illegal immigrant recently moved to North West, with no forwarding address.
- Violent partner - Social Services, Child Protection and police concerned for mum and unborn baby.
- Chaotic lifestyle – three previous children in care of Social Services.
- Mum has learning difficulties, history of self harm, and bulimia. Baby on “at risk register” under category of neglect.
- Teenager presented at maternity unit with abdominal pain – twin pregnancy. Entered country recently – no previous antenatal care - does not speak English.
- Unsure regarding mothers mental health and the potential for baby abduction.
- Mum not been seen by professionals since Social Services informed her of decision to place baby with a Foster Carer.
- Mental health issues and allegations of domestic violence.
- Partner is a schedule one offender – to have no contact with baby.
- Vulnerable 17 year old - history of domestic abuse from within her family.
- Mum is a “Looked After Child” in Local Authority accommodation.
- Concerns that woman may deliver elsewhere to avoid contact with Social Services.
- Severe mental health issues - unborn baby on child protection register.
- Previous children in care due to neglect - continues to have a chaotic lifestyle. Unborn child - to be removed at birth.
- Unaccompanied 17 year old asylum seeker from Somalia, believed to be eight months pregnant - concerns regarding her safety and wellbeing.
- Presented as homeless, stating she was pregnant – three previous children in care.
- Personality disorder, evidence of self harm and on ‘violent patient’ scheme.
- Arrived from United Arab Emirates - planned for Caesarean Section - did not attend.
- 16th Pregnancy – all previous babies adopted due to child protection issues.
- Vulnerable homeless pregnant woman - asylum seeker from Eritrea – speaks very little English.

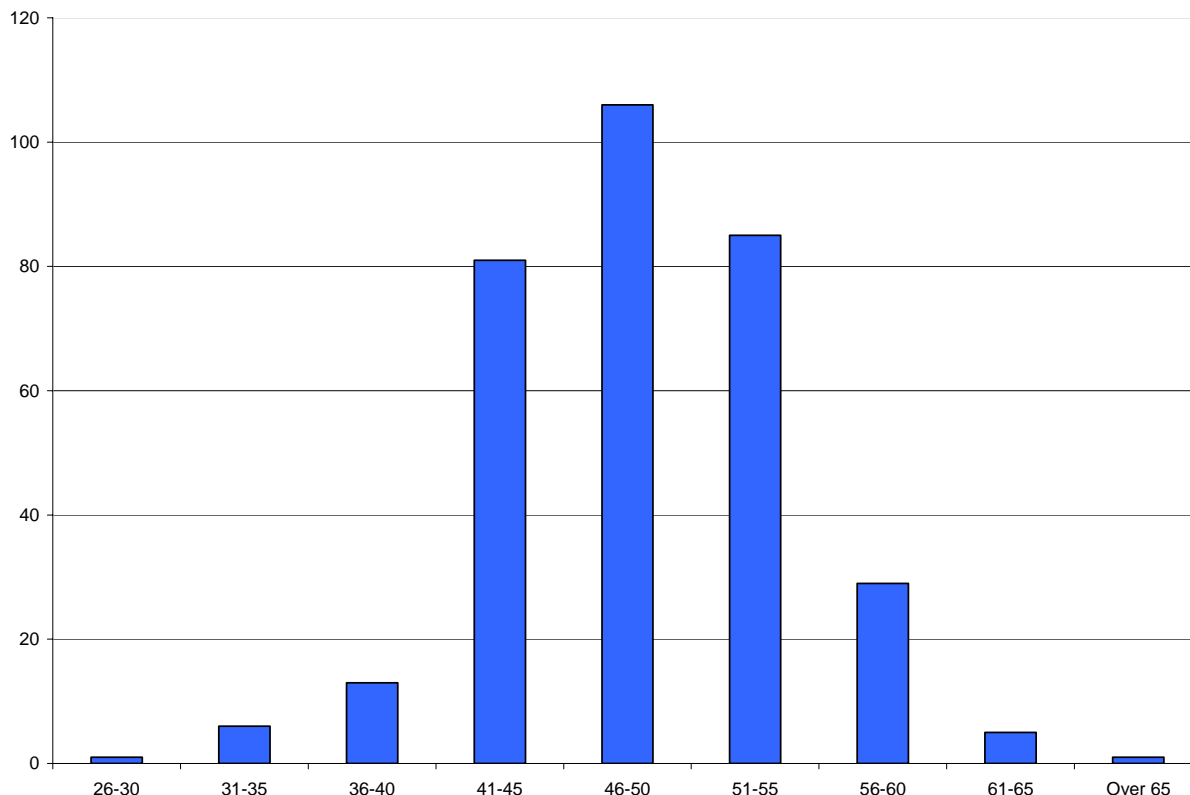
Work also continued with Supervisors of Midwives to resolve a wide range of supervisory and midwifery practice issues specific to a particular organisation. The LSA Midwifery Officer and LSA Midwife have been involved in an advisory capacity in many Trusts, where the situation has then been resolved locally and no further action was needed. Several situations have occurred which have caused considerable concern to Supervisors and the LSA have provided a high level of advice and support in an attempt to gain resolution. However, some of the matters were related to management, employment and Trust staff practices and are therefore not within the jurisdiction of the LSA. In these circumstances Supervisors were encouraged to liaise and negotiate within their Trust to address the problems and thus improve the provision of supervisory support to midwives and thus the standards of care for mothers and babies.

6. ADDITIONAL INFORMATION

6.1 Age Profiles of Supervisors and Midwives

The LSA database enables an age profile of midwives and Supervisors to be obtained. The information in chart 19 illustrates that in 2007 – 2008, 32.7% of the Supervisors practising in the North West were in the 46 - 50 age range, a further 26% were in the 51 - 55 age group and 9.2% were aged 56 – 60. This is a very similar picture to the previous year and means that around 70% of Supervisors of Midwives within the LSA are aged over 46.

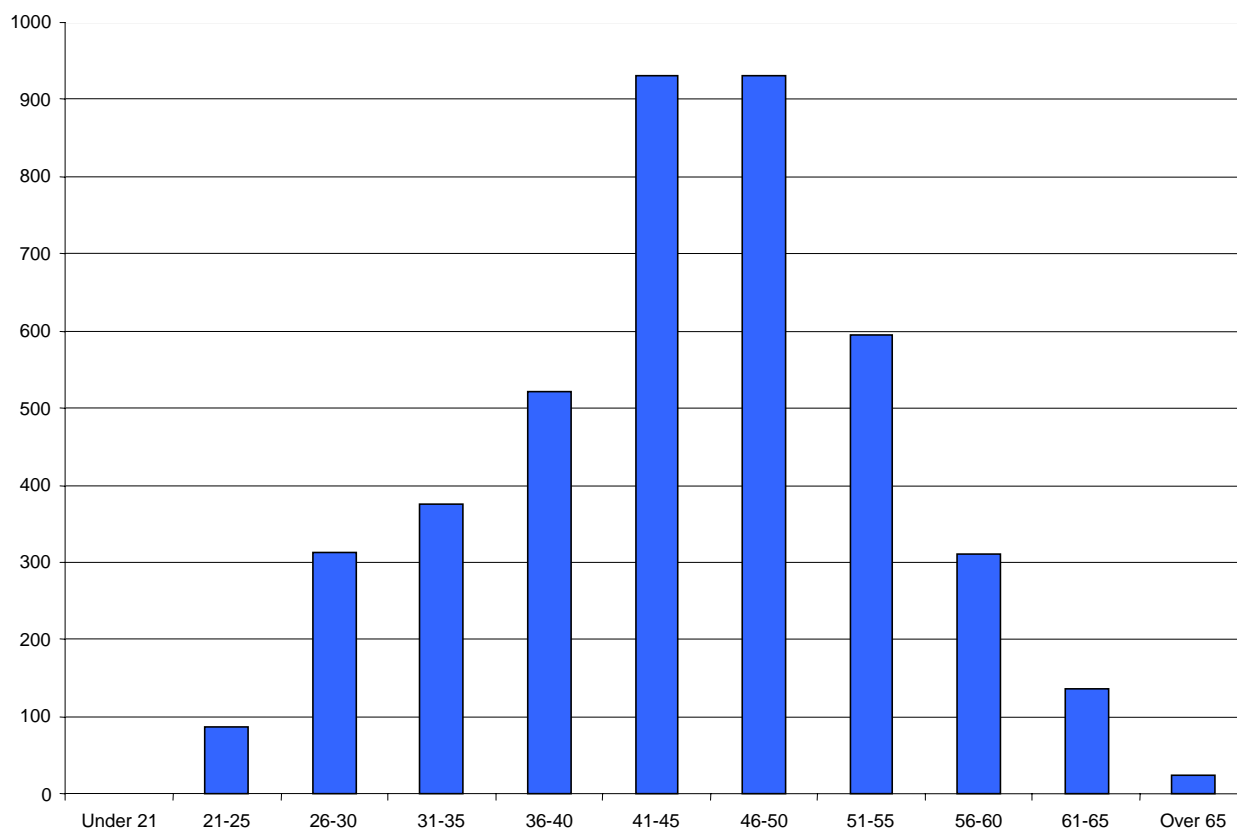
Chart 19 Age Profile of Supervisors practising at 31 March 2008



In view of this ‘retirement bulge’ forward planning with regard to local age profiles of Supervisors is vital - encouragement and support for younger midwives to consider the role must be sustained. Succession planning for the supervisory role will continue to be essential in all areas, but especially where the local age profile of Supervisors reflects the regional picture.

The data in Chart 20, regarding ages of midwives, demonstrates that although the region largely conforms to the national picture, the number in the older age groups is very significant. 22% of midwives were in the 41 – 45 age range, 22% were in the 46 – 50 age group, 14.4% were aged 51 – 55, 7.3% aged 56 – 60, 3.4% between 61 – 65 and 1% aged over 65. The fact that 70% of all midwives practising in the North West were over 41 and only 30% aged 40 and under, has a huge potential for impact on service planning and for the commissioning of pre-registration midwifery education programmes.

Chart 20 Age Profile of Midwives Practising as at 31 March 2008



6.2 Ongoing education for Supervisors of Midwives

NMC post-registration education and practice (PREP) requirements for Supervisors of Midwives mean that each Supervisor must complete at least 6 hours of relevant approved study annually. (This is in addition to the 35 hours in 3 years required to renew professional registration). This professional development activity must be specific to statutory supervision and also LSA approved. The North West LSA encourages all Supervisors to regularly attend regional and national meetings, forums, study days and critical analysis presentations and to undertake audits as a peer reviewer – all these activities count towards their PREP hours.

