



**The Local Supervising Authority Midwifery
Officer's**

Annual Report

April 2008 – March 2009

Barbara Kuypers

LSA Midwifery Officer – West Midlands

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Background

Introduction

This report covers the period from 1st April 2008 to 31st March 2009 and will discuss both midwifery and supervision of midwives' activities within the respective Trusts and Universities that provide clinical care and education activities for maternity services in West Midlands. The report is specifically produced to meet the requirements of Rule 16 of the Nursing and Midwifery Council (NMC) Midwives Rules and Standards (2004). The appendices of the report contain information regarding trends around clinical activity, workforce and supervisory activities within the West Midlands.

Nursing and Midwifery Council

The Nursing and Midwifery Council was established under the Nursing and Midwifery Order 2001 as the body responsible for regulating the practice of both these professions. Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. The purpose of supervision is to protect the public and to support the enhancement and development of best midwifery practice. The local bodies responsible for the discharge of these functions are the Local Supervising Authorities (LSA's).

The Local Supervising Authority

Within the Order, the LSA has a statutory responsibility to:

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

In England, the Strategic Health Authorities are the designated LSA's. The Local Supervising Authority Midwifery Officer (LSAMO) in West Midlands is therefore placed as an employee with the Strategic Health Authority (SHA) reporting to the Director of Nursing and Workforce. The SHA Chief Executive, however, is accountable for the function of the LSA.

The Midwives Rules and Standards (2004)

The Midwives Rules and Standards (2004) provide guidance to support the legislation and framework for the practice of midwifery and statutory supervision of midwives in the United Kingdom. Of these there are 54 rules which the LSAs must fulfil. The LSAMO must ensure that these rules are met on behalf of the LSA and enable mechanisms whereby the SHA and principally the Nursing and Midwifery Council are assured. (Self Assessment for West Midlands is Appendix 1.)

The framework for the statutory supervision of midwives provides a mechanism for support and guidance for midwives. As the report will demonstrate, supervision can be pivotal in leading changes in practice which enables excellence and in turn maintains the highest practice standards in order to ensure that the wellbeing and health of mothers and babies is protected.

West Midlands Strategic Direction Objectives for 2008 – 2009

The following themes made up the areas for strategic development for 2008 -2009 and where identified in the LSAMO's Annual Report to the NMC of 2007-2008.

These were:

- To continue with the development of the LSA Database and Website
- To continue with the comprehensive calendar of Study Events and include topics around midwife behaviours that may jeopardize safety of women
- To continue in peer methodologies for the LSA Audit Cycle and to target standards of Incident Reporting and Investigation for 2008 -2009
- To develop standards for Learning Objectives for Supervised Practice Programmes
- To improve the interface between Serious Untoward Incident reporting to the SHA and the Incidents as reported to the LSA.
- To provide analysis of maternity incidents occurring in the sector
- To support and raise the profile of Supervision by supporting Strategic Awaydays for each supervisory team with each Trust.
- To gain recognition of the supervisory role in service leadership and to support ward to board presentations at Executive Boards.
- To provide opportunities for research around the role of Supervision of Midwives as pivotal in change agency work.
- To widen the stakeholder group for the LSA and to develop partnerships in particular with PCTs and commissioners of Maternity Services
- To network further and engage more with women and lay representative groups
- To continue to develop the LSA archiving mechanisms for all workforce and clinical trend data, confidential information and required records.
- To further develop the LSA Offices with required personnel in order to carry out the function of the LSA.

Resources

To assist in achieving these objectives, the LSA Midwifery Officer gained funds from the West Midlands Workforce Deanery and allocated the following budgets for respective projects to be undertaken in 2008 -2009.

Away Days for each Trust	£35,000
Research Projects for each Trust (£10,000 each)	£160,000
EU and Return to Practice Project	£95,000
CEMACH Maternal Death Review Panels 2006-2007	£70,000
LSA Events Calendar 2009	£35,000

In all nearly £400,000 has been invested with LSA Projects for the Supervisory Years 2007 through to 2009.

These projects will be more fully described through out this report.

Key accomplishments of the 2008 -2009 Supervisory Year

The Local Supervising Authority has made significant progress in meeting the Strategic Objectives listed above.

LSA Office Administration:

The LSA Offices are now well established at Osprey House in Redditch. This has enabled enhanced security for confidential information which is archived in paper and electronic format. In addition it has brought the LSA office more closely into the support network of the SHA infra-structures. These included the conference facilities, IT support for the data systems and access to various stakeholders such as Directors of Nursing and Commissioners that meet routinely at Osprey House.

In addition, an LSA Project Midwife was appointed (0.5 wte) and took up post from December 2008. The post is also supported by a (0.5 wte) personal assistant.

LSA Database:

The 2006-2007 LSA Report identified the need to commission the National LSA Database as a key priority. The data-base was commissioned along with annual training packages and became operational throughout the West Midlands in time for the 08-09 submission of Intentions to Practice (ITPs) notifications. Although there was a 10% (approx 300) return rate the corrections were made throughout April 08. Use and engagement with the database has improved with only a 1% return rate from the 09/10 submission of ITPs.

Website:

Requests were also made by the Supervisors of Midwives for access to a West Midlands LSA Website and work was put in place to look at the design and content of such a site. Midwives and Supervisors contributed to what items they would want to locate from the site to assist them in their role. The site www.lsa.westmidlands.nhs.uk was piloted ahead of its formal launch in April 2009.

The website provides:

- Home Page with key information
- Contact Us and Introduction to the LSA Team and Office locality
- LSA Events Calendar which provides study day information and enables bookings via the website
- An extensive publications and documents library which includes Power Point Presentations which the Trusts can access themselves
- A Forum/Blog Site
- Links to the LSA Database
- Links to key West Midlands Trusts and National organisations

The site is also placed on the www.midwife.org.uk website which is the national site for the LSA Midwifery Officers.

LSA Audit Cycle:

On appointment in July 2007, it was important that the LSA did not forgo a year of Audits as this is a key responsibility of the role. Rule 13 of the Midwives Rules and Standards (2004) asks the LSA 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. A programme of LSA Audits was set up and facilitated from December 2007 through to April 2008. The LSA has various methods to assess the standards of supervision of midwives and in enabling benchmarking against the 54 midwives rules and standards. The 2008-2009 Audit Cycle is described later in this report.

LSA Events Calendar:

The LSA Events Calendar is reviewed annually in discussion with Heads of Midwifery, Contact Supervisors of Midwives and Lead Midwives for Education. All events are evaluated and these help to devise future themes. As the LSA does not hold an education budget, an annual submission is made to the Workforce Deanery to fund key events on the Calendar. The Events Calendar for 2008/9 can be found as Appendix 2. There have been specific requests for the LSA to host a study series around mediation and reconciliation for Supervisors of Midwives and these sessions will begin to appear on the 2009-2010 Calendar.

Improving the interface between incident reporting and LSA Investigations:

The Project Midwife has a key role in collating information around the serious untoward incidents for maternity and newborn reported to the Strategic Health Authority and interfacing these with any Local Supervising Authority Investigations. The role advises and support supervisory investigating officers and identifies key learning objectives for future practice programmes. The post holder has been pivotal in facilitating workshops to support each supervisory team with respective Trusts to apply and meet the Standards for the Supervised Practice of Midwives (NMC 2007). Analysis of the incidents reported in the 2008-2009 Supervisory Year can be found on page 47.

Supervisory Away Days:

Funding was agreed and provided to support Supervisory Awaydays for each respective Trust. An external consultant familiar with the role and responsibility of the LSA was commissioned to facilitate a day for each team during 2008-2009. The teams were asked to produce their Strategy for Supervision with the intention of presenting this to their Hospital Boards. All Trusts took up this opportunity and a repeat series was commissioned for 2009-2010.

Research projects for Supervision of Midwives:

Each Trust was provided with £10,000 via their University Provider to complete a piece of research which must provide evidence assessing the function of Supervision in protecting women and babies and enhancing midwifery practice. These projects are in progress and are due to be completed in September 2009 with the objective of having a Conference event in 2010 when the projects will be showcased. Some Trusts have joined up in partnership with a shared theme whilst others have worked individually with a project with specific relevance to their own Trust circumstances.

Collaborative work with the Maternity Developmental Team from the Workforce Deanery

The Maternity Developmental Team and the LSA have worked collaboratively in a number of projects related to maternity services across the West Midlands. The projects are summarised below.

1. West Midlands RCM leadership programme designed for Heads of Midwifery, Acting Heads of Midwifery, Consultant Midwives

Maternity Matters and NHS Next Stage Review: A High Quality Workforce makes specific mention of the need for leadership competencies. This was recognised as a specific requirement across the West Midlands in particular to support emerging leaders. A number of programmes were funded, using the RCM Strategic Leadership Programme.

- 2008: 27 HOM & Senior Midwifery Leaders from the West Midlands completed the RCM Strategic Leadership Programme that included a two-day Development Centre, one-to-one development coaching and a three day Strategic Leadership Programme.
- 2009: 3 Development Centres for 32 band 6-8 aspiring midwives were supported to aid succession planning and identify future leaders within midwifery.

2. Safeguarding Leadership

2009/09 -6 named midwives completed a programme aimed at named and designated safeguarding professionals

3. Normality Skills Training

This programme was commissioned to develop and enhance normality skills and competencies of midwives across the West Midlands. A scoping exercise showed that a lack of competence and confidence was a common theme within maternity services. A 'train the trainer' approach was adopted; local champions were trained and provided with a comprehensive training package including an interactive DVD. Topics included decision making, assertiveness, measured risk taking, emergencies within home birth/Birth Centres and confidence in normality.

