



**NORTH WEST
LOCAL SUPERVISING AUTHORITY**

ANNUAL REPORT

TO THE

NURSING AND MIDWIFERY COUNCIL

ON THE

**STATUTORY SUPERVISION OF MIDWIVES &
MIDWIFERY PRACTICE**

2008 – 2009

**Prepared by Marian Drazek
LSA Midwifery Officer**

September 2009

CONTENTS

	Page
Executive Summary	5
1. Introduction	7
2. Local Supervising Authority function	9
3. Background	10
4. Numerical identification of units	12
5. NMC requirements to meet Rule 16 of the Midwives rules and standards	13
5.1 Each Local Supervising Authority (LSA) will ensure their report is made available to the public	13
5.2 Numbers of Supervisors of Midwives appointments, resignations and removals	18
5.3 Details of how midwives are provided with continuous access to a Supervisor of Midwives	24
5.4 Details of how the practice of midwifery is supervised	36
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	38
5.6 Evidence of engagement with Higher Education Institutions in relation to supervisory input into midwifery education	44
5.7 Details of any new policies related to the supervision of midwives	45
5.8 Evidence of developing trends that may impact on the practice of midwives in the Local Supervising Authority	64
5.9 Details of the number of complaints regarding the discharge of the supervisory function	65
5.10 Reports on all Local Supervising Authority investigations undertaken during the year	71
6. NMC Review of the North West LSA	72
7. Conclusion	73
8. Appendices	73

LIST OF CHARTS

- 1. Ratio of Supervisors to midwives for 2008/09**
- 2. Ratio of Supervisors to midwives for the last 4years**
- 3. Age profile of Supervisors practising as at 31 March 2009**
- 4. Age profile of midwives practising as at 31 March 2008**
- 5. Total number of babies born in the North West for last 6 years**
- 6. Total number of babies born in each maternity unit in 2008/09**
- 7. Total Number of babies born in North West units for the last 4 years**
- 8. Induction rates for the last 4 years**
- 9. Epidural rates for the last 4 years**
- 10. Caesarean section rates for the last 4 years**
- 11. Instrumental delivery rates for the last 4 years**
- 12. Planned home births in the North West for the last 6 years**
- 13. Planned home births per unit for the last 4 years**
- 14. Actual home births per unit, with midwife in attendance, last 4 years**
- 15. Unplanned home births, no midwife in attendance (BBA), for the last 6 years**
- 16. Total number of BBAs per unit for the last 6 years**
- 17. Percentage of women initiating breastfeeding for the last 4 years**
- 18. Percentage of women exclusively breastfeeding on transfer to Health Visitor care**
- 19. Stillbirths per unit for the last 4 years**
- 20. Women still smoking at time of delivery**

LIST OF TABLES

- 1. Appointments of North West Supervisors of Midwives**
- 2. Resignations of North West Supervisors of Midwives**
- 3. Temporary closures and restrictions of new admissions to North West Maternity Units in last 5 years**
- 4. Temporary unit closures and restrictions of new admissions in 2008/09**
- 5. Midwives on Supervised Practice in last 5 years**

LIST OF APPENDICES

- 1. North West LSA self-assessment of performance against the NMC Rules**
- 2. Summary of North West Supervisors performance measured against the National LSA Standards for Statutory Supervision**
- 3. North West LSA Audit Framework 2009 - 2010**
- 4. Format for Local Supervision Annual Report 2008/09**
- 5. Clinical Data Sheets for 2008/09**
- 6. Link Supervisors of Midwives person Role Specification and Framework of Attendance**
- 7. List of titles of presentations given at LSA meetings with Supervisors of Midwives in 2008 – 2009**
- 8. Benchmarking Tool for Supervisors of Midwives – NMC competencies**
- 9. Notes of the meeting of the North West LSA Midwifery Officer with North West Lead Midwives for Education**
- 10. Programme, LSA Annual Forum**
- 11. Programme from LSA/CEMACH Study Day**
- 12. Lists of Presentation Topics for Critical Analysis days**
- 13. North West LSA Strategy for the Statutory Supervision of Midwives**
- 14. NMC Review of North West LSA – Executive Summary of Report**

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, other stakeholders and the public of how statutory supervision is ensuring safe care for mothers and babies.

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

Key points summarised

Nursing and Midwifery Council

- The NMC undertook a formal review of the North West LSA in September 2008, the subsequent report was extremely positive – confirming that all the NMC Standards had been met and also commending the North West LSA for many examples of good practice.
- A self assessment of the LSA performance, against the NMC rules pertaining to discharge of the statutory function, also demonstrates that the North West LSA meets all applicable standards

Statutory Supervision in the North West

- 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 78 births in 2008 – 2009 and the largest had 8,160
- There were 4,138 midwives and 331 Supervisors practising at 31st March 2009

- The Midwifery Officer, on behalf of the LSA, appoints Supervisors of Midwives. The ratio of Supervisors to midwives was 1 to 13, which is better than the NMC recommendation of a maximum of 1 to 15.
- 19 Supervisors resigned in the year and 29 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.
- National Guidelines for Supervisors of Midwives have been written in collaboration with the other LSAs across the UK and the North West LSA Guidance complements this
- There have been no complaints regarding the LSA discharge of the statutory function nor about any Supervisors of Midwives

Investigations

- There were 110 investigations by Supervisors of Midwives in 2008 – 2009 and six formal LSA investigations
- A total of 16 midwives underwent supervised practice and three midwives were referred to the NMC by the LSA
- The LSA has engaged with Higher Education Institutions in relation to midwifery education programmes

Maternity Services in the North West

- The birth rate in the region continues to rise, the number of babies born in the year was 92,412, an increase of 16% in the last six years
- Temporary closures / restrictions of admissions to maternity units, continues to affect midwifery practice
- The significant ethnic minority population, plus the high number of dispersed asylum seekers, the number of Eastern European migrant workers, and the increasing number of Gypsy and Traveller families, provide challenges to maternity services

Additional Information in the Report

- Statistics outlining clinical trends affecting midwifery practice across the LSA
- Age profiles of Supervisors and midwives in the region
- Examples of good practice and supervisory initiatives and New LSA initiatives

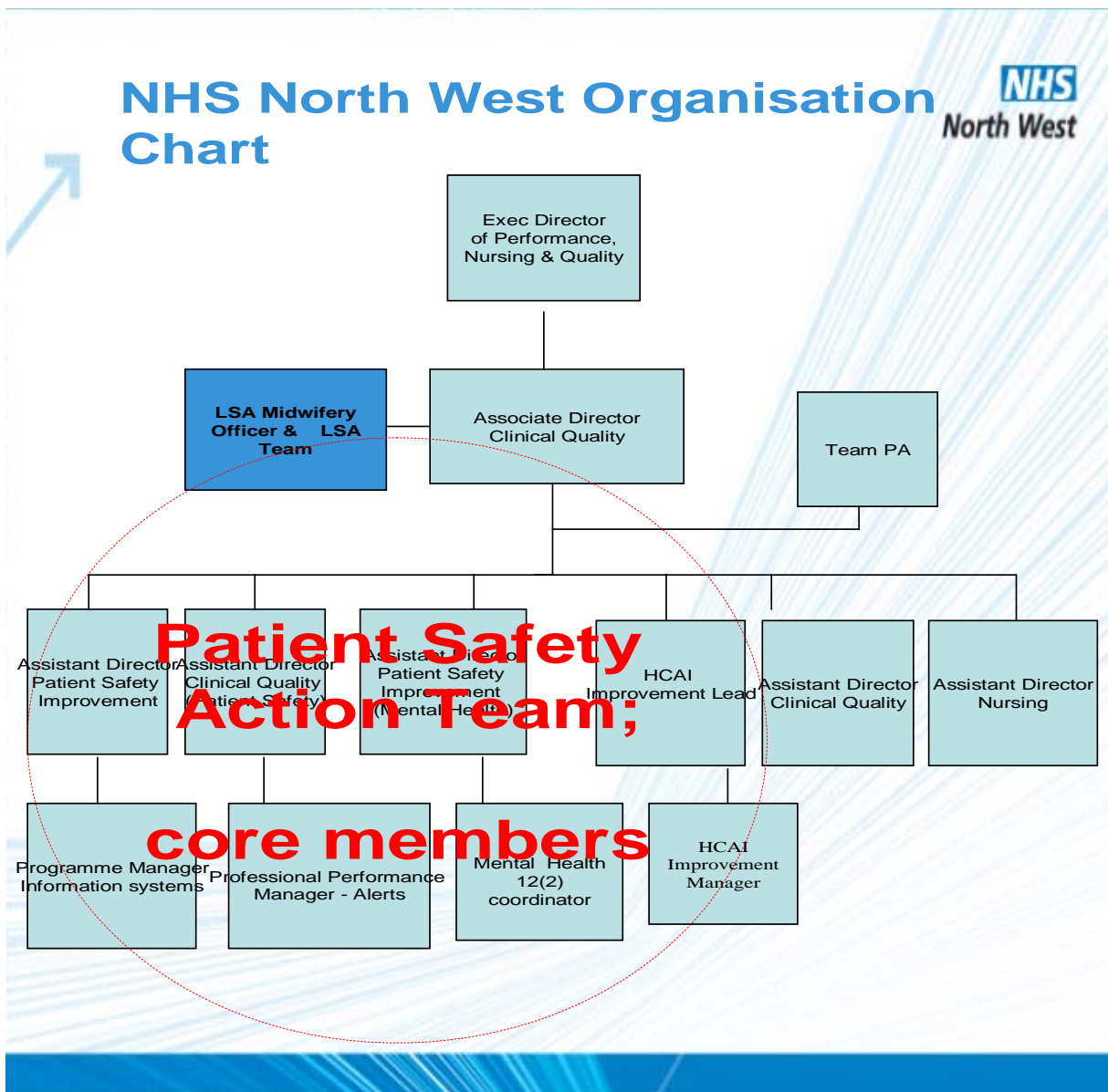
Publication

- 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 families 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 2008 – 2009 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 vision of NHS North West is to ensure the delivery of world class health and the highest quality health care for the people of the North West. 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

Tenterfield, Brigsteer Road, Kendal, Cumbria. LA5 9EA.
Telephone: 01539 797815

Chief Executive of NHS North West – Mr Mike Farrar

NHS Northwest, 7th Floor, Gateway House, Piccadilly South,
Manchester. M60 7LP.
Telephone: 0161 237 2397

Chief Executive of NHS East Midlands – Dr Barbara Hakin

NHS East Midlands, Octavia House, Bostocks Lane, Sandiacre,
Nottingham. NG10 5QG.
Telephone: 0115 968 4444

LSA representative for the Isle of Man – Mr Norman McGregor-Edwards

Director of Health Strategy & Performance, Department of Health & Social Security,
Crookall House, Demesne Road, Douglas, Isle of Man. IM1 3QA.
Telephone: 01624 642622

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 is undertaken annually and the results for 2008 – 2009 are included as appendix 1. This reveals that, as in previous years, 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 carried out a two day formal review of the North West LSA in 2008, as part of their programme of audits and some of the positive feedback received is included in this report.

The headings stipulated by the NMC, in the ‘**Guidance for Local Supervising Authority Annual Report submission to the NMC**’ for practice year 1 April 2008 – 31 March 2009’, 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 to ensure that a robust framework exists, which protects mothers and babies and also supports midwives. This report demonstrates how this has been achieved in the year 2008 – 2009.

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 2008 – 2009 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 2008 – 2009 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.

The North West is the second most socially deprived area of the country and there are a broad range of social inequalities and wide socioeconomic variations between neighbouring communities. This is reflected in the health of the population – with a high number of people experiencing some of the worst health in the country. In recent years the North West has seen a considerable change in its demographics, leading to complex health and social care needs, which also impact significantly on the provision of maternity care.

The black, minority and ethnic population has increased by 7% and some parts of the region have significantly more Asian families than in previous years. In addition, the region has one of the greatest numbers of dispersed asylum seekers in the UK, plus a significant number of migrant workers from Eastern Europe and an annual increase of 3% in the presence of Gypsy and Traveller families. Almost a quarter of children in the North West live in poverty and clearly these factors 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 2008 – 2009 was 92,412, compared to 91,517 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 eight 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 10,827 babies born there in the year and the North West also has two tertiary referral centres – the largest of which had 8,160 births in the year. The smallest maternity service is one of the four 'stand alone' midwife led units/birth centres – which had 78 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 4,138 midwives notified their intention to practise in the North West in the year 2008 – 2009 and there were 331 Supervisors of Midwives in post. (Data as at end of March 2009).

4. NUMERICAL IDENTIFICATION OF UNITS FOR CHARTS & TABLES

No	Unit
1	Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust
2	Bolton Hospitals NHS Trust
3	Central Manchester University Hospitals NHS Foundation 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	University Hospitals of Morecambe Bay NHS Trust (Furness)
15	University Hospitals of Morecambe Bay NHS Trust (Lancaster)
16	University Hospitals of Morecambe Bay NHS Trust (Kendal)
17	Warrington & Halton Hospitals NHS Foundation Trust
18	North Cumbria University Hospitals NHS Trust (Carlisle)
19	North Cumbria University Hospitals NHS Trust (Penrith)
20	North Cumbria University 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	University Hospital of South Manchester 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 2009. 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/whatwedo/LSA or via the SHA website www.northwest.nhs.uk and it will also be placed on the NMC website at www.nmc-uk.org. 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.

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 three 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

The number of Supervisors and midwives practising in each area fluctuates throughout the year – however, at 31 March 2009, 331 Supervisors and 4,138 midwives were working in the North West.

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
1 April 2008 – 31 March 2009	29

As demonstrated in table 1, there were 29 Supervisors of Midwives appointed in the year. Twenty eight of them had successfully completed the Preparation of Supervisors of Midwives course and the other one was a Supervisor who resigned in January 2006 and returned to supervision to be re-appointed in September 2008.

A further seven midwives began the course in September 2008, completing in the spring and appointed as Supervisors by June, 2009.

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
1 April 2008 – 31 March 2009	19

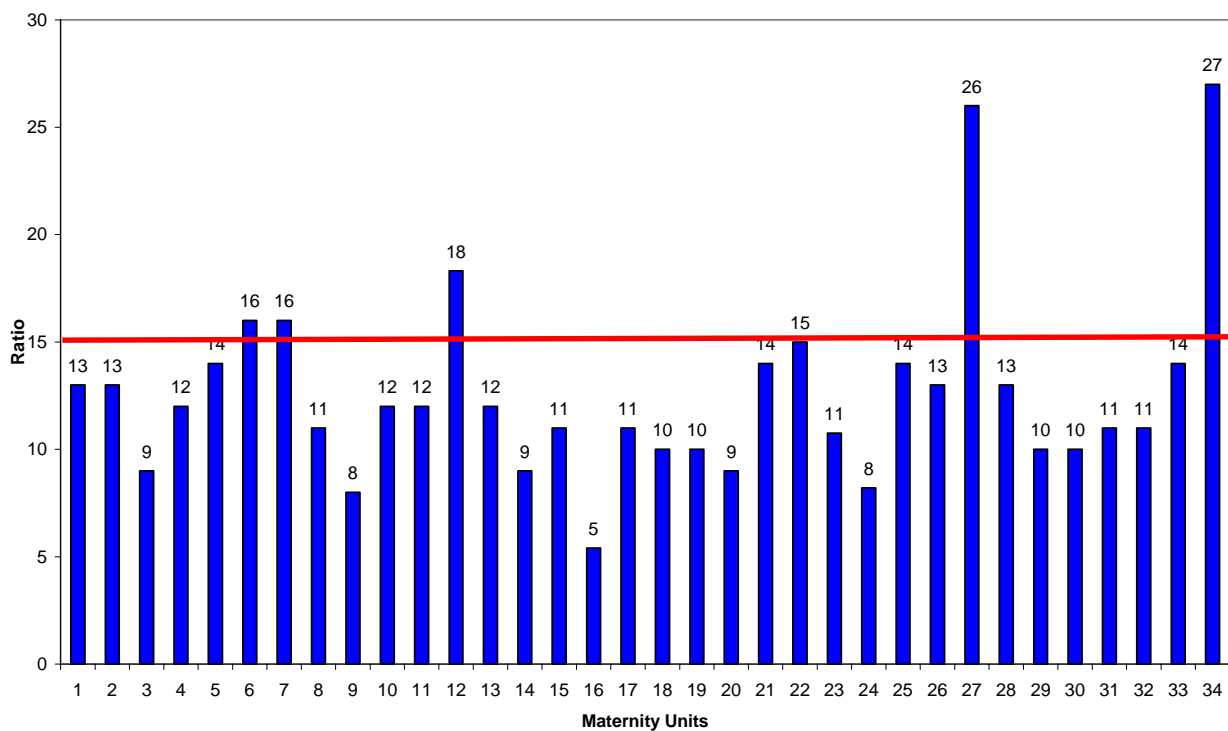
The LSA Midwifery Officer did not remove any Supervisors of Midwives from the role in 2008/09. Of the 19 Supervisors who stopped practising in the year; ten retired from their substantive midwifery posts, two gave up the role due to ill health, two finished for family and personal reasons, one left the UK, one left the North West, three made a career change and one reduced her midwifery hours and could not continue to find time to carry out supervisory duties.

Also during the reporting year, two North West Supervisors requested a sabbatical leave of absence from their supervisory duties, there were also two in 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 six years in table 2, illustrate that the number of Supervisors of Midwives ceasing to practise has maintained the low figure seen in the previous year. This is very positive, particularly as the majority were because of retirements from their substantive posts. Once again, 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 usually ensured sufficient numbers of Supervisors of Midwives in each service, in 2008 – 2009, three 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 NMC requirements – is now 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.

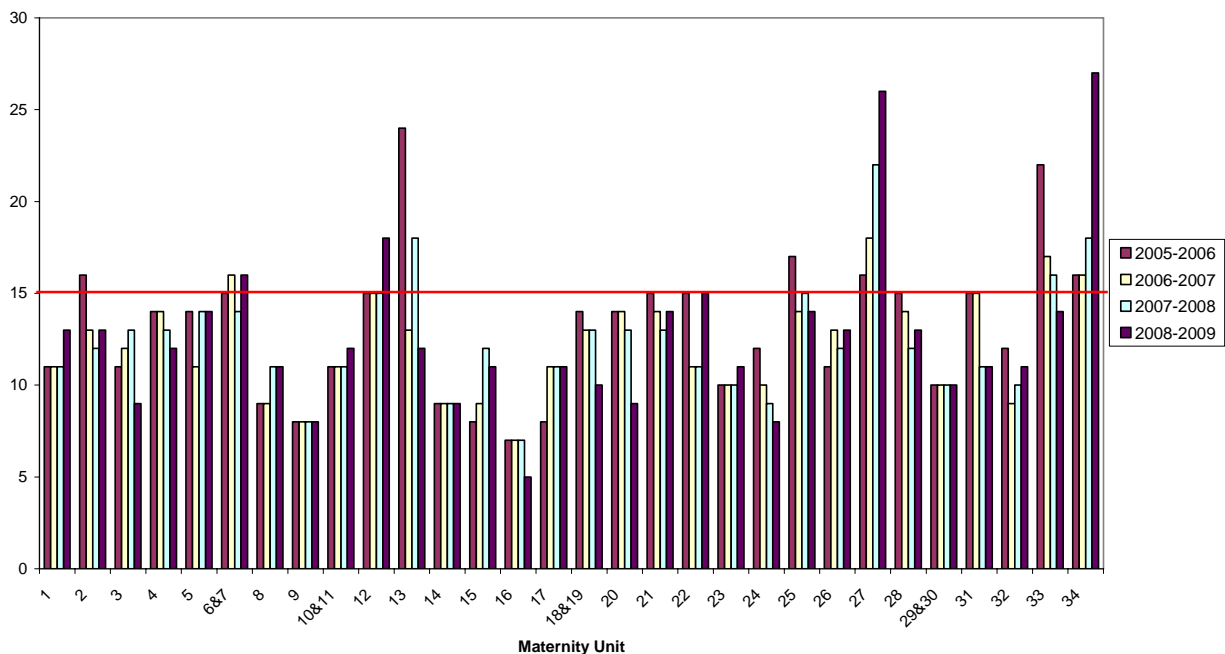
CHART 1 Ratio of Supervisors to Midwives for 2008 - 2009



NB: Units 6 & 7 are the same Trust and Supervisors cover both sites.
 Units 10 & 11 are the same Trust and Supervisors cover both sites.
 Units 18 & 19 are the same Trust and Supervisors cover both sites.
 Units 29 & 30 are the same Trust and Supervisors cover both sites.

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 four years. In 2008 – 2009, despite an action plan being in place locally, with midwives on every preparation course, the ratio there remained at 1 to 22, because of Supervisors of Midwives resignations. Three other Trusts were above the 1 to 15 ratio; Wrightington, Wigan and Leigh NHS Trust (unit 34) have had supervisory resignations and their ratio, at 1 to 26, is the highest in the North West for 2008/09. Liverpool Women’s NHS Foundation Trust, (unit 12) also have a ratio above the national standard at 1 to 18 and East Lancashire Hospitals NHS Trust (units 18 and 19) are marginally above at 1 to 16.