A total of 155 delegates attended the two North West LSA Annual Forums for Supervisors of Midwives held on 1st and 28th November 2007. The title was “Risk & Responsibility’ and the event was duplicated to allow maximum attendance. The topics addressed focussed on supervisory investigations and resultant action, the style was participative and each day was extremely well evaluated by the Supervisors present. As a result of the popularity of the these events and in response to the evaluation comments, the content of next year’s forums will be a re-enactment of an NMC hearing. The programme and a selection of the speaker evaluations are included in appendix 14 of this report.

Study days also continue to be held annually for Supervisors and midwives in the North West. The title on 7th June 2007 was “Alcohol & Drugs – a sign of the times”, and 110 delegates attended this event. Evaluations of the content were excellent, a selection of these, together with the programme for the day and an action plan for Supervisors use, are included in appendix 11.

In addition, the LSA holds Critical Analysis Presentation Days twice a year, to provide additional opportunities for professional development and sharing of Supervisors learning experiences. These are consistently evaluated as excellent and 41 delegates attended the event held on 27th September 2007, with another 33 attending on 5th February 2008. The titles of individual Supervisors of Midwives presentations, are included with the programme for each day, as appendix 15.

A database is maintained of all attendances at educational and professional development events – so that any Supervisor of Midwives who is having problems maintaining her professional development is known to the LSA and can access support. This register of attendance is discussed at LSA audit visits as occasionally, difficulties are encountered with employers – who may be reluctant to allow a Supervisor to take study time and more frequently, funding is an issue in Trusts.

6.3 Return to Practice Midwives

During 2007 – 2008 the North West LSA continued funding the educational fees for midwives who wished to return to practice and were considered appropriate to do so.

TABLE 6 – Midwives funded for Return to Practice Courses in last 5 years

1 April 2003 – 31 March 2004	29
1 April 2004 – 31 March 2005	12
1 April 2005 – 31 March 2006	19
1 April 2006 – 31 March 2007	7
1 April 2007 – 31 March 2008	8

As illustrated in table 6, the number of midwives who were funded for return to practice courses was significantly less in the last two years than previously.

The amount of interest in returning to midwifery practice continues to be relatively high in the North West, compared to other LSAs, but some midwives are not suitable to undertake the course. In addition, due to concerns about workload and staffing levels, many maternity units are not able to facilitate clinical placements for these midwives – they simply do not have the time to offer the required support. Also, as the number of midwifery vacancies across the area continues to decrease and many student midwives are unable to obtain employment on qualifying, concerns are increasing regarding the number of posts available for any midwives returning to practice in the future.

6.4 Initiatives undertaken by the North West LSA

2007 – 2008 demonstrated some interesting LSA activity, this included: -

- Commissioning of the national LSA database in time for 2007 – 2008 submission of Intentions to Practise and ongoing development of this facility, to encompass many of the databases and documents previously used separately by the LSA office; e.g. bed closures, supervised practice.
- Development of the North West LSA website – for use by Supervisors, midwives and members of the public.
- In conjunction with West Midlands LSA and the Universities of Manchester and Central England, development of a new Preparation of Supervisors of Midwives Course – in order to meet the requirements of the new NMC ‘Standards for the Preparation and Practice of Supervisors of Midwives’.
- In conjunction with West Midlands LSA and the Universities of Manchester and Central England, development of a new Preparation of Supervisors of Midwives educational resource - to support midwives on the course.
- Review and revision of the North West LSA interview process for midwives nominated to undertake the Preparation of Supervisors of Midwives course.
- Collaboration with the North West Regional Manager for CEMACH, on provision of three study days for Supervisors of Midwives in summer of 2008 – joint LSA and CEMACH initiative.
- Work with the SHA, as a member of the North West Steering Group, on implementation of ‘Maternity Matters’ across the region.
- Work with the SHA, as a member of the regional multidisciplinary panel, on reviewing and approving all non-medical consultant post proposals in the North West.
- Review of the LSA process for the audit of supervision and midwifery practice, with a view to revising the system for 2009 – 2010 visits.
- Collation of the ‘Good Practice’ sections of all reports of LSA annual audit visits – to provide an overview and to share initiatives across the North West.

- Working on a 'Benchmarking Tool' for use by North West Supervisors, to enable them to demonstrate – on an ongoing basis - that they meet the NMC competencies for Supervisors of Midwives.
- Taking the LSA lead for the UK and working with the NMC on revision of the previous document and publication in January 2008 of 'Modern supervision in Action – a practical guide for midwives'. This ensured that every midwife practising in the UK received a copy with her 2008/9 Intention to Practise form.
- Advising NHS Purchasing and Supply Agency on midwifery job profiles for their multi regional framework agreement.

7. CONCLUSION

Statutory supervision of midwives has operated in the UK for over 100 years and is now an integral part of clinical governance for maternity services in the UK. Effective use of the supervisory framework leads to improvements in the standards of care and therefore, better outcomes for women and babies - it has developed into a modern regulatory system and is a means by which midwives are supported in practice. Supervision supports protection of the public by: -

- Promoting best practice
- Preventing poor practice
- Intervening in unacceptable practice

Despite the ongoing issues of a rising birth rate and an increase in medical complexity of case mix, Supervisors in the North West are generous with their time in supporting midwives in all areas of maternity care, ensuring that public safety is maintained. In addition, the rapidly growing number of immigrant families in the region has posed additional challenges – which midwives are addressing in innovative ways, whilst simultaneously striving to implement government policy regarding optimising normality and choice in childbirth.

In addition to routine supervisory duties, Supervisors are working hard carrying out investigations into midwifery practice and organising periods of formal supervised practice when required. They also identify - then address - clinical performance failures and as maternity services are still the biggest liability to the healthcare industry in the UK, it is vital that statutory supervision continues to develop, to incorporate all aspects that safeguard service provision.

Whilst financial constraints in Trusts and reconfiguration plans continue to cause anxiety in many maternity services, Supervisors of Midwives are providing sound leadership to maintain the morale of midwives and allay the concerns of families regarding local services. Statutory supervision therefore, whilst appearing to be robust and successful, must continue to be respected, supported and recognised - as the pivotal safeguard to support midwives and thus protect the health of mothers and babies in the North West.

Report compiled by



Marian Drazek
LSA Midwifery Officer
North West Local Supervising Authority

Report authorised by

Mike Farrar
Chief Executive
NHS North West

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	✓			National LSA Guidance & annual advice letter
	Publish annually the date by which it must receive intention to practise forms from midwives in its area	✓			Annual advice letter
	Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	✓			Electronic transfer by LSA Office & verification by NMC
	Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	✓			Electronic transfer by LSA Office & verification by NMC
5	Suspension from Practice by a Local Supervising Authority				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
	Publish how it will investigate any alleged impairment of a midwife's fitness to practise	✓			National LSA Guidance
	Publish how it will determine whether or not to suspend a midwife from practice	✓			National LSA Guidance
	Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	✓			Individual correspondence to each midwife
	Publish the process for appeal against any decision	✓			National LSA Guidance
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 LSA Guidance
	Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	✓			National LSA Database, LSA Guidance & LSA Audit
	Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	✓			National LSA Guidance, LSA Database & LSA Audit

	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	✓			National LSA Guidance & LSA Audit
	Publish local procedures for retention and transfer of records relating to statutory supervision	✓			National & North West LSA Guidance & LSA Audit
11	Eligibility for Appointment as a Supervisor of Midwives				
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:				
	Publish their policy for the appointment of any new supervisor of midwives in their area	✓			National & North West LSA Guidance
	Maintain a current list of supervisors of midwives	✓			North West LSA Database
	Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 per year	✓			North West LSA Annual Report, LSA Website, Database & LSA Audit
12	The Supervision of Midwives				
	To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:				
	Publish the local mechanism for confirming any midwife's eligibility to practise	✓			National & North West LSA Database & LSA Audit
	Implement the NMC's rules and standards for supervision of midwives	✓			National & North West LSA Guidance & LSA Audit
	Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)	✓			North West LSA Database & LSA Audit
	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	✓			LSAMO Forum, North West LSA Contact SoMs, meetings with SoMs,
	Enable timely distribution of information to all supervisors of midwives	✓			North West LSA Contact SoM & email system, meetings with SoMs
	Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	✓			Email & telephone access, North West LSA Website & Database
	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	✓			North West LSA 3 monthly meetings with SoMs, LSA Audits & Working Groups
	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	✓			North West LSA Audit & local SoMs Annual Reports
	Promote woman-centred, evidenced-based midwifery practice	✓			LSA Audit , annual clinical data collection, local SoMs annual reports
	Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	✓			LSA Audit, local SoMs annual reports, LSA Database
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	✓			LSA Audit, local SoMs annual reports, LSA Website & User leaflet
	Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	✓			LSA Audit & local SoMs annual reports
	Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	✓			Information on appointment, LSA Audit & local SoMs annual reports
	Supervisors of midwives provide professional leadership	✓			LSA Audit & local SoMs annual reports
	Supervisors of midwives are approachable and accessible to midwives to support them in their practice	✓			North West 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		✓		SHA systems would be in place when required
	Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process		✓		SHA systems would be in place when required
	Manage the performance of the appointed local supervising authority midwifery officer	✓			SHA systems in place
	Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	✓			SHA systems in place & North West LSA office staff

	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	✓			SHA systems in place & North West LSA Audit Reports & Annual Reports
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	✓			National & North West LSA Guidance
	Publish the investigative procedure	✓			National LSA Guidance
	Liaise with key stakeholders to enhance clinical governance systems	✓			North West LSA Guidance, LSA Audit & local meetings
	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	✓			National LSA Guidance, North West LSA Website & SHA systems
	Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment	✓			National LSA Guidance, North West LSA Website & SHA systems
	Publish the process for appeal against the decision to remove	✓			North West LSA Guidance & Website & SHA systems
	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	✓			North West LSA Guidance & SHA systems
	Consult the NMC for advice and guidance in such matters	✓			North West LSA Guidance & SHA systems
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 supervisor of midwives appointments, resignations and removals	✓			North West LSA Annual Reports & verification by NMC
Details of how midwives are provided with continuous access to a supervisor of midwives	✓			North West LSA Annual Reports & verification by NMC
Details of how the practice of midwifery is supervised	✓			North West LSA Annual Reports & verification by NMC
Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	✓			North West LSA Annual Reports & verification by NMC
Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	✓			North West LSA Annual Reports & verification by NMC
Details of any new policies related to the supervision of midwives	✓			North West LSA Annual Reports & verification by NMC
Evidence of developing trends affecting midwifery practice in the local supervising authority	✓			North West LSA Annual Reports & verification by NMC
Details of the number of complaints regarding the discharge of the supervisory function	✓			North West LSA Annual Reports & verification by NMC
Reports on all local supervising authority investigations undertaken during the year	✓			North West LSA Annual Reports & verification by NMC

Women Focused Maternity Services

Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.