4. Development of Module on Promoting and facilitating Normal Child birth

A cohort of 9 midwives has undertaken an accredited pilot programme at Staffordshire University (March-May 2008) that offers practical experience at one of Shropshire 5 Midwifery Led Units. The module will be delivered again in September 2009 with costs subsidised by the Workforce Deanery.

5. Assessing and evaluating access to the Maternity Mental Health Services.

An 'Early Adopter Site for Maternity Matters Bid' was supported by NHS West Midlands to gain a greater knowledge of how maternal mental health services are used within Coventry & Warwickshire in order to disseminate good practice and achieve equity of service to women. A regional report has been completed that covers the scope, activity, outcomes and recommendations for the project.

6. Commission production of a CD Rom based learning tool for Midwives on Maternal Mental Health

CD Rom has been produced, launched at a Maternal Mental Health Conference September 2008 and disseminated to health visitors, midwives and neonatal staff. It was shortlisted for an award by the RCM in January 2009.

7. Maternal Mental Health Programme for Specialist Mental Health Workers

The development of a programme around maternal mental health for specialist mental health workers when skills and competency deficit has been identified. Following evaluation this programme will be rolled out to a wider audience via train the trainer route for all specialist mental health staff and primary care staff. Funding secured for the programme and project manager appointed and is currently undertaking a scoping exercise around skills deficit for programme development in 2009.

8. Obstetric Theatre Maternity Support Worker Partnership with Skills for Health and West Midlands SHA.

This project was developed to test the transferability of an existing training package developed at one local Trust. This training programme has equipped Obstetric Theatre Maternity Support Workers with a high level of underpinning knowledge and competency to perform the scrub role for a caesarean section and follow the mother and baby onto the post natal ward to provide continuity of care and additional support to midwives. 3 pilot sites completed the training programme (University Hospital North Staffs NHS Trust, Walsall Hospitals NHS Trust and University Hospital Coventry and Warwickshire NHS Trust). It is hoped that it will be possible to use an apprenticeship framework and Foundation degree specialist module for regional roll out in 2009/10.

9. The development of a West Midlands competency framework for Maternity Support Worker's (MSW's)

A West Midlands wide competency framework and training programme for MSW's has been developed to ensure a consistency of approach, transferability and sustainability of the role across the West Midlands. A regional report has been produced with recommendations that are supported by the Heads of Midwifery and Maternity and Newborn CPG Clinical Lead.

10. Strengthening workforce planning across maternity services as a response to Maternity Matters

Trusts and PCT's were supported in the process of developing a maternity services workforce plan to support NHS organisations achieve their workforce objectives, specifically in the delivery of Maternity Matters.

11. A literature review of "Choice in Maternity Services"

A Local Higher Education Institute was commissioned to undertake a literature review, focusing on the skills and competences of the workforce to deliver choice as defined in Maternity Matters. It identified new skills needed by the workforce around offering choice in maternity services in the future and informed the development of /amendments to programmes. The literature review is now completed and has been well received nationally regionally and locally.

12. Development and pilot of a multi-disciplinary programme for social care assessment and working with vulnerable women with independent evaluation

A multi disciplinary education programme was developed initially for health visitors and midwives at postgraduate level for recognition of social care needs assessment and subsequent improvement in care pathways for vulnerable women. An expert reference group oversees the project and the programme is due to begin in October 2009.

13. Strategy to Support the Staffing Issues in Obstetric Ultrasound through comprehensive workforce planning

A pilot was commissioned to increase the capacity for postgraduate training for radiographers in obstetric ultrasound, and the regional co-ordination of clinical placements. An Obstetric Sonography programme commenced February 2009 with a cohort of 7 radiographers and midwives. A project manager has been appointed. Trusts have submitting workforce plans for collation and analysis to achieve a greater understanding of supply and demand against project activity.

14. Coventry University Breastfeeding Assessment (CUBA) training

A training programme has been developed to further increase the capacity and capability of staff teams within Maternity Services, Health Visiting Services and key partner organisations such as Children's Centres to enable improved delivery of breastfeeding support. This pilot project will support skills and knowledge development for effective breastfeeding management. It comprises web based resources, DVDs and workbooks and has strong support from the regional infant feeding network. There are 3 pilot sites - Solihull Care Trust, Dudley PCT and Walsall tPCT with 300 staff from each trust undertaking the programme which commenced July 2009.

Nursing and Midwifery Council Pilot & follow-up Review of West Midlands LSA

The Nursing and Midwifery Council has responsibility under The Order for setting and monitoring the rules and standards as to how the LSA carry out their role in relation to Statutory Supervision of Midwives. As part of this mechanism, any concerns that may impact upon the protection of women and their families from poor practice or upon the suitability of any clinical environment as a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery or nursing students should, be made known to the Council. Long sentence!

The NMC already has some mechanisms in place which enable it to verify that standards for Statutory Supervision of Midwives and the function of the respective LSAs are met. However, the NMC, is also required to assess the function of the LSAs against the 54 midwives rules and standards. The NMC designed a review framework for this to occur and wished to pilot this methodology. Although a risk based scoring format was used to identify LSAs suitable for the pilot, as the West Midlands LSA was in transition between the outgoing and incoming LSAMO, the Director of Nursing and Workforce invited the NMC to include the LSA as part of its pilot review.

The visit took place in May 2007. Prior to the visit, the auditing team were informed by the NMC's risk register compiled from the Local Supervising Authority Annual Reports, the Annual Reports submitted by the two Trusts visited. The two maternity services visited were at the University Hospital Coventry and Warwickshire NHS Trust and Worcestershire Acute Hospitals NHS Trust. The review team met with mothers and fathers, representative of lay organisations, midwives, Supervisors of Midwives, midwifery managers and governance leads. The review enabled the team to triangulate the information received prior to the review.

A report was produced by the NMC and disseminated to the SHA Director of Nursing and Workforce, the LSAMO and to the Heads of Midwifery with the host Trusts by September 2008 and made a number of recommendations for the LSA to consider.

Themes included issues regarding communication with stakeholders, public user involvement with the functions of the LSA, expectations of data collection around clinical activity and workforce, 24 hour access to a supervisor of midwives within Trusts and considerations around reducing risk for Trusts where individual and groups of Supervisors of Midwives were poorly performing.

The key listed recommendations and progress to date with these can be found in Appendix 3.

The NMC committed to return to assess progress during the 2009/2010 Supervisory Year. The Assessment Tool for the performance of LSAs has further developed with the allocation of a risk score on submission of the LSA Annual Report to the NMC. For the 2007 -2008 Report the West Midlands scored 31 (low). (See Appendix 4)

The NMC made its repeat visit to the West Midlands LSA during July 2009 and will be fully reported in the 2009 – 2010 Annual Report to the NMC.

West Midlands Maternity Matters and Darzi Review

Maternity Matters was published in April 2007 and outlines ambitions for enabling choice, access and continuity of care in safe maternity services. The document is a footprint for commissioners, service providers and other organizations involved in the provision of maternity services.

Maternity Matters highlights the commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women. This will ensure that by the end of 2009, all women will have choice around the type of care that they receive, together with improved access to services and continuity of midwifery care and support.

The report identifies 4 choice guarantees for:

- Access
- Type of Ante-natal care
- Place of Birth
- Type of Post-natal care

In addition, alongside these ambitions have been the local consultations to ascertain the local views of the public, midwives, obstetricians and neonatologists in scoping out a vision for maternity services in West Midlands. The SHA has a mixture of inner city services with a number of urban towns and very rural isolated communities in which maternity care is provided. The consultation reflected the need for a portfolio of models of care and services with a particular recognition of the importance of smaller units in assuring local access for women and their families.

QIPPP

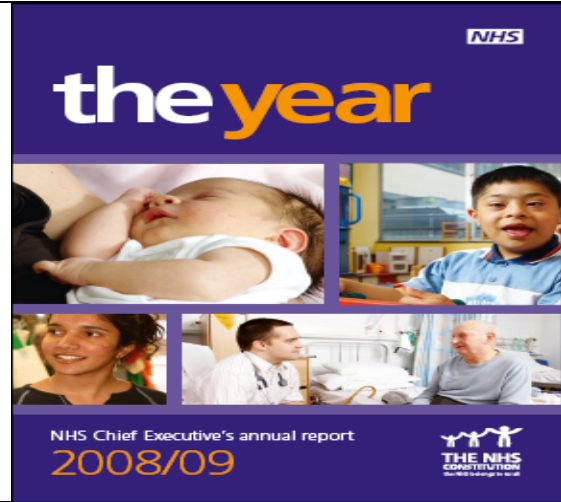

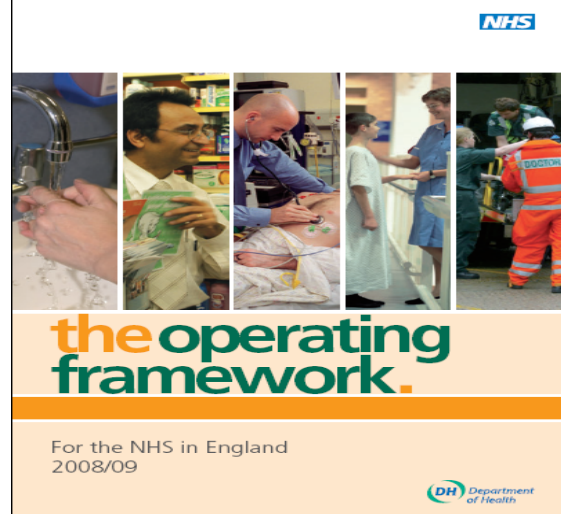
Work is currently underway to support the commissioning framework to ensure the future maternity services meet the local demand of communities and to enable women to access appropriate care according to their needs. The vision encompasses the growth of more midwifery led facilities and co-operatives and is placing high value on small, local and proficient services. In order to achieve these ambitions, supervision of midwives also needs to be part of the commissioning framework.