CHART 2 Ratio of Supervisors to Midwives for the last four years

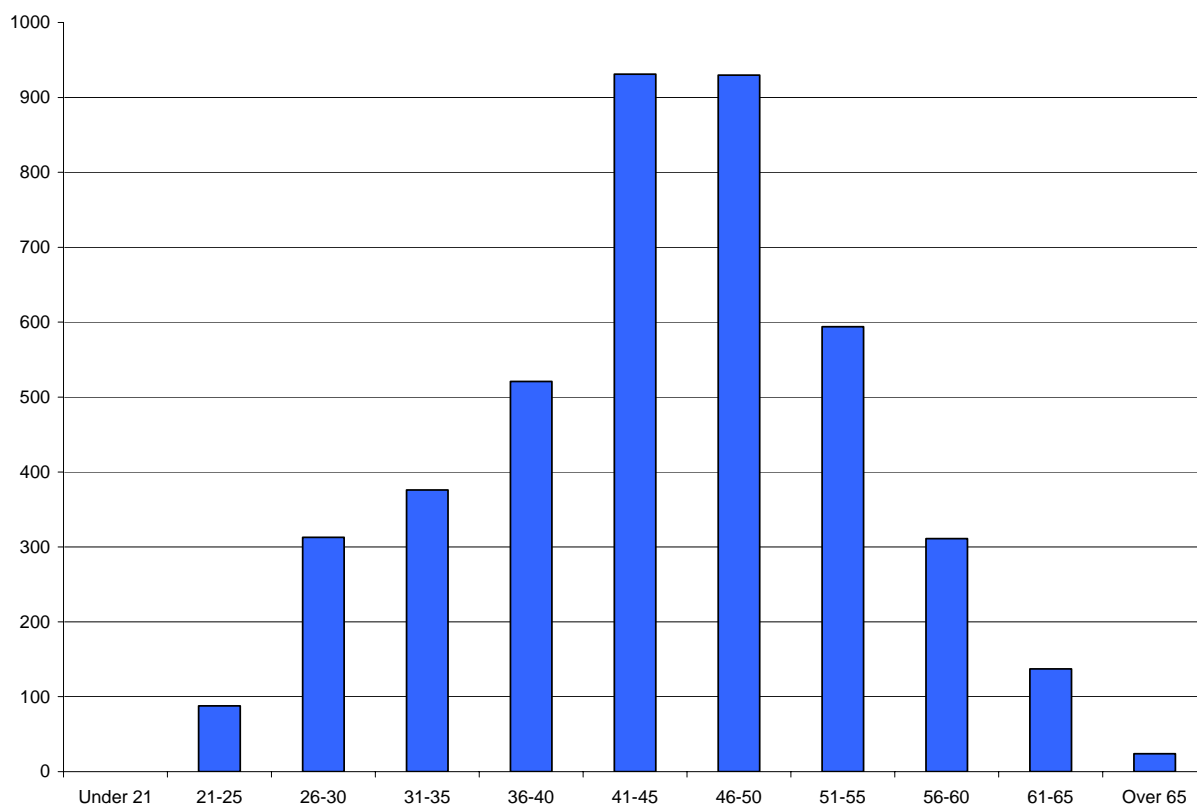


NB: Units 6 & 7 are the same Trust and Supervisors cover both sites
 Units 10 & 11 are the same Trust and Supervisors cover both sites
 Units 18 & 19 are the same Trust and Supervisors cover both sites.
 Units 29 & 30 are the same Trust and Supervisors cover both sites.

The average ratio of Supervisors to midwives across the LSA was 1 to 13 at 31 March 2009. Chart 1 shows the ratio in each of the North West maternity services, in comparison to the national standard and Chart 2 demonstrates this in comparison to the previous three years. The red line marks the national standard of 1 to 15.

The LSA database enables an age profile of Supervisors of Midwives to be obtained. The information in chart 3 illustrates that in 2008 – 2009, 34% of the Supervisors practising in the North West were in the 46 - 50 age range, a further 28.4% were in the 51 - 55 age group and 10.6% were aged 56 – 60. These figures are higher than in the previous year and mean that as some Supervisors of Midwives are also in the 61 to 65 and over age groups, 76% of Supervisors of Midwives within the LSA are now aged over 46.

Chart 3 Age Profile of Supervisors practising at 31 March 2009



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.

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.

Midwives are encouraged to contact their named Supervisor of Midwives regarding any practice issues, queries or concerns. In all North West services, midwives are provided with duty rosters, email addresses and telephone numbers for their named Supervisor, most Supervisors of Midwives also giving the midwives on their caseload personal telephone numbers too. At 1 to 1 meetings with each midwife on her caseload, the Supervisor of Midwives checks that they are confident about how to contact her and also what to do if their own named Supervisor of Midwives is not available.

Many units now have a Supervisor of Midwives practising in the clinical areas 24 hours a day, seven days a week – allowing easy access by midwives. However, in an emergency situation, midwives know that they can contact any Supervisor of Midwives and units display the on-call rota on the off duty; available in all clinical areas. This includes contact details and is also usually provided via the hospital switchboard.

Some units now have a sign displayed in each clinical area, stating which Supervisor of Midwives is working in that area and others have developed electronic databases – to ensure that midwives know who is available and how to make contact.

The contingency plan for a midwife who cannot contact the Supervisor of her choice, is to make available all details of all Supervisors of Midwives. When audited by the LSA, no midwives reported problems contacting a Supervisor when needed.

LSA national standard 4 for supervision is about equity of access to Supervisors of Midwives. 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 fourth year running. Response times from Supervisors to midwives, regarding advice in challenging situations, has not been formally audited in most units in the past. However, documentation to record this and also to provide details of the advice given, are increasingly being introduced and will also allow monitoring of trends or recurring events.

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 2008 – 2009 and again the fact was verified on discussion with midwives at audit visits.

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 2008 – 2009, all services 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. This was the first year that there has been 100% compliance with this criteria across the North West.

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 all midwives and 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 five Link Supervisors of Midwives provided support to the LSA Midwifery Officer and LSA Midwife - their availability is also communicated to Supervisors and midwives - to ensure that appropriate advice is easily available at all times.

To ensure compliance with the national standard, 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 North West LSA 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 North West LSA 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.

Regarding women accessing a Supervisor of Midwives – in response to previous audits, which identified that in some areas very few contacts were made – new initiatives have been developed to ensure that a Supervisor of Midwives is easily available:

- All women are given written information on the purpose of supervision, how a Supervisor of Midwives can help during the childbirth continuum and how to contact a Supervisor.
- This is in the form of booklets, information contained in the service maternity handbook, details on all information leaflets provided during pregnancy and information in hand held notes.
- Trust websites include information about supervision and also how women can contact a Supervisor of Midwives.
- Local 'user groups', e.g. home birth, breastfeeding groups, are given information on supervision to distribute widely to women.
- Posters, booklets and business cards promoting supervision are widely available in Children's Centres, GP Practices and other public meeting points such as libraries.
- Health Visitors are provided with information to pass on and/or can refer women directly to a Supervisor of Midwives.
- Midwives are encouraged to refer women to Supervisors of Midwives as appropriate.
- Triage systems in units, include the option to refer to a Supervisor of Midwives.

In addition, Supervisors of Midwives are clearly identified as such by name badges, lanyards and on supervision notice boards – to encourage women to approach them. Some units also have a designated mobile phone for the Supervisor of Midwives on call – that midwives and women can ring at any time.

Although response times from requests by women, for advice from a Supervisor of Midwives, have not been formally audited in North West units in the past, it does not appear that any problems have been encountered. However, Supervisors are now developing documentation to ensure that this can be formally monitored and some are enlisting hospital switchboards to support logging and timing of all calls from members of the public to Supervisors of Midwives.

It is also clear that in challenging situations, or those where a potential risk has been identified, the circumstances are discussed between Supervisors of Midwives and action plans – including specific support mechanisms for individual women – are agreed. This is usually the result of local situations, but may also be when the LSA have been contacted by women regarding their individual choices and local Supervisors are asked to support the woman and her family within their own services.

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 carry out the role - to ensure a consistency when undertaking 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 'Intention to Practise' process, managing annual supervisory reviews, transfer of supervisory records and audits of midwives documentation, are carried out in line with NMC requirements and consistent with Supervisors across the rest of the UK. These guidelines 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. The LSA monitor consistency of the supervisory function by reviewing all activity and documentation against the North West Guidance and National LSA Guidelines.

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 2008 – 2009 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 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.

In 2008 – 2009 'Good Practice' examples were collated from all the LSA audits. This document was then shared with all North West Supervisors of Midwives, the SHA and other interested parties – inviting individuals to contact the Supervisors at any particular unit that had an initiative that interested them.

Details of all audits were 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.

Following discussion and the sharing of audit practices between LSA Midwifery Officers, the North West LSA reviewed and revised the audit framework during 2008 – 2009. A new process, covering a two year timescale, has been agreed and to commence in the 2009 – 2010 practice year. A synopsis of this is included as appendix 3.

Local supervisory annual reports have been provided to the LSA by all groups of Supervisors for 2008 – 2009, 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. The proforma for 2008 – 2009 is included as appendix 4.

Information 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 – the forms devised for this, one for NHS Trusts and one for independent midwives are included as appendix 5. The statistics from some of this data are also presented later in the report, trends in North West maternity services are illustrated and examples of good practice, which demonstrate that supervision in 2008/2009 continued to be a dynamic process that ensured safe, effective and appropriate care for mothers and babies in the North West.

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 three Heads of Midwifery undertake the Contact Supervisor role in the North West.

Communication between the LSA Midwifery Officer, LSA Midwife and the five 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. 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.

Mindful of the fact that at least one Link Supervisor was expected to retire from the role in 2009, the person specification and framework of attendance were revised and are included as appendix 6. This was then circulated to all North West Supervisors of Midwives – asking for expressions of interest in the role to be notified to the LSA. An application and interview process would then be undertaken.

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 2008 - 2009. Attendance for these meetings was between 30 and 90 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 issues identified by Supervisors or by the LSA. These presentations are then added to the North West LSA website and a list of topics covered in the 2008/2009 meetings is included as appendix 7. The meetings provide a valuable opportunity to share learning experiences and good practice and continue to be greatly appreciated by North West Supervisors. The second part of each meeting continues 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.

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 2008 – 2009 were moved around the UK and meetings were held three times in London and once each in Leeds, Taunton, Manchester and Glasgow. 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. 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. In addition, on 29th April 2008, the bi-annual National LSA Conference was held in Nottingham and once again was evaluated extremely well. LSA Midwifery Officers support Supervisors of Midwives from across the UK to attend this event, to share good practice and learn from each other.

The LSA Midwifery Officers Forum UK previously developed a 'Strategic direction' document, to identify priorities for the group from 2008 – 2011. In 2008, this was reviewed, to assess progress after one year of publication. An update was written which clearly outlines the work being undertaken on a national basis, which supports Supervisors of Midwives in all areas, to undertake the statutory function.

An Annual Report was also produced, to give an update on the forum's activity in the year 2008 – 2009, which demonstrates the collaborative work, particularly with other stakeholders – to ensure that there is a consistent and equitable approach to achieving the standards set by the NMC.

In addition, the group devised an Action Plan in response to the NMC publication, 'Supervision, Support and Safety' analysis of the 2007 – 2008 LSA annual reports. This plan reflected the discussions held by the forum regarding the recommendations made by the NMC and will be updated regularly.

All the documents detailed above are available on the UK LSA Midwifery Officers website at www.midwife.org and also on the North West LSA website.

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, at national level and also between the North West LSA Midwifery Officer and RCM Regional Officers.

Communication with the NMC was excellent throughout the year. Quarterly meetings take place, arranged by the NMC, which include LSA Midwifery Officers from all four countries and once per year 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 2008 – 2009 included meetings with: -

- Chief Executive & Executive Director of Performance, Nursing & Quality
- Associate Director of Clinical Quality
- Clinical Governance staff
- Maternity Matters lead
- Assistant Director, Maternity & Early Years
- Assistant Director Workforce and Modernisation
- Communications, IT and Human Resource staff
- Regional CEMACH manager

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, the LSA Midwifery Officer has continued to improve channels of communication with the maternity service commissioners and a variety of other stakeholders, 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 and public health initiatives.

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 remains 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 2008 – 2009 the LSA Midwife documented 39 cases of women needing support to explore their care options, this is compared to 91 in the previous year and demonstrates that women are experiencing less problems accessing their choices directly, in local services. It is clear that with the introduction of additional services, such as VBAC clinics and debriefing, Supervisors of Midwives are doing more to support individual women and facilitate choices outside of normal care pathways. Of the 39 women who contacted the LSA Midwife, she went on to facilitate the care of 25 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. In six instances, the LSA Midwife worked directly with Supervisors and midwives in local units, to jointly provide care, designed to meet the woman's specific needs. 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.

In addition, the LSA Midwife 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.

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 in July 2008 at the Houses of Parliament and two maternity projects, both run by midwives from Pennine Acute Hospitals NHS Trust, were the only North West entries to be 'highly commended'.

The first award was in the category of 'Developing inclusive services for disadvantaged groups and communities' and focussed on antenatal care tailored to women from minority ethnic groups. The second award was in the category 'Responsive woman-centred, family-focussed postnatal care' and was for the production of a light-hearted book which challenges the myths around breastfeeding. 'Saggy Boobs and other Breastfeeding Myths' is written in cartoon style, separating fact from fiction and illustrated with embroidered pictures.

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, to disseminate information 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 Event Reviews
- 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 Haemaglobinopathies Group
- Blood Transfusion Committee

Supervisors are also working hard 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 supported the practice of midwives, improved care to women and raised the profile of supervision. The following are some examples from 2008 – 2009: -

- Information posters about supervision - in GP practices and Children's Centres
- 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
- Group supervision sessions – in addition to annual 1 to 1 annual reviews
- Supervision included on Trust mandatory training days for all staff
- Supervisors developed an ‘Early Warning’ scoring system for maternity patients – to ensure that any deviations from normal are identified as soon as possible
- Consultant obstetricians refer women to Supervisors of Midwives, to discuss plans of care that may deviate from the normal pathway
- Supervisor involved in training and assessment of newly appointed medical staff
- Health Visitors refer women to Supervisors of Midwives
- Supervision included on Trust website
- Reduction in caesarean section rate - as a result of Supervisors challenging obstetric interventions
- Reduction in number of complaints – as a result of Supervisors of Midwives introducing a robust ‘Debriefing’ system for women
- Supervisors participate in ‘Open Days’ for potential student midwives
- Supervisors developed a positive/normal birth review with midwives
- Supervisors of Midwives liaise with other maternity units to gain information to support service provision and changes in practice
- 1 to 1 support with safeguarding casework
- Audit of CTG recordings and associated documentation included at 1 to 1 annual reviews
- Encouragement and support for women and midwives regarding home birth, waterbirth and midwifery led care
- Establishment of birth centres influenced by Supervisors of Midwives
- Supervision included in Trust performance accelerator risk register
- Support from Supervisors of Midwives to midwives attending Coroner’s court hearings
- Supervisors of Midwives involved in all aspects of work for CNST assessment
- CEMACH co-ordinator is a Supervisor of Midwives
- Intensive participation and negotiation from Supervisors of Midwives in quality schedule and CQUINN agreement
- Midwives invited to first hour of Supervisors of Midwives’ meetings – to discuss clinical incidents or practice issues
- Supervisors of Midwives have developed and formalised a framework for midwives undergoing developmental support
- Supervisors of Midwives developed teenage pregnancy and obesity pathways
- Supervisors of Midwives have developed a proforma to assist with mentorship of midwives on supervised practice
- Statutory supervision included in Trust clinical supervision policy
- Supervisors of Midwives representatives on Midwifery 2020 programme
- Documentation developed to be completed for any cancelled home birth
- Additional support provided for midwives practising on neonatal unit – including ‘shadowing’ clinically based Supervisors of Midwives
- Supervisors of Midwives presenting LSA audit report to Trust Clinical Governance Committee
- Supervisors of Midwives undertaken risk assessment of newly introduced maternity services computer system
- Supervisors of Midwives working closely with commissioners at local PCT to secure appropriate funding for maternity services

- Supervisors of Midwives working closely with Clinical Governance Team regarding developing training, education and support for midwives regarding practice issues
- Supervisors of Midwives facilitating training for all staff in recognising and responding to domestic abuse
- Commissioning Service Specification written by Supervisor of Midwives on behalf of PCT
- Clinical updating sessions – facilitated by a Supervisor of Midwives – have informed midwives how to discuss changes to the Antenatal and Newborn Screening Programme, with parents, to ensure their consent
- Facilitating women with raised BMI, who want a vaginal birth after caesarean section and those who are GBS positive, to have a waterbirth
- Supervisors of Midwives have developed a communication folder to assist midwives communicating with increasingly diverse population
- Supervisor of Midwives promoting new suturing technique, leading to decreased perineal pain and increased effective wound healing
- Development of web based reporting in Trust
- Early Pregnancy Assessment unit set up by Supervisors of Midwives, to improve outcomes in early pregnancy
- Supervisors of Midwives meeting with Prison Governor to assess facilities for pregnant women
- Supporting midwives through practice changes in response to NICE Guidelines and national policies
- Leaflet for midwives produced by Supervisors of Midwives regarding NICE antenatal pathway
- Establishment of VBAC service in response to an increased caesarean section rate
- Supervisors of midwives on Child Death Overview Panel at Trust
- Introduction of triage system with rotation of midwives to facilitate expertise
- Presentation to HR department regarding statutory supervision
- Supervisors of Midwives closely involved with reconfiguration plans, including additional support to women and to midwives
- Supervisors of Midwives involved in Mental Health Strategy
- PGDs developed, reviewed and implemented by Supervisors of Midwives
- Supervisors facilitating increased numbers of midwives working from Children's Centres
- Supervisors of Midwives devised form for women to complete at booking giving the midwife permission to contact them at a chosen place or telephone number – to increase confidentiality

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 2008 – 2009. The main causes for concern were: -

- Lack of remuneration for carrying out the supervisory role
- Lack of dedicated resources; secretarial support, office space and private computer terminals, to support the statutory function
- Lack of allocated time to undertake supervision
- Time for supervision away from clinical responsibilities
- Concerns regarding staffing/patient choices/support of midwives
- Increases in the birth rate and in the home birth rate

- Efforts involved in keeping birth normal
- Working to implement government policy
- Lack of engagement by service users
- Increase in the number of pregnant women with underlying medical illness and/or a raised BMI
- Substantial increase in minority groups as percentage of service users – particularly East European women - in many areas
- Supervisors of Midwives and midwives giving evidence at NMC hearings
- Capacity issues and temporary unit closures to admissions
- Supervisors of Midwives called on as 'pair of hands' when on call
- Head of Midwifery and deputy Head of Midwifery not being Supervisors of Midwives
- Lack of recognition of value of supervision within the Trust and/or with Commissioners
- Maternity service reviews
- Motivating staff working in an ever changing environment
- Reconfiguration of services
- Ability of service to deliver 'Maternity Matters'
- Supporting work to achieve UNICEF BFI status
- Lack of opportunity for midwives who wish to be Supervisors as sufficient Supervisors of Midwives in post
- Recruitment and retention of Supervisors of Midwives
- Ratio of Supervisors to midwives
- Increase in caseloads when Supervisors leave or on long term sick leave
- Supervisors involvement in training Maternity Assistant Practitioners
- Supporting staff through introduction of new Maternity Information System
- Supporting staff during development of midwife led units/birth centres
- Support required by staff when Press coverage of incidents takes place
- Maintaining cross site Supervisors of Midwives' meetings

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, although an increasing number of Trusts now reward them financially. However, of those receiving remuneration in 2008 - 2009, it varied between only £500 and £1,000 per annum. This is in comparison to some LSAs in the UK where Supervisors in every Maternity Service receive financial recognition of up to £2,500 per year each - from the Trust where they are based.

The challenges regarding payment, resources and time for Supervision are being addressed by Supervisors of Midwives at local level by discussion and negotiation, including at Trust Board and with commissioners of maternity services. The LSA Midwifery Officer and LSA Midwife offer support to Supervisors of Midwives in all units and have been involved in meetings with Supervisors and Trusts' Chief Executives, in addition to providing practical assistance regarding helping to formulate business cases. This discussion has also raised the profile of statutory supervision at strategic level.

Regarding service and practice changes, Supervisors supporting midwives through change is an ongoing theme across the North West and whether it be a change in the casemix of women, new policies being introduced into the service, or redesign of maternity care provision across several units, Supervisors of Midwives recognise the challenges that midwives face and ensure they provide mechanisms of support to all involved. In many units, Supervisors have raised the profile of the statutory function – which, in turn, has encouraged more midwives to consider undertaking the Preparation of Supervisors of Midwives course.

In addition to the annual audit of supervision, the LSA Midwifery Officer and LSA Midwife have visited maternity services to help resolve specific issues and also facilitate the exchange of resolutions to some of the most common challenges between Supervisors of Midwives in different areas of the North West.

The LSA and North West Supervisors of Midwives use the national LSA database as an electronic method of storing supervision related data and this system is constantly being refined and developed to allow more information to be collected and increased analysis of any trends. Electronic systems at the LSA office and in maternity services are also used – to allow confidential storage of more detailed supervision documents, to the mandatory seven or twenty five years – depending on the type of records in question.

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. Service 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. Since January 2008, in addition to the reimbursed expenses, usually travel and childcare costs, the LSA have paid each service user £100 per audit visit, plus a pro rata payment for other LSA work.

The exercise carried out in the previous four years, was repeated to attract new user auditors in 2008/2009. 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 poster to invite service users to contact the LSA office and find out more about the role 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.

The initiatives were very successful and before the round of LSA audit visits began for 2008 – 2009, training had been carried out for the additional service users who had agreed to act as ‘auditors’ for the LSA visits. In conjunction with this, training was also provided for 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 people wishing to join in the following round of visits.

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. In addition, service users were involved more widely in LSA work over the year, undertaking presentations at meetings and educational events, including being part of the interview panel for midwives nominated to undertake the Preparation of Supervisors of Midwives course.