Criteria	Met	Not Met	Partially Met	Not Applicable
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.	33	1	-	-
1.2 Information is available to women including local arrangements for statutory supervision.	34	-	-	-
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.	34	-	-	-
1.4 Supervisors support midwives to promote informed decision making about care for women and families.	34	-	-	-
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.	34	-	-	-

Supervisory Systems

Standard 2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.

Criteria	Met	Not Met	Partially Met	Not Applicable
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.	30	4	-	-
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.	28	5	1	-
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.	34	-	-	-
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.	34	-	-	-
2.5 LSA guidelines and policies are accessible to midwives and the public.	32	1	1	-
2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database, within the agreed time frames.	34	-	-	-
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.	34	-	-	-
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.	34	-	-	-
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.	34	-	-	-
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.	34	-	-	-
2.11 There is a local strategy for supervision and an action plan is developed following audit.	34	-	-	-

Criteria	Met	Not Met	Partially Met	Not Applicable
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.	34	-	-	-
2.13 Each Supervisor of Midwives completes at least 6 hours of relevant approved study annually. (This is in addition to the 35 hours in 3 years required to renew professional registration).	34	-	-	-
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.	34	-	-	-
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.	32	1	1	-
2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.	34	-	-	-

Leadership

Standard 3. Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria	Met	Not Met	Partially Met	Not Applicable
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.	34	-	-	-
3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.	34	-	-	-
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.	34	-	-	-
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.	33	-	-	1
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.	33	-	-	1
3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.	34	-	-	-

Equity Of Access To Statutory Supervision Of Midwives

Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.

Criteria	Met	Not Met	Partially Met	Not Applicable
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.	34	-	-	-
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.	34	-	-	-
4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed.	34	-	-	-
4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.	33	1	-	-
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.	32	-	2	-
4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.	34	-	-	-
4.7 Student midwives are supported by the supervisory framework.	34	-	-	-

Midwifery Practice

Standard 5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Criteria	Met	Not Met	Partially Met	Not Applicable
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.	34	-	-	-
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.	34	-	-	-
5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.	34	-	-	-
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.	34	-	-	-
5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.	29	4	1	-
5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.	34	-	-	-
5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.	34	-	-	-
5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.	34	-	-	-
5.9 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a programme is completed.	33	-	-	1

Criteria	Met	Not Met	Partially Met	Not Applicable
5.10 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.	33	-	-	1
5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.	34	-	-	-
5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.	34	-	-	-
5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.	34	-	-	-
5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.	34	-	-	-
5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules & standards and the Code of professional conduct are adhered to.	29	-	-	5

NORTH WEST LOCAL SUPERVISING AUTHORITY**FORMAT FOR LOCAL SUPERVISION ANNUAL REPORTS 2007 - 2008**

The following headings will assist Supervisors in writing their annual report - to produce an overview of the operation of the statutory function within the service in the past 12 months. This format will standardise information obtained between services across the North West and provide data necessary for the North West LSA Annual Report - required by the SHA and also by the NMC - to comply with Rule 16 of the Midwives rules and standards.

Front Sheet

Unit Name

Title – e.g. Statutory Supervision of Midwives - Annual Report for 2007 - 2008

Date

Information to be supplied under the following headings:**1. Midwives and Supervisors**

- Number of Supervisors of Midwives
- Number of midwives supervised
- Supervisor : Midwife ratio
- Update on nomination/selection/training/deselection/resignation of Supervisors

2. Communication

In house – to include:

- Details of how all midwives are provided with continuous access to a Supervisor
- Update on meetings between supervisors/midwives/other personnel within the service
- Update on interactions with service users and/or external bodies
- Evidence of engagement with HEIs in relation to supervisory input into the education of student midwives.

Within LSA:

- Informal networking to share good practice
- Networking Groups e.g. services on separate sites within one Trust
- Regional working groups
- Attendance at study days/forums/meetings

3. Supervision Activities – How the practice of midwives is supervised in house – to include:

- Education of midwives around supervision
- Improvements in practice influenced by supervision
- Number of supervisory investigations carried out and outcomes
- Number of midwives who undertook supervised practice and summary of outcomes
- Any complaints about supervision?

4. Involvement of Service Users

- Information provided for service users about supervision
- How service users are involved in the maternity service
- How service users are involved in supervision

5. LSA Annual Audit of Supervision

- To whom LSA audit report circulated and feedback received
- Progress over the year on the LSA recommendations and supervisor's local action plan
- Details of presentations undertaken by Supervisors regarding the above

6. Standards for Supervision

- Method used to audit
- Most recent results
- Action planned regarding standards not fully achieved including date devised
- Progress on action plan to date
- Strategy to ensure that all Supervisors meet NMC requirement of 6 hours per year Continued Professional Development specific to statutory supervision

7. Developing Trends Affecting Midwifery Practice

For example:

- Increase in birth rate
- Increase in home births
- Increase in caesarean section rate
- Rise in minority groups as percentage of service users
- Frequency of temporary unit closures

8. Challenges faced by Supervisors of Midwives

For example:

- Lack of remuneration for undertaking the role
- Lack of dedicated resources such as secretarial support
- Lack of protected time to carry out the statutory function

9. Future of Supervision within Unit

- Current issues to address
- Future plans for supervision within the Unit
- Need for LSA assistance?

10. Conclusion

Suggested Appendices

- Local supervision strategy
- Terms of reference for Supervisors of Midwives meetings
- Examples of local information produced on supervision – for midwives and service users
- Papers presented on supervision

NORTH WEST LSA	
ANNUAL STATISTICS FOR THE YEAR ENDING 2007 - 2008	
TRUST:	
UNIT:	
FORM COMPLETED BY:	
CONTACT SUPERVISOR:	
CONTACT EMAIL:	
CONTACT TELEPHONE NUMBER:	
MATERNITY OUTCOMES	NUMBER
Total number of babies born (including multiple births)	
Total number of women delivered	
Live births	
Stillbirths	
Maternal deaths	
Births in hospital	
Births in Midwife Led Units/Birth Centres	
Planned home births	
Home births - no midwife in attendance	
Number of women referred to Mental Health Services - Antenatal	
Number of women referred to Mental Health Services - Post Natal	
	%
Percentage of women accessing midwife as first point of contact in pregnancy	
Percentage of women booking by 12 weeks	
Teenage pregnancy rate (age 16 and under)	
Percentage of women initiating breastfeeding	
Percentage of women exclusively breastfeeding on transfer to HV care	
OBSTETRIC INTERVENTION AS % OF TOTAL BIRTHS	%
Induction rate	
Epidural rate	
Total caesarean section rate	
Instrumental birth rate	
SUPERVISION DATA	NUMBER
Total number of midwives supervised	
Total number of Supervisors	
Ratio of midwives to Supervisors (averaged out)	
What year Birthrate Plus last undertaken?	
Number of WTE clinically based midwives (excluding Neonatal Unit)	
Please complete this form electronically and E.MAIL to geraldine.gannon@northwest.nhs.uk no later than 2 May 2008	

APPG on Maternity Awards 2007 SUMMARY OF NORTH WEST WINNERS

Practices to promote the normality of childbirth

East Cheshire NHS Trust, Macclesfield Maternity Services

(2018 births in 2005-6)

The submission entered by this Trust showed a range of measures that had been put in place with the aim of increasing normal birth. These included:

- advertising and promoting the home birth service, including setting up a Home Birth Support Group and website
- surveying women and using the results to formulate an action plan for promoting the use of the water pool for labour and birth
- working with GPs to formalise the availability of direct access to a midwife in early pregnancy and the promoting of it through GP, chemists etc
- mandatory 'active birth' study day for midwifery staff
- action plan to reduce caesarean rates
- revamping of the parent education programme.

Many of the measures have only been introduced in the last year and as a result, substantial changes to the Trust's normal birth rate have not yet been seen. However the Trust's home birth rate has doubled to 3% and 97% of women receive 1-1 care in labour. The judges were very impressed that all of the actions described above had been well thought through with user involvement at all stages and positive examples of multi-disciplinary working and clear action plans drawn up. The judges were in no doubt that the strong foundations that the service has put in place will improve the culture at the unit and the opportunities for more women to experience a straightforward and positive birth in the future.

Practices to promote inclusive services for disadvantaged groups and communities

St Mary's Hospital, Central Manchester and Manchester Children's

University Hospital NHS Trust *(5073 births in 2005-6)*

The midwifery service for refugees has been running for around two years and is lead by a refugee midwife. The midwife saw 143 refugee women during 2005-6. In addition to documenting the need for services, she co-ordinates the care given to pregnant asylum seekers. A maternity care pathway for refugees is used and a research project to evaluate the service has been submitted to the University of Salford. Key to the project working well is the use of interpreters and the result was virtual full attendance at appointments with the midwife. She also advised the women about their entitlements and acted as a link between the women and other agencies.

The judges were impressed that this service had been set up in the first place. They were also impressed with the good outcomes for the women, whose needs were often much more complex than non-refugee women, and who may well have 'fallen out' of the system without this specialist assistance.

The Pennine Acute Hospital NHS Trust - Rochdale, Bury and Oldham *(10,490 births in 2005-6)*

Although many trusts now employ teenage pregnancy midwives, the judges were impressed with the submission from this trust that employs three midwives. The midwives supported 300 young women in 2006. The midwives are all trained in smoking cessation (rates amongst the clients are as high as 70% in some areas), family planning and participate in the chlamydia screening programme. Particularly impressive and thought provoking were the case studies submitted as part of the bid, and also the 'counter case study' that may have been the case, were the teenage pregnancy midwives not involved in the lives of these vulnerable young women. All pregnant young women in this Trust area seem to be in the capable hands of midwives who can ensure all the relevant agencies are involved in the care of the young woman and her baby to ensure the best possible outcomes.

Practices to promote the involvement of women in providing local maternity services

East Lancashire Hospitals NHS Trust (Burnley General Hospital and Royal Blackburn Hospital) *(6450 births in 2005-6)*

A range of initiatives within the Trust area to support and encourage more women to breastfeed were very impressive. The involvement of women as peer supporters and through a user forum in each area clearly put women at the centre of the strategy to reach out and support breastfeeding mothers. Twelve trained volunteers from the peer support programme work within the hospital wards to give breastfeeding information and support to new mums. A training strategy brings midwives and mothers together to be co-trainers with the aim of reducing conflicting advice being given to mothers. By using volunteer mothers on the wards, the Trust has increased the workforce and improved services without cost to the Trust. The Little Angels peer support group sees every breastfeeding mother at home (around 1700 mothers per year) and is there for support until the point that she stops breastfeeding. The whole package of measures in place at the Trust gives excellent support to women who are thinking about breastfeeding and a strong network of trained peer supporters to be there for the women in the postnatal period.