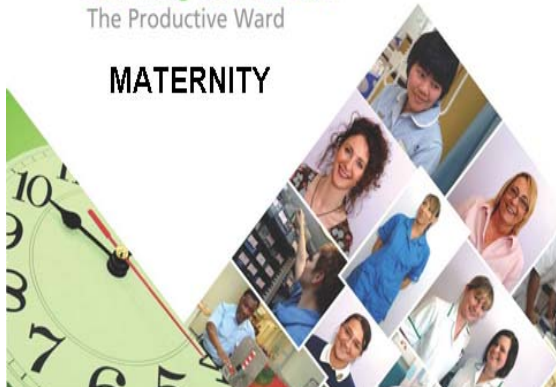
This work is facilitated by the Maternity Matters and Darzi Leads for the SHA and are now promoted via the vehicle of QIPPP.



Contemporary Issues & Reports informing Maternity Services

A number of reports were published during the 2008 -2009 Supervisory Year from various national bodies and assisted with informing and developing maternity services across the sector.

 <p>NHS the year NHS Chief Executive's annual report 2008/09 THE NHS CONSTITUTION</p>	<p>“The performance of maternity services is a touchstone of whether we are delivering quality.”</p> <p>David Nicholson NHS Chief Executive 20th May 2009</p>
<p>“The maternity and newborn groups [SHA Clinical Pathway] were clear that women want high quality, personal care with greater choice over place of birth, and care provided by a named midwife.”</p> <p>High Quality Care For All (June 2008)</p>	 <p>NHS East of England East Midlands London North East North West South East Coast South Central South West West Midlands Yorkshire and the Humber</p> <p>High Quality Care For All NHS Next Stage Review Final Report</p> <p>DH Department of Health</p>
 <p>NHS the operating framework. For the NHS in England 2008/09 DH Department of Health</p>	<ul style="list-style-type: none"> • Maternity: improving access as part of the wider Maternity Matters strategy to deliver safe, high quality care for all women, their partners and their babies. <p>In 2008/09, PCTs should aim to:</p> <ul style="list-style-type: none"> • Increase the percentage of women who have seen a midwife or a maternity healthcare professional for a health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.

<p>Inspecting Informing Improving</p> <p>Healthcare Commission</p> <p>Towards better births A review of maternity services in England</p>  <p>Service review</p>	<ul style="list-style-type: none"> • The overwhelming majority of births in England are safe; however, some births are less safe than they could and should be. (Kings Fund 2008) • 26% Best performing • 32% Better performing • 22% Fair performing • 21% Least well performing • Action plans
<ul style="list-style-type: none"> • Born in Pakistan 10.2 per 1,000 live births • (Double the overall infant mortality ratio) • Born in Caribbean 8.3 per 1,000 live births • (63% higher than the national average) • Aged under 20: 7.9 per 1,000 live births • (60% higher than for older mothers aged 20-39) • Sole parent 6.7 per 1,000 live births • (36% higher than among all births inside marriage) 	<p>NHS</p> <p>Implementation Plan for Reducing Health Inequalities In Infant Mortality: A Good Practice Guide</p>  <p>Review of the health inequalities infant mortality TM target</p> <p>In partnership with</p> <p>Department of Health, Department for Children, Schools and Families, Commission for Equality and Human Rights</p>
<p>NHS Institute for Innovation and Improvement</p> <p>Releasing Time to Care The Productive Ward</p> <p>MATERNITY</p> 	<p>The Institute for Innovation and Improvements produced guidance's to support maternity services in achieving higher performances and being more productive in meeting key targets.</p> <p>Releasing time to Care - The Productive Ward is a new, exciting and innovative care improvement programme with a number of West Midlands services adopting this methodology.</p>

Local Supervising Authority Midwifery Officers' Forum (UK)

Introduction

The aim of this section is to provide an update on the LSA Midwifery Officers' (LSAMO) Forum UK activity during the 2008/09 year. The purpose of the Forum is to enable the LSAMOs to work collaboratively with other stakeholders to ensure that there is consistent and equitable approach to achieving the standards set by the Nursing & Midwifery Council (NMC). The Forum is currently working to a four year strategy which describes the work plan until 2011. The LSAMO Forum (UK) consists of the sixteen LSA Midwifery Officers from across the United Kingdom. Each year the Forum meets on six occasions - for two days - at different venues across the UK, hosted by the local LSA. In 2008-09 the meetings were;

- May 2008 NHS Yorkshire and the Humber
- July 2008 NHS South West
- September 2008 NHS London
- November 2008 NHS North West
- January 2009 NHS London
- March 2009 NHS Scotland

The Forum is currently chaired by the West Midlands LSA Midwifery Officer. The chair and vice chair are voted in, for a period of one year with the vice chair becoming the chair the following year.

Stakeholder Involvement

The Forum agendas are full and include invited stakeholders - 2008/2009;

- Kings Fund – Safer Births
- Birth Place Study
- Chief Nursing Officers – from each of the 4 countries
- Nursing & Midwifery Council – Head of Midwifery, Midwifery Advisors and Fitness to Practise Manager
- Department of Health – Midwifery Advisors - standards for care, workforce and return to practise (RTP), Maternity Matters, Family Nurse Practitioners
- HM Coroner
- NHS Litigation Authority
- Health Care Commission / Care Quality Commission
- Independent Midwives – Northwich Holistic Birth Centre
- Confidential Enquiry Maternal and Child Health
- National Patient Safety Agency
- Royal College of Midwives – General Secretary and other representatives
- Safeguarding practitioners

LSA Annual Audit

The LSA Midwifery Officers have explored different audit methodologies to fulfil the 54 standards from the 'Midwives rules and standards' (NMC 2004). This has enabled LSAMOs to have a portfolio of audit methodologies from which they can implement different approaches to the audit process.

LSA Midwifery Officer Engagement

LSA Midwifery Officers represent the LSAMO Forum (UK) as members of other forums;

- National Patient Safety Agency
- Midwife Supply Orders working group
- NMC review of Midwives rules and standards steering group
- Midwifery 2020
- NMC /LSAMO Strategic Reference Group
- Maternity Matters Advisory Group

Work of the Forum

The LSAMO Forum (UK) meetings include identifying, developing and progressing future work. Work undertaken by the Forum in 2008/09 included;

Development of new LSA National Guidelines - available at www.midwife.org.uk

- Role of the Contact Supervisor of Midwives
- Guidance for Supervisors of Midwives on suspension of a midwife from practice
- Guidance for investigation of a midwife's fitness to practise
- Process of appeal, against a decision to suspend a midwife from practice, by the LSA
- Local Supervising Authority Midwifery Officers' Forum (UK) Strategic Direction 2008 – 2011
- Modern Supervision in Action (posted to every registered midwife in the UK)
- LSAMO Forum (UK) Strategy Update (May 2009)

LSA National Conference

The LSAMO Forum (UK) held a national UK conference in April 2008, which was attended by 500 Supervisors of Midwives and midwives from LSAs across the UK. The conference was evaluated as excellent, with seminars sharing areas of good practice that had been developed by Supervisors of Midwives. The Strategic Direction for 2008 – 2011 was launched at the conference.

Conference Attendance

The LSAMO Forum (UK) aims to have LSA stands at several high profile conferences each year, in 2008/09 these included;

- LSAMO National UK conference
- International Confederation of Midwives (ICM) conference
- Nursing & Midwifery Council conference
- Student Midwife conference
- Royal College of Midwives conference

The LSAMO Forum (UK) stand at conferences enables numerous midwives and students to meet with LSA Midwifery Officers and ask questions regarding supervision. The stand provides an ideal opportunity for the LSAMOs to distribute a number of printed information documents regarding statutory supervision for the midwives to receive and share with other colleagues within their practice areas.

LSA Database

This has been implemented by a number of LSAs over the year and to date there is only one LSA not accessing the database. The database enables consistency of supervision records across the UK and allows seamless transfer from one supervisor to another, as midwives move their area of practice around the UK. It also enables timely and effective notification of Intention to Practise (ITP) forms to the NMC.

LSA Website

This last year has seen the development of the LSA Midwifery Officers' Forum (UK) website www.midwife.org.uk which contains all the LSA national guidelines, other core documents and also provides access to the LSA database.

West Midlands Profile



Map of Birmingham & West Midlands

The West Midlands is located in the centre of the United Kingdom and is recognised as the country's manufacturing and agricultural heartland. It covers an area of 13,000km², encompassing the five rural counties of Warwickshire, Worcestershire, Staffordshire, Shropshire and Herefordshire and the seven metropolitan boroughs of Solihull, Coventry, Birmingham, Walsall, Sandwell, Dudley and Wolverhampton. The region is home to population of 5.3 million, it has a workforce of 2.3 million.

Birmingham is located at the centre of the national transport network with extensive National Rail links, comprehensive motorway routes and Birmingham City Airport which is only 12 minutes from the centre of Birmingham by rail.

The area is served well with various Conference facilities notably the National Exhibition Centre (NEC), which has a selection of exhibition and conference halls. There are also a number of University providers, Trust post-graduate centers along with museums and football clubs that provide conference or meeting facilities.