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 2008 - 2009 these included: -

- Service users present at LSA audits
- Attendance at VBAC information evenings
- Supervisors of Midwives working with Peer Support workers to improve breastfeeding
- Development of a DVD for South Asian families, which aims to promote and support access to maternity care and includes supervision – led by service user
- ‘Meet and Greet’ service on delivery suite by volunteer users
- Involvement in maternity service evaluation and reviews
- 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 Advisory Groups in Children’s Centre
- Maternity service user forums
- Risk management committees
- Clinical guidelines, protocols and policies ratification
- Drop in sessions for women to meet local Supervisors of Midwives
- Promoting Normality Working Group
- Home birth support groups and home birth information evenings
- Breastfeeding strategy group
- Breast feeding support groups
- Maternity Services Liaison Committees
- Supervisors access Service Users at hub groups
- Service user member of Consultation Group for new guidelines for practice
- Baby Café
- Feedback cards offered at all stages of contact with service

- Suggestion boxes on all wards and departments
- Supervisors review comments page of maternity records – where users offer suggestions to shape the service for the future
- Supervisors working with PALs patient forums
- Audit of service users' views of supervision
- Supervisors of Midwives 'ward rounds' to talk to women
- Neonatal Patient Information Group
- Service users recruited to influence midwifery curriculum at HEI
- Patient tracker survey
- Checklist for Supervisor to ask users about their experiences
- User interviews by Supervisors of Midwives
- Evaluation of parent education sessions
- Young parents services and Parents & Carers group
- Baby loss support group
- Listening, debriefing and afterthoughts services
- Involvement in scoping exercise for development/upgrading of maternity unit
- Involved in design of birth centre
- Service user e-group used for consultation on range of issues
- Teenage pregnancy midwife works with users on all relevant service developments
- Supervisors of Midwives stall at 'Pregnancy to Parenthood' and similar open days – meet with families at different geographical locations
- Marketing and Communication Group
- Service users designed the cover of the 'Teenage Pregnancy Pathway'
- Survey of women attending Children's Centres
- 'Parent and Public Forum' review all patient information
- Satisfaction questionnaires audited by Supervisors of Midwives
- Supervisors of Midwives use governance approach of ensuring congruency between adverse incidents, claims and complaints
- Supervisors of Midwives interact with NCT
- 'Baby Day' to bring together service users, voluntary and statutory agencies – including Supervisors of Midwives

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.

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 2008 – 2009. 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.

This interface ensures that the LSA gains up-to-date information about the clinical learning environment and in particular, any issues regarding pre-registration student midwives. In addition, Supervisors from all maternity services in the North West were asked, in their local annual reports, to identify any trends that may or were impacting on the learning environment for students.

The responses highlighted the following :-

- Increase in birth rate
- Increase in home births
- High caesarean section rate
- Rise in minority groups
- New PSA target to book women by 12 weeks
- NICE target to book women by 10 weeks
- Diabetic screening, increase in GTTs
- Difficulty maintaining 1:1 care in labour
- Staffing problems
- Training resources
- Grading in Practice to be introduced in September 2009.
- Mandatory training including updates for 'sign off' mentors
- Insufficient 'sign off' mentors
- Work in progress to meet NMC standard that all student midwives achieve 100% pass for drug calculations
- Reconfiguration – positive impact as midwifery led units and caseloading midwifery will provide excellent opportunities for student learning and understanding of promoting normality
- Third year student midwives have more time with shift leaders as mentors and this has been of benefit to students' decision making and prioritising workload skills
- Move from two small to one large intake of student midwives per year at one HEI
- Medicalisation of childbirth and the emphasis on risk – impedes knowledge about normality and the opportunity for student midwives to be grounded in normality, in year one of training, is limited
- Impact of maternal deaths on 'direct entry' midwives, who do not expect to encounter these deaths during midwifery training
- Continuity of mentorship on Delivery Suite
- Provision of high risk care by Band 6 midwives can restrict continuity of mentorship for student midwives, because of difficulties in having a diverse skill mix, particularly in the delivery suite environment
- Triage unit is a very beneficial learning environment for third year students – focusses on skills required at level 3; clinical decision making and management
- Close relationship between unit and HEI – including Directorate Liaison Teacher – means that students who are struggling are identified early and the issues resolved between mentors and University as soon as possible

Supervisors of Midwives are well placed to assess the clinical learning environment as evidenced by both negative and positive issues listed above. Many of the trends that are listed are viewed as impacting on midwives' time and therefore affect the learning environment for students. These are identified because Supervisors are present in the practice areas, including being 'sign off' mentors themselves and also participate in events such as meetings and workshops forums for student midwives, within clinical areas.

Supervisors of Midwives are also involved in audits of the learning environment and feedback is given by using formal audit tools, by triangulation interviews with link tutors and also by student evaluations of placements. In addition, link midwifery tutors from the HEIs visit clinical areas regularly – to support both student midwives and mentors and Supervisors attend meetings at Universities to discuss shared concerns. Supervisors of Midwives are identified for all student midwives at HEIs across the North West – therefore any issues which students wish to discuss confidentially, can be taken to their named Supervisor whilst on practice placements. All units in the North West have excellent relationships with local HEIs. Liaison between service and education takes place in both practice and academic arenas.

LSA National Standards for Supervision, criteria 3.6 of standard 3 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 2008 – 2009, 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 about 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 other 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

LSA National 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 2008 - 2009, 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.

The North West and West Midlands continued to collaborate to provide a Bi-Regional Course of 26 weeks duration, for the Preparation of Supervisors of Midwives at academic level 3 which meets the requirements of the NMC Standards for the preparation and practice of supervisors of midwives. The two approved educational institutions that provide the programme are the University of Manchester and the University of Central England. 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 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 Preparation of Supervisors of Midwives programme content is consistently well evaluated and produces excellent results, in both academic and practice assessments. The cohort of students who undertook the Manchester based course in 2008 had 100% pass rate and all midwives were successfully appointed as North West Supervisors. The course leaders and LMEs liaise closely with the LSA and if any midwife on the preparation course is encountering problems, there is a joint effort to address the problem. On publication of the results for each cohort, the LSA are formally notified – in writing – of the results. Any student who fails to complete the course successfully, is discussed between the HEI and LSA and a joint decision will be made, regarding whether or not it is appropriate to encourage the midwife to have another attempt.

At the end of the preparation course, all new Supervisors of Midwives in the North West are required to have formulated a Personal Development Plan – this ensures that everyone concerned is aware of any identified learning needs and can support the new Supervisor. Mentorship for a minimum of three to six months is a requirement and again, if any difficulties arise, the LSA will be kept informed and can therefore offer support. In 2008 – 2009 the North West LSA developed a benchmarking tool (appendix 8), to give all Supervisors of Midwives a way of demonstrating that they meet the NMC competencies. The midwives undertaking the preparation course are also now encouraged to complete this document – providing additional evidence that they are competent to undertake the role.

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 March 2009 are included as appendix 9 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 of Cumbria
- University of Manchester
- University of Salford

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.

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 three 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 137 delegates attended the two North West LSA Annual Forums for Supervisors of Midwives held on 4th and 26th November 2008. The title was “Supervision; if it works, prove it’ and the event was duplicated to allow maximum attendance. The event centred around a “mock up” of an NMC Professional Conduct hearing, the style was participative and each day was extremely well evaluated by the Supervisors present. The programme is included as appendix 10 of this report. As a result of the popularity of these events and in response to the evaluation comments, the LSA has been developing a ‘workshop’ package to support midwives and Supervisors in preparation for attending the NMC as witnesses. This was piloted in 2008 – 2009 with a large group who were called to give evidence at two Professional Conduct hearings and is currently being finalised in response to their comments. In addition to midwives and Supervisors identifying their needs, the LSA Midwifery Officer, LSA Midwife and the Link Supervisors of Midwives have worked with a Midwifery Lecturer who is an NMC Fitness to Practise panellist, to ensure that the workshops are appropriate and robust.

Study days also continue to be held annually for Supervisors and midwives in the North West. In 2008 – 2009 the LSA collaborated with CEMACH and provided three events entitled ‘Saving Mothers Lives – The Supervisor’s Role – Translating Recommendations into Practice’. A total of 107 Supervisors of Midwives attended in May, June and July 2008 and joined interactive workshops, the results of which were published in a detailed report later in the year. Evaluations of the content were excellent, and the programme for one of the days is included as 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 35 delegates attended the event on 1st October 2008 with another 34 attending on 5th March 2009. The titles of some of the individual Supervisors of Midwives presentations are included as appendix 12.

A database is maintained of all attendances at educational and professional development events – so that any Supervisor 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.

Finally, regarding engagement with HEIs, 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

In 2008 – 2009 the North West LSA Strategy was reviewed and a new document formalised; this is included as appendix 13. The LSA team, including Link Supervisors of Midwives, review this strategy annually and update it in response to the results of LSA audits and monitoring of supervision activity across the North West. The objectives are amended as required, to reflect any changes in national policy or legislation relating to the statutory function and to take account of any shift in local priorities.

The LSA Midwifery Officers’ Forum UK reviews, updates and develops existing and new policies and guidelines for statutory supervision – for use by all Supervisors of Midwives across the UK. Each LSA Midwifery Officer takes responsibility for specific documents and during 2008 – 2009 the North West LSA Midwifery Officer led on production of a new guideline on the role of the Contact Supervisor of Midwives. This was drafted, debated, agreed and then published. The most recent versions of all national LSA documents are available on www.midwife.org.uk

Supervisors of Midwives include, in their annual reports, details of any new local policies that have been developed in the previous year – so that the LSA is kept informed of each group’s priorities. Local supervision strategies and terms of reference for Supervisors of Midwives meetings are generally updated annually; only one unit in 2008 – 2009 did not have an up-to-date strategy. Action plans are reviewed more frequently, usually at each Supervisors of Midwives meeting and discussed at the LSA audit, regarding progress in the past year. New policies that have been introduced into particular services, by Supervisors of Midwives in the past year are:-

- Philosophy for Statutory Supervision
- Policy for Independent Midwives
- Policy for safeguarding in relation to temporary residents
- Escalation of concerns by a Supervisor of Midwives to the LSA
- Maternal deaths
- Developmental Practice
- Care of the seriously ill pregnant woman
- Telephone information pathway, including policy for filing in notes
- Suspension of maternity services policy
- Intrapartum care documentation

The North West LSA also developed, during 2008 – 2009, a new Benchmarking Tool for Supervisors of Midwives – this is included as appendix 8. The document was produced to ensure that all Supervisors can provide evidence that they meet the NMC competencies, as per the NMC Standards for the Preparation and Practice of Supervisors of Midwives (2006).

It is expected that each Supervisor of Midwives will complete this Self Assessment and Personal Development Plan annually, to assess their ongoing personal learning needs and thus plan their Continuing Professional Development. The 2010 LSA audits will include examination of the document for all Supervisors of Midwives in the North West.

5.8 Evidence of developing trends that may impact on the practice of midwives in the Local Supervising Authority

Public Health

The North West is a region of contrasts, in its geography, work and life opportunities, cultures, income and health status. As a result, health professionals face key challenges in addressing the needs of a wide range of individuals and ensuring access to health services for all groups. The region has seen a recent considerable change in 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:-

- In 2007 there were a total of 6,175 asylum seekers in the North West
- Maternal mortality rates for asylum seekers are three times higher than average
- 9% (400,000 people) of the working age population in the region are on incapacity benefit
- Sickness absence in the region is joint highest nationally
- 20.6% of the working age population is identified as being disabled
- 16% of people are on benefits
- Black, Minority and Ethnic population has increased to over 7%
- 612,000 people in the North West identify themselves as Lesbian, Gay, Bisexual and Transgender
- There is a growing number of Gypsy and Traveller families – an annual increase of 3%
- Migrant workers registering for a National Insurance number were 51,580 in the North West in 2006 – 2007
- Poland as the biggest single group (22,000)
- Nearly a quarter of children in the region live in poverty

The North West is the second most socially deprived area of the country, there are significant socioeconomic variations across the area and a large part of the population live in poor general health. This is well illustrated by data from the Community Health Profiles which compares the health of people living in the North West with the England average and other government office regions. The North West has the highest rates 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
- Drug misuse
- Violent injuries serious enough to require hospital treatment
- Claiming incapacity benefits for mental and behavioral disorders

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

- Deaths from cancer
- Smoking in pregnancy
- Teenage pregnancy
- Binge drinking

There is also low life expectancy, an infant mortality rate above the England average, as well as obesity in children and poor health in the aged under 15s.

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

Local Trends

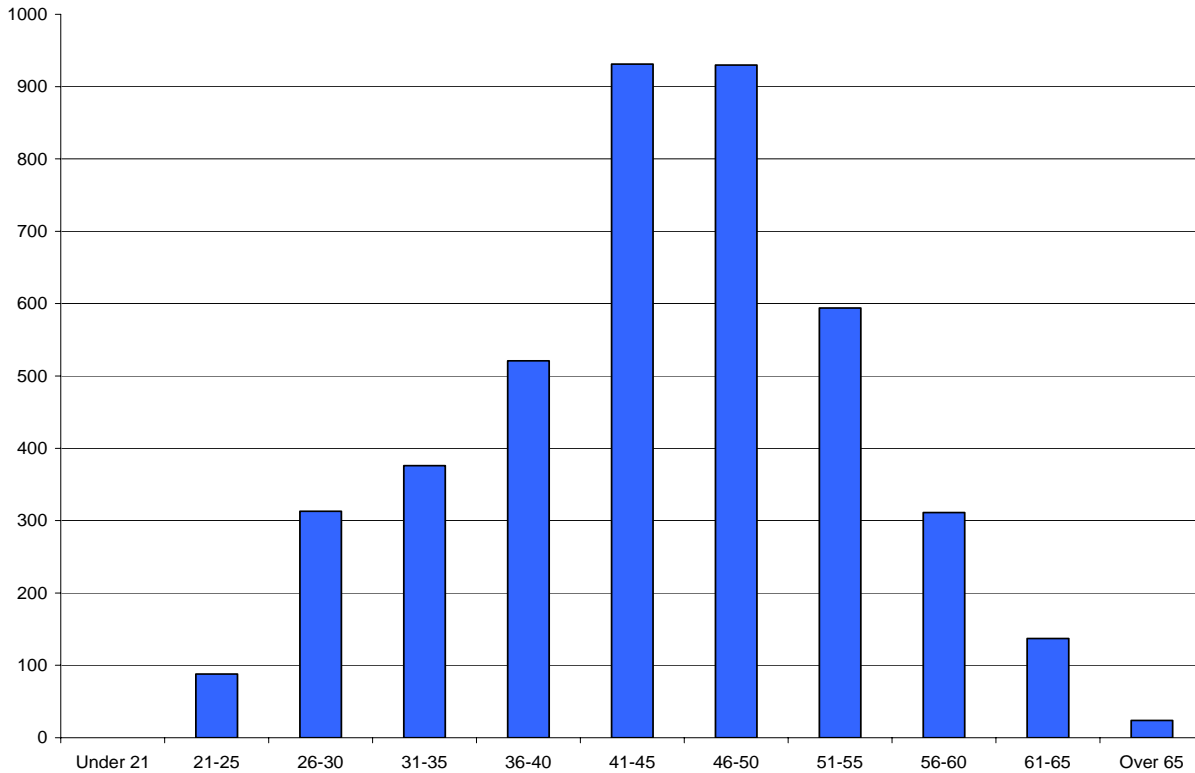
Supervisors of Midwives have identified developments at local level that they feel impacted on the practice of midwives in 2008 – 2009:-

- Increase in birth rate
- Increase in home birth rate
- Increase in births at birth centres
- Significant increase in service users from Eastern European countries
- Increase in Romany travellers
- More antenatal care undertaken in community settings

- Caesarean section rates – both increases and decreases
- VBAC rate increasing
- Temporary unit to closures to admissions ongoing
- More high dependency care
- Increase in workload
- Implementation of new maternity information systems
- Increase in numbers of high risk women
- PSA target to book women by 12 weeks
- PSA target to increase breastfeeding by 2% year on year
- NICE target to book women by 10 weeks
- Increased antenatal screening
- Increase in the detection of abnormalities due to introduction of dating scans
- Increased number of amniocentesis performed
- Anti D prophylaxis for Rhesus negative women
- High GTT requirement
- MRSA screening for elective caesarean sections
- New legislation regarding payment for services by overseas visitors
- All women booked with a midwife and only transferred to consultant care if problems arise
- Maternity Dashboard to record Serious Untoward Incidents
- Redesign of maternity services
- PCT setting of CQUIN targets
- Midwife as first point of contact difficult to achieve
- Expansion of neonatal services
- Availability of neonatal cots
- Provision/development of transitional care
- Maternal deaths
- Withdrawal of home birth service on occasions
- Age profile of workforce
- Midwives taking flexible, rather than full, retirement
- Midwife to birth ratio
- Cancellation of statutory training due to staffing levels
- Move of midwives into Children's Centres
- Increase in number of women requiring input regarding safeguarding; domestic abuse and child protection issues
- Effective preceptorship programme
- Commitment to recruiting all student midwives trained locally
- Working towards UNICEF Baby Friendly Initiative

It is clear from the above list that Supervisors of Midwives have identified developing trends that have both positive and negative impacts on the practice of midwives in the local area. Some of the trends mirror the challenges listed in this report and others are also reflected in the information provided about the clinical learning environment. The age profile of the midwifery workforce was identified as an issue by several groups of Supervisors of Midwives and Chart 4 demonstrates why; 26% of midwives practising in the North West in 2008 – 2009 were aged over 50, which has implications for all aspects of workforce planning and also for commissioning of student midwives places at HEIs.

Chart 4 Age Profile of Midwives in 2008 – 2009



Another issue identified by Supervisors of Midwives in many units was the birth to midwife ratio. The number of whole time equivalent (wte) midwives employed by NHS Trusts in the North West was obtained from all maternity services in 2008/09 to enable the ratio of midwives to births to be provided. Within all NHS maternity services, 2,696 wte midwives were employed; which gives a ratio of 34 births per wte midwife across the region – higher than the average recommended by recent national documents.

Numbers of Births

The total number of babies born in the North West during the year was 92,412, an increase of 895 from 2007 – 2008. As illustrated in chart 5, this is a rise of 12,501 in the past six years and a 16% increase in the birth rate since 2003 – 2004. In total, 19 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, with considerable impact on the provision of care to mothers and babies, causing serious concern to midwives and Supervisors.