<p>NORTH WEST LOCAL SUPERVISING AUTHORITY</p> <p>MEETING OF THE LSA MIDWIFERY OFFICER WITH</p> <p>SUPERVISORS OF MIDWIVES</p>
--

13 April 2007 at 1.30 pm

IN THE LECTURE THEATRE AT BIRCHWOOD PARK CONFERENCE CENTRE,
WARRINGTON

Tea and Coffee available in the Garden Restaurant from 1.00 pm
(Please note – no drinks should be taken into the Lecture Theatre)

A G E N D A

1. Welcome to Supervisors of Midwives

Presentations by:

- Lesley Price, Supervisor of Midwives, Wigan, Warrington & Leigh NHS Trust, & Debbie Dooley, Service User; *“The role of the Supervisor of Midwives in supporting midwives and women when conflicts of need arise”*.
- Anne Musgrave, Janet Crewdson & Denise Lightfoot, Supervisors of Midwives, North Cumbria Acute Hospitals NHS Trust; *“Julia’s story - a true reflection”*.

2. Minutes of the meeting held on 11 January 2007

3. Matters arising from the minutes of 11 January 2007;

- NMC Standard for Supervised Practice
- North West LSA Database
- Venue for LSA Midwifery Officer Meetings with Supervisors
- North West Midwives Suspended From Practice

4. North West LSA Issues

- 4.1 Surrogacy Working Group
- 4.2 POSOM Course Places
- 4.3 North West LSA Study Day – 7 June 2007
- 4.4 North West LSA Critical Analysis Day
- 4.5 North West LSA Annual Forums
- 4.6 North West LSA Midwife Referral Pathway
- 4.7 Local Supervision Annual Reports 2006 - 2007

5. National LSA Issues

- 5.1 Chris Beasley - CNO
- 5.2 Review and Updating of National Guidelines for Supervisors of Midwives

6. NMC Issues

- 6.1 Code of Professional Conduct
- 6.2 Care of babies born alive at the threshold of viability
- 6.3 Revised arrangements for the introduction of standards for practice teachers
- 6.4 Mentors for the Preparation of Supervisors of Midwives Course
- 6.5 NMC National Midwifery Conference
- 6.6 NMC Renewal of Registration

7. Department of Health Issues

- 7.1 Maternity Matters: Choice, Access & Continuity of Care
- 7.2 A Social Enterprise Pathfinder Bid
- 7.3 NPEU has published "Recorded Delivery"
- 7.4 Healthcare Commission
- 7.5 Department of Health National Patient Experience Programme
- 7.6 CEMACH
- 7.7 Institute for Innovation and Improvement

8. RCM Issues

- 8.1 Maria Barrell
- 8.2 Stem Cell Collection

9. Maternity Services Liaison Committees – Lesley Price, Supervisor of Midwives, Wrightington, Wigan & Leigh NHS Trust.

10. Personal Indemnity Insurance for Independent Midwives – Lesley Price, Supervisor of Midwives, Wrightington, Wigan & Leigh NHS Trust

11. Any other business

12. Date, time and venue of next meeting – 13 July 2007 at 1.30pm – venue TBC

NORTH WEST LOCAL SUPERVISING AUTHORITY
MEETING OF THE LSA MIDWIFERY OFFICER WITH SUPERVISORS OF MIDWIVES

13 July 2007 at 1.30 pm

IN THE LECTURE THEATRE AT BIRCHWOOD PARK CONFERENCE CENTRE,
WARRINGTON

Tea and Coffee available in the Garden Restaurant from 1.00 pm
(Please note – no drinks should be taken into the Lecture Theatre)

A G E N D A

1. Welcome to Supervisors of Midwives

Presentations by:

- Bev Playle, CSIP, *“With a Little Help from my Friends – Role of CSIP Facilitator”*
- Carol Porteous, Supervisor of Midwives, Tameside & Glossop Acute Services NHS Trust *“Is ignorance really bliss?”*

2. Minutes of the meeting held on 13 April 2007

3. Matters arising from the minutes of 13 April 2007

- 3.1 Venue for LSA MO Meetings with Supervisors of Midwives
- 3.2 Surrogacy Working Group
- 3.3 Critical Analysis Day
- 3.4 North West LSA Forums for Supervisors of Midwives
- 3.5 Local Supervision Annual Reports 2006-2007
- 3.6 NMC National Midwifery Conference
- 3.7 Maternity Matters

4. North West LSA Issues

- 4.1 North West Midwives Suspended from practice
- 4.2 POSOM Course Places
- 4.3 LSA Audits
- 4.4 North West LSA Database

5. National LSA Issues

- 5.1 LSA National Conference
- 5.2 Supervision in Action
- 5.3 NHSLA Maternity Standards
- 5.4 NPEU
- 5.5 LSA Midwifery Officers Strategy Document
- 5.6 New LSA Midwifery Officer

6. NMC Issues

- 6.1 Standards for Supervised Practice
- 6.2 LSA Audits by the NMC
- 6.3 Midwives rules and standards
- 6.4 HEIs
- 6.5 ITPs

7. Standards for Mentors (POSOM Course) – Lisa Bacon, Supervisor of Midwives, Central Manchester & Manchester Children's University Hospitals NHS Trust

8. Any other business

- 8.1 House of Commons Parliamentary Awards
- 8.2 Department of Health matters
- 8.3 RCM Publications
- 8.4 Feedback from the RCM national Heads of Midwifery Meeting held on 12/6/07

9. Date, time and venue of next meeting – 12 October 2007 at Birchwood Park Conference Centre, Birchwood Park, Warrington at 1.30pm.

NORTH WEST LOCAL SUPERVISING AUTHORITY
Meeting of the LSA Midwifery Officer with Supervisors of Midwives

12 October 2007 at 1.30 pm

IN THE LECTURE THEATRE AT BIRCHWOOD PARK CONFERENCE CENTRE,
WARRINGTON

Tea and Coffee available in the Garden Restaurant from 1.00 pm
(Please note – no drinks should be taken into the Lecture Theatre)

A G E N D A

1. Welcome to Supervisors of Midwives

Presentation by:

- Alex Silverstone, Doula, Helping Hands - Antenatal & Postnatal Co-ordinator for the Jewish Community for Manchester *“A birds eye view of a Doulas role”*.

Alex will be accompanied by service users who will contribute to her presentation.

2. Minutes of the meeting held on 13 July 2007

3. Matters arising from the minutes of 13 July 2007

- 3.1 Surrogacy Working Group
- 3.2 Critical Analysis Day
- 3.3 North West LSA Forums
- 3.4 POSOM Course Places
- 3.5 LSA Audits 2008
- 3.6 LSA National Conference
- 3.7 Supervision in Action
- 3.8 NMC Standards for Supervised Practice

4. North West LSA Issues

- 4.1 LSA Annual Report
- 4.2 North West Midwives suspended from practice
- 4.3 North West LSA Guidance for Supervisors of Midwives
- 4.4 LSA User Leaflet
- 4.5 Meeting with Lead Midwives for Education
- 4.6 LSA Secretary
- 4.7 LSA Database

5. National LSA Issues

- 5.1 National LSA Website
- 5.2 Freebirthing
- 5.3 Student midwives falsifying records

6. NMC Issues

- 6.1 Revised Code of Conduct
- 6.2 Scoping Midwifery Practice
- 6.3 Advice for Delegation to non-regulated healthcare staff
- 6.4 Return to Midwifery Practice
- 6.5 'Statutory Supervision of Midwives - A resource for midwives'

7. Department of Health Issues

- 7.1 MSLC website
- 7.2 Maternity Matters
- 7.3 NHS Review Interim Report
- 7.4 Safer Childbirth
- 7.5 NICE Intrapartum Guidance

8. Attendance at meetings & external events in uniform - Supervisors of Midwives, Salford Royal Hospitals NHS Trust

9 Any other business

- 9.1 CEMACH
- 9.2 Kings Fund

10. Date, time and venue of next meeting – 18 January 2008 at Birchwood Park Conference Centre, Birchwood Park, Warrington at 1.30pm.

**NORTH WEST LOCAL SUPERVISING AUTHORITY
MEETING OF THE LSA MIDWIFERY OFFICER WITH SUPERVISORS OF MIDWIVES**

18 January 2008 at 1.30 pm

**IN THE LECTURE THEATRE AT BIRCHWOOD PARK CONFERENCE CENTRE,
WARRINGTON**

Tea and Coffee available in the Garden Restaurant from 1.00 pm
(Please note – no drinks should be taken into the Lecture Theatre)

A G E N D A

1. Welcome to Supervisors of Midwives

Presentations by:

Julie Maddocks, North West & West Midlands Regional Manager for CEMACH and Supervisor of Midwives at Central Manchester and Manchester Children's University Hospitals NHS Trust:

- *Diabetes Report*
- *Saving Mothers' Lives Report*

2. Minutes of the meeting held on 12 October 2007

3. Matters arising from the minutes of 12 October 2007

- 3.1 Guidance on Surrogacy
- 3.2 Critical Analysis Day
- 3.3 LSA Audits of Supervision 2008
- 3.4 LSA National Conference – 29 April 2008
- 3.5 Modern Supervision in Action
- 3.6 NMC Standards for Supervised Practice
- 3.7 North West LSA Annual Report
- 3.8 Meeting with Lead Midwives for Education (LMEs)
- 3.9 LSA Secretary

4. North West LSA Issues

- 4.1 LSA/CEMACH Study Day
- 4.2 North West midwives suspended from practice
- 4.3 LSA Annual Forums
- 4.4 Preparation Of Supervisors Of Midwives (POSOM) Courses
- 4.5 Critical Analysis Presentations
- 4.6 LSA Database

5. National LSA Issues

- 5.1 National Guidance
- 5.2 2006 National LSA Conference
- 5.3 LSAMOs UK Strategy for 2008 – 2011 (Strategic Direction)
- 5.4 Falsification of information by midwives

6. NMC Issues

- 6.1 Code of Professional Conduct
- 6.2 Links with Supervisors of Midwives
- 6.3 Maternity Care Assistants
- 6.4 Midwifery Training
- 6.5 Secondments to the NMC
- 6.6 NMC Appointments

7. Department of Health Issues

- 7.1 Consultation
- 7.2 Healthcare Commission

8. Any other business

- 8.1 Dorcas Akeju OBE, Supervisor at Liverpool Women's NHS Foundations Trust
- 8.2 The Operating Framework for the NHS in England 2008/09
- 8.3 Corina Casey-Hardman, Head of Midwifery and Supervisor at Halton PCT
- 8.4 Pay Review Body