West Midland Hospital Trusts providing Maternity Services

The West Midlands LSA covers the areas of Shropshire and Staffordshire in the north to the southern borders of Herefordshire, Worcestershire and Warwickshire, in the south. Borders also include Wales to the West to Derbyshire and Leicestershire to the East. The population of 5.3 million people live in both rural and densely populated inner city area.

There are 15 Trusts providing Maternity Services in West Midlands. Five of these Trusts have Obstetric and Neonatal Services across 2 or 3 sites. Other Trusts have a single Obstetric facility with a portfolio of Midwifery Led Units. The largest Trust providing Maternity Services is Heartlands Foundation Trust with over 11,000 births across 3 sites, Birmingham, Solihull and Sutton Coldfield. The smallest Trust is at Hereford with just under 2000 births and being one of the most isolated units providing for a market town and rural community.

The most deprived areas include communities within Birmingham and the Black Country, Stoke on Trent and Coventry. Whilst these cities historically have had ethnically diverse communities, there is a new emerging challenge for rural towns such as Hereford, Shrewsbury, Warwick and Nuneaton which all have growing East European populations settling within their communities.

Obstetric & Midwifery Services	Midwifery Led Units
Worcestershire - Worcester	
- Redditch	
Herefordshire - Hereford	
Shropshire - Shrewsbury & Telford	4 Stand alone & 1 Alongside
North Staffs - Stoke	1 Alongside
South Staffs - Stafford	1 Alongside
- Burton & Lichfield	1 Standalone
Warwickshire - Nuneaton	
- Warwick	Integral
- Coventry	
Birmingham - Heartlands & Solihull	
- Good Hope	
Birmingham - City	
- Sandwell	
Birmingham - Women's	1 Alongside
Black Country - Dudley	Integral
- Walsall	
- Wolverhampton	

Standalone: A Midwifery Led Unit sited away from the main Maternity facility with its own staffing

Alongside: A Midwifery Led Unit sited with the main Maternity facility either on the same or separate floor with its own staffing

Integral: A Midwifery Led Unit sited within the main delivery suite identified with a protected area with its own beds.

The Local Supervising Authority Midwifery Officer's Report 2008 - 2009

The 2008 -2009 LSA report is informed by various processes at the midwifery officer's disposal and includes:

LSA Activities

- Study Day and Conference Events
- LSA Meetings with Link, Contact Supervisors of Midwives and Lead Midwives for Education
- Meetings with Supervisor of Midwives from respective Trusts
- LSA Meetings with Heads and Directors of Midwifery
- Meetings with Directors of Nursing (via the SHA)
- LSA Annual Audit Calendar
- LSA Annual Data and Statistics Collation
- Formal visits to respective Trusts
- With PCT and Commissioners of Maternity Services

Information can be gathered day to day during interface and relations with:

Practitioners

- Midwives
- Supervisors of Midwives
- Heads and Directors of Midwifery
- Lead Midwives for Education and Practice Educators
- Obstetricians and other physicians
- Directors of Nursing and other Executives

Parents and Families

- Mothers and Fathers
- Lay and User Representatives

Professional Bodies and Stakeholders

- Nursing and Midwifery Council
- Royal College of Midwives
- Local Supervising Authority Midwifery Officers National Forum
- Maternity Leads with the West Midlands Strategic Health Authority

National Agendas and Published Reports

- The NHS Year 08/09
- High Quality Care for all
- RCOG: Standards for Maternity Care
- Kings Fund Report: Safe Births
- Health Care Commission: Towards Better Births
- The Productive Ward for Maternity Services.
- CEMACH: Saving Mothers Lives

LSA Information Archiving

The LSA in 2007 -2008 held a number of databases.

- Midwives who submit their Intention to Practise
- Midwives who make enquiries regarding Return to Practise
- Supervisors of Midwives compliance with Supervisory PREP requirements
- Untoward Incidents and subsequent investigations
- Maternal Deaths

Workforce and Clinical Outcome Trends

Each Trust is required to submit annually a worksheet which gives precise information with regard to:

Workforce Trends

- Midwifery Management numbers working in Trusts
- Clinical Midwife Practitioners working in Trusts
- Midwives working in Health Education Institutions
- Midwives working in Independent or Self – Employment.
- Midwives working in Neonatal and or other non maternity services

Clinical Activity

- Hospital Births and Clinical outcomes
- Births occurring in Midwifery Led Units and Clinical outcomes
- Births occurring at Home
- Births occurring without the attendance of an appropriate practitioner

Each of these databases holds up to, and in some instances 20 years of data pertaining to the West Midlands LSA in its various geographical interpretations. In due course all of this data will be placed as a portfolio on the LSA website.

Supporting Information from the SHA Different spacing below

West Midlands QI (Quality Institute) is the quality observatory for the region. It is a new service that intends to become the one-stop shop for clinical teams and organisations for information about quality of services. Its purpose is to enable the continuous improvement of quality of care. Its ambition is to be a national and international leader in the field. It will be led by a practicing clinician and will always be driven by what clinical teams tell us they need to know. The website can be accessed at www.wmqi.westmidlands.nhs.uk



The LSA Audit Process & Methodology for 2008 – 2009 Cycle

The Annual Trust Audit cycle is a key process providing information to the LSA regard the performance of individual supervisors and Trust teams of supervisors in carrying out their role. The West Midlands 2007 -2008 LSA Audit Cycle used the National 5 Standards for Supervision of Midwives in order to benchmark the services. These can be located at www.midwife.org.uk and have been compiled by the National LSAMO Forum UK.

For the Audit Cycle for 2008 -2009 it was decided following consultation with the Heads of Midwifery and Contacts Supervisory of Midwives to assess the application of the Trusts in compliance with the guidance issued by the NMC with regard to the Standards for Supervised Practice of Midwives (2007).

Guidance issued to the Trusts can be found in Appendix 5

The LSA Audit visits took place on:

TRUSTS	Date of Audit
Worcestershire - Worcester	16th December 2008
- Redditch	"
Herefordshire	26th February 2009
Shropshire	8th April 2009
North Staffs - Stoke	10th March 2009
South Staffs. - Stafford	31st March 2009
- Burton	26th March 2009
Warwickshire - Nuneaton	16th March 2009
- Warwick	11th December 2008
- Coventry	2nd December 2008
Birmingham - Heartlands	13th January 2009
- Solihull	"
- Good Hope	"
Birmingham - City	17th February 2009
- Sandwell	"
Birmingham - Women's	3rd March 2009
Dudley	22nd April 2009
Walsall	29th January 2009
Wolverhampton	23rd January 2009

It was also decided that the audit teams would comprise of:

- The LSAMO
- A supervisor of midwives working in a clinical environment
- A supervisor of midwives working with a university or in a consultant midwife or practice and development capacity
- A parent or lay representative for User Groups
- An observer or student supervisor of midwives

Each Trust following the Audit received reports for the Chief Executive and to their Head of Midwifery and the Contact Supervisor of Midwives.

The LSA Annual Report – Rule 16

1 Process prior to Publication and Presentation of the Report Findings

The information pertaining to clinical and workforce statistics & trends were sent out to the respective Trusts for confirmation. The report in its draft form was circulated amongst a critical readers group and also tabled at the September 09 West Midlands Senior Management Team meeting before final presentation to the Strategic Health Authority for signatory.

A copy of the report is signed by the Director of Nursing & Workforce and the Local Supervising Authority Midwifery Officer prior to electronic submission to the Nursing and Midwifery Council by 30th September 2009.

The report will then be tabled at the following meetings which make up routine contact groups that regularly interface with the Local Supervising Authority Midwifery Officer:

- SHA Board & Seminar (October 09)
- SHA Quality and Safety Overview Group (October 09)
- SHA Directors of Nursing Group (October 09)

And as scheduled to the West Midlands:

- Links, Contacts and Lead Midwives for Education
- Heads of Midwifery
- Supervisor of Midwives Meetings
- LSA Conference and Study Events

The report will also be disseminated in electronic format to all Trusts, Commissioners with Primary Care Trusts, Lead Midwives for Education and Course Leaders for the Preparation of Supervisors of Midwives Programme. The report will be provided to the local Maternity and Newborn clinical pathway leads. In addition, the report will be sent to all Chairs of the Maternity Service Liaison Committees and User Groups with business addresses in West Midlands.

Finally the report will be placed on the West Midlands Local Supervising Authority Web Site www.lsa.westmidlands.nhs.uk. There is a link to the National LSAMO's Forum Web site at www.midwife.org.uk and also to the Birmingham City University 'Moodle' Website which provides curriculum details for the Preparation of Supervisors of Midwives Programme at www.bcu.org

The content, other than meeting the requirements of Rule 16 of the midwives rules and standards for the Nursing and Midwifery Council, should also meet with the expectations of other stakeholders such as providers, commissioners educationalists and users of maternity services. The report holds additional clinical activity information and workforce trends and these tabulates can be found integral to the report and as appendices.

The contextual narrative and information regarding clinical outcomes and workforce data, is intended to be utilised and resourced by all readers to assist in furnishing in-house reports, reviews and support curriculum activities in universities. Finally, the document should assist in assuring the public that the framework of supervision of midwives does protect mothers and babies by ensuring excellence and best practice amongst midwife practitioners.

2 Supervisor of Midwives appointments, resignations and removals

Table 1: Demonstrates the number of designated Supervisors of Midwives on 31st March 2009 with comparators against a three year trend.