Chart 5 Totals of babies born in the North West for last 6 years

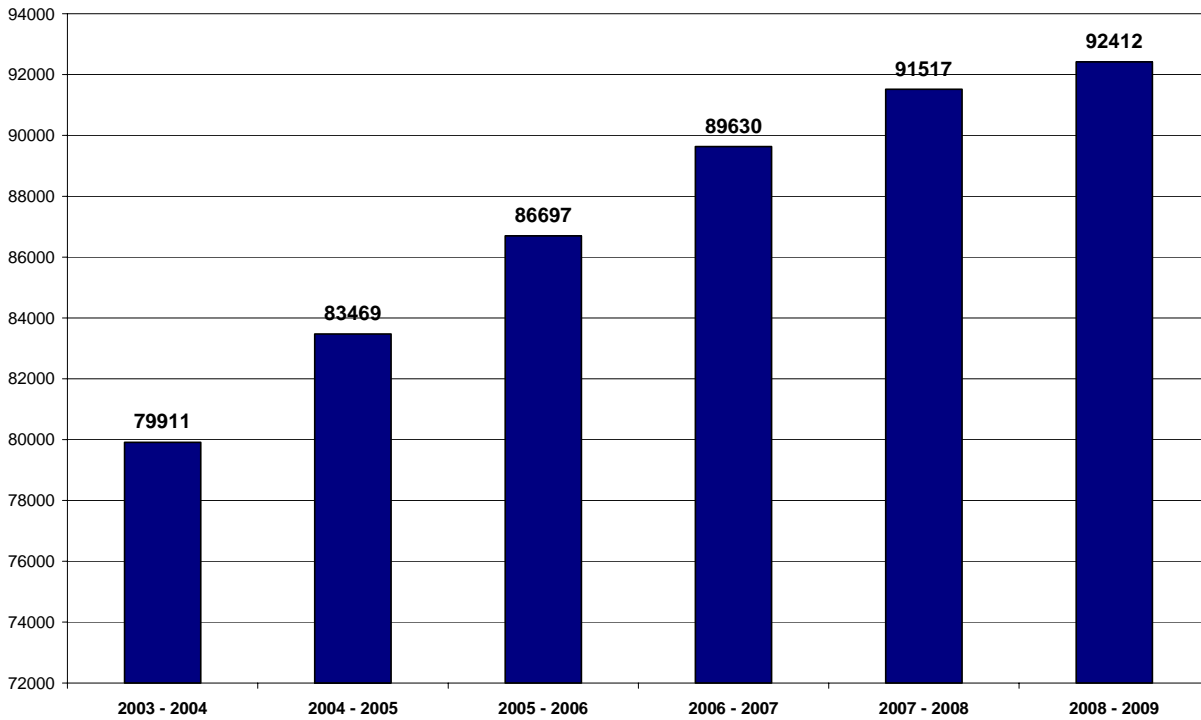
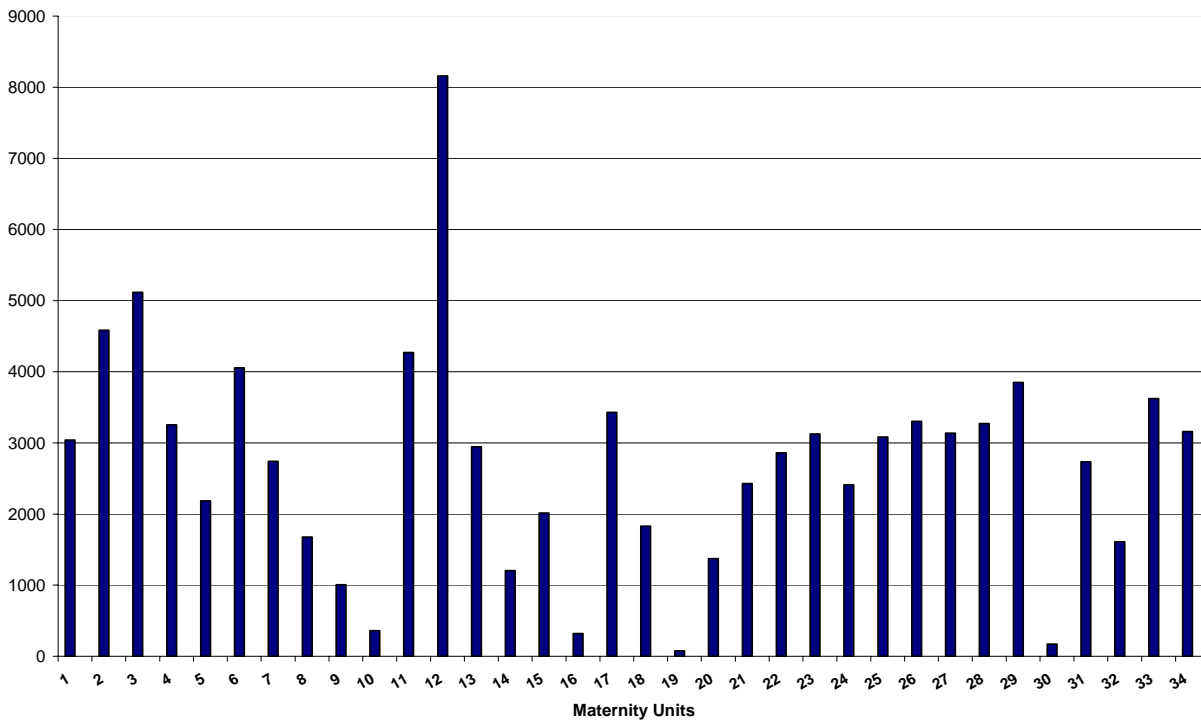


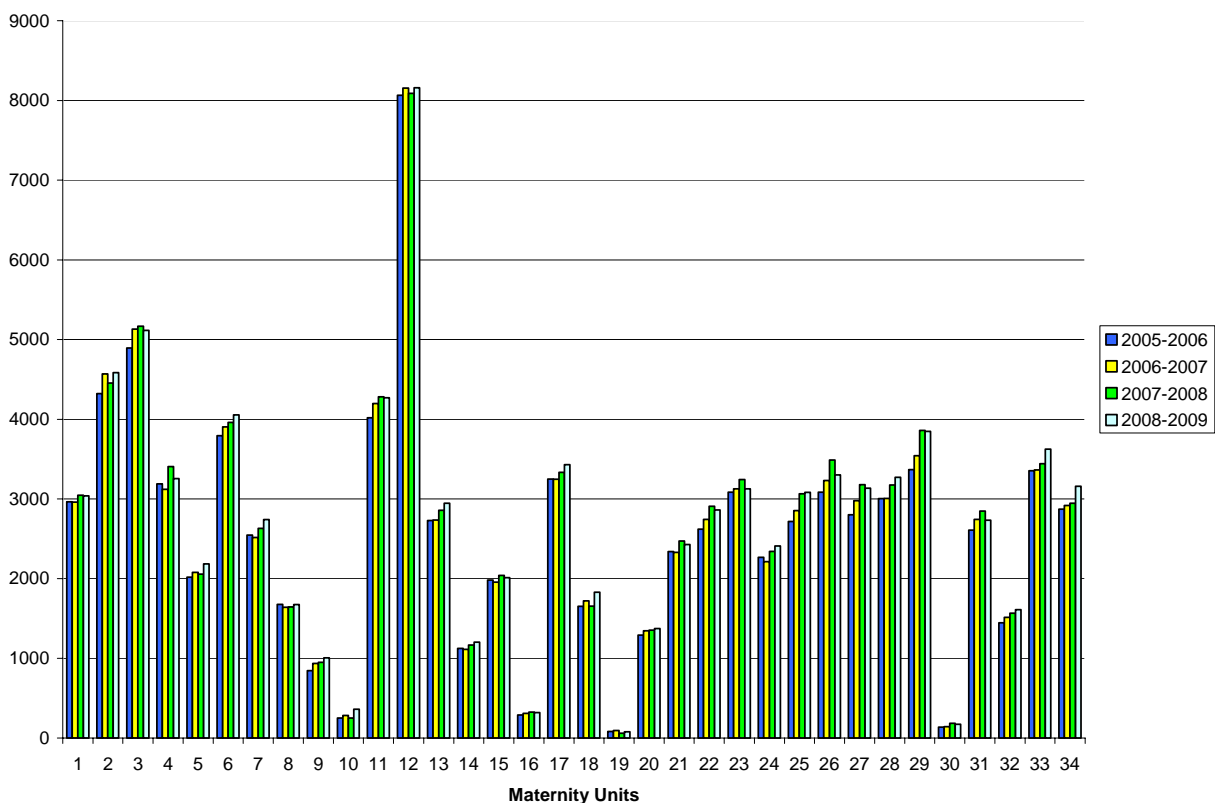
Chart 6 shows the numbers of babies born in each North West maternity unit over the year – illustrating the huge variation in size and capacity of local services.

Chart 6 Total numbers of babies born in each maternity unit 2008 – 2009



In view of the 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, some 'return to practice midwives' are finding it difficult to obtain clinical placements, as maternity units do not have the time or resources to facilitate them. The increase in workload for midwives also means that when they are allocated as a 'mentor' to a student, they do not always feel that they can spend sufficient time with them and it is also difficult in some services, to provide robust preceptorship for newly qualified midwives. Chart 7 demonstrates the increase in births by showing the number of babies born in each unit for the last four years.

Chart 7 Total numbers of babies born in North West units for the last 4 years



The chart shows the 19 North West maternity units that had an increase in the number of babies born during 2008 – 2009; these ranged from minimal rises to significant figures. Lancashire Teaching Hospitals NHS Foundation Trust (units 10 and 11) had an increase of over 10%, Wrightington, Wigan and Leigh NHS Trust (unit 34) 7.2%, East Cheshire NHS Trust (unit 5) 6.2%, Nobles Hospital on the Isle of Man (unit 9) 6.1%, Wirral University Teaching Hospital NHS Foundation Trust (unit 33) 5.3% and North Cumbria University Hospitals NHS Trust (unit 18, 19 and 20) 4.95%.

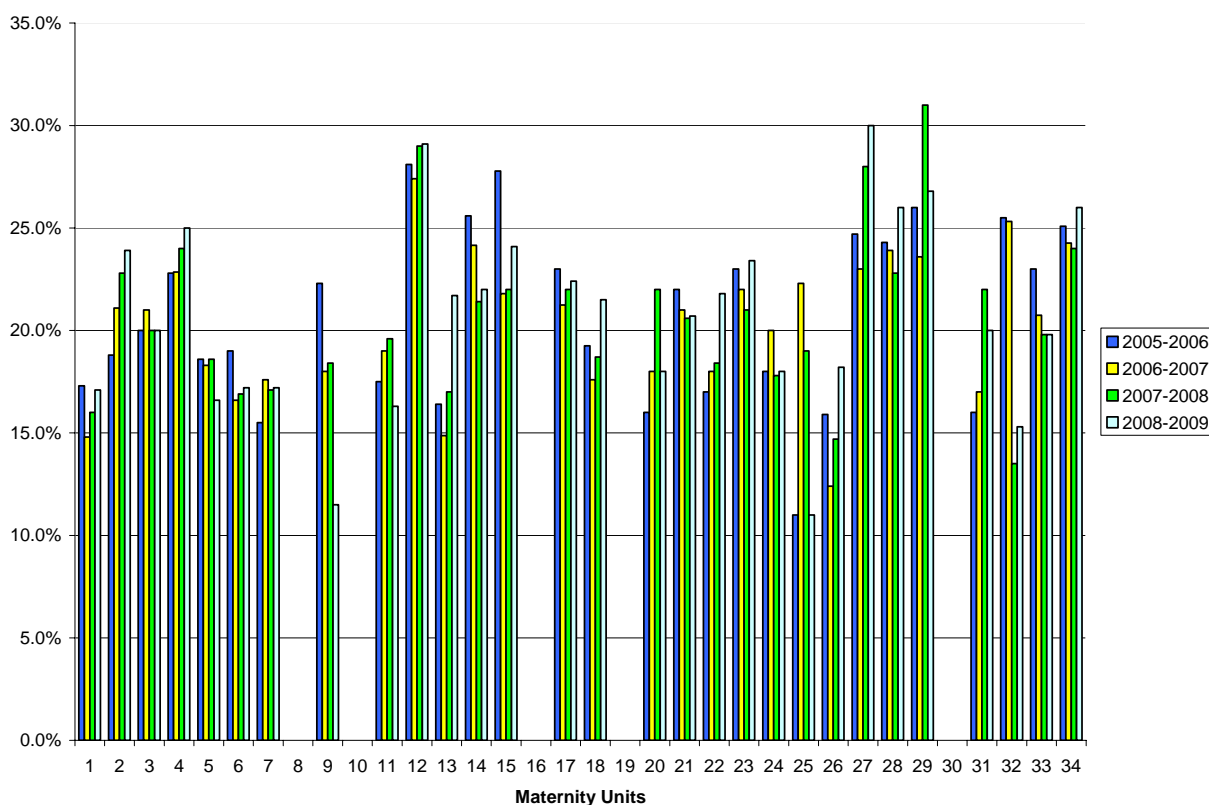
Interestingly, these were all different services from those showing the highest increase in the previous years LSA Annual Report.

Trends in obstetric interventions

Inductions of labour

As the data in chart 8 demonstrates, several units have, for the second consecutive year, seen an increase in induction rates. The highest rate of inductions in the North West in 2008 - 2009 was 31% at Southport and Ormskirk Hospital NHS Trust (unit 27), Salford Royal Hospitals NHS Foundation Trust (unit 25) had the lowest at 13.5%

CHART 8 Induction rates for the last 4 years

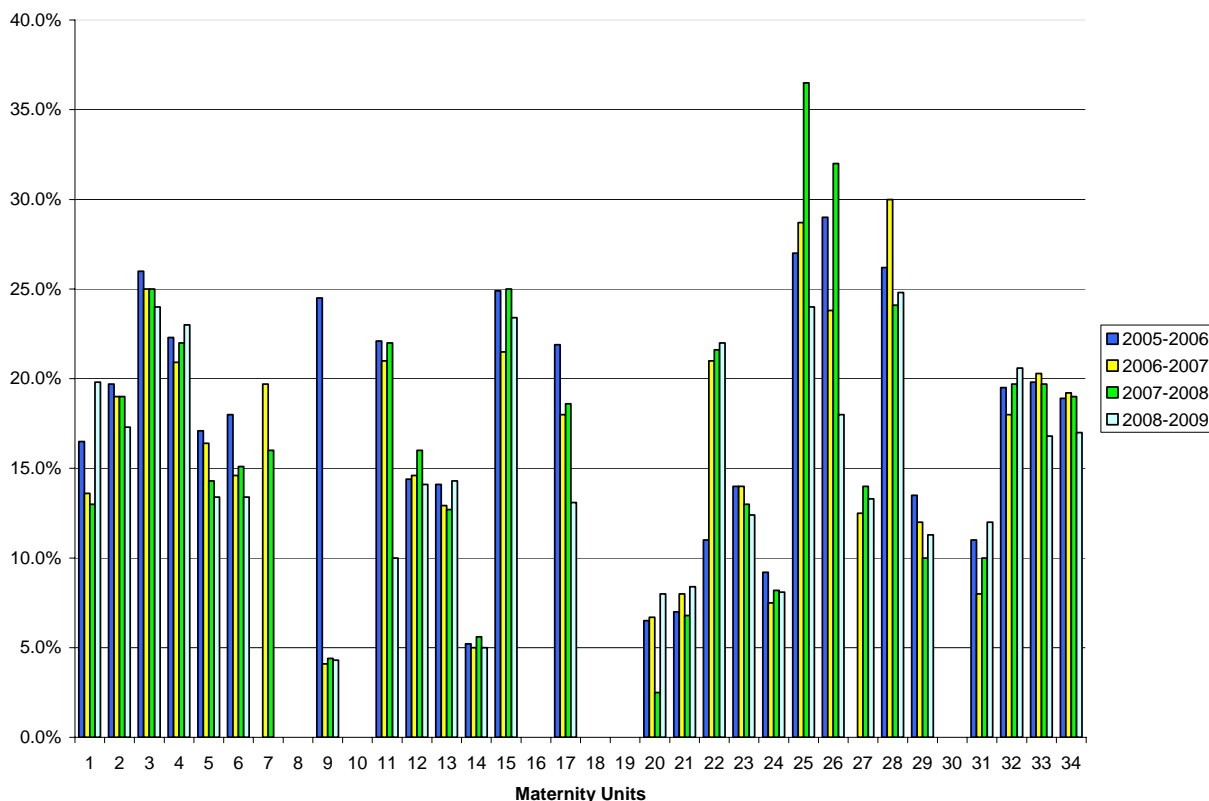


NB: Units 10, 16, 19 and 30 are midwife led – therefore no inductions are carried out.
Unit 8 is a PCT – therefore no inductions are undertaken

Epidural rates

Nationally, one third of women have an epidural in labour, but as chart 9 demonstrates, there were huge variations across the North West in 2008 – 2009. The figures range from the lowest at Nobles Hospital on the Isle of Man (unit 9), with a rate of only 4.3% and the highest was 24.8% at St Helens and Knowsley Teaching Hospitals NHS Trust (unit 28). Most significantly, epidural rates have reduced in general since the year before, when the highest rate was 36.5% at Salford Royal Hospitals NHS Foundation Trust (unit 25) who now has a rate of 24%.

CHART 9 Epidural rates for the last 4 years



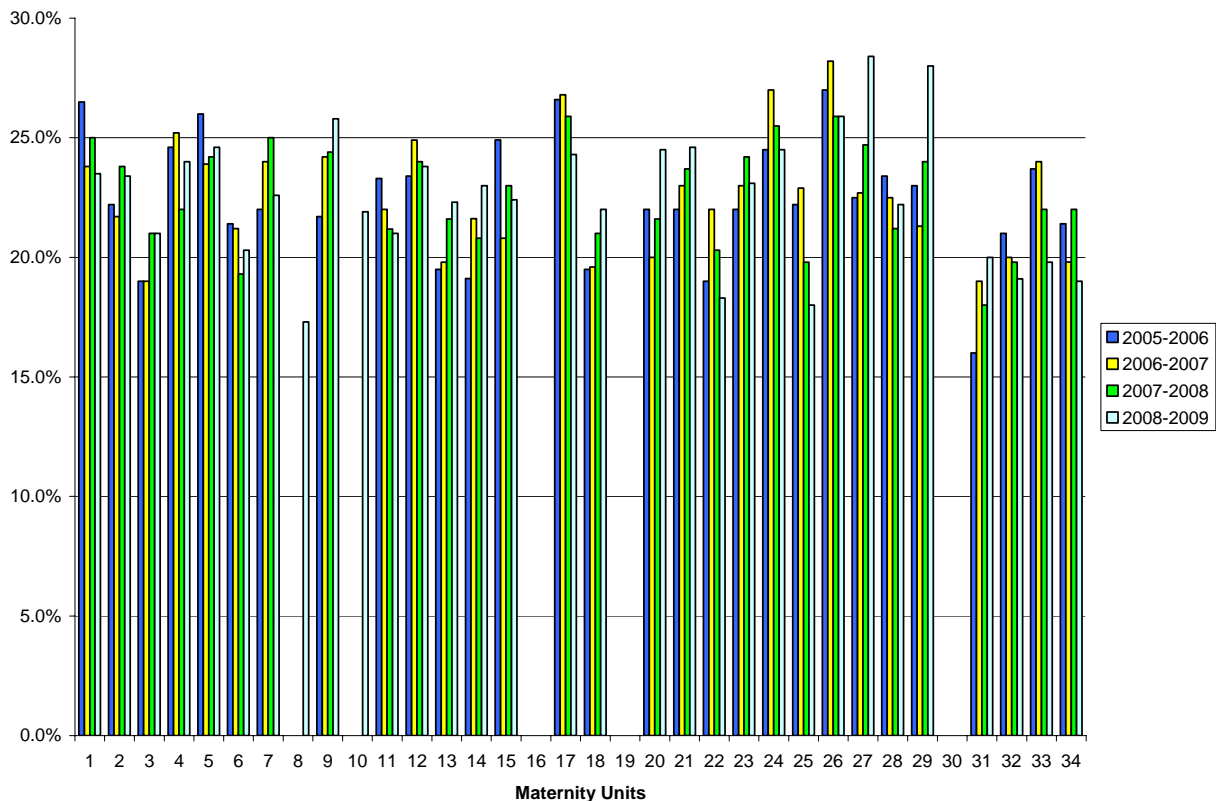
NB: Units 10, 16 19 & 30 are midwife led and unit 8 is a PCT – therefore no epidural service is provided. Unit 18 does not provide this service.

Caesarean section rates

The data in chart 10 is for all caesarean sections, so includes both elective and emergency operations. The rates in some units are a cause for concern, past trends – that appeared to have ceased in recent years - have now reappeared and some units have rates above 28% again. However, other units have successfully reduced their caesarean section rates, meaning that the average rate in 2008 – 2009 for the North West was 22.5%, the same as in the previous year.

The unit with the lowest caesarean section rates in the region was Salford Royal NHS Foundation Trust (unit 25), at 18% and only 17.3% of deliveries by midwives at Halton and St Helens PCT (unit 8) resulted in a caesarean section. The highest rates in 2008 – 2009 were at Southport and Ormskirk NHS Trust at 28.4% (unit 27), followed by Stockport NHS Foundation Trust, Stepping Hill (unit 29) at 28%.

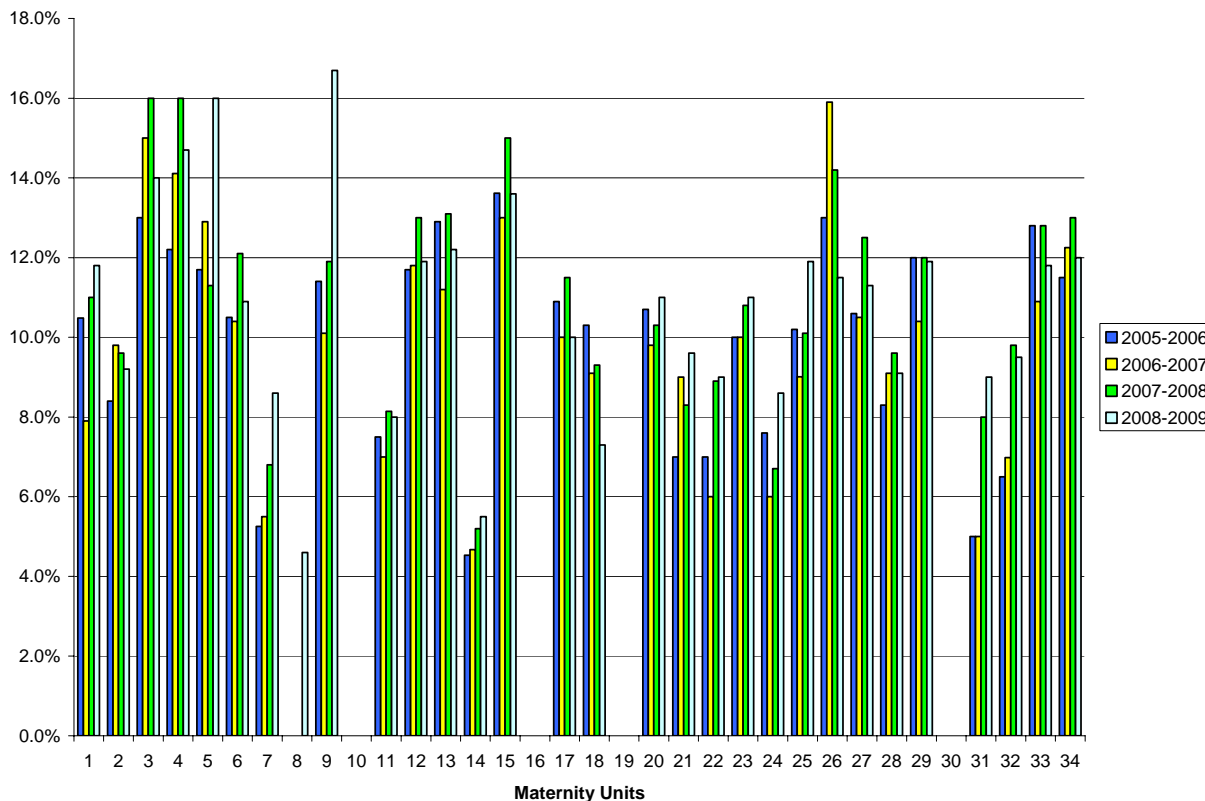
CHART 10 Caesarean Section rates for the last 4 years



Instrumental deliveries

The data on chart 11, for instrumental delivery rates, shows that the slight increase from the previous two years has continued. The rates in the North West varied in 2008 – 2009 from the highest at 16.7% at Nobles Hospital Isle of Man (unit 9) to the lowest at 4.6% for deliveries by midwives at Halton and St Helens Primary Care Trust (unit 8) and 5.5% at Furness (unit 14) part of University Hospitals of Morecambe Bay NHS Trust, who have maintained this position for the last 3 years. This makes an average of 10.74% for the region, a small decrease from the previous year.