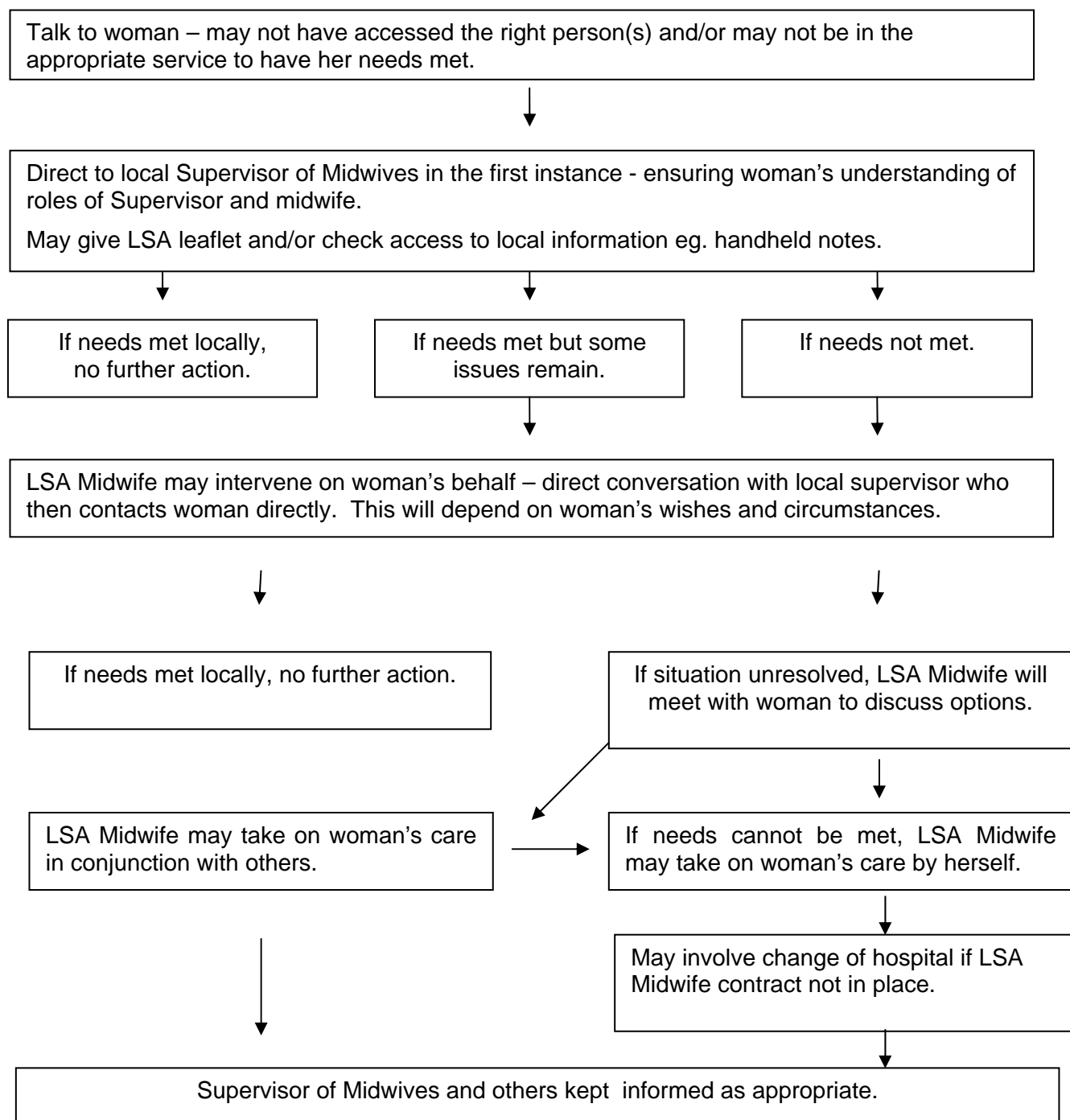
9. Date, time and venue of next meeting – 25 April 2008, at Birchwood Park Conference Centre, Birchwood Park, Warrington at 1.30pm.

**LSA MIDWIFE REFERRAL PATHWAY
(Guideline only)**

Source of contact:

- Direct contact from woman to LSA Midwife
- Contact via LSA Office from woman/User Group/NMC
- Contact via other source e.g. local midwife or Supervisor of Midwife, GP, Obstetrician

Commonly, women express wishes for care or information which is not forthcoming to them for whatever reason, e.g. unaware of choices and how to explore these.



Flow of action may vary depending on woman’s wishes e.g. woman has no wish for Supervisor of Midwives involvement



NEW MUMS



- Are you interested in maternity care in the North West?
- Have you heard of Statutory Supervision of midwives?
- Do you want to get involved in monitoring user views of maternity services?

YES?

Sign up to become a User Auditor for the
North West Local Supervising Authority

We will pay child care costs and travel expenses

To find out more about becoming a User Auditor please contact

Geraldine Gannon, LSA Services Manager, North West LSA,
Tenterfield, Brigsteer Road, Kendal, Cumbria. LA9 5EA

Telephone: 01539 797815

Email: geraldine.gannon@northwest.nhs.uk



**TRAINING FOR USER AUDITORS &
PEER SUPERVISORS OF MIDWIVES**

FOR NORTH WEST LSA AUDIT VISITS

11 JANUARY 2008

AT

**Holiday Inn Haydock
Lodge Lane, Newton Le Willows
Merseyside WA12 0JG**

(Junction 23 – M6)

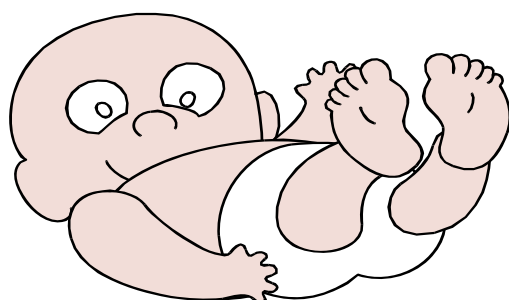
Facilitator: Marian Drazek, North West LSA Midwifery Officer

1.30PM	Introductions	Marian Drazek
1.40PM	History & Overview of Statutory Supervision	Marian Drazek
2.00PM	North West LSA Audit Process	Marian Drazek
2.15PM	Feedback from 2006/07 visits	Current Peer Supervisors & User Auditors
3.00PM	Expectations	Group Work
3.15PM	Coffee/tea	
3.30PM	Feedback from group work	Facilitators
3.45PM	LSA National Standards for Statutory Supervision	Marian Drazek
4.00PM	Ground Rules for visits	Marian Drazek
4.15PM	Framework and timetable of visits	Marian Drazek & Geraldine Gannon
4.30PM	Diary dates and contacts for the future	Geraldine Gannon



North West
Local Supervising Authority
&
Supervisors of Midwives

HOW CAN WE HELP YOU?



"The role of the Supervisor of Midwives
is to ensure the safety of you and your baby"

Understanding Supervision of Midwives

What?	Who?	What?
Protects the public	LSA	Advises & supports supervisors & women
Protects the public	Supervisor of Midwives	Advises & supports midwives & women
Maintain & develop skills	Midwives	Advise & support women

WHO ARE SUPERVISORS OF MIDWIVES?

They are experienced practising midwives who have undertaken additional training. They work within a team of supervisors and are employed within the hospital or community or outside the NHS.

WHAT DO SUPERVISORS DO?

They aim to ensure that you receive guidance and information about the right type of care for you, in the right place, by the right professional. They also strive to set a good example to midwives, guiding and supporting them to help them to develop their skills and expertise. Supervisors monitor the practice of midwives to ensure that you and your baby receive good quality, safe care. Midwives should support you through your maternity care - if issues arise you and/or your midwife may contact a Supervisor of Midwives

HOW CAN SUPERVISORS OF MIDWIVES HELP YOU?

- **LISTEN** to any concerns you may have about your maternity care.
- **SUPPORT** you and your midwife to plan your pregnancy care and plan for the birth of your baby.
- **DISCUSS** with you the most appropriate choices for you and your baby.
- **HELP** to resolve disagreements about your maternity care in an unbiased and impartial manner.
- **DEBRIEF** you if you are unhappy with your birth outcome or treatment. If you have had a traumatic birth, a supervisor can go through your notes and discuss your experiences with you.

THE ROLE OF A SUPERVISOR OF MIDWIVES

Supervision of midwives is a legal professional requirement, which has been in existence since 1902.

All midwives, wherever they work, meet regularly with a Supervisor of Midwives. They should develop a good working relationship with their supervisor, in order to enhance the standard of care provided for mothers and babies.

Supervisors must have the courage to challenge inferior practice and the enthusiasm to innovate change; in order to maintain good standards of midwifery care and protect the public.

Within the NHS the role of the Supervisor of Midwives is complementary to but different from the role of the midwifery manager. Managers are responsible to the Trust to ensure that maternity services are run effectively within the resource allocation. Supervisors are accountable to the LSA, and the role is solely about standards of midwifery care and safety of mothers and babies.

Discussing your concerns with a Supervisor of Midwives does not prevent you from accessing the formal complaints procedure within the NHS Trust.

WHERE CAN SUPERVISORS BE CONTACTED?

A Supervisor of Midwives should always be available via your local maternity unit: see pages 6 & 7. If you have problems contacting a supervisor please let the LSA office know. You can also contact the LSA office for further information about supervision or with any complaints or concerns about a Supervisor of Midwives or standards of supervision.

WHAT IS THE LSA?

The Local Supervising Authorities (LSAs) are Strategic Health Authorities in England and Health Boards in Northern Ireland, Scotland and Wales. Each LSA appoints a Midwifery Officer to oversee supervision of midwives in their area.

WHO IS THE LSA MIDWIFERY OFFICER?

Across the United Kingdom, 16 practising midwives carry out the role of LSA Midwifery Officer, to ensure that statutory supervision is carried out to a satisfactory standard for all midwives practising within their particular geographical boundaries. In addition, LSA Midwives are in post in some areas, to support the LSA Midwifery Officer.

The North West LSA covers Cumbria, Lancashire, Greater Manchester, Cheshire, Merseyside and the Isle of Man.

LSA Midwifery Officers have a professional leadership role - which enables them in an impartial way, to provide expert advice on professional matters. They are accountable to the Nursing & Midwifery Council (NMC) which is the regulatory body for all nurses and midwives across the UK.