	2006 -2007	2007 - 2008	2008 - 2009
Number of Midwives	2882	2771	3079
Appointed Supervisors	219	223	223
New Appointments	26	25 (4 from out of area)	15 (1 from out of area)
Removals	0	2	0

Recruitment

All Trusts hold twice yearly selections whereby midwives are invited to self nominate or nominate a peer to go forward for the ballot. The Contact Supervisors then arrange a ballot within the service site in which they work. Midwives may have discussed becoming a supervisor of midwives with their own supervisor at their respective meetings or during a post – graduate programme with their local university.

In some Trusts midwives are asked to write a statement and provide a photograph as part of the ballot paper. Midwives participation and voting in the ballots has increased over the last year with indicated reasons as to why they would or would not support the nominee. Any ballots with less than 50% of the vote supporting the nominee are not forwarded to the selection panels. Feedback is provided in such circumstances by the Trust contact supervisor of midwives.

The West Midlands LSA intends to create a Poster Campaign to increase the awareness of midwives with regard to this process and of the development opportunities that becoming a supervisor of midwives provides. This will be launched in the 2009 -2010 supervisory year. A flyer for the POSOM Programme is already available via the LSA website. (See Appendix 6)

Selection Panels

The Preparation of Supervisors of Midwives Programme (POSOM) is a combined course between the University of Manchester and Birmingham City University with midwives from both LSAs working through the programme together. The spring programme is currently hosted at Manchester with the Birmingham Programme taking place in the autumn. From September of 2010, however, all POSOM Programmes for the West Midlands will be hosted at Birmingham City University.

Both LSAs have commissioned two intakes a year; one beginning in September and the second from January. Both cohorts can take up to 16 students from each LSA and so for West Midlands there are opportunities for up to 32 midwives to take up the programme once they have been through their nominations and ballot as required by the new Standards for Preparation of Supervisors of Midwives (NMC 2006) within their Trusts.

Once there are submissions for the programme by the Trusts, a series of selection panels are held on 6 occasions in the spring and autumn of each year. This enables the LSAMO and the Programme Leader to meet and advise the nominees regarding the requirements of the programme. Joining the LSAMO and Programme Leader is a Supervisor of Midwives, a Head of Midwifery and a Lay Representative.

The selection panels have been very successful and have assisted in preparing the midwives for the programme. The panels have evolved from each applicant making individual presentations and 'interview discussion' to a group session whereby applicants present to each other, thereby encouraging debate amongst the group.

Current Student POSOMs

During the 2009 -2010 there are 26 midwives with confirmed places on the POSOM Programme. 10 midwives have already begun their programme with the remaining 15 taking up places in the autumn. 1 midwife is re-taking up the programme following a deferment from 2007 – 2008.

Pre-ceptorship for newly appointed Supervisor of Midwives

All newly appointed Supervisors of Midwives are invited back to meet with the LSAMO at six months or a year post appointment. There are two meetings held each year. These have historically been informal discussions with an agenda agreed at the start of the meeting. Themes usually include:

- Mentorship support from peer supervisory colleagues
- Shadowing supervisory investigations
- Shadowing supervisory annual reviews
- Taking up their own caseload of supervisees
- Contributions to policy reviews, CNST, etc within their Trust
- Issues brought to their attention during on calls or during shifts
- Mediation or problem solving

For future meetings however, the agenda will also include a workshop with the LSA Project Midwife on conducting a supervisory investigation and re-introduction to the LSA website and database. The Lead Midwife for Education will also be invited to these meetings.

Remuneration for the role of Supervisor of Midwives

In August of 2007, the Head of Midwifery at the NMC wrote out to the Chief Executives of the LSAs to inform them of concerns around the number of midwives placing themselves forward to become a Supervisor of Midwives and the possibility of mass resignation amongst some groups of Supervisors due to the variant recognition of the role. At this time 10 out of 15 Trusts were providing remuneration which was considered a contributing factor to disillusionment amongst some teams of supervisors nationally.

Following raising the profile of Supervision across West Midlands by the LSA, from April 1st 2008, all Supervisors of Midwives from all of the West Midlands Trust providing maternity services were in receipt of a remuneration package. This also included midwives not employed directly by the services such as midwives working in education for instance.

Table 2: Demonstrates the ratio of Midwives per Supervisor with each Trust, and the ratio for the whole LSA. In addition provides numbers of midwives with Universities and the West Midlands Perinatal Institute.

TRUSTS	SUPERVISORS	MIDWIVES Head Count	RATIO 2007	RATIO 2008	RATIO 2009	
Worcestershire - Worcester	17	291	11.9	11.9	17.1	
	- Redditch	i/c Worcester	N/A	N/A	N/A	
Herefordshire	7	89	12.8	12.8	12.7	
Shropshire	15	251	15.4	15.4	16.7	
North Staffs - Stoke	18	236	12.7	12.7	13.1	
South Staffs. - Stafford	7	94	9.3	9.3	13.4	
	- Burton	12	155	12.5	12.5	12.9
Warwickshire - Nuneaton	8	91	10.4	10.4	11.3	
	- Warwick	8	115	11.6	11.6	14.3
	- Coventry	20	231	8.4	8.4	11.5
Birmingham - Heartlands	28	438	15.8	15.8	15.6	
	- Good Hope	i/c above	10.4	10.4	n/a	
Birmingham - City	17	218	12.4	12.4	12.8	
	- Sandwell	i/c above	n/a	n/a	n/a	
Birmingham - Women's	20	310	10.9	12.8	15.5	
Dudley	13	156	11.6	11.6	12.0	
Walsall	11	159	14.8	14.8	14.4	
Wolverhampton	12	144	10.8	10.8	12.0	
Universities and WMPI		54				
Independents and Private		42				
Total - West Midlands	213	3079	11.4	12.4	14.4	

Although the pro-rata ratio indicates within the LSA and within most Trusts the standards of one Supervisor having a caseload of no more than fifteen midwives appears to be met, in reality this is not often the case with many supervisors carrying caseloads of over 20 midwives. In this instance, it is often newly appointed supervisors carrying lesser caseloads whilst they are establishing themselves or midwives exercising their choice to remain with Supervisors who then continue to carry larger caseloads than necessary. In some circumstances, the LSAMO has indicated to the respective Trusts where the aspect of caseload selection may have to be more actively managed in order to create some equity amongst the supervisory teams.

However, the issue of remuneration and the size of the individual caseloads for supervisors of midwives is not indicative of individual or group performance in their role. Of stronger significance is the model of engagement that supervisors have with the management team and in particular with the Head of Midwifery and how inter-grated the philosophy of supervision is with the service ambitions and governance framework of the Trust in general.

The LSA aims to target a ratio of 1:12 midwives for each Supervisor across the West Midlands as an optimal standard.

3. Continuous access to a supervisor of midwives

Operationally, midwives could access a Supervisor of Midwives from anywhere within West Midlands, but the working culture is that midwives usually choose to access a supervisor of midwives from the same location where both are employed, as practice issues are usually known and familiar amongst the team.

Student midwives also have access to supervisors of midwives and are either allocated to a Named Supervisor of Midwives specifically approached to support the students in their learning environment, or the student assumes links with the named supervisor of their clinical mentor. As the students are not yet registered, there is no obligation or requirement to provide a supervisory framework for them. However, all Trusts in West Midlands have a working model of access to supervisors. This is a best practice model as it helps to prepare the midwives to understand the purpose and statutory function of supervision and enhances opportunities for them to make their own approaches to a supervisor of midwives should they feel they require advice or guidance for themselves.

Independent Midwives, as with all midwives would have 24 hour access to a named supervisor of midwives; they also would usually be given the details of the contact supervisor of midwives in a respective Trust in the case of providing care for women that require appointments or admissions to NHS Maternity Services.

All units are aware of the requirement to provide 24 hour access to a supervisor of midwives for both midwives and for women. Some services provide an on-call rota which is accessed either via the maternity wards or the hospital switchboards. Where services do not provide an on-call rota, usually this requires midwives to access their own named supervisor of midwives or any supervisor on duty at the time that access is required.

The LSAMO has asked for those Trusts that do not provide a 24 hour on-call rota, for a concurrent audit of access to a supervisor of midwives is undertaken to ensure that midwives in emergencies, particularly at sites away from the main unit, are not left waiting for advice or guidance beyond 15 – 30 minutes. During the LSA Audit visits to the Trusts, no complaints or indicators of concerns were made by midwives regarding access when meeting with the audit team.

The LSA has committed to audit the access times to for midwives or members of the public to contact a Supervisor of Midwives from April 2009.

The methodologies will include:

- In discussion with midwives during site or LSA Audit visits
- Via the LSA Questionnaire to midwives
- Via adhoc telephone audits from the LSA Office

The results of these will be provided to respective Trusts throughout the year and reported in full in the 2009-2010 LSA Annual Report.

4 How the practice of midwives is supervised

How the supervisory function works

The supervisory function is facilitated via a portfolio of activities.

Midwives rules and standards

The midwives rules and standards describe in Rule 12 how the practice of midwives is supervised. Supervisors of Midwives supervise midwives by:

- Receiving Intention to Practise forms and submitting to the LSA
- Providing 24 hour access for midwives to a Supervisor of Midwives
- Providing 24 hour access for women to a Supervisor of Midwives
- Providing opportunities for midwives to have their Annual Supervisory Review
- To agree development plans to support a midwives experience and growth in competency
- To investigate supervisory investigations following critical incidents or evidence of poor practice by a midwife
- To put in place a developmental support programme, or if required a Supervised Practice Programme
- To provide strategic leadership for excellent clinical practice in order to ensure the public are safeguarded and protected.