CHART 11 Instrumental delivery rates for the last 4 years



Other clinical trends

Home Births

In line with national policy and the ‘choice’ agenda, most 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. However, the total number of planned home births in the North West for 2008 – 2009 had reduced to 1,653, compared to 1,778 in the previous year. The number of actual home births with a midwife in attendance had also decreased, it was 1,468 compared to 1,551 the previous year. Chart 12 illustrates the number of home births planned for the last 6 years.

CHART 12 Planned home births in the North West for the last 6 years

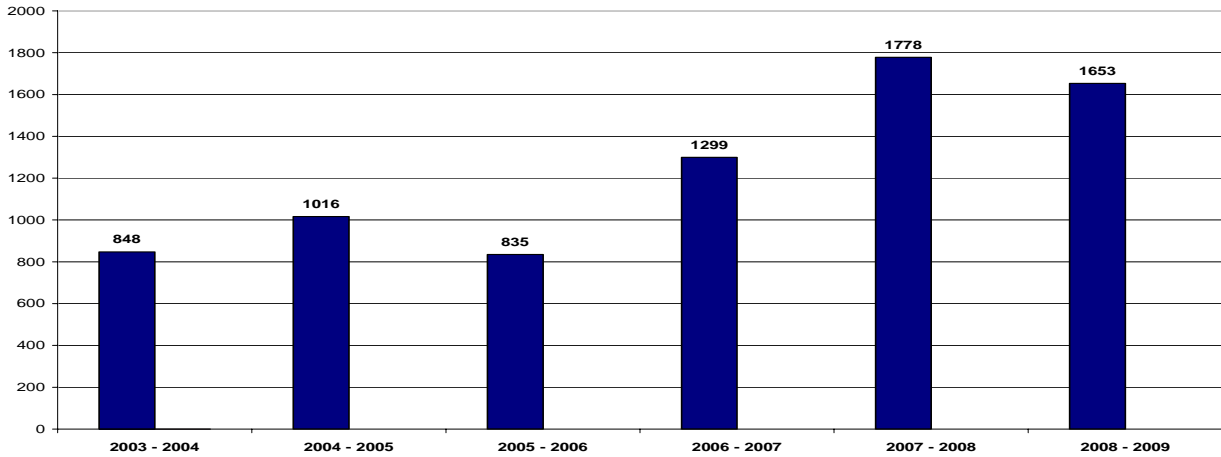


Chart 13 illustrates all planned home births per unit for the last four years and chart 14 shows actual home births – with a midwife in attendance. As illustrated in Chart 14, Pennine Acute Hospitals NHS Trust, Oldham site (unit 23) have maintained the highest number of actual home births for the second consecutive year at 150, an increase on the previous year and Stepping Hill (unit 29) at Stockport undertook 100 actual home births. Liverpool Women’s NHS Foundation Trust (unit 12) booked the most women to have their babies at home, for the second consecutive year, but the number of these who then gave birth at home showed a significant reduction.

CHART 13 Planned home births per unit for the last 4 years

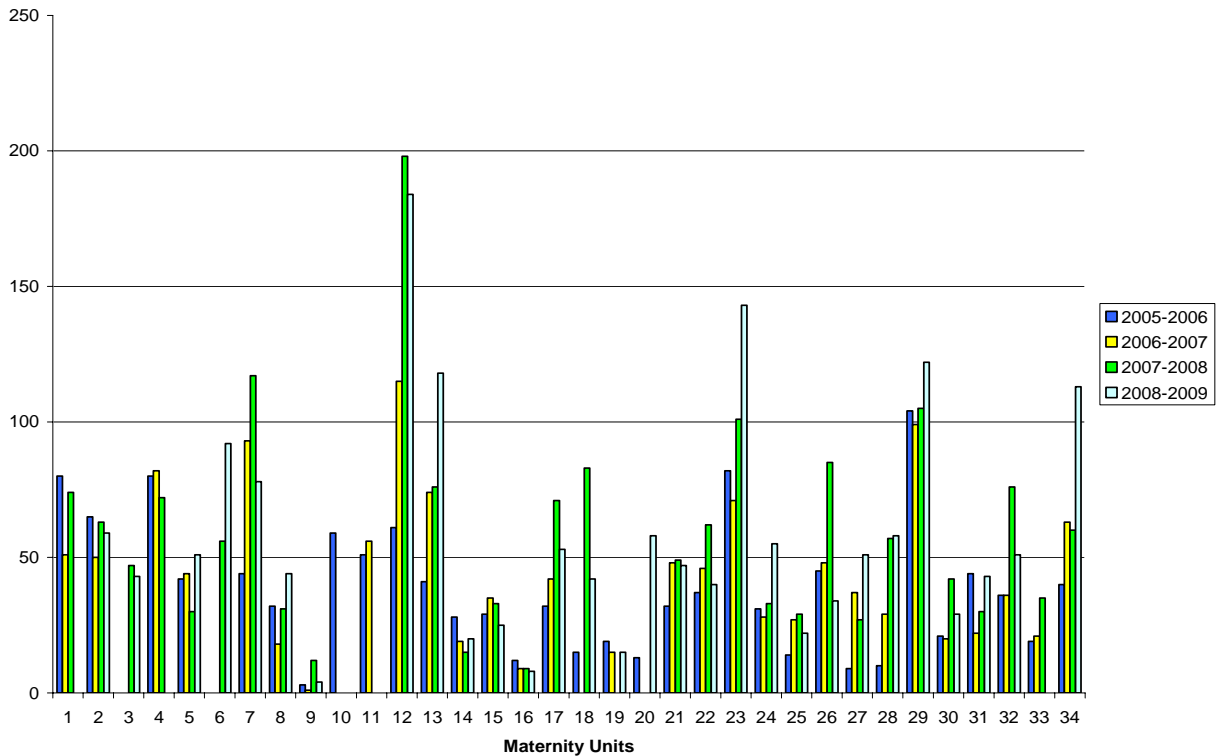
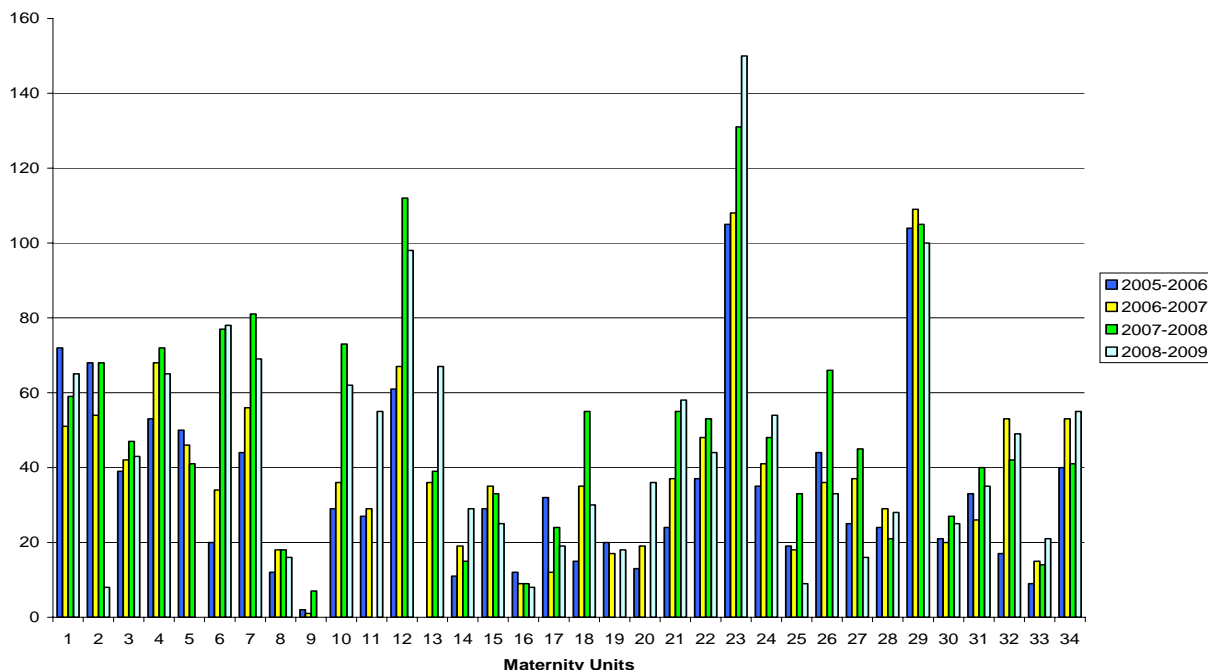


CHART 14 Actual home births per unit with midwife in attendance for the last 4 years



BBA's

The number of babies 'born before arrival' (BBAs) without a professional in attendance, remains a concern in many areas, particularly as the overall figure for the North West increased in 2008 – 2009. In many units, Supervisors have undertaken audits of all BBAs, in an attempt to establish the reasons and the results are discussed during LSA audit visits.

CHART 15 Unplanned home births, no midwife in attendance (BBAs), for the last 6 years

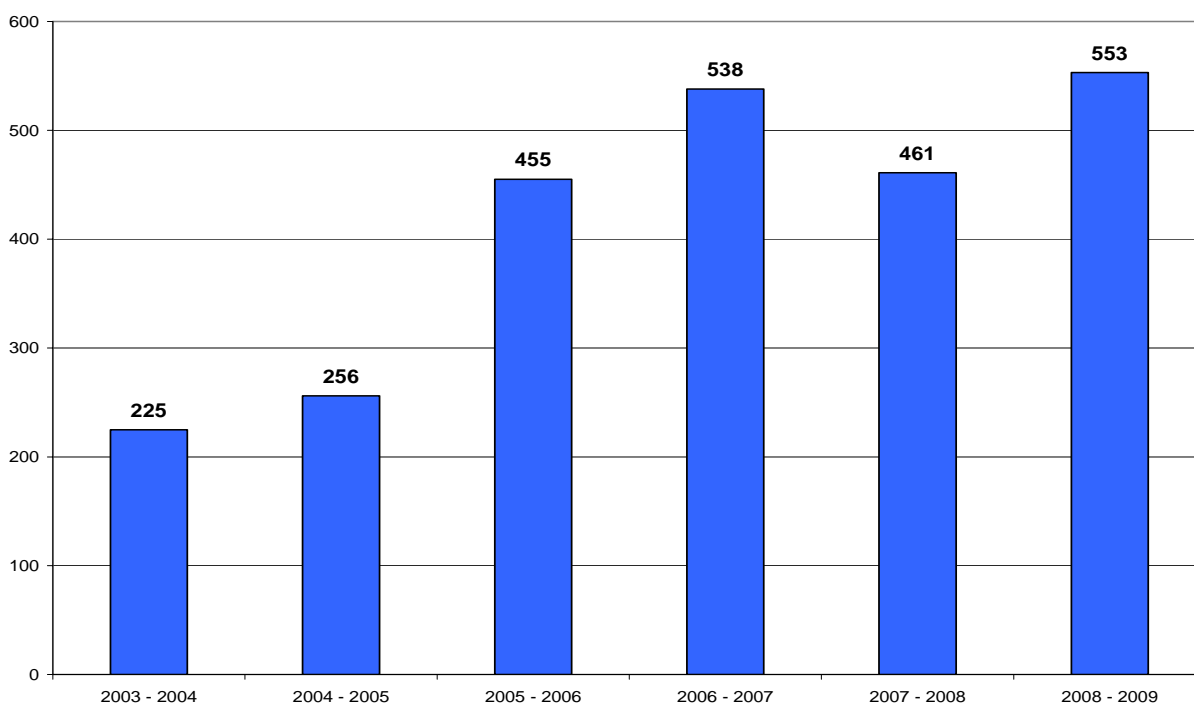
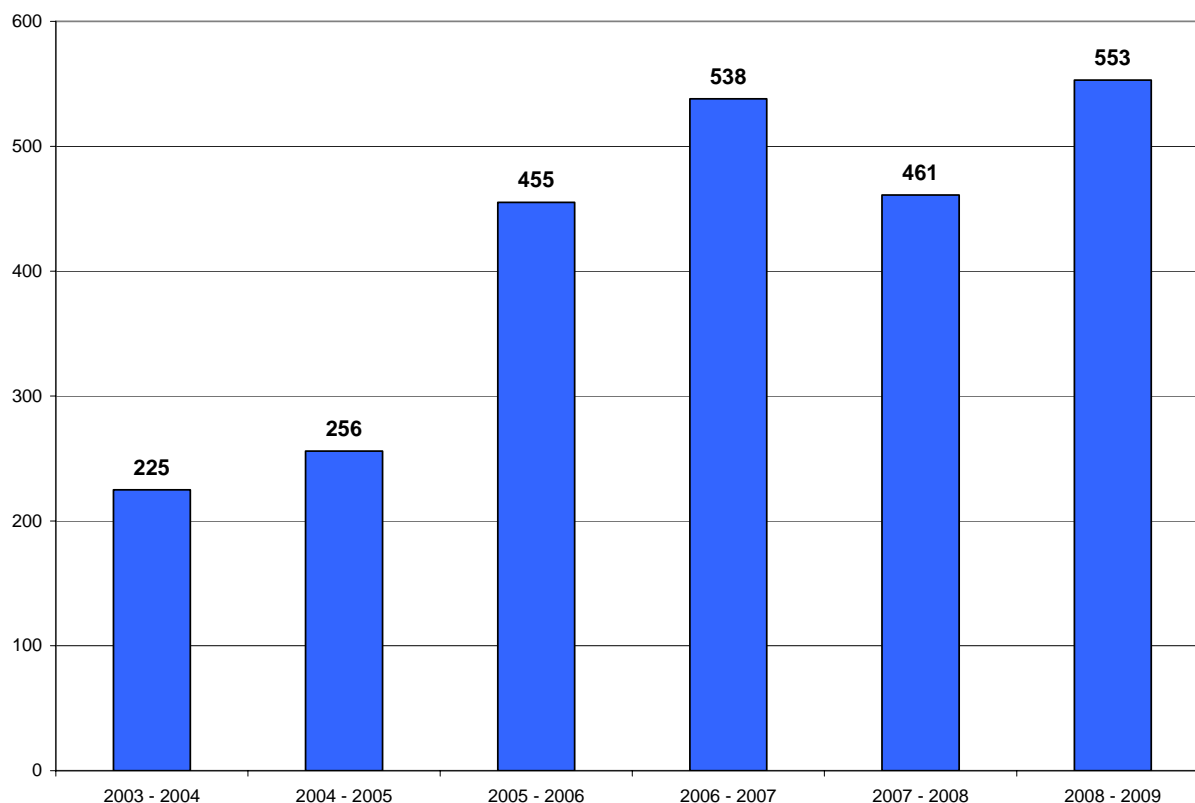


Chart 16 shows the BBAs per unit over the past four years and demonstrates that Liverpool Women's Hospital NHS Foundation Trust (unit 12) had the highest number again in 2008 – 2009.

CHART 16 Total number of BBAs per Unit for the last 6 years



Breastfeeding rates

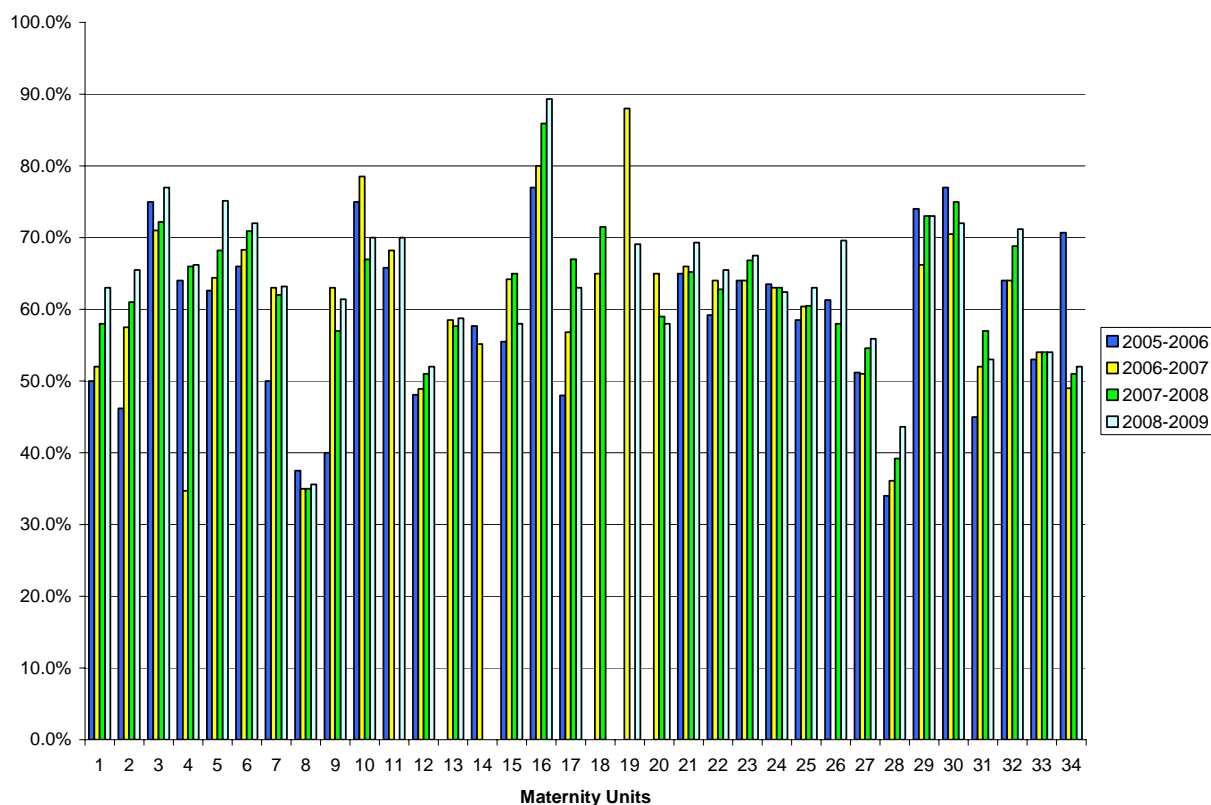
For the first time in 2005 - 2006, the North West LSA collected information on rates for initiation of breastfeeding, but four units were unable to provide the data that year. In 2006 – 2007, only one unit did not supply the information, so meaningful comparisons between services could be made. In 2007 – 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. In 2008 – 2009, again two units did not provide the data – each of them did so in the previous year.

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 17 - and the conclusions drawn from it, are therefore incomplete.

The figures presented in chart 17 show considerable variation; ranging from 22% to 89% initiation rates across the North West. The highest rates for breastfeeding are generally at the midwife led units and birth centres. Kendal, part of University Hospitals of Morecambe Bay NHS Trust (unit 16) was the highest at 89%. Of the obstetric units, Central Manchester University Hospitals NHS Foundation Trust (unit 3) achieved 77%, an increase from 72% the previous year.

The lowest breastfeeding initiation rates in 2008 – 2009, for the third consecutive year, were at Halton and St Helens NHS Primary Care Trust (unit 8) which was 35.6%.

CHART 17 Percentage of women initiating breastfeeding for the last 4 years



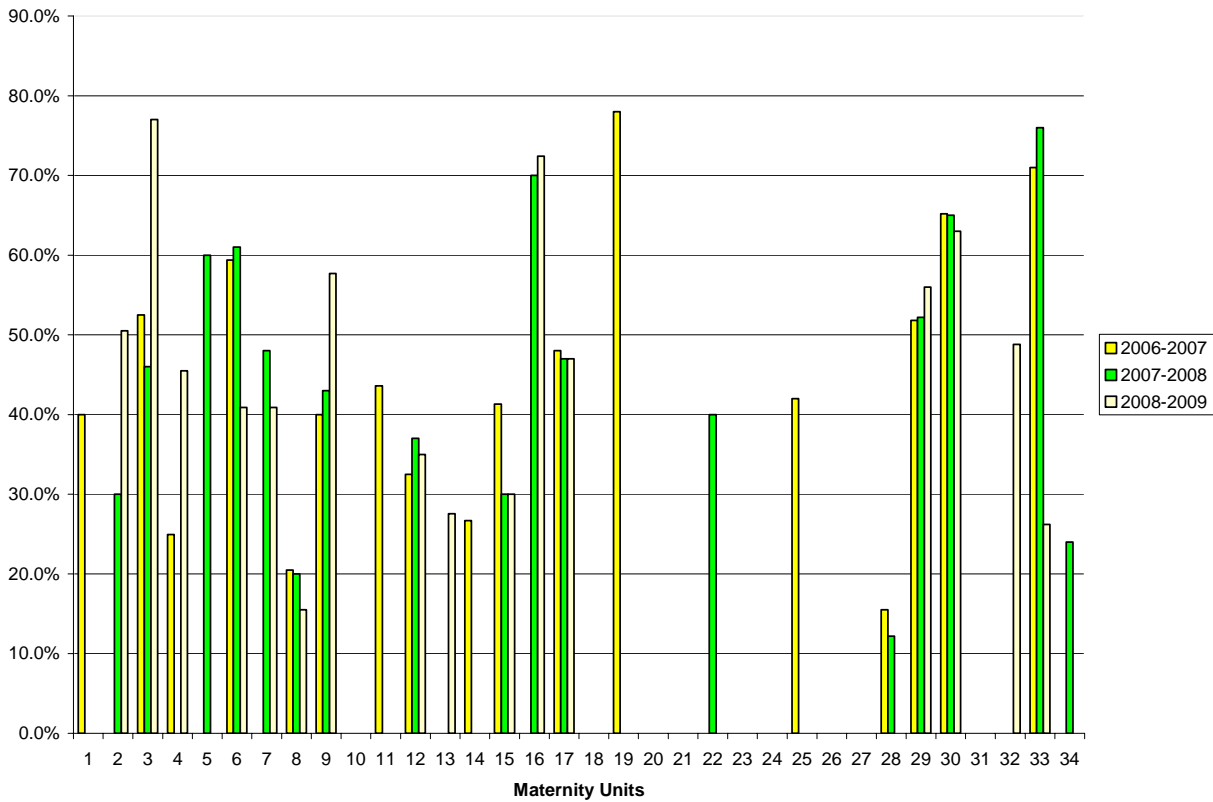
NB: Units 13, 18, 19 & 20 did not supply the information for 2005 - 2006
 Unit 26 reported they were unable to collect the information for 2006 - 2007
 Units 10 & 11 are one Trust and supplied one figure for 2007 - 2008
 Unit 14 reported that they did not collect the data for 2007 - 2008
 Unit 19 did not supply the information for 2007 – 2008
 Units 14 & 18 did not supply the information for 2008 - 2009

In 2008 – 2009, for the third 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 18.