UNIT	Tel No
Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust	01253 306742
Bolton Hospitals NHS Trust	01204 390579
Central Manchester & Manchester Children's University Hospitals NHS Trust	0161 276 6291
Countess of Chester Hospital NHS Foundation Trust	01244 365167
East Cheshire NHS Trust – Macclesfield	01625 661146
East Lancashire Hospitals NHS Trust- Blackburn	01254 732953
East Lancashire Hospitals NHS Trust - Burnley	01282 804233
Halton & St Helens NHS Primary Care Trust	0151 495 5050
Isle of Man – Noble's Hospital	01624 650280
Lancashire Teaching Hospitals NHS Foundation Trust – Chorley	01772 524480
Lancashire Teaching Hospitals NHS Foundation Trust - Preston	01772 524480
Liverpool Women's NHS Foundation Trust	0151 708 9988
Mid Cheshire Hospitals NHS Foundation Trust - Crewe	01270 273116
North Cheshire Hospitals NHS Trust - Warrington	01925 275200
North Cumbria Acute Hospitals NHS Trust - Carlisle & Whitehaven	01946 693181 Ext. 4253
North Cumbria Acute Hospitals NHS Trust – Penrith	01768 245240
Pennine Acute Hospitals NHS Trust - Bury	0161 778 3679
Pennine Acute Hospitals NHS Trust – North Manchester	0161 720 2111
Pennine Acute Hospitals NHS Trust - Oldham	0161 627 8255
Pennine Acute Hospitals NHS Trust - Rochdale	01706 517561
Salford Royal NHS Foundation Trust	0161 206 5296
Southport and Ormskirk Hospital NHS Trust – Ormskirk	01704 547471
St Helens and Knowsley Teaching Hospitals NHS Trust	0151 426 1600
Stockport NHS Foundation Trust – Stepping Hill & Corbar Birth Centre	0161 419 5522
Tameside Hospital NHS Foundation Trust	0161 331 6179
Trafford Healthcare NHS Trust	0161 746 2129
University Hospital of South Manchester NHS Foundation Trust	0161 291 2810
University Hospitals of Morecambe Bay NHS Trust - Furness	01229 491035
University Hospitals of Morecambe Bay NHS Trust - Kendal	01539 795374
University Hospitals of Morecambe Bay NHS Trust - Lancaster	01524 583862
Wirral University Teaching Hospital NHS Foundation Trust	0151 604 7389
Wrightington, Wigan and Leigh NHS Trust	01942 244000

Marian Drazek, LSA Midwifery Officer

Judith Kurutac, LSA Midwife

Geraldine Gannon, LSA Services Manager

North West Local Supervising Authority

Tenterfield, Brigsteer Road,
Kendal, LA9 5EA

Tel: 01539 797815

Fax: 01539 797843

Email: Geraldine.gannon@northwest.nhs.uk

OTHER USEFUL CONTACTS

Christina McKenzie, Head of Midwifery

Nursing & Midwifery Council

23 Portland Place

London W1B 1PZ

Tel: 020 7637 7181

Royal College of Midwives

15 Mansfield Street

London W1G 9NH

Tel: 020 7312 3535

Independent Midwives Association

1 the Great Quarry

Guildford

Surrey GU1 3NX

Tel: 01483 821104

National Childbirth Trust (NCT)

Alexander House, Oldham Terrace

London W3 6NH

Tel: 0870 444 8709

Association for Improvements

in the Maternity Services (AIMS)

Tel: 0870 765 1433

5 Ann's Court, Grove Road

Surbiton KT6 4BE

Produced by the North West Local Supervising Authority – June 2008

This leaflet may be freely copied within the North West



**NORTH WEST
LOCAL SUPERVISING AUTHORITY**
Brigsteer Road Kendal Cumbria LA9 5EA

Study Day

Alcohol & Drugs

A SIGN OF THE TIMES

7 June 2007

**The Willow Suite
The Holiday Inn
Haydock (M6 Jct 23)
Lodge Lane
Newton Le Willows
Merseyside
WA12 0JG**

**Also attending:
Borders Books &
2Gems Jewellery**
(payment by cash or
cheque only)

LSA APPROVED

PROGRAMME

From 9.00am – 9.40am Coffee & Registration

9.40am – 10.00am

Welcome & domestic arrangements by the Chairperson – Faye Macrory MBE, Consultant Midwife, Drug & Alcohol Dependency, Central Manchester & Manchester Children's University Hospitals NHS Trust

10.00am – 10.40am

Alcohol; when a crutch becomes a dependency

Julie Fogarty & Val Fellows, Supervisors of Midwives, Countess of Chester Hospitals NHS Foundation Trust

10.40am – 11.00am

Promoting responsible drinking in the workplace

Elizabeth Burns, NHS Drinking Responsibly Project

11.00am – 11.10am - Discussion led by The Chairperson

11.10am – 11.40am Coffee

11.40am - 12.30pm

Working with substance misusing women

A role for supervision?

Deirdre Thajam, Supervisor of Midwives, Central Manchester & Manchester Children's University Hospitals NHS Trust

12.30pm – 1.45pm Lunch

1.45pm – 2.45pm

"My name is Deb; and I'm an alcoholic"

Debbie Sargent, AA Member

2.45pm – 3.15pm Tea

3.15pm – 4.00pm

Fitness to Practise – making a health referral

Alison Keat, Fitness to Practise Officer & Susan Way, Midwifery Adviser, Nursing & Midwifery Council

4.00pm – 4.15pm Closing Remarks – Faye Macrory



NORTH WEST LOCAL SUPERVISING AUTHORITY

STUDY DAY – 7 JUNE 2007

“Alcohol & Drugs – A sign of the times”

COMMENTS TAKEN FROM EVALUATION FORMS FOR

JULIE FOGARTY & VAL FELLOWS:

- An interesting insight into issues regarding alcohol and supervision.
- A very topical and interesting case study. A good example of supervision.
- Supervision does have its limitations. Very supportive, but supervision is not able to beat the illness.
- Very interesting – with good discussion.
- A very thought provoking presentation.
- Raised awareness of what can happen in the workplace.
- Useful discussion regarding supervision issues.
- Well presented and gave plenty of chronological information. Good example and prompted debate.
- Very informative. Supervision in practice in a very difficult situation.
- Thank you for sharing the incident – it was useful.
- Made you think about our responsibilities as Supervisors.
- Good insight into dealing with a colleague's problems.
- Extremely comprehensive and informative presentation.
- Highlighted role of supervision.
- Very clear presentation, which focussed on supervisory issues.
- Gave me thoughts about what I would do in similar circumstances.
- Highlights that Supervisors cannot cure all and be everything to everybody. Have to realise when we are out of our depth.
- Very interesting – Supervisor/Manager obviously tried very hard to help the individual, must have been very disappointing. Helpful for all Supervisors as an example.
- Good to share practice in areas that hopefully we will not come across frequently.
- A great learning tool.
- There but for the grace of God go all of us. Very interesting.
- Not sure if I agree with how this was handled. Was this really support? Was this girl let down? Alcoholism is an illness.
- Very helpful advice.



NORTH WEST LOCAL SUPERVISING AUTHORITY

STUDY DAY – 7 JUNE, 2007

“Alcohol & Drugs – A sign of the times”

COMMENTS TAKEN FROM EVALUATION FORMS FOR

DEBBIE SARGENT:

- Possibly the best talk I have ever had the opportunity to listen to - she should be commended.
- Excellent. What a lovely honest and genuine lady.
- Superb. Really insightful.
- This has truly raised my awareness.
- Moving testimony. Thanks for sharing it with us – you are so brave.
- Straight from the heart.
- Powerful biography – brings home the concept of abstinence as a solution.
- A very insightful talk – the “user” point of view is so valuable.
- A very passionate presentation.
- Fantastic insight into the thinking of an alcoholic. Please thank Debbie.
- Very brave to stand in front of a professional group and talk. Would have liked to hear what enabled Debs to “stop” in pregnancy – how did the baby motivate her?
- Brilliant – thank you! Moving and motivational speaker.
- Excellent. What a happy person.
- Enlightening and entertaining.
- Very articulate, brave lady – lots of food for thought.
- Inspirational and informative.
- Very useful perspective.
- A brave lady.
- Fascinating and honest story. Thanks.
- An excellent addition to the study day.
- Well done!
- Felt very emotional listening to Debs’ presentation. Thought she was very brave.
- Would like more information about the 12 steps.
- A very moving honest account.
- Excellent insight.
- Very brave sharing experiences – inspiring.
- Very refreshing.
- Inspirational.
- Made you think. Alcoholism is a state of mind.
- Good to have personal insight.
- Good eye opener into a field in which I have no experience.
- Honest, truthful account.
- Gives you a better idea of how alcohol affects the family as a whole.
- Brave lady – humbling.
- Hats off to Debbie and good luck for the future. Very brave to stand up in front of us.
- A privilege to listen to her.
- A very brave lady who is an inspiration to others.
- A wonderful explanation of what it means to be an alcoholic, showing great courage and self-awareness.
- Found this session very informative and worthwhile. Well done Debs.
- Excellent perspective of an alcoholic’s life demands and mental choices.
- Shot straight from the hip. Definitely food for thought.
- Should be obligatory for all to listen to Debbie.



NORTH WEST LOCAL SUPERVISING AUTHORITY

STUDY DAY – 7 JUNE 2007

“Alcohol & Drugs – A sign of the times”

COMMENTS TAKEN FROM EVALUATION FORMS FOR

FAYE MACRORY:

- Brilliant
- Entertaining presentation. Informative.
- Interesting topic – but really related to supervision.
- Good information/points to consider as a Supervisor and team leader.
- Always a very open interesting speaker.
- Very useful and pertinent presentation.
- Enthusiastic, raised awareness about caring for professionals.
- Fantastic as usual – Faye always gives the perspective that I haven't considered.
- Brilliant.
- Interesting around stresses of individuals as well as clients.
- The presentation fitted well into the context of the day.
- Faye gave a light hearted but very relevant information. Most useful.
- “Food for thought” recognise what Faye was saying regarding colleagues who choose to build relationships with clients - selective about the care they give.
- Very stimulating.
- Well presented.
- Very entertaining.
- Makes you think.
- Good speaker
- Good speaker. Did well to adapt the talk to a supervision perspective.
- As always, an excellent and thought provoking presentation by Faye.
- Loved this presentation.
- Faye's experience and evidence brought this presentation to life.
- The speaker is obviously still recovering from a trauma experience – this enhanced her presentation.
- Fantastic.
- Always lifts the level – making the job worthwhile.
- Usual inspiring presentation from Faye. Always stimulates your thought process.
- Faye Macrory is an excellent speaker.
- Excellent recall of personal events.
- Made me think about my practice and review how I work.
- Excellent Chairperson.



NORTH WEST LOCAL SUPERVISING AUTHORITY

**LSA APPROVED STUDY DAY
THURSDAY, 7 JUNE 2007**

Alcohol & Drugs

A SIGN OF THE TIMES

ACTION PLAN FOR PERSONAL DEVELOPMENT

Learning Outcomes	Awareness of issues and challenges for midwifery practice
Where am I now?	
In what ways would I like to develop my knowledge?	
What have I learned from this Study Day?	
How can I translate this into practice?	