Ensuring consistency

All of the above are statutory requirements of the role and make up the components of the 5 Standards for Supervision of Midwives that are pivotal to the annual audit process. These standards can be found at www.midwife.org.uk

As part of the preparation for the LSA Annual Audit to respective sites, each Trust is asked to complete a self-assessment as a benchmark against these standards.

Maintaining Supervisory PREP

All Supervisors of Midwives must maintain their own Supervisory PREP requirements of 6 hours each supervisory year. The LSAMO facilitates a calendar of study days and events hosted through out the sector (See appendix 2). Attendance is noted that each supervisor of midwives meets this standard annually. Each supervisor of midwives is additionally asked to submit a supervisory activities form annually to the LSA and this also asks for evidence of PREP compliance which is then confirmed with the LSA's own attendance lists. (See appendix 7)

Communications with supervisors of midwives

Each supervisor of midwives has an email account with their Trust and the LSA Office has contact details for each supervisor. Personal requests can be made via telephone or e mail to the LSA Office or by calling the LSAMO directly via Blackberry.

The LSA disseminates information to the Trusts via the Contact Supervisor of Midwives and to the Universities via the Lead Midwives for Education. Heads of Midwifery are usually copied in to these emails.

Information can also be directly accessed via www.lsa.westmidlands.nhs.uk

5 Service User involvement in monitoring supervision of midwives

The West Midlands LSA Midwifery Officer welcomes the role of mothers, fathers and lay user groups in the work of the LSA function. Requests were made to all Trusts to forward names and contact details of members of the public. Those that expressed interest were invited to attend a meeting set up to explore and decide how they could be involved in the business of the LSA.

Audit Visits

The LSA Audit Cycle as defined in Rule 13 of the Midwives rules and standards (2004) has as a best standard, the inclusion of a parent or lay representative as a member of the audit team. The audit programme has a session for the members of the team to meet with families who have experienced maternity care by respective Trusts and these sessions have always proved pivotal to the provision of pertinent information to groups of supervisors at the feedback session at the end of the day.

All but one of the LSA Audits carried out during 2008 -2009 were attended by a lay auditor of user representative. Each lay member who was involved in an audit was also responsible for writing a résumé of the visit with particular attention to Standard 1 which pertains to Women Centred Services. All parents or representatives fulfilled their role and enjoyed their involvement with the audits.

POSOM Selection Panels

A lay member is also invited as a participant to the selection panels for midwives nominated and balloted to undertake a Preparation of Supervisors of Midwives Programme. All of the selection days held during this supervisory year had a lay or user representative was part of the panel.

Conference and Speaking events

Parents, doulas and user representatives have been invited as speakers and as members of the audience to various LSA and workforce deanery maternity study events.

Opportunities to shadow within Maternity Services

A number of the user representatives involved with the LSA have suggested time working alongside midwives with in the region. One has already placed her request with a local Trust and has been accepted for a placement in May 2009. This experience will be reported in more detail in the 2009-2010 LSA Report.

Website Questionnaire

The LSA website has a Parents portal which enables users of maternity services to access information specifically for non-professionals visiting the site. A User Questionnaire is scheduled to be launched in 2009-2010 which the group have contributed to with regard to is enquires.

LSA Supervisory Service Reviews

One lay user is scheduled to be involved in an LSA Review of Supervision for a local Trust.

6 Engagement with higher education institutions

There are 6 universities that provide midwifery education in West Midlands.

These are:

- Keele University
- Mid-Staffordshire University
- Wolverhampton
- Birmingham City University
- Coventry University
- Worcester University

Communication and Liaison

The LSAMO meets with the Lead Midwives for Education (LME) as part of the Links & Contact meeting which occurs 4 times a year. There is a pre-meet for the educationalists, but otherwise the LMEs have standing items on the main agenda. A typical standing agenda is exemplified in Appendix 8. This enables the issues of education to be integral to the business of supervision that are discussed during these meetings. This allows for cross fertilization of ideas and theories assisting in increasing the opportunities for further development within the Trusts with regards to how supervision and the clinical environments for student learning are enhanced.

Pre-registration Midwifery Training

All 6 Universities provide 3 year direct entry midwifery training and 3 providing the 18 month pre-registration education.

Each supervisory group has a named supervisor of midwives that assists in curriculum planning with each university. This may require them for instance, to attend interviews in order to select students for the pre-registration programmes. In addition to assist in the allocation of a supervisor of midwives to each student cohort in order to provide supervisory support during the midwifery training.

All of the supervisory teams are encouraged to have education as a standing item in their supervisory meetings.

Educational contribution integral to Supervisory Investigation and Supervised Practice Programmes

All of the supervisory teams within each Trust have access to a supervisor of midwives from either a university or a consultant midwife in a practice and development role. The LSAMO expects that where any supervised practice programme is put in place that a supervisor from an educational background advises on the academic learning components and content of the learning outcomes and also assesses the OSCE and simulated learning environments for any midwives completing such a programme.

The Preparation of Supervisors of Midwives Programme

Birmingham and Manchester City Universities provide up to 32 placements for the Preparation of Supervisor of Midwives Programme each year. The LSAMO and respective Supervisors of Midwives from within the LSA are members of the Programme Management Team and teach on the curriculum. With the introduction of the LSA database and LSA website, the LSA Administrator also has a teaching session scheduled for the 2008 – 2009 cohorts. Each day of the programme is evaluated and this feedback allows the lecturing team to implement any changes or additions are made to the programme as required.

The students, during the programme present a case study that demonstrates their learning and either the LSAMO or a Link Supervisor attends these sessions along with the mentor for the student supervisor. This forms part of the course assessment requirements. Each of the students undertaking the programme has a supervisor of midwives as a mentor. Similarly to the 'sign off mentor' for pre registration student midwives, they are invited for a half day workshop in order to refresh their knowledge of the curriculum and introduce them to the website if they have not mentored a student supervisor for a while.

The Birmingham City University 'Moodle' Website provides curriculum details for the Preparation of Supervisors of Midwives Programme at www.bcu.uk.org. This website and e learning methodology was presented as part of a concurrent session at the 2008 LSAMO Forum UK national conference in Nottingham and was very well evaluated.

7 New policies related to the supervision of midwives

The West Midlands LSA previously had a robust methodology of providing sets of policies and guidelines for Supervisors of Midwives. Hardback files were collated and sent out to newly appointed Supervisors of Midwives. This, however, was an intensive task as the LSA administration was also required to send out revised policies as they are reviewed by the policy and guidelines group. These files were then audited during the annual site visits.

The LSAMO asked that from November 2007, that supervisors start utilising the national guidelines that are located on the National LSAMO Forum Website at www.midwife.org.uk. These were formally adopted from April 1st 2008. No paper formatted files are now provided. The West Midlands local supporting guidelines are currently in progress of being reviewed led by the LSA Project Midwife with the working group for this review of local policies will be set up during the 2008-2009 supervisory year.

A number of new local policies were added to the website following consultation with the Heads of Midwifery and Contact Supervisors of Midwives. These are:

- Escalation and Maternity Unit Closure
- Guidance for Births Before Arrival
- Guidance for the standard of Supervisory Investigation and Supervised Practice Programmes

All of the LSA policies can also be accessed from the West Midlands LSA Website www.lsa.westmidlands.nhs.uk

8 Developing trends affecting midwifery practice within the LSA

This section of the report describes trends around workforce issues and also clinical activities and outcomes. The following tables denote Trusts and those services that have a portfolio of site and service provision.

The data-sets has been collated and validated by Contact Supervisors of Midwives and also the Heads of Midwifery at each Trust. However, it should also be said that across the services, there is an extensive range of electronic information services for maternity services. Many of the Trusts are in the process of purchasing or piloting new maternity systems and extrapolation for some services has been extra-ordinarily difficult with some units resorting to hand-counting clinical activity data in order to validate for this report.

The collation of this information is considered a priority by the LSA but continues to be frustrated by poor confidence in some of the maternity information systems. For a minority of Trusts, this issue will become a priority as reviews of workforce against clinical activity occur.

The information is also key evidence for when services are looking to redesign clinical pathways or to submit business plans to assist in meeting demands as clinical activity increase across the sector. The Payment by Results methodology of payment for activity will be dependent on robust informatics and this in turn will allow Trusts to receive funding to re-invest in the maternity services in order to meet the challenges and ambitions of Maternity Matters and the Darzi Review.

Workforce

Table 2: Full and Part time Midwives working (as at 31/03/2009)*

Practice Type	Full-Time Midwives	(% of total)	Part-Time Midwives	(% of total)	Total
NHS (inc. Bank)	1199	40.23%	1781	59.77%	2980
Private Hospital/Service	2	25.00%	6	75.00%	8
Agency	0	0.00%	10	100.00%	10
Higher Education Institution	46	73.02%	17	26.98%	63
Self Employed (Independent m/w)	1	20.00%	4	80.00%	5
Other (Specify)	7	53.85%	6	46.15%	13
Total	1255	40.76%	1824	59.24%	

*The values in this report are based only on a midwife's "main" place and type of work

Table 3: Age Profile of Midwives (as at 31/03/2009)*

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	110	3.57%
26 to 30	267	8.67%
31 to 35	300	9.74%
36 to 40	375	12.18%
41 to 45	597	19.39%
46 to 50	664	21.57%
51 to 55	431	14.00%
56 to 60	226	7.34%
61 to 65	86	2.79%
Over 65	23	0.75%
Total	3079	100%

Table 4: Year of Entry to NMC Register as Midwife

TRUSTS								
Year of entry on the NMC Register as Midwives	Total Head Count	Since 2006	2001-2005	1990 - 2000	1989 - 1999	1980-1989	1975-1979	1964+1974
WORCESTERSHIRE	282	50	64	12	84	57	9	6
BURTON	153	15	37	40	47	39	7	4
NUNEATON	92	2	16	28	11	31	6	2
WARWICK	115	18	30	23	9	25	7	3
COVENTRY	233	32	11	31	14	79	42	24
BWH	281	45	51	16	74	74	45	27
WALSALL	158	11	9	18	23	59	23	15
WOLVERHAMPTON	136	9	33	40	13	16	23	2
Totals	1450	182	251	208	275	380	162	83
%	100	12.5	17.3	14.3	18.9	26.2	11.1	5.7

Table 5: Demonstrates the total staff of midwives, nurses and non-qualified staff working in maternity services giving direct care to mothers and babies. Non-qualified staff, includes maternity support workers, auxiliary staff and nursery nurses.