Again there are wide variations; Central Manchester University Hospitals NHS Foundation Trust (Unit 3) report 77% which is surprisingly high and is the same figure as women initiating breastfeeding. North Cumbria Acute Hospitals NHS Trust at Penrith Birth Centre (unit 19), had the highest rate for the last two years, but did not supply the data for 2008 – 2009.

Although many units sustained a high percentage of women breastfeeding from initiation through to transfer, some had a substantial decrease in that time. Mid Cheshire Hospitals NHS Foundation Trust (unit 13) reduced from 58.76% to 27.54%, Lancaster (unit 15) part of University Hospitals of Morecambe Bay NHS Trust, decreased from 58% to 30% and Halton and St Helens Primary Care Trust (unit 8) had the lowest exclusively breastfeeding rate on transfer at 15.5%.

CHART 18 Percentage of women exclusively breastfeeding on transfer to Health Visitor care



NB: Units 7, 10, 13, 16, 24, 26, 27, 31, 32 & 34 did not collect the information in 2006 - 2007
 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
 Units 1, 5, 11, 14, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 31 and 34 did not supply the data for 2008 – 2009

Maternal deaths

The number of maternal deaths across the North West for 2008 – 2009 was 14, compared to 13 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 with existing serious medical conditions and several were indirect maternal deaths:

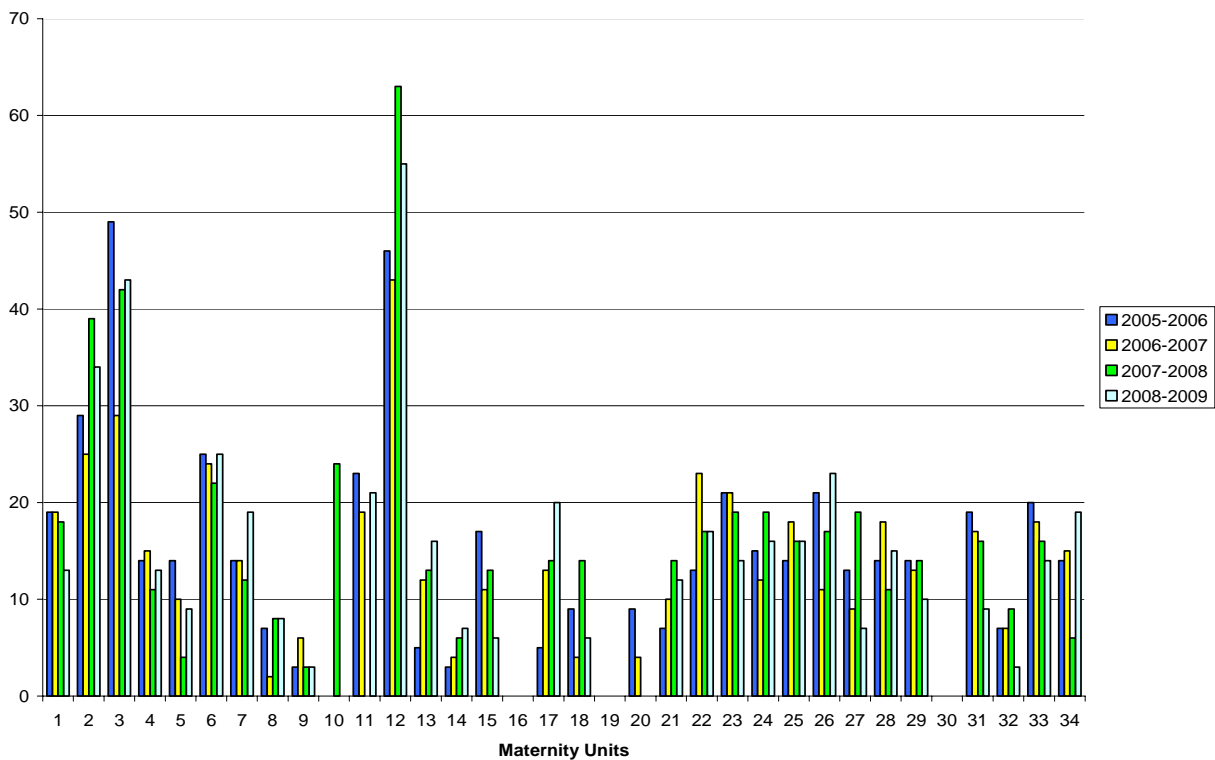
- Hypovolaemic shock and post partum haemorrhage
- Cardiac disease
- Bronchal pneumonia x 2
- Pulmonary embolism x 2
- Subarachnoid haemorrhage

- Disseminated intravascular coagulation
- Amniotic fluid embolism
- Suicide
- Septicaemia and multi organ failure
- Epilepsy
- Diabetic ketoacidosis
- Pancreatic shock

Stillbirths

During the year there were a total of 473 stillbirths across the North West, which was a decrease from the 499 reported in the year before. As illustrated by chart 17, many Trusts reported a reduction in the number of stillbirths; only six units had an increase, four remained at the same level and the remainder had a decrease. Wrightington, Wigan and Leigh NHS Foundation Trust (unit 34) had the most significant increase, 19 stillbirths compared to six in the previous year. None of the four stand alone midwife led units reported any stillbirths.

CHART 19 Stillbirths per unit for the last 4 years

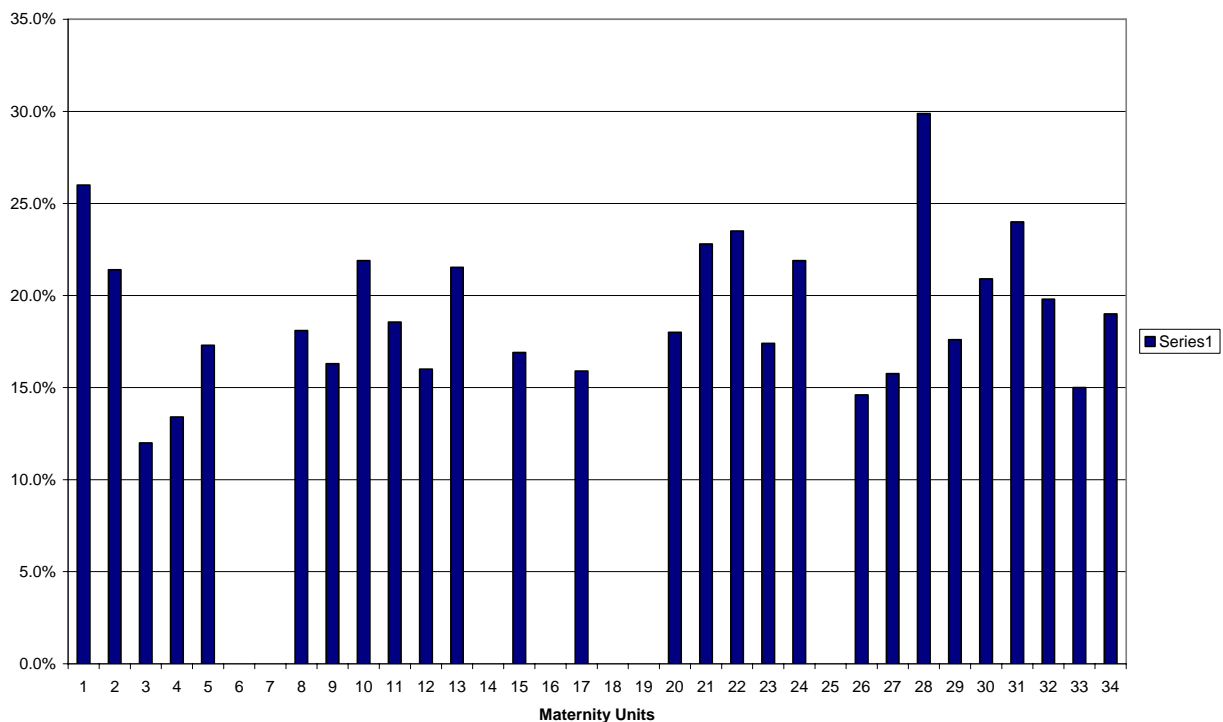


NB: Units 10, 16, 19 and 30 reported no stillbirths for 2006 - 2007
 Units 16 and 30 reported no stillbirths for 2007 - 2008
 Units 10 and 11 are the same Trust, submitted joint data for 2007 - 2008
 Units 18, 19 and 20 are the same Trust, submitted joint data for 2007 - 2008
 Units 10, 16, 19, 20 and 30 reported no stillbirths for 2008 - 2009

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 (appendix 5) 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 has been developed over the years to contain more public health data and an additional category was added for 2008 – 2009 regarding the percentage of women still smoking at time of delivery.

CHART 20 Women still smoking at time of delivery



An example of clinical data being collected for the first time is shown as chart 20 for 'women still smoking at time of delivery' – clearly demonstrating that not all units currently collect this information. By the next LSA Annual Report, it is expected that in view of the national focus on smoking in pregnancy, more units will be in a position to provide this information and comparisons will then be possible.

Temporary closures / restrictions of admissions to maternity units

There have been many temporary closures or restriction of admissions to several maternity units over the year and as illustrated in table 3, the frequency has increased significantly over the last five 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 are informed via the database, each time a unit closes to admissions and reopens. This guidance recommends a ‘traffic lights’ approach and has been formulated to ensure that, Supervisors of Midwives adopt a consistent approach throughout the region, with clear alternative arrangements for the safety and care of mothers and babies.

TABLE 3 – Temporary closures / restrictions to admissions in last 5 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
1 April 2008 – 31 March 2009	219

This policy is available on the LSA website and makes it clear that closure of a unit to admissions, 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 to admissions must be notified at an early stage of the risk of potential closure. This course of action should be considered as part of the Trusts’ risk management strategy. The most common factors precipitating closure to admissions of a maternity unit in the North West during 2008 – 2009 were: -

- No available beds
- Insufficient midwives or doctors
- Workload/capacity/high activity
- Inappropriate skill mix

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. The most frequently cited reason for maternity units closing to admissions in 2008 - 2009 was ‘no available beds’ which differs from the previous two years - when insufficient ‘midwifery staff’ was the top reason. Other reasons for temporary closures were identified as; workload, skill mix and case mix (large numbers of high dependency patients). The length of time units remained closed to admissions varied enormously; ranging from hours to days, with closures to admissions frequently lasting one or two days.

From table 4 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 to admissions most frequently are both part of Pennine Acute Hospitals NHS Trust. This is of particular concern in view of the reconfiguration of maternity services across Greater Manchester and the fact that this will significantly reduce capacity and bed numbers further. The plan is to reduce the number of maternity units in the area, including closing down two of the four Pennine units altogether and many of the women from other units to be closed, will be booking for care at Central Manchester University Hospitals NHS Foundation Trust.

TABLE 4 – Temporary unit closures / restrictions to admissions in 2008 – 2009

TRUST	NUMBER OF CLOSURES TO ADMISSIONS 1 APRIL 08 – 31 MARCH 09
Pennine Acute Hospitals NHS Trust (Rochdale)	77
Pennine Acute Hospitals NHS Trust (Oldham)	73
Central Manchester University Hospitals NHS Foundation Trust	39
Tameside Hospitals NHS Foundation Trust	13
Southport & Ormskirk Hospitals NHS Trust (Ormskirk)	6
Bolton Hospitals NHS Foundation Trust	3
Mid Cheshire Hospital NHS Foundation Trust	2
Trafford Healthcare NHS Trust	2
Countess of Chester Hospital NHS Foundation Trust	1
Lancashire Teaching Hospitals NHS Foundation Trust (Preston)	1
Salford Royal NHS Foundation Trust	1
Stockport NHS Foundation Trust (Stepping Hill)	1
Total	219

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 and Rochdale closed during the year would clearly have had a significant impact on families. Similarly, for the 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.

Safeguarding

During 2008 – 2009 'Child Protection Alerts' continued to be logged by the North West LSA, moving from a standard proforma to the LSA database to record the information, which is then automatically circulated to all units in the area on behalf of Supervisors of Midwives (often in conjunction with Social Services or the police). There were 124 alerts in the year, compared to 152 in the previous year and the serious concerns related to homelessness, domestic violence, history of assaults, drug misuse, mental and physical health problems, and vulnerable mothers in unsafe circumstances.

Collaborative working with other organisations that have a safety remit can be seen from the above list – police, social services, drug and alcohol teams, GPs and other professionals liaise to try and protect families in the North West. Within Trusts Supervisors of Midwives work closely with Clinical Governance, risk management departments, other safeguarding professionals and along with the LSA, liaise with the NPSA, CEMACH, HCC and other relevant organisations.

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

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'. However, no complaints were made to the LSA about individual Supervisors during 2008 – 2009 and there were no complaints about the LSA Midwifery Officer.

One maternity service reported that a midwife had complained about four labour ward co-ordinators – one of whom was a Supervisor of Midwives – this issue was dealt with locally. Another unit had a complaint from a woman, who on telephoning to speak with a Supervisor, was told by a secretary that none were available. Apologies were made to the service user and the secretary was updated regarding access to Supervisors of Midwives and how to facilitate this for members of the public.

On several occasions over the year, women 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 women 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 2008 – 2009. Supervisors notified the LSA of 110 separate investigations into midwifery practice and the most common themes from the investigations were:-

- Drug errors
- Lack of accountability
- Record keeping
- CTG interpretation
- Staff attitude
- Identification of third degree perineal tears
- Perineal repair

The LSA was required to be formally involved in investigations on six occasions and three 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 a 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. As a result of discussion within the North West, regarding co-operation between Trust Human Resource (HR) departments and Supervisors of Midwives, the LSA asked Supervisors to include – in their 2008/2009 annual reports – instances of when supervisory investigations were linked to the HR process. This occurred on eight occasions, with Supervisors of Midwives explaining how the collaboration supported themselves and the midwives involved. 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). In 2008/2009 Supervisors of Midwives recorded forty serious untoward incidents across the North West – although only six of these were considered to have sufficient concerns regarding midwifery practice that the LSA needed notifying. 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 to admissions 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 must 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.

In addition, 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 5, following supervisory and/or LSA investigations, a total of 16 midwives undertook supervised practice in 2008 – 2009, which is a similar number to the previous year. However, of this number nine had begun their Supervised Practice, prior to 1st April 2008 and it was still ongoing – so there were seven midwives who commenced on programmes during the year. In addition, several midwives needed developmental support, organised locally within their own unit.

North West Supervisors utilise the NMC Standards for the supervised practice of midwives, 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 for approval by the Supervisors involved and regular updates on the progress of each midwife and also the eventual outcome, is an LSA requirement. A proforma for the Learning Contract and Action Plan are 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 5 - Midwives on Supervised Practice in last 5 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
1 April 2008 – 31 March 2009	16

Many of 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 would warrant referral to the NMC if not addressed.

Key trends: -

- Sub-optimal record keeping
- Inappropriate use of syntocinon
- Failure to act on abnormal CTG

- Failure to interpret and categorise a CTG
- Sub-optimal practice in delivery suite
- Failure to prioritise care
- Failure to support a mother in labour
- Poor management of a high risk patient
- Inappropriate use of lithotomy position
- Inappropriate number of vaginal examinations
- High episiotomy rate
- Lack of understanding of responsibility and sphere of practice
- Lack of competence
- Failure to accept accountability for own practice
- 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 adequately supervise a student
- Failure to summon appropriate practitioner for assistance
- Failure to recognise and manage primary PPH
- Failure to improve following a period of developmental support
- Failure to administer medicines in accordance with NMC Standards
- Did not uphold NMC midwives rules and standards (2004)
- Failure to uphold The Code (NMC 2008)

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 2008 – 2009 are listed below and represent those used most frequently: -

- To demonstrate knowledge of NMC publications
- 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, including those with risk factors
- To demonstrate professional and personal accountability in all aspects of midwifery practice, in accordance with NMC Standards and Guidelines.
- 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 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 student midwives in the clinical environment
- To demonstrate an understanding of medicines management and the responsibilities of a practising midwife in drug administration
- To achieve accurate and appropriate communication with other members of the multidisciplinary team

In all instances several 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 other relevant NMC publications, plus any additional 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.

One midwife refused to cooperate with Supervisors of Midwives locally, regarding undertaking the recommended period of supervised practice. The LSA then became involved and following a prolonged process of investigation and discussion, the midwife was referred to the NMC in April 2008.

In addition, the LSA negotiated supervised practice at other maternity units, for two midwives who had been dismissed from their employing Trust. One of these was successfully completed within the year, with extremely positive outcomes for all concerned and the other is ongoing. Another midwife – who resigned and was extremely reluctant to undertake supervised practice – was given intensive support from the Supervisors of Midwives at the unit and was eventually offered an honorary contract by her previous employer, to allow her to do the period of supervised practice there.

NMC referrals

The LSA Midwifery Officer referred three midwives to the Investigating Committee of the NMC during 2008 – 2009, because it was considered they were unfit to practise, this was compared to two in the previous year. All 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, or the later version The Code.

The main reasons for referral for each individual midwife were:

Midwife 1: Refused to undertake supervised practice – investigation file of clinical incidents which led to this recommendation also forwarded to NMC.

Midwife 2: Joint referral by LSA and Trust – previous two programmes of supervised practice, clinical issues and concerns regarding mental health.

Midwife 3: Referred by LSA and also by Trust – six clinical incidents in two years led to dismissal from employment.

All three midwives had interim Suspension Orders imposed by the NMC, meaning that it was considered that the registrants posed an unacceptably high level of risk if they had continued practising and emphasising the very serious nature of the concerns. All three 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 requests regular updates regarding progress.

Finally, during 2008/2009, six more North West midwives were referred to the NMC by others – not the LSA – but Trusts, Police and parents. These cases involved prescription fraud, benefit fraud and allegations from families of impairment to practise. In all cases the LSA Midwifery Officer and local Supervisors of Midwives have discussed the cases, offered support and taken further action when appropriate.

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 therefore the standards of care for mothers and babies.

6. NMC REVIEW OF THE NORTH WEST LSA

On 9th and 15th September 2008, the NMC undertook a review of the North West LSA – the framework for these formal audits is available on the NMC website at www.nmc-uk.org. The purpose of the review is to verify that LSAs are meeting the required standards and to enable concerns that may impact upon protection of the public and safety of women and their families to be highlighted and give recommendations for action.

The North West LSA was identified for review after its annual report for the previous year was risk assessed and found to have a low risk score. It was therefore intended to test the NMC framework, in light of its evidence of good practice in relation to statutory supervision.

The review team spent two days auditing every aspect of the work of the LSA and Supervisors of Midwives. This included examination of a significant amount of 'hard' evidence and also meetings with a wide range of personnel and stakeholders including:-

- Chief Executive of the SHA and LSA
- Executive Director of Performance, Nursing and Quality
- Associate Director of Clinical Quality
- LSA Midwifery Officer
- LSA Midwife
- LSA Services Manager
- Link Supervisors of Midwives
- Contact Supervisors of Midwives
- Supervisors of Midwives
- Heads of Midwifery
- Trust Chief Executive
- Trust Executive Nurse
- Trust Clinical Director
- Lead Midwives for Education
- Midwife Teachers
- Student midwives
- Midwife mentor/assessors
- Consultant Midwives
- Midwives in specialists roles
- Midwives
- LSA user auditors
- Women who have used maternity services in the North West

The meetings were conducted within the scope of the terms of reference. The review team also took the opportunity to scrutinise the content of the North West LSA website and the database. Feedback following the review was extremely positive, both at the end of the two days and in the report that followed.

The NMC report of the review was published in October 2008 and concluded that the North West LSA meets all the standards for LSAs as outlined in the NMC's Midwives rules and standards (2004). The full report is available on both the NMC and North West LSA websites and the Executive Summary is included as appendix 14 of this report.

Recommendations from the review were discussed by the LSA, SHA, Supervisors of Midwives and other stakeholders and a response provided to the NMC on action planned.

7. CONCLUSION

During 2008 – 2009 the commitment of North West Supervisors of Midwives has continued; in the context of a rising birth rate, increasing complexity of maternity services, national policy drivers, local commissioning requirements and quality initiatives and in many cases, service redesign and impending reconfiguration of maternity units.

The challenges have resulted in new initiatives, as highlighted in this report and Supervisors of Midwives have sustained high standards of practice – in relation to the statutory function and also as leaders and role models of the profession.