**Notes of the meeting of the North West LSA Midwifery Officer & LSA Midwife
with North West Lead Midwives for Education held on
Wednesday, 30 January 2008 at Salford University.**

Present;

Marian Drazek	North West LSA Midwifery Officer
Judith Kurutac	North West LSA Midwife
Lesley Choucri	University of Salford
Jan Cottam	University of Cumbria
Karen Lee	University of Manchester
Andrea McLaughlin	University College of Chester
Pat Donovan	University of Central Lancashire
Rosie Essay	Liverpool John Moores University
Stella McKay-Moffat	Edge Hill University
(Attending for Jane Morgan)	

Modern Supervision in Action: NMC/LSA publication – Marian Drazek (MD) ensured that all present were aware of this booklet & knew that it could be downloaded either from the NMC website or via the LSA office. She also explained future availability of the publication.

Statutory Supervision of Midwives, a resource for midwives and mothers: Quay Books/NMC publication – MD explained the background to this resource, the cost & how to order & there was some discussion about the use of it for student midwives.

NMC Standard for mentors: for midwives undertaking the Preparation of Supervisors of Midwives Course – This discussion was to be primarily about the NMC Standards to support learning and assessment in practice (2006) and the difficulties this posed for some Supervisors of Midwives, as mentors to students on the preparation course. The problems had been identified by some supervisors regarding meeting the triennial review requirements of a minimum of 2 students every 3 years - as outlined in the NMC Standards - because some supervisors who mentor student Supervisors of Midwives are in management roles and do not therefore mentor pre-registration students.

However, on 25 January the NMC issued Circular 01/2008, which addressed the issue and now means that those supervisors who only mentor student Supervisors of Midwives, will now only be required to mentor a minimum of one student in every 3 year period.

NMC Standards for supervised practice: requirement for midwife teacher involvement – It appears that there is some variation across the North West regarding Supervisors of Midwives accessing academic mentors to support every midwife undertaking a programme of supervised practice. As this is now an NMC requirement, it was agreed that MD will reinforce the importance of all Supervisors of Midwives doing this - prior to the supervised practice commencing - at her next meeting with North West supervisors. In addition, the LMEs will ensure that all midwife teachers who are involved in supervised practice as an academic mentor keep the LME at their own HEI informed.

HEI Fitness to practise panels: requirement for LSA Midwifery Officer /Supervisor of Midwives presence – NMC guidance for HEIs regarding ‘Good health and good character’ published in August 2007, states that for University Fitness to practise panels ‘The midwife representative should be a Supervisor of Midwives’. This was discussed, as it was agreed that the fact is not yet widely known in some HEIs. The benefits of this recommendation were also acknowledged.

Students midwives: fraud investigations re falsification of clinical experience records/signatures – There was lengthy discussion about the apparent increase in student midwives falsifying information or signatures and also about plagiarism. Those present who had attended the NMC meeting with LMEs and LSAMOs, at which a Counter Fraud Specialist had given a presentation, fed back the lessons learned. Passwords for all computer access by student midwives and the safeguarding of individual midwives passwords are vital issues, as is an HEI list of specimen signatures of sign off midwife mentors.

Clinical support & mentorship for student midwives – Current difficulties regarding this issue were discussed, particularly the continuity of mentors for student midwives. The problems of sufficient clinical placements was also raised and the implications of course commencement and completion timings.

Reconfiguration of maternity services: implications for student midwife numbers – Greater Manchester LMEs are being told by the SHA that they will need more midwives to be trained to meet the requirements of ‘Making it Better’, particularly in view of the fact that all units that are to remain open should have a birth centre in addition to the obstetric unit. The implications of any reconfiguration in the other areas of the North West are not clear yet.

Commissioned numbers for student midwives at HEIs: 3 years verses 18 month programme – MD asked about the current situation in each HEI, which can be summarised as below;

Salford

42 long course (start in Sept) & 26 short course (start in Nov) per year

Manchester

61 long course per year (March & Sept starts) until 2009, then just 1 intake per year in Sept

Cumbria

15 long course per year, start in September

UCLAN

25 long course per year(4 years), start Sept & 16 short course per year, also start Sept

Chester

33 long course per year (start Sept). Short course revalidated but SHA refused to commission any places.

Edge Hill

22 long course per year (Sept start)

John Moores

18 long course per year (Sept start). Was 23 but Dean agreed with Edge Hill to reduce nos

Midwifery Lecturers as Supervisors of Midwives – The benefits of this were discussed and those HEIs who do not currently have any midwife teachers who are supervisors were encouraged to consider the possibility of discussing this with the Supervisors of Midwives in their local units.

Return to midwifery practice process/courses & adaptation - MD raised the issue that the DH are currently looking at once more funding midwives to undertake RTP courses. The only North West HEIs who currently provide the course are UCLAN, Chester and Cumbria. There was also some discussion about the assessment regarding length of course required by individual midwives and how the responsibility for this in England will transfer from LSAMOs to LMEs at some stage. Currently this already happens in the 3 Celtic countries and the NMC have a group of LMEs currently taking forward some work previously undertaken by themselves with LMEs and LSAMOs from across the UK.

None of the HEIs in the North West currently run adaptation courses, but MD warned LMEs about the apparent 'loophole' that exists, because of the EU directive, that means any midwife – wherever she trained – is eligible to practise in the UK, if she is married to an EU national. There is currently a midwife in the North West who trained in Iran, but because her husband holds an EU passport, she only needs to undertake a RTP course (as she has not practised for more than 3 years) as a British trained midwife would.

North West LSA Annual Audits – MD outlined the process and timings for 2008 and suggested that if LMEs were not invited to a relevant part of the audit visit, that they ask supervisors to copy them any parts of the LSA report that may be relevant, e.g. student midwives comments about supervision.

North West LSA Annual Report – MD ensured that all present knew about and had access to this document, as the content includes reference to some aspects of education and also contains clinical data comparisons between units – which LMEs may find interesting.

North West LSA User Leaflet – MD ensured that all present were aware of this leaflet – which informs maternity service users about the role of the North West LSA and Supervisors of Midwives. If anyone wishes to have copies they can be obtained from the LSA office.

UK LSA Midwifery Officers Strategic Direction – MD explained that the 2008 – 2011 document would be launched at the LSA National Conference in Nottingham on 29 April 2008. This publication will replace the previous booklet – which covered 2005 – 2008.

The meeting ended with informal networking about a variety of topics and all present agreed that the morning had been extremely valuable. There was therefore agreement to arrange another meeting in 6 months time, around the end of August and Karen Lee (KL) offered to host this at Manchester.

An excellent lunch was provided by Salford University and our appreciation was expressed to Lesley Choucri for facilitating the arrangements for this meeting and for her hospitality.

Findings:

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Brief outline of actions taken

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Signature of Supervisor **Date**

This form may be adapted for use locally



NORTH WEST LOCAL SUPERVISING AUTHORITY

Risk & Responsibility**Forums for Supervisors of Midwives****The Willow Suite**

Holiday Inn, Haydock
(M6, Jct 23)
Lodge Lane
Newton Le Willows
WA12 0JG

1 November - Chair:

Lisa Bacon, Midwife Teacher
& North West Supervisor of
Midwives

28 November – Chair:

Carol Porteous, Midwife
Teacher & North West
Supervisor of Midwives

Also attending:

Borders Books
&
2Gems –
Handmade Jewellery

LSA Approved

P R O G R A M M E

From 8.45am - 9.15am: Coffee & Registration

9.15am - 9.30am: Welcome & Introduction by Chair

9.30am -10.15am: SERIOUS INCIDENT INVESTIGATION BY ROOT CAUSE ANALYSIS – AN OVERVIEW. [Anne Bury, Patient Safety Manager, National Patient Safety Agency](#)

10.15am - 11.00am: SUPERVISION – FRIEND OR FOE?

[Julie Mycock, Supervisor of Midwives, Stockport NHS Foundation Trust](#)

11.00am - 11.30am: Coffee

11.30am - 12.15pm: THE WHOLE TRUTH – OR AT LEAST SOME OF IT!

[David Glendinning, Partner, Wardhadaway Solicitors](#)

12.15pm - 13.30pm: Lunch

13.30pm - 14.30pm: IS THIS MIDWIFE FIT TO PRACTISE? -

YOU DECIDE. [Vinny Ness, General Manager, Women & Children's Directorate, Powys LHB & Chair of NMC Conduct & Competence Fitness to Practise Panel](#)

14.30pm - 15.15pm: ETHICO-LEGAL ASPECTS OF RISK AND

RESPONSIBILITY IN MIDWIFERY. [Professor Shirley Jones, Midwifery Adviser](#)

15.15pm - 15.40pm: Tea

15.40pm - 16.25pm SUPERVISION – THE ORIGINAL CLINICAL GOVERNANCE

. [Marie Collier, North West Link Supervisor of Midwives, North Cheshire Hospitals NHS Trust](#)

THE DISSATISFIED CUSTOMER – THE SUPERVISORS ROLE IN RESPONDING TO COMPLAINTS . [Vivien Dickinson, Supervisor of Midwives, Pennine Acute Hospitals NHS Trust](#)

16.25 Closing Remarks & Prize Draw by Chair



Forum for Supervisors of Midwives

RISK AND RESPONSIBILITY

Speaker Evaluation Feedback for JULIE MYCOCK

- A lesson for us all! Good discussion following the presentation.
- Highlighted a case that possibly occurs in many units, really good presentation.
- A lot of food for thought - there are one or two of these midwives in every unit.
- Hope I am never involved in such a case! But would relate to how it was dealt with at Stockport and learn from it.
- Thought provoking – difficult situation - as Supervisors of Midwives we all want to succeed and may feel a failure if we refer midwives to the NMC.
- Excellent presentation – gave food for thought. Raised issues relevant to us all as Supervisors.
- Well organised presentation. Really good idea to give 5 minute discussion periods for groups to reflect, keep focussed and preventing whispering.
- Great presentation – difficult case and thank you for sharing this - very thought provoking to share experience of supervision in practice.
- Very interesting and thought provoking issue - very relevant to supervision - lots of useful points raised. Thank you.
- Interesting and stimulating – made for good discussion. Very good, brave, open and honest - well presented.
- Very interesting – does make everyone think about practice in own unit.
- Good involvement with delegates – and good insight into some of issues.
- Very useful to share difficult cases. Thought provoking and honest presentation.
- We could all relate to this situation – useful for all Supervisors especially students.
- Brave presentation – “there but for the grace.....”. Good learning opportunities.
- Excellent presentation – we can all learn from this experience. Very thought provoking and also reassuring that we all experience the same problems.
- Well presented, again useful in realising that we are all faced with these situations.
- Excellent and articulate presenter. Very “real” situation that resonates with all Supervisors of Midwives, managers and midwives.
- Informative, interesting and relevant to supervisory practice.