TRUST SITES	Midwives FUNDED W.T.E.	Nurses FUNDED W.T.E.	MSW etc FUNDED W.T.E.	TOTAL FUNDED W.T.E.
Worcestershire - Worcester	125.21	0.00	40.00	165.0
- Redditch	65.65	1.00	25.52	92.17
Herefordshire	52.53	0.40	26.86	79.09
Shropshire	154.14	0.00	43.46	197.60
North Staffs - Stoke	165.58	5.53	65.22	239.33
South Staffs. - Stafford	70.03	0.32	15.59	85.94
- Burton	109.64	0.00	30.19	139.83
Warwickshire - Nuneaton	66.69	3.00	16.31	86.00
- Warwick	75.30	0.00	16.00	91.30
- Coventry	165.80	1.40	35.00	202.20
Birmingham - Heartlands	135.51	1.20	26.31	163.16
- Solihull	61.94	0.00	17.17	79.11
- Good Hope	108.32	3.22	23.09	134.63
Birmingham - City & Sandwell	196.87	2.00	43.91	242.78
Birmingham - Women's	244.97	4.00	77.68	326.65
Dudley	125.65	0.00	35.42	161.07
Walsall	108.50	2.55	27.91	138.96
Wolverhampton	122.50	0.00	37.20	159.70
WEST MIDLANDS TOTAL	2157.53	24.76	602.84	2584.52

Where do Midwives work?

Midwives work in a variety of settings. Most midwives work within NHS Trusts, however, others work with Universities or for instance in the West Midlands, 5 midwives work in the West Midlands Perinatal Institute.

Table 6a: Demonstrates the numbers of midwives working in other institutions other than NHS provider Trusts

University Midwives:	Teachers	Supervisors
University College Worcester	9	2
Staffordshire University	6	0
Coventry University	7	3
Birmingham City University	18	2
University of Wolverhampton	10	2
WMPI Midwives	5	

Table 6b: Demonstrates the numbers of midwives working in managerial roles at Band 7 to 9. The Band 7 roles do not include Team Leaders or Co-ordinators

TRUSTS	WTE Heads & Band 8 & 7s	WTE TOTAL IN POST
Worcestershire - Worcester	4.60	4.00
- Redditch	1.90	1.90
Herefordshire	3.90	4.70
Shropshire	7.70	7.59
North Staffs - Stoke	5.80	5.80
South Staffs. - Stafford	5.50	4.50
- Burton	6.00	6.00
Warwickshire - Nuneaton	5.28	5.28
- Warwick	3.00	3.00
- Coventry	8.90	8.90
Birmingham - Heartlands & Solihull	8.80	7.80
- Good Hope	7.87	7.87
Birmingham - City & Sandwell	7.00	7.00
Birmingham - Women's	5.80	13.80
Dudley	5.00	5.00
Walsall	5.00	5.00
Wolverhampton	4.00	4.00
WEST MIDLANDS TOTAL	97.05	103.14

Table 6c: Demonstrates midwives working in community settings (07/08/09)

TRUSTS	WTE Community	% of WTE Establishment
Worcestershire - Worcester	38.82	28%
- Redditch	16.80	26%
Herefordshire	15.20	30%
Shropshire	35.95	14%
North Staffs - Stoke	44.50	27%
South Staffs. - Stafford	18.50	25%
- Burton	32.60	30%
Warwickshire - Nuneaton	16.50	24%
- Warwick	15.00	21%
- Coventry	30.10	20%
Birmingham - Heartlands	52.61	29%
- Good Hope	25.79	24%
Birmingham - City	24.13	22%
- Sandwell	23.98	27%
Birmingham - Women's	49.90	23%
Dudley	28.00	24%
Walsall	28.94	23%
Wolverhampton	22.34	23%
WEST MIDLANDS TOTAL	519.66	25%

Table 6e: Demonstrates examples of numbers of midwives working in the Community, Integrated Models of Practice and Specialist roles (07/08/09)

Community and Specialist Midwifery Provision	nearest WTE
Community or Integrated Model	519
Fetal Medicine	8
Midwives trained in Sonography	42
Appointed A/N Screening M/Ws	18
Lead Midwives for Diabetes	4
HIV and Dependency	6
Teenagers and Young women	9
Midwives trained in Neonatal Examination	104
Bereavement	7
Breast and Infant Feeding	12
Practice and Development	10
Risk and Governance	8
Named M/W for Child Protection not a manager	4
African Women and Circumcision	1
Named M/Ws for Mental Health	3
Midwives for Information Technology	2
Family Partnership Posts	3

This spectrum of skills development and expertise that is being established across the sector also provides challenges for Supervisors of Midwives in giving advice and guidance to midwives who are developing expert and autonomous skills.

Increasingly, Supervisors are bringing similar types of practitioners together and facilitating group supervision sessions as part of their methodologies that enable midwives to access their Named Supervisor of Midwives.

Of note are the numbers of midwives involved in Sonography, with one Trust for example with all ultra-sound appointments being carried out by midwives. There are increasing numbers of midwives having undertaken the programme for Neonatal Examination that practice in this role in at least one shift each week as part of a rota.

Latterly, there has been an increase in midwives taking up posts specifically in Ante-Natal Screening and also in Infant and Breast Feeding which enables Trusts to meet the standards set by the PCTs around meeting the 12 week first booking appointment and numbers of women breast feeding from birth and up to 6-8 weeks.

In the 2008-2009 supervisory year, 3 midwives took up roles with the Family Partnership Project currently piloting in North Staffordshire, Walsall and Birmingham Women's localities.

Guidance around PREP portfolio building and evidencing practice as a midwife is increasingly being enquired about.

Table 6f: Demonstrates the numbers of intensive, high dependency and special care baby cots through out the sector.

COTS	ITU	HDU	SCBU	TOTAL
WEST MIDLANDS TOTAL	51	41	219	319

Table 6g: Demonstrates the numbers of midwives, nurses and support staff working in Neonatal Services as their permanent location of employment. (07/08/09)

TRUSTS & SITES	Midwives FUNDED	Nurses FUNDED	Nursery FUNDED	HCA's FUNDED	Total FUNDED
	EST.	EST.	EST.	EST.	EST.
WORCESTER	0.80	31.00	6.00	0.80	38.60
Redditch					0.00
HEREFORD	0.00	11.48	0.80	5.14	17.42
SHROPSHIRE	2.54	36.49	0.00	0.00	39.03
NORTH STAFFORDSHIRE	6.05	54.26	0.00	6.00	66.31
STAFFORD	3.00	16.00	1.00	1.00	21.00
BURTON	0.00	24.62	0.60	0.00	25.22
NUNEATON	0.00	20.25	0.00	2.97	23.22
WARWICK	0.00	12.00	6.00	1.00	19.00
COVENTRY	11.25	48.20	10.74	3.31	73.50
HEFT Heartlands	4.00	80.38	7.73	2.50	94.61
HEFT Solihull	0.00	0.00	0.00	0.00	0.00
HEFT Sutton Coldfield	0.00	23.05	2.28	0.60	25.93
W.BIRMINGHAM – City					
Sandwell	4.39	65.12	6.99	0.48	76.98
BWH	0	65.51	9.8	1.56	76.87
DUDLEY	2.57	26.06	2	1.67	32.30
WALSALL	11.5	12.5	3.4	1	28.40
WOLVERHAMPTON				8.34	8.34
TOTAL	46.10	526.92	57.34	36.37	666.73

In 2007 – 2008 there were approximately 100 midwives working in Neonatal Services and roles include the direct care of mothers and babies in Transitional Care or Special Care Units and the care of newborns in High Dependency and Intensive Care Units. This reduced during 2008 – 2009 as midwives with dual registration continued their practice under their nursing registration and relinquished their midwifery PREP.

Many of the units rotate midwives between the maternity services and the neonatal units in order to ensure that direct entry midwives particularly meet their PREP requirements. This is much easier where the Head of Midwifery also has responsibility for the neonatal services but requires negotiation if this is not the case.

Table 7: Demonstrates the numbers of births in West Midlands against the numbers of WTE Midwives appointed to the Trusts. This then indicates the ratio of births to midwives for respective Trusts.