The individual reports from Supervisors of Midwives, pertaining to local supervisory activity in 2008 – 2009, have informed this LSA report and in doing so have helped provide assurance to the NMC and to NHS North West, that the LSA is meeting the requirements of the Midwives rules and standards.


Statutory supervision must continue to be recognised and valued as the fundamental safeguard to support midwives in their practice and thus as the optimum tool in protection of the public – ensuring the safety 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.

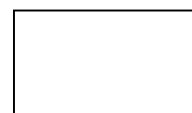
Criteria	Met	Not Met	Partially Met	Not Applicable
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.	33	1	-	-
1.2 Information is available to women including local arrangements for statutory 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.	31	3	-	-
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.	25	9	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.	34	-	-	-
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.	32	2	-	-
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.	33	-	1	-

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).	31	1	2	-
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.	33	-	1	-
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.	28	3	3	-
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.	34	-	-	-
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.	31	1	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.	34	-	-	-
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.	27	-	-	7



APPENDIX 3

North West LSA Audit Framework 2009 -2010

YEAR 1: 2009

Marian Drazek and/or Judith Kurutac will attend a local Supervisors of Midwives meeting – just one at each unit.

We ask that the agenda be written to reflect the National LSA Standards for Supervision; matters for discussion to fit under the headings of each standard.

Supervisors to send dates of all proposed meetings for 2009 to the LSA office and they will then be notified which meeting the LSA will attend.

A Peer Supervisor of Midwives and a User Auditor will attend on the same day - to meet with midwives and women. Brief verbal feedback from this will be incorporated into the visit.

The LSA will require a copy of the minutes following the Supervisors meeting and written comments from the discussions with service users and midwives will then be attached to these minutes. This document will then be circulated – in part and as appropriate – to the SHA, the Trust and PCTs.

This will be an ‘informal’ audit and therefore no hard copies of evidence will be required.

In preparation for this visit, the LSA will need to receive;

- Dates for all Supervisors meetings from June 2009 to end of year
- 2008-9 local Annual Report on supervision
- Clinical Data sheet for 2008-9
- Local Supervision Strategy
- Supervisors of Midwives Action Plan - following the 2008 LSA Audit.

These should all be sent to the LSA office by 1st May 2009.

YEAR 2: 2010

This will be a more formal audit, but a different format from recent years.

The day will start with a presentation by Supervisors of Midwives; to reflect the local supervision strategy, best practice and innovation, issues causing concern and challenges, also how the national LSA Standards for Supervision are being met.

We will expect Supervisors to invite to this presentation the Trust Chief Executive, Director of Nursing, MSLC members, PCT representatives, midwives, student midwives and/or any other appropriate stakeholders.

Any issues that Supervisors feel are not suitable for such a wide audience may be discussed in private with the LSA following the presentation.

If a Trust has multiple sites, the LSA will be advised by Supervisors of Midwives regarding the local preference. The option to have the process only take place once - on one site - should be considered. Or if preferred, a visit to each site can take place - with the Supervisors from there undertaking the presentation.

Peer Supervisors of Midwives and User Auditors will attend the presentation with the LSA and then meet with midwives and women. Brief verbal feedback from this will be incorporated into the visit.

The LSA will also have the opportunity to meet with individual Supervisors of Midwives – to discuss how they are each meeting the NMC competencies for Supervisors of Midwives. All Supervisors should have the LSA benchmarking tool 'Self Assessment and Personal Development Plan' completed and with them at this audit.

A formal report of the audit will be written by the LSA following the visit and will be circulated to the SHA, the Trust and PCTs.

NORTH WEST LOCAL SUPERVISING AUTHORITY**FORMAT FOR LOCAL SUPERVISION ANNUAL REPORTS 2008 - 2009**

The format below will assist Supervisors of Midwives in writing their local annual report and will ensure standardised provision of the information required by the NMC. Please note that additional data has been requested by the NMC this year, which is reflected in this document. To comply with Rule 16 of the Midwives rules and standards, Supervisors of Midwives must supply this information, as it is necessary to include it in the North West LSA Annual Report.

Information to be supplied under the following headings:**1. Front Sheet**

Unit Name

Title of report, e.g. Statutory Supervision of Midwives: Annual Report for 2008 - 2009

Date

Report prepared by – Name of Supervisor leading on the report and her contact details

2. Supervisors of Midwives

- Number of Supervisors of Midwives
- Number of midwives supervised
- Supervisor to midwife ratio
- Time allocated for each Supervisor to undertake statutory duties
- Update on nomination, selection and training of midwives to become Supervisors
- Update on resignations of Supervisors
- Details of any Supervisor taking a break from supervision
- Recruitment strategy – to ensure sufficient Supervisors for the future

3. Access to a Supervisor of Midwives

How do midwives:

- Contact their named Supervisor of Midwives?
- Contact a Supervisor in an emergency?

How do women:

- Contact a Supervisor with a non-urgent query?
- Contact a Supervisor for advice in a challenging situation, when the matter is urgent?

Do you audit response times to the above?

What are the contingencies, for midwives and for women, if a Supervisor is not contactable?

4. Supervision Activities

How does the supervisory function work and what processes are in place for the effective supervision of midwives?

In house – to include:

- Changes in practice influenced by supervision
- Improvements in care to women due to supervision
- Enhanced support to midwives by Supervisors
- Mechanisms to ensure local consistency when carrying out supervisory function
- Information about local supervision – who for and how disseminated
- Information on challenges that impede effective supervision locally
- How are these challenges being addressed?
- Communication – update on meetings between supervisors/midwives/other trust or external personnel
- LSA Annual Audit of Supervision - to whom report circulated and feedback received
- Progress over the year on LSA recommendations
- Strategy to ensure that all Supervisors meet NMC requirement of 6 hours per year CPD

Within LSA:

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

5. 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 the supervision of midwives
- Action plans to improve service user involvement

6. Engagement of Supervisors with Higher Education Institutions

- Are there any trends that may, or are, impacting on the learning environment for students?
- How do Supervisors assess the clinical learning environment for student midwives?
- How is this fed back to HEIs?
- Details of supervisory input into the education of student midwives at HEIs
- Any concerns relating to newly qualified midwives, including regarding their original place of training?

7. Details of any new Policies related to Statutory Supervision

For example:

- Local Supervision Strategy
- Terms of Reference for Supervisors of Midwives meetings
- Local Supervision Action Plans

8. Developing trends affecting Midwifery Practice

- 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 to admissions
- Workforce trends that have an impact on the clinical environment
- Trends that may, or are, impacting on the safety and protection of women
- Action taken to improve such trends
- Number of Serious Untoward Incidents in the year

9. Supervisory Investigations

- Number of supervisory investigations carried out and outcomes
- Any themes from the investigations?
- Number of midwives who undertook supervised practice
- Summary of learning outcomes of programmes of supervised practice
- Key trends regarding supervised practice
- Number of supervisory investigations linked to the Trust HR process
- Any complaints about supervision or individual Supervisors of Midwives?

10. Challenges faced by Supervisors of Midwives

For example:

- Lack of recognition of the value of supervision at Trust Board level
- Lack of understanding of the statutory function by commissioners of maternity services
- 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
- Reluctance of midwives to consider being nominated as potential Supervisors of Midwives

11. Future of Supervision locally

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

12. Conclusion

NORTH WEST LSA	
ANNUAL STATISTICS FOR THE YEAR ENDING 2008 - 2009	
TRUST:	
UNIT:	
FORM COMPLETED BY:	
Contact telephone number:	
Contact email address:	
NAME of Contact Supervisor:	
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	
Actual home births - midwife in attendance	
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	
Does your service provide preconception care?	YES/NO
	%
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 still smoking at time of delivery	
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 was 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 1st May 2009 . Details of the Supervisor who completed the form must be included at the top .	

INDEPENDENT MIDWIVES - NORTH WEST LSA	
ANNUAL STATISTICS FOR THE YEAR 2008 - 2009	
Contact telephone number:	
Contact email address:	
Postal address:	
MATERNITY OUTCOMES	NUMBER
Number of contacts from women	
Number of women booked	
Number of women cared for antenatally	
Number of planned home births	
Number of home births - midwife in attendance	
Home births - no midwife in attendance	
Number of transfers into hospital in labour	
Births attended in Birth Centre or in Midwife Led Unit	
Number of births attended in hospital	
Total number of live births	
Number of stillbirths	
Total number of babies born (including multiple births)	
Number of women cared for postnatally only	
Total number of women cared for postnatally	
<p>Please complete this form electronically or return by fax or post. E.MAIL to geraldine.gannon@northwest.nhs.uk. Fax to 01539 797843 or send to LSA Office, LSA North West, Tenterfield, Brigsteer Road, Kendal, Cumbria LA9 5EA. Details of the midwife who completed the form must be included at the top.</p>	

NORTH WEST LOCAL SUPERVISING AUTHORITY**ROLE SPECIFICATION - LINK SUPERVISOR OF MIDWIVES**

Role: Link Supervisor of Midwives

Substantive Post: Experienced Midwife

The person appointed will have a minimum of five years experience as a Supervisor of Midwives.

Principal Responsibilities

The Link Supervisor of Midwives will:

1. Give specialist advice to the Local Supervising Authority (LSA) Midwifery Officer and LSA Midwife on supervision of midwives and midwifery practice.
2. Give specialist advice, support and guidance to other Supervisors of Midwives and midwives within the LSA.
3. Participate in the setting, monitoring and review of standards for supervision of midwives and midwifery practice within the LSA.
4. Assist in the formulation of guidelines for the statutory supervision of midwives within the LSA.
5. Assist with the planning and provision of statutory events and continuing professional development activities for Supervisors of Midwives.
6. Participate in LSA audits of statutory supervision and midwifery practice.
7. Support the LSA Midwifery Officer and/or LSA Midwife, in advising on organisational change within maternity services.
8. Act as a mediator, on behalf of the LSA, when Supervisors and/or midwives request an objective view of a clinical incident investigation or a specific set of circumstances.
9. Assist the LSA Midwifery Officer and/or LSA Midwife in dealing with poor performance and/or de-selection of a Supervisor of Midwives.
10. Assist the LSA Midwifery Officer and/or LSA Midwife in dealing with sub-optimal practice, lack of competence and prima facie cases of misconduct by a midwife.
11. Attend meetings with the LSA Midwifery Officer and officers of the Nursing and Midwifery Council, to enable supervision to be monitored at national level.
12. Act for the LSA Midwifery Officer and/or LSA Midwife in their absence.

**NORTH WEST FRAMEWORK OF ATTENDANCE FOR
LSA LINK SUPERVISORS OF MIDWIVES**

Attendance at the Link & Education Planning Meetings – 4 per year	4 days per year
Attendance at Extraordinary Link & Education Planning Meetings	Up to 1 per year
Attendance at the quarterly meetings of North West Supervisors of Midwives with the LSA Midwifery Officer	4 half days per year
Attendance at any Extraordinary meeting of the LSA Midwifery Officer with North West Supervisors of Midwives	Up to ½ day per year
Attendance at the Critical Analysis Presentation Days	2 days per year
Attendance at the annual North West LSA Study Day	1 day per year
Attendance at the annual North West LSA Autumn Forums	1 -2 days per year
Attendance at the North West LSA User Auditor/Peer Supervisor Training Day	½ day per year
Attendance at North West LSA Audits of Supervision	Approximately 3 days per year - plus time for writing reports
Attendance at units to act as mediator, on behalf of the LSA, at the request of Supervisors and/or midwives	Approximately ½ day per year
Assisting the LSA Midwifery Officer/LSA Midwife when dealing with issues or investigations regarding sub-optimal practice or alleged misconduct	Approximately 2 - 3 meetings per year - plus time to write reports
Assisting with LSA investigations of concerns regarding poor performance/possible deselection of Supervisors of Midwives	Approximately 1 day every 2-3 years plus time to write report
To represent the North West LSA at meetings/study days	Approximately 1 day per year
Interview panel for new Link Supervisors of Midwives	½ day every 2-3 years
Selection panel for appointment of CEMACH Maternal Death Assessor	½ day every 2-3 years

This is a framework of attendance and not all Link Supervisors of Midwives are expected to be at every event every year. The LSA and Link Supervisors will negotiate annually personal commitment to the above events.

The LSA will reimburse Link Supervisors of Midwives travel expenses and they will also attend all LSA events at no cost. Also, in recognition of the support from employers, which allows Link Supervisors to undertake the role, free places at LSA Study Days and Forums will be allocated to their Trusts on a regular basis.

LSA Midwifery Officer and Supervisors of Midwives meetings; Presentations in 2008 – 2009

21 April 2008

Geraldine Gannon, North West LSA Services Manager – who gave an overview and update on the LSA Database, as well as highlighting the additional reports that the database can offer; e.g. serious untoward incidents, maternal deaths, temporary unit closure to admissions reporting, child protection alerts and recording of supervised practice.

18 July 2008

Marie Collier & Melanie Hudson, Supervisors of Midwives, North Cheshire Hospitals NHS Trust – A Challenging Homebirth.

Mary Stewart, Research Midwife, Birthplace Study, National Perinatal Epidemiology Unit – Birthplace in England, rolling out nationally.

Mary Bell, NHS North West, Maternity Matters Safety Lead – Helping maternity commissioners keep risk in perspective.

24 October 2008

Anita Liem, Specialist Registrar Plastic Surgery, Whiston Hospital – Ear Splints.

Margaret Crichton, former Midwife Teacher, University of Manchester – Pelvic Girdle Pain.

16 January 2009

Vanda K Wellock, University of Manchester and Margaret Crichton, former Midwife Teacher, “Pelvic Girdle Pain” – formally known as SPD “The Gap Study”.

Val Finnigan, Pennine Acute Hospitals NHS Trust – Author of “Saggy Boobs” – the books planned future



North West Local Supervising Authority

Self Assessment and Personal Development Plan for Supervisors of Midwives

To assess your on-going personal learning needs, please complete the following, by using self-scores against the NMC 2006 competencies.

Prioritise the areas of importance to you and plan how you might continue your professional development. To help you plan, consider questions such as; Who could I shadow? What could I read? What events could I attend? What experience could I gain? How can I share my learning with others?

Please take this PDP with you to your annual supervisory review

<p>NMC (2006) competencies for a Supervisor of Midwives</p> <p>1. Statutory supervision of midwives: theory, roles and responsibilities</p>	<p>Where am I now?</p> <p>Self score</p> <p>LOW NEED HIGH NEED</p>	<p>What can I plan to do to improve?</p>					
<p>Understand the role of the Supervisor of Midwives in protecting the public.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Have a working knowledge of the statutory framework for supervision and the role of the NMC.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Be aware of and disseminate guidance or information relevant to midwifery practice, including NMC circulars.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

Demonstrate continuing professional development as a Supervisor of Midwives.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5																																									
1	2	3	4	5																																											
<p>NMC (2006) competencies for a Supervisor of Midwives</p> <p>1. Statutory supervision of midwives: theory, roles and responsibilities</p>	<p>Where am I now?</p> <p>Self score</p> <p>LOW NEED HIGH NEED</p>	<p>What can I plan to do to improve?</p>																																													
<p>Enable midwives to develop and maintain competencies for their midwifery practice by demonstrating responsibilities and duties of the Supervisor of Midwives, to include:</p> <ul style="list-style-type: none"> • meeting with supervisees at least annually and maintaining agreed records • ensuring midwives know their responsibilities regarding NMC registration, ITP notification and the requirement to comply with the NMC Midwives rules and standards and The Code • acting as a role model for midwives • being a resource for midwives to implement and support change • encouraging midwives to learn by critical analysis and evaluation of their practice 	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5						1	2	3	4	5						1	2	3	4	5						1	2	3	4	5						1	2	3	4	5	
1	2	3	4	5																																											
1	2	3	4	5																																											
1	2	3	4	5																																											
1	2	3	4	5																																											
1	2	3	4	5																																											

NMC (2006) competencies for a Supervisor of Midwives 2. Statutory supervision in action	Where am I now? Self score Low need High need	What can I plan to do to improve?					
Promote childbirth as a normal, physiological event.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
Understand statutory supervision within the governance agenda.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
Demonstrate the ability to source literature, research and professional evidence to underpin strategy and service development.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
Assist with the development of evidence based guidelines, policies and standards for maternity service provision.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

<p>NMC (2006) competencies for a Supervisor of Midwives</p> <p>2. Statutory supervision in action</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>					
<p>Demonstrate the ability to undertake assessments of practice areas to identify potential/actual risks and mitigate where possible.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Encourage midwives to utilise an evidence- based approach towards their care delivery.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Support midwives working with complex ethical, legal and professional issues.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Attend supervisory meetings to share information and explore relevant issues.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

<p>NMC (2006) competencies for a Supervisor of Midwives</p> <p>2. Statutory supervision in action</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>															
<p>Contribute to the development and monitoring of standards and guidelines relating to supervision.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5											
1	2	3	4	5													
<p>Understand the supervisors' role in the investigatory process by demonstrating the ability to:</p> <ul style="list-style-type: none"> • undertake an investigation of any serious untoward incident concerning midwifery practice or of an individual midwife's alleged impairment to practise • prepare a supervisory report of the investigation's outcomes and recommendations and inform the LSA Midwifery Officer • in cases where supervised practice is recommended, set agreed learning objectives for the midwife, with a midwifery educationalist and monitor progress • support a midwife involved in the investigatory process. 	<table border="1" style="margin-left: auto; margin-right: auto; margin-bottom: 20px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto; margin-bottom: 20px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
1	2	3	4	5													
1	2	3	4	5													
1	2	3	4	5													

<p>NMC (2006) competencies for a supervisor of midwives</p> <p>3. Statutory supervision of midwives: working in partnership with women</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>										
<p>Create opportunities for women to:</p> <ul style="list-style-type: none"> • engage actively with maternity services <p style="text-align: center;">and</p> • influence their development 	<p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </p>	1	2	3	4	5	1	2	3	4	5	
1	2	3	4	5								
1	2	3	4	5								
<p>Advocate for the right of all women to make informed choices and to contribute to decision making related to their care.</p>	<p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </p>	1	2	3	4	5						
1	2	3	4	5								
<p>Demonstrate how Supervisors of Midwives can contribute to ensuring maternity services are responsive to the needs of women.</p>	<p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </p>	1	2	3	4	5						
1	2	3	4	5								

<p>NMC (2006) competencies for a supervisor of midwives</p> <p>3. Statutory supervision of midwives: working in partnership with women</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>					
<p>Support midwives who are supporting women in making care choices.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Provide additional advice to women who are experiencing difficulty in achieving their care choices.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

<p>NMC (2006) competencies for a supervisor of midwives</p> <p>4. Statutory supervision of midwives: leadership</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>					
<p>Display a non-discriminatory, honest, open and fair approach.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Assess and apply current theory and approaches to leadership.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Provide visible leadership in the workplace</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Demonstrate an ability to engage effectively with a wide variety of individuals, groups, agencies and organisations.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

<p>NMC (2006) competencies for a supervisor of midwives</p> <p>4. Statutory supervision of midwives: leadership</p>	<p>Where am I now?</p> <p>Self score</p> <p>Low need High need</p>	<p>What can I plan to do to improve?</p>					
<p>Understand the broader strategic and political factors influencing maternity service provision.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Encourage and enable supervisor colleagues, midwives and members of other multidisciplinary team.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Be self aware.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
<p>Support midwives to maximise their potential in practice.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

NMC (2006) competencies for a supervisor of midwives 4. Statutory supervision of midwives: leadership	Where am I now? Self score Low need High need	What can I plan to do to improve?					
Promote multidisciplinary team working that fosters mutual respect, regard and value for the perspectives and contributions of others.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			
Be able to handle conflict and achieve a consensus ensuring no party feels disadvantaged.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5	
1	2	3	4	5			

NAME: DATE OF REVIEW:

SIGNATURE:

**Notes of the meeting of the North West Local Supervising Authority
Midwifery Officer & LSA Midwife with Lead Midwives for Education held on Monday, 30
March 2009 at Manchester University.**

Present;	Marian Drazek	LSA Midwifery Officer
	Judith Kurutac	LSA Midwife
	Annie Powel-James	University of Cumbria
	Pat Donovan	University of Central Lancashire
	Sue Martin	Liverpool John Moores University
	Andrea McLaughlin	University College of Chester
	Karen Lee	University of Manchester
	Lesley Choucri	University of Salford
Apologies;	Jane Morgan	Edge Hill University

NMC publication ‘Supervision, Support and Safety’ – Marian Drazek (MD) ensured that all present were aware of this publication and it’s content, particularly with regard to the issues identified within it that have implications for midwifery education.

Lesley Choucri (LC) raised the matter of newly qualified midwives being placed on supervised practice, when perhaps they should still be in their preceptorship period – learning about the complexities of childbirth. There was discussion about whether more midwives undertaking the short programme were being identified as less fit for practice on qualifying now than those undertaking the long pre-registration midwifery programme and a suggestion that the short course should perhaps be two years rather than 18 months in length. It was also suggested that LSA Annual Reports could contain details of how long the midwives who had been on supervised practice during the year had been qualified and if they had trained via the long or short programme.

Past difficulties in removing student midwives from courses, when their practice was causing very serious concern, appear to be improved by the time limits. It was also agreed that the situation has been helped by students having a named Supervisor of Midwives and by Supervisors sitting on the HEI Fitness to Practise panels.

The question of student indexing being reintroduced by the NMC was highlighted – as this appears to be an issue that is frequently discussed but not actioned by the regulatory body.

NMC review of North West LSA – MD outlined the main points of the report, which had been very positive and she also gave a synopsis of the response to the recommendations – sent to the NMC by the LSA.