Forum for Supervisors of Midwives

RISK AND RESPONSIBILITY

Speaker Evaluation Feedback for DAVID GLENDINNING

- Excellent session. Clear concise and comprehensive talk
- Good Insight into NMC conduct and process.
- Good and concise presentation – learnt a lot of information regarding presentation and gathering evidence.
- Probably needed a larger time slot. Would have liked to hear more about the technique used by solicitors in questioning a registrant.
- Very informative.
- Could have gone on for longer – very interesting and useful.
- Good insight into the legal process after those dreadful brown envelopes.
- Very clear regarding his role and the process.
- Articulate and relevant - very easy to listen to.
- Pity the session was not longer. Would have liked to hear case studies.
- Serious but interesting. Valuable talk with lots of learning.
- Good presentation probably needed more time due to pace.
- Some very useful and valid points.
- Good structure, no mystery, so important.
- Relevant to theme of the day - useful update
- Some interesting points
- Very interesting – I know which side of him I want to be on!!
- Comprehensive.
- Good insight into litigation and how solicitors are involved in this.
- Time an issue – would have liked to have heard case studies.
- Very useful information.



Forum for Supervisors of Midwives

RISK AND RESPONSIBILITY

Speaker Evaluation Feedback for **VINNY NESS**

- Fantastic. Wonderful end of day presentation. Very interactive.
- Great presentation - useful scenario – NMC hearing pending for which I will be called as a witness.
- Excellent! Liked the role play.
- A good finish to the day - excellent and learned lots.
- Fascinating insight into Fitness to Practise and the role of the panel.
- Scary stuff! Really good session and a taster.
- Very interesting and informative. Food for thought – longer session needed.
- Gave a good insight into NMC.
- Very interesting, illuminating and thought provoking.
- Excellent end to a really good day.
- Well presented and enjoyable session.
- Interesting and informative – a very good speaker.
- Brilliant workshop - relevant and excellent.
- Good and new information gained from this presentation.
- Enjoyable and interesting session.
- End exercise excellent - well presented and certainly led to some lively discussion.
- Very enlightening as well as entertaining at the end of the day.
- Particularly liked “workshop” style of presentation.
- Could have been longer more NMC!
- A good insight into what happens at an NMC hearing.
- Excellent, excellent, excellent!
- Gave excellent insight into this process and difficulties in decisions made.



North West Local Supervising Authority

Thursday, 27 September, 2007

CRITICAL ANALYSIS PRESENTATIONS

PROGRAMME

Chairperson – Marian Drazek, LSA Midwifery Officer

***Facilitators: Judith Kurutac, Lisa Bacon, Sue Benson,
Dorothy Farmer, Grace Hopps, Carol Porteous***

09.15 - 09.45	Registration & Coffee
09.45 - 10.00	Introduction and Domestic Arrangements
10.00 - 10.30	Presentation 1
10.30 -11.00	Presentation 2
11.00 - 11.15	Coffee
11.15 - 11.45	Presentation 3
11.45 -12.15	Presentation 4
12.15 - 12.45	Presentation 5
12.45 - 13.45	Lunch
13.45 - 14.15	Presentation 6
14.15- 14.45	Presentation 7
14.45 -15.15	Feedback, Summary & Tea
15.15	Close and Certificates of Attendance

LIST OF CRITICAL ANALYSIS PRESENTATION TOPICS – SEPTEMBER 2007

- Incorrect use of IV syntocinon in labour – what does a Supervisor of Midwives do when the midwife does not tell the truth?
- The role of the Supervisor in debriefing postnatal women.
- Midwives returning to practice – a proactive approach - the role of Supervisors of Midwives in ensuring midwives are competent and practising in accordance with local and NMC standards/guidance upon return from career break/maternity leave, etc.
- The development of an early warning scoring system (EWS) for use in maternity.
- The Supervisory route – getting off lightly? Critical analysis of supervision following a drug error.
- Sub-optimal practice – a supervisory investigation following a critical incident.
- Unexpected NICU admission – perinatal death.
- Change in hospital practice - no guidance for midwife. Baby not registered – legal issues.
- “Supervision in a changing maternity service”. The role of the Supervisor in developing services to meet needs of a changing population.
- The recommendation of a period of Supervised Practice for a Supervisor of Midwives.
- Empowering woman’s choice – wanted a home birth – had history of Group B Strep.
- The role of the Supervisor of Midwives in acting as a change agent within the maternity unit -to facilitate the use of a blood gas analyser.
- When supervision fails – a reflective presentation from a newly qualified Supervisor when Supervised Practice failed - the long journey resulting in referral of the midwife to the NMC.
- Home Birth of Twins - Independent Midwife – Preparation of parents, Supervisors and midwives
- A drug error during an obstetric emergency - explores issues of accountability, support and training and the Supervisor’s role in relation to these issues.
- ‘Alleged poor practice - supported or Supervised Practice’
- Supervisory support following a midwife’s suspension from duty for alcohol abuse and the provision of ongoing constructive support to facilitate a return to work.
- Misinterpretation of a CTG tracing on Delivery Suite – experienced midwife failed to alert appropriate staff, resulting in stillborn baby.
- Patient satisfaction survey – are we meeting women’s needs? The use of a patient

satisfaction survey to audit women's views of our services at Pennine.

- Pregnant woman (HIV positive) now homeless with “no recourse to public funds” – struggle for agencies to recognise their responsibilities in providing support.
- Supervision and Risk Management – what is our role? Completion of IR1 forms following clinical incidents on delivery suite, as part of the Risk Management Strategy, affecting the ability of midwives to reflect positively on their practice. What is the role of the Supervisor in these situations?
- ‘Sup-optimal record keeping’. The value of documentation audit – Supervisor’s role and making a difference.
- Supervisor’s response to sub-optimal practice. This describes the process following a critical incident where sub-optimal practice is alleged from the perspective of the investigating Supervisor of Midwives.
- “Is she or isn’t she!” - 47 year old woman, positive pregnancy test, refusing access to antenatal services, known to Social Services – implications to mother and unborn baby.
- Who’s placenta is it anyhow?
- The Supervisor’s role in the audit of clinical practice – ‘audit of unplanned home births and BBAs’.
- Care of baby undergoing phototherapy in the community – management arranged via neonatal staff in conjunction with paediatrician – poor communication with community midwives.
- High risk birth at home – providing home birth midwifery service to a mother who has had two previous post partum haemorrhages.
- Pre-eclampsia – abruption – stillbirth. Midwives’ role with a patient’s reluctance to remain in hospital despite poor obstetric history plus refusal of fetal monitoring. Sub-optimal record keeping of events.
- Supervised Practice – why the secrecy? An examination of the way we do Supervised Practice. A comparison of my experience of the Supervised Practice of two midwives.
- “Share and share alike”. Midwifery staff sharing passwords with student midwives to administer medication.
- When a Supervisor gets it wrong – a personal reflection. Drug Error in ANC when I gave anti-D at wrong gestation.
- The role of a Supervisor in the management and ratification of a supportive practice programme.

- “Intrapartum stillbirth and the midwife’s duty of care”. A woman on the labour ward not monitored appropriately and the student not adequately supported.
- Promoting choice – safety first (complicated high risk pregnancy, maternal request for waterbirth).
- Inappropriate management of a high risk pregnancy - relates to blood pressure monitoring.
- Mistaken identity? Incorrect details on a baby’s identification bracelet.
- Supervision – support or supervise – around a midwife being unaware of seriousness of incidents around her practice.
- The role of the Supervisor of Midwives involved with referrals to the NMC Conduct and Competence Committee.
- Drug Error – the role of the Supervisor of Midwives in supporting practice related to controlled drug administration.
- The role of the Supervisor in a maternal death.



Critical Analysis Presentations

Tuesday, 5 February 2008

P R O G R A M M E

Chairperson – Marian Drazek, LSA Midwifery Officer

**Facilitators: Judith Kurutac, Lisa Bacon, Dorothy Farmer,
Grace Hopps, Marie Collier, Sue Benson**

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13.30 – 14.30	Lunch
14.30 – 15.00	Presentation 6
15.00 – 15.30	Presentation 7
15.30 – 15.45	Feedback, Summary & Tea
15.45 – 16.00	Close and Certificates of Attendance

LIST OF CRITICAL ANALYSIS PRESENTATION TOPICS – FEBRUARY 2008

- Supervised Practice. Role of TAMP in operating theatre - midwife undertaking parts of caesarean section procedure.
- Management of change through supervision - neonatal antibiotics.
- Incident involving retained vaginal swab, 8 days postpartum (vaginal delivery). Discussion will centre upon accountability, roles and responsibilities of medical/midwifery input and in particular the blurring of roles and how supervision may encourage best practice/policies, guidelines, support for midwives.
- "Losing the art". Looking at supporting midwives with procedures that are unfamiliar to them, i.e. vaginal breech/episiotomy, etc and how to develop these skills.
- Supervision and the student midwife. A critical analysis following a lack of appropriate support in the clinical area of a student midwife caring for a bereaved family.
- Prostin Induction
- Midwives perceptions of statutory supervision.
- The development and implementation of an early warning tool for use in maternity.
- An allegation of sexual abuse.
- Midwives and prostin administration - midwife gave prostin on sub-standard CTG.
- "Improving practice - a continuous desire for Supervisors".
- "When Doulas cross the line". Recent incidents involving one particular carer and issues around those incidents for the woman, midwives and Supervisors of Midwives.
- Clinical incidents review relating to concerns regarding patient safety and the Supervisor's role in this.
- Midwives delivering their friends and family.
- No postnatal care – how did this happen? Baby delivered abroad - travelled back to UK overland and sea. Baby admitted at day 8 to a children's medical ward and transferred to a cardiac unit. Not referred to a Community Midwife - therefore mother received no postnatal care.
- "Crimson water". PPH at pool birth.
- Crossing the thin line. Doulas supporting women who choose home birth.

- Supervising stress: an incident of a midwife displaying signs of work related stress and the Supervisor's role and input into the supported practice put in place to help her manage her stress.
- A change in guidelines re: B Haemolytic Streptococcus infection.
- Summary of a midwife recently referred to LSA having failed Supervised Practice.
- Facilitating midwives' reflection on a critical incident following a poor outcome (IUD).
- Birth reflections – informative listening.
- Advocacy – Supervisor's role in supporting women to make decisions for their care.
- 'Turning negatives into positives'.
- Case study - high risk woman requesting home birth. Supervisor's role in supporting midwife and woman.
- 'From Ace to Assurance' innovation – electronic discharging
- Home confinement after caesarean section. Supporting the community midwives and the women. Also ensuring obstetricians are aware of the role of the Supervisor.
- Professional accountability. The case of a lady 25 weeks gestation that had a poor outcome and the processes involved in investigating the case.
- The role of the Supervisor with surrogacy – surrogacy + supervision.
- Breast cancer in pregnancy.