TRUSTS	*MIDWIVES FUNDED ESTABLISHMENT	DELIVERIES Apr 08 to Mar 09	Ratio Births to Midwives 2008-2009
Worcestershire - Worcester	125.21	3943	30.5
- Redditch	65.65	1839	27.5
Herefordshire	52.23	1881	35.8
Shropshire	154.14	5132	33%
North Staffs - Stoke	168.58	5664	33.5
South Staffs. - Stafford	70.03	2439	34.8
- Burton	108.64	3998	36.8
Warwickshire - Nuneaton	66.69	2385	35.7
- Warwick	75.30	2663	35.5
- Coventry	165.80	5633	33.9
HEFT - Heartlands	135.51	4776	35.2
HEFT - Solihull	61.04	2809	45.9
HEFT - Sutton Coldfield	108.32	3527	32.5
Birmingham - City	103.62	3533	35.33
- Sandwell	82.80	2394	29.9
Birmingham - Women's	244.97	7296	29.7
Dudley	125.65	4544	36.1
Walsall	108.50	3656	33.6
Wolverhampton	122.50	3719	30.3
WEST MIDLANDS TOTAL	2156.53	71831	33.2

* This excludes Midwifery Management Teams and Midwives working in Neonatal Units

NB.

These ratios assume that each W.T.E. midwife provides total care and do not take into account the following:-

- i) the size and geographical position of each unit;
- ii) the organisation of midwifery care e.g. caseloads, and integrated teams;
- iii) cross boundary flows;
- iv) intensive and high dependency care particularly in regional referral centres.

Table 8: Demonstrates the ratio of Births to Midwives from April 2005 to March 2009

RATIO BIRTHS to MIDWIVES	2005-2006	2006-2007	2007-2008	2008-2009	2005-2006	2006-2007	2007-2008	2008-2009	
Worcestershire - Worcester	3851	5792	3925	3943	29.6	31.8	27.9	30.5	+
Redditch	1756	i/c above	1696	1839	30.6	27.1	26.5	27.5	-
Herefordshire	1761	1846	1909	1881	29.6	31.8	37.7	*35.8	-
Shropshire	4988	5081	5129	5132	30.8	28.9	35.3	33.0	-
North Staffs - Stoke	5328	5435	5733	5664	29.8	29.0	36	33.5	-
South Staffs. - Stafford	2314	2384	2603	2439	28.9	32.6	35	34.8	-
- Burton	3551	3532	3817	3998	34.2	32.6	35.3	*36.4	+
Warwickshire - Nuneaton	2652	2530	2374	2385	37.0	36.1	34.5	*35.7	+
Warwick	2617	2641	2678	2663	38.4	33.8	37	*35.5	-
Coventry	4624	5194	5314	5633	30.1	31.9	35.5	33.9	-
HEFT - Heartlands & Solihull HEFT	6969	7120	7546	7585	37.0	37.6	41	*38.4	-
- Sutton Coldfield	3235	3355	3489	3527	32.7	32.4	33	32.5	-
Birmingham - City	3457	3481	3522	3533	34.7	35.6	32.5	*35.3	+
Sandwell Birmingham Women's	2594	2543	2830	2394	34.7	35.6	32.0	29.9	-
Dudley	6963	6835	7309	7296	32.8	34.5	34.3	29.7	-
Walsall	4142	4269	4475	4544	38.2	40.1	35.6	*36.1	+
Wolverhampton	3693	3764	3733	3656	29.5	32.7	31	33.6	+
	3316	3588	3620	3719	32.2	29.7	32.5	30.3	-
WEST MIDLANDS TOTAL	67811	69390	71702	71831	32.8	32.9	36.8	33.2	-

Over the last 3 years the births have continued to increase across West Midlands although this appears to have reached a plateau during the latter part of 2008-2009.

Pro-rata across West Midlands there appears to be a decrease in births per WTE midwife, however for six Trusts, the ratio has actually increased.

* Seven Trusts breach the high risk 1:35 births per midwife and no Trust has reached the 1: 28 birth ratio recommended by the Royal College of Midwives.

Clinical Activity and Trends

Table 9: Demonstrates the Confinements by place of birth.

TRUSTS & SITES	CONFINEMENT BY PLACE OF DELIVERY 2008 - 2009					
	Total	Hospital	MLU	BBA's	Home	% Home
WORCESTER	3943	3820	0	18	127.0	2
Redditch	1839	1792	0	11	inc above	
HEREFORD	1881	1821	0	11	48.0	2.1
SHROPSHIRE	5132	3770	1260	27	102.0	2%
NORTH STAFFORDSHIRE	5664	4139	1370	61	94.0	1.6
STAFFORD	2439	2379	289	21	37.0	1.5
BURTON	3998	3502	416	16	81.0	2%
NUNEATON	2385	2330	0	18	37.0	1.5
WARWICK	2663	2582	0	20	61.0	3
COVENTRY	5633	5513	0	20	100.0	2.1
HEFT Heartlands	4776	4707	0	47	22.0	0.4
HEFT Solihull	2809	2750	0	23	36.0	1.3
HEFT Sutton Coldfield	3527	3460	0	0	67.0	1.8
W.BIRMINGHAM - City	3533	3498	0	28	7.0	0.25
W.BIRMINGHAM - Sandwell	2394	2368	0	18	8.0	0.33
BWH	7296	6286	1168	49	56.0	0.75
DUDLEY	4544	4176	342	24	47.0	1
WALSALL	3656	3622	0	18	16.0	0.43
WOLVERHAMPTON	3719	3652	0	39	28.0	0.75
WEST MIDLANDS TOTAL	71831	66167	4845	469	974.0	1.22%

Having opened Midwifery Led Units, a number of the services continue to establish themselves in the community. Stoke, Stafford, Dudley and the Birmingham Women's have alongside Midwifery Led Units (MLUs) whilst Shropshire, has a portfolio of alongside and standalone MLUs, lastly Burton has a stand alone MLU at Lichfield and also planning an alongside MLU at Burton in the near future.

Towns in rural areas without MLU facilities continue to have the greater numbers of home births with Herefordshire and Shropshire, Warwick and Worcester with the larger percentages. Over 469 women had births without the aid of an obstetrician or a midwife (BBA) in attendance either at home or in transit to hospital. Some women would have been attended by ambulance crew.

Reports of women choosing free-birthing with no attendant with them at the time of the birth is increasing during 2008 – 2009. Of a very small number of women with concealed pregnancies, one woman died at home.

Table 10: Demonstrates the normal birth rates at each Trust

TRUSTS & SITES	TOTAL	BIRTHS	NORMAL DELIVERIES	
	BIRTHS	PER M/W	Number	% of total
WORCESTER	3943	31.5	2237	56.73
Redditch	1839	28.0	1109	60.00
HEREFORD	1881	36.0	1134	60.00
SHROPSHIRE	5132	33.0	3941	76.79
NORTH STAFFORDSHIRE	5664	34.0	3836	67.73
STAFFORD	2439	35.0	1715	70.32
BURTON	3998	36.5	2679	67.00
NUNEATON	2385	36.0	1601	67.13
WARWICK	2663	35.0	1624	60.98
COVENTRY	5633	34.0	3625	64.35
HEFT Heartlands	4776	35.2	3220	67.42
HEFT Solihull	2809	45.0	1924	68.49
HEFT Sutton Coldfield	3527	32.5	2275	64.50
W.BIRMINGHAM - City	3533	34.0	2285	64.68
W.BIRMINGHAM - Sandwell	2394	29.0	1540	69.84
BWH	7296	30	4502	61.71
DUDLEY	4544	36	2849	62.70
WALSALL	3656	33	2270	62.09
WOLVERHAMPTON	3719	30	2272	61.09
WEST MIDLANDS TOTAL	71831	34	46638	65.04

Normality Skills Training

The West Midlands Workforce Development Team has supported a number of projects in order to enhance and improve the normal birth rates across the services.

These are described earlier in the report. Additionally, the Maternity Matters lead along with the LSA Midwifery Officer awarded the CSIP Pilots: Reducing Caesarean Section to two small Trusts in the south sector, Warwick and Hereford.

The results of these will be reported more fully in the 2009 - 2010 LSA Report but early indicators are very good especially for Warwick.

Table 11: Demonstrates Elective and Emergency Caesarean Section Rates

TRUSTS & SITES	CAESAREAN SECTIONS			
	Emergency	Elective	Total	% of total births
WORCESTER	619	504	1123	29.00
Redditch	258	206	464	25.00
HEREFORD	369	161	530	28.00
SHROPSHIRE	473	289	762	14.85
NORTH STAFFORDSHIRE	700	666	1366	24.12
STAFFORD	232	158	390	15.99
BURTON	504	328	832	20.81
NUNEATON	309	254	563	23.61
WARWICK	356	289	645	24.22
COVENTRY	884	619	1503	26.68
HEFT Heartlands	778	409	1187	24.85
HEFT Solihull	322	283	605	21.54
HEFT Sutton Coldfield	477	419	896	25.40
W.BIRMINGHAM - City	555	285	840	23.78
W.BIRMINGHAM - Sandwell	400	283	683	28.53
BWH	1145	618	1763	24.16
DUDLEY	799	499	1298	28.57
WALSALL	632	373	1005	27.49
WOLVERHAMPTON	514	409	923	24.82
WEST MIDLANDS TOTAL	10326	7052	17378	24.28

Table 12: Demonstrates the growth in the number of Water Births and Vaginal Births after Caesarean Sections (VBAC).

Other Modes of Delivery 2007-08	Total Births	Water Labours	Water Births	VBAC Labours	VBAC Births
TOTAL	71703	1614	1146	1757	1746

Table 13: Demonstrates rates of Instrumental Delivery

TRUSTS	FORCEPS	VENTOUSE	BREECH
Worcestershire - Worcester	206	234	20
- Redditch	118	100	3
Herefordshire	43	142	4
Shropshire	219	251	54
North Staffs - Stoke	128	342	20
South Staffs. - Stafford	