There was discussion about some of the issues that had been brought up by LMEs when they met with the review panel - one matter which continues to cause concern is time for mentors to undertake their role in some Trusts.

It was suggested that HEIs need to contact maternity service managers to ensure that mentors have rostered time, but the difficulties for some units - particularly in CDS - to do this, were acknowledged. Reconfiguration was highlighted as an issue that may exacerbate the problem.

The fact that inexperienced mentors require a lot of support was discussed and the suggestion made that 'buddying up' with an experienced mentor can be an excellent way of addressing this.

There was also a reference to those midwives who appear not to want to undertake mentorship for student midwives and the attempts at avoidance of the role – by not attending updates. It was suggested that all midwives need to fully understand their duty in mentoring.

NMC risk score for North West LSA – MD explained that the NMC had assessed all LSAs in the UK from the 2007/08 Annual Reports and that the North West score had increased from 15 the previous year to 70. As this was felt to be excessive, MD and the Link Supervisors had worked through the calculations using the NMC criteria and had written a response challenging this score.

MD highlighted the risks identified that were relevant to LMEs and these were discussed. Some of the matters had been covered in the previous agenda item.

It was agreed that the main issues, regarding mentorship and the clinical environment, were a cause for concern. The implication from the NMC was that all units in the LSA had unsafe clinical learning environments and problems regarding appropriate support from mentors to student midwives. Whilst it was acknowledged that on occasions, due to the nature of midwifery practice, there were problems in some units – it was also agreed that to rate the entire North West as high risk because of that was unreasonable. LC suggested that the LMEs write as a group to Sue Way, Midwifery Adviser at the NMC, expressing their disagreement with the risk assessment and the way that it was undertaken.

Furthermore, the LMEs pointed out that - as far as they were aware - HEI reviews had not identified specific maternity units as unsafe.

NMC publication 'Standards for pre-registration midwifery education' – This publication was discussed and in particular two areas were highlighted.

It was acknowledged that the issue of midwife teachers spending 20% of their time in practice areas was not clear – is this proportionate to all of their contracted hours or 20% of their midwifery teaching time? It is important that this is clarified because HLSP will request evidence and therefore LMEs will need to audit this.

Student midwives case loading was also discussed and it does appear that this is now taking place in all HEIs – albeit with very small groups of women in some instances. It was agreed that this will support fitness to practise and Pat Donovan (PD) explained that at UCLan, the assessment includes a statement from the women regarding the student midwife.

NHS North West Workforce Plans 2007 to 2012 - The North West Education Commissioning Plan for 2009/10 had originally stated specifically that student midwife numbers were to be reduced by 2%. However, at the North West workforce conference, Mike Burgess confirmed that this was to be removed and provided an assurance that commissions for student midwife places will not be reduced. LS said that she was present at the conference and confirmed this.

Number of student midwives in clinical areas and implications – It was agreed that having a large number of student midwives in one clinical area is an increasing problem. This is exacerbated if the students request not to work weekends and also when wards close or merge. In addition, the requirement for increased practice hours and the move to a single annual intake of student midwives mean that the situation will get worse. An example was given of 8 students on CDS in a particular unit, this number will rise to 10 in December and also the fact that Salford and Manchester student midwives will be in placements in some units at the same time.

Midwife Teachers as ‘Sign off Mentors’ – There had been a suggestion to MD, from some Supervisors of Midwives, that in the future Midwife Teachers could be ‘Sign off Mentors’. It was agreed that this is only appropriate for Lecturer/Practitioners who are mentors – most Midwife Teachers are not in the clinical practice areas for a sufficient number of hours to undertake the ‘sign off’ role. There was a suggestion that the Supervisors could have been referring to the ‘Ongoing Achievement Record’, which is signed by the mentor and then by the Midwife Teacher.

RCM student midwives conference – MD provided the LMEs with the number of student midwives from each HEI who had attended this event; Chester 9, Cumbria 3, UCLan 2, Edge Hill 1. None had attended from Manchester, JMU or Salford.

North West LSA Strategy for Supervision – MD ensured that all present were aware of this document – copies were available and it is on the North West LSA website.

LSA Audits and revised framework for 2009 and 2010 – MD explained the new two year framework; informal audits to take place at all units in 2009 and formal audits in 2010. A brief paper explaining the detail of this was available and can also be provided by the LSA office.

North West LSA Benchmarking tool for Supervisors of Midwives regarding NMC competencies – The purpose of this new document was explained and the fact that all North West Supervisors must complete it in the 2009/10 practice year. The LSA audits in 2010 will include viewing the forms for the Supervisors in each unit – as evidence that each one of them meets the NMC competencies for Supervisors of Midwives.

Return to midwifery practice arrangements – It was confirmed that currently Cumbria, UCLan and Chester provide a Return to Midwifery Practice course and that the LMEs are now liaising with Mike Burgess at the SHA regarding funding arrangements. There was also some discussion regarding overseas European midwives who require an RTP course, before they can practise in the UK.

North West LSA Study Day and Annual Forums 2009 – The annual LSA study day is entitled ‘Perinatal Mental Health – the whole story’. This event is open to midwives as well as Supervisors and will be on 24 June 2009. The dates of the 2 Annual Forums, specifically for Supervisors of Midwives, will be 5 November and 10 December 2010.

Referrals to NMC by North West LSA – MD provided an update on the cases of midwives referred to the NMC by the North West LSA, including some examples of reasons for referral and the outcomes in the cases that have been heard.

Workshops to prepare North West Supervisors and midwives for appearing as a witness at NMC hearings – MD explained that, in view of the increasing number of Supervisors and midwives from the North West called to give evidence at NMC hearings, a ‘workshop package’ was being developed by the LSA, in conjunction with Norma Fryer (NF) – Midwife Teacher at UCLan. This is to help prepare registrants for acting as witnesses and will take place over half a day, in any Trust where the NMC have contacted individuals regarding attending a hearing to give evidence.

Supervised practice: academic content, support and assessment – It was acknowledged that there is insufficient detail regarding the expectations of the role of Midwife Teacher in supervised practice and also about the academic level that the midwife is expected to achieve. Lisa Bacon – Midwife Teacher at Manchester and Link Supervisor of Midwives and NF, have agreed to work with the LSA to write some guidance on this topic.

National LSA Conference – This will take place at the East Midlands Conference Centre in Nottingham, on 22 April 2010 and is entitled ‘From Vision to Action’. Booking forms can be downloaded from the JMD events website at www.jmdevents.co.uk.

National LSA Midwifery Officers website – is www.midwife.org.uk

North West LSA website – is www.northwest.nhs.uk/lisa/

Any other business:-

The NMC Midwives rules and standards (2004) are currently being reviewed. LSAMOs and LMEs undertook some work at the NMC joint UK meeting in London last December and the NMC will keep all midwives informed regarding the timescale of the revision.

Maternal deaths – There was an acknowledgement that student midwives undertaking the long programme have, generally, less awareness and previous encounters with death than those nurses who undertake the short programme. This has been highlighted by Supervisors of Midwives in units where maternal deaths have occurred and where student midwives have clearly not expected women to die. It was suggested that CEMACH reports are useful material to assist in ensuring that student midwives are prepared for this occurrence.

NORTH WEST LOCAL SUPERVISING AUTHORITY

APPENDIX 10



Supervision; If it works, prove it.

A participative re-enactment of an NMC Hearing

You be the judge!

26 November 2008

	Time	Topic
<p>4 November 2008</p> <p>The Willow Suite</p> <p>Holiday Inn, Haydock, (M6, Jct 23) Lodge Lane Newton Le Willows WA12 0JG</p> <p>Chaired by Marian Drazek LSA Midwifery Officer</p> <p>Facilitated by Vinney Ness Regional Nurse Director, Welsh Assembly Government</p> <p>&</p> <p>David Glendinning Consultant Wardhadaway Solicitors</p>	9.15 – 9.25	Welcome, domestic arrangements and introduction
	9.25 – 9.30	Setting the scene for the day
	9.30 – 9.50	Discussion - initial charges
		Objections and legal advice
		Discussion - amended charges/the reasons and how these differ
	9.50 – 10.00	Admitted facts and opening the case
	10.00 – 10.30	Witness 1 and cross examination
	10.30 – 10.40	Table discussion – concerns and proposed panel questions
	10.40 – 11.05	Witness 2 and cross examination
	11.05 – 11.15	Table discussion – concerns and proposed panel questions
	11.15 – 11.30	Coffee
	11.30 – 11.45	Witness 3 and cross examination
	11.45 – 11.55	Table discussion – concerns and proposed panel questions
	11.55 – 12.25	Witness 4 and cross examination
	12.25 – 12.35	Table discussion – concerns and proposed panel questions
	12.35 – 13.35	Lunch
	13.35 - 13.55	Witness 5 and cross examination
	13.55 – 14.05	Table discussion – concerns and proposed panel questions
	14.05 – 14.25	Witness 6 and cross examination
	14.25 – 14.35	Table discussion – concerns and proposed panel questions
14.35 – 15.30	Brainstorm on concerns, questions from panel, implications for practice	
15.30 – 15.45	Working tea – consider Rs final submission	
15.45 – 16.15	Voting, sanctions and reasons	
16.15 – 16.30	Summing up, close and certificates	

Saving Mothers Lives

The Supervisors Role - Translating Recommendations into Practice

18 June 2008

**CHAIRD BY: MARIAN DRAZEK, NORTH WEST LSA MIDWIFERY OFFICER &
JULIE MADDOCKS, NORTH WEST REGIONAL MANAGER FOR CEMACH**

From 09:00hrs	REGISTRATION/REFRESHMENTS	
09:30hrs	Welcome and Introduction - Setting the Theme	Marian Drazek - North West LSA Midwifery Officer
09:45hrs	Overview of Findings: CEMACH Saving Mothers Lives Report 2003-05	Julie Maddocks – North West Regional Manager for CEMACH & Supervisor of Midwives
10:15hrs	Key Recommendations	Clara Haken- Project Midwife for CEMACH & Supervisor of Midwives
10:45hrs	REFRESHMENTS	
11:00hrs	Midwifery Issues	Judith Kurutac LSA Midwife
11:30hrs	When things don't go according to plan	Jane Sloane, Head of Midwifery, Nobles Hospital, Isle of Man
11:50hrs	Panel Questions and Discussion	Morning Speakers
12:15hrs	LUNCH	
13:00hrs	Workshops	Facilitated by morning speakers and LSA Link Supervisors
14:00hrs	REFRESHMENTS	
14:15hrs	Workshops	Facilitated by morning speakers and LSA Link Supervisors
15:15hrs	Feedback and Discussion	Led by Julie Maddocks
16:15hrs	Conclusions and Next Steps	Marian Drazek

North West LSA

Critical Analysis Presentation Day – 1 October 2008

TOPIC LIST

TOPIC
Incident of sub-optimal practice involving inappropriate use of lithotomy and/or episiotomy.
Incident regarding “text” messaging by community midwife.
An inherited case; concerns the case of a newly employed midwife who had been involved in an incident in the weeks before her new employment and how this was dealt with by her new Supervisor.
The Supervisor’s role in complaints; an analysis of a complaint regarding care received in labour.
CTG interpretation.
Sub-optimal staffing; the role of the Supervisor reviewing the changing culture of supervision, clinical governance and the relationship between management and supervision.
Informed consent; are we really getting it? Women and families expect to be given advice from health professionals regarding their care and the care of their baby. But do we give advice or is it persuasive bullying?
Midwives caring for family and friends.
Off the record; homebirth attended, no electronic records completed. Neonate admitted as an emergency 8 days of age. Casenotes in boot of midwife’s car who is on holiday. Supervisory issues include helping to implement and support change, professional requirements related to record keeping, assisting with the development of guidelines and standards supporting midwives working with complex issues.
“Trust your body”; management of high risk women at home.
Supervisor supporting a midwife following a very premature birth.
Supervision of midwives in neonatal units – to discuss issues specific to NNU midwives and the role of the Supervisor of Midwives in supporting them.
Case of misoprostol (drug for PPH) given by midwife in community, without prescription.

'A Rolling Stone'; a multi faceted presentation involving a student midwife and her mentor. Based on record keeping, supervision of student midwives, and lack of utilisation of learning opportunities.
Medication error; supervisory investigation, support for the midwife, practice issues.
Recognition of concealed post partum haemorrhage on the postnatal ward.
Record keeping and failure to act once a deviation from the norm has occurred. Both related to labour care.
Could this have been you? Midwives responsibility and accountability as a mentor to student midwife following a needle error.
Supervised Practice; did we succeed? A critical incident which occurred whilst the midwife was undertaking supervised practice.
A supervisory investigation – sub-optimal practice.
Successful supervised practice.
Not what it seemed – discussion of a case review.
Surrogacy; how supervision linked with a surrogate mother in our unit.
Supporting a locally employed NHS midwife to provide care as an independent midwife – a positive experience.
The role of the Supervisor of Midwives following an untoward critical incident; the Supervisor's involvement following an early neonatal death.
Supervisor supporting a homebirth subsequently leading to starting a Homebirth Group.
The midwifery care of a woman who was discharged home 6 hours post delivery and was re-admitted the next day with severe PET and convulsions.
Supervisor of Midwives and Head of Midwifery – Dilemmas in the roles.
Midwives and safeguarding children.
A case of suboptimal care - where supported practice was undertaken by the midwife. The issues involved relate to management on the labour ward and poor documentation.
Midwives working as Ultrasonographers; examination of professional issues and responsibilities when faced with competence and performance management. Did supervision let this midwife down?

North West LSA

Critical Analysis Presentation Day – 5 March 2009

TOPIC LIST

TOPIC
Midwife delegated duties to inappropriate person and poor documentation surrounding that event. Midwife on supervised practice, although others involved.
Allegation of assault by a member of staff on a baby by the mother, whilst child subject to safeguarding plan and subsequently accommodated by interim care order.
An evaluation of the supervisory issues following a clinical incident. Inverted uterus at Birth Centre – not diagnosed until arrival at Consultant Unit – practice and accountability issues.
Deliberate falsification of controlled drug book – CD book falsified to disguise pethidine being left in sluice overnight following a home birth.
From Labour Room to Coroners Court – supporting staff and having support for myself.
Supervision & Teamwork; how Supervisors worked with a midwife from another Trust who wished to deliver a woman at home in our area.
Poor Handover of Care; transfer of a woman having a home birth to the care of a hospital midwife.
Out of your Comfort Zone; challenges for midwives being asked to change their area of work and how it impacts on practice.
How Supervision Supports Safeguarding (Child Protection).
Maternity Unit Closure – the role of the Supervisor of Midwives (on call).
Can supervised practice make a difference? Failure to understand the role of the midwife in the immediate post-partum period. Failure to document request for assistance, care given and observations made in the health records.
The Effects of ‘Making It Better’ on the workforce and how the Supervisor of Midwives can help with this transition.
Planning of a Birth Centre; change in practice – supervisory implications.
Critical Incident; midwife failed to recognise suboptimal CTG. Failed to act appropriately and failed to follow guideline.

Midwife on Supervised Practice following error in her clinical practice.
Effects of diverts on both the women and their families and the midwifery staff.
Proactive Supervision in supporting a VBAC lady achieve a home birth whilst keeping mother and baby safe and ensuring the midwife was not compromised by the mothers wishes.
Investigation following complaint from planned home birth resulting in hospital delivery.
Safeguarding Issues; safety of mother and baby, safety of other clients and staff. Risk management, support, record keeping and policy development.
Supervised Practice from a clinical mentors perspective; a reflection.
Supporting women's choice facilitating a VBAC at home.



The North West LSA Strategy for the Statutory Supervision of Midwives

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 of midwives contributes to this, by aspiring to achieve the safest midwifery practice possible and thus protect North West mothers and babies.

To focus the work of the North West LSA and Supervisors of Midwives, this strategy aims to highlight the priority actions that need to be achieved.

The LSA objectives are;

- 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.

To achieve the above the LSA must work in conjunction with all practising Supervisors of Midwives to uphold the statutory function and support midwives in whatever environment they practise. The prime purpose of statutory supervision is to maintain the highest standards of care for mothers and babies through evidence-based practice. To ensure this the LSA appoints Supervisors at a local level, who provide professional leadership to midwives and facilitate up-to-date, confident and competent practitioners - in a culture of life long learning. In addition, Supervisors have a vital role in supporting women who use midwifery services, by promoting childbirth as a normal physiological event and ensuring that local services are responsive to individual choices.

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.

The LSA supports and works with Supervisors of Midwives to ensure that:

- The National LSA (UK) Standards for Statutory Supervision are met, at local level, by each group of Supervisors of Midwives
- Maternity service providers are aware of the requirements of the statutory function and support Supervisors to undertake their role in protecting mothers and babies
- Individual Supervisors meet the NMC competencies for a Supervisor of Midwives
- Supervisors of Midwives act as role models and leaders of the profession
- Networking between Supervisors of Midwives is facilitated and good practice shared
- Midwives are confident and competent in their practice and any professional development needs are identified and addressed
- Supervisors and midwives act as advocates for women
- Maternity service users are aware of the LSA and the role of Supervisors of Midwives and that supervision is easily accessible to them
- Where maternity services or individual midwives' practice issues may affect the care of a mother or baby, this is identified and appropriate action is taken
- Midwives are actively encouraged to consider their potential as future Supervisors and that succession planning for the role is undertaken locally

Outcomes

The North West LSA monitors the effectiveness of the statutory function – through Supervisors self-assessment, local supervision annual reports and by regular LSA audits.

The LSA provides educational and professional development opportunities for Supervisors of Midwives, to ensure a culture of lifelong learning, sharing of best practice and to promote the value of networking.

The LSA maintains a database of Supervisors of Midwives and all associated activity, which acts as a check system and is also a valuable resource, both locally and nationally.

Critical incidents are fully investigated by Supervisors of Midwives and the lessons learnt are applied to practice and shared with the LSA and other Supervisors.

Maternity service users are involved in LSA work – to ensure that the statutory function is meeting the needs of women and babies.

Strategy Audit and Review

The LSA team, including Link Supervisors of Midwives, will review this strategy annually and update it in response to the results of LSA audits and monitoring of supervision activity across the North West.

The objectives will also be amended as required, to reflect any changes in national policy or legislation relating to the statutory function and to take account of any shift in local priorities.

The NMC, in response to LSA Annual Reports, also audits performance annually and in addition, in their review of LSAs will provide feedback about the effectiveness of the LSA Strategy.

Executive Summary of Report

The purpose of this review has been to audit the function of the North West Local Supervising Authority (LSA). The North West LSA was identified for review after its annual report was risk assessed and found to have a low risk score. It was therefore included to test the NMC framework. This risk-based approach to the review has been approved by the Nursing and Midwifery Council (NMC) and is in line with the NMC risk framework and the *Regulators Compliance Code*.

1.1 OVERVIEW AND KEY RECOMMENDATIONS

The North West LSA has an experienced and long standing Local Supervising Authority Midwifery Officer (LSAMO) who has established and maintains an extensive network supporting supervision of midwives throughout the LSA. The effectiveness of this structure was clear from both the evidence provided to the team in advance, and through triangulation in meeting with a range of stakeholders.

The networks within supervision such as the Contact and Link Supervisors ensure that the LSA communicates across the North West in a timely and comprehensive manner and is in a position to advise the LSA of emerging trends and issues in maternity services.

Feedback from users highlighted the role of the LSA in advocacy for pregnant women. The LSA Midwife, who supports the role of the LSAMO, while uncommon in the rest of the UK, was seen as extremely supportive and valued by midwives, supervisors and service users.

The development of the User Auditor role in the North West LSA is an example of good practice. Prior to taking part in audits, Service users had undergone specific training. User auditors had also carried out surveys with mothers who had recently given birth with regard to their experience of the LSA. It is important to note that user auditors do not proportionally reflect the ethnicity of the service user population, although there does appear to be more representation at focus group meetings.

Statutory supervision is well embedded in both practice and at the level of the LSA. The LSA continues to value, recognise and appreciate the role of statutory supervision in protecting the safety of mothers and babies in the North West LSA.

The LSA is recommended to:

1. Continue to monitor the impact of the rising birth rate on the suitability of the clinical environment as a safe and supportive place for the provision of maternity care as well as the suitability of the clinical learning environment for pre-registration midwifery students.
2. Continue to monitor the midwife to birth ratio to ensure a suitable clinical environment that is safe and supportive for the provision of maternity care.
3. Continue to monitor the temporary closure of Maternity Units and any effect on the safety of women and babies
4. Ensure uniformity of protected time for supervisory duties as this varies across the North West.
5. Continue to develop, publicise and market statutory supervision to the public and human resources personnel
6. Continue to expand the diversity of the user auditors

7. Ensure that post reconfiguration of maternity services that effective supervision systems are maintained
8. Ensure that feedback from women obtained from user auditors is shared with maternity services leaders, so they are aware of concerns that have been raised, such as shortage of antenatal classes, short notice for appointments, lack of continuity of carer and poor support networks for women postnatally.
9. Ensure that service user auditors receive feedback about how comments and recommendations in their report are actioned and the progress that is being made

The NMC is recommended to:

1. Monitor the LSAs response to the recommendations from the review
2. Recognise the North West LSA as an example of good practice
3. Continue to monitor and risk assess the performance of the LSA against these standards.

Acknowledgements

The review team would like to thank all those who participated in the NMC review of the North West LSA. Their feedback and openness was very helpful to the review team. The review team would like to express their thanks and appreciation to the LSA and the LSAMO, Marian Drazek for arranging excellent facilities for the review team and for giving such a comprehensive insight into the hard work carried out on behalf of Supervision of Midwives in the North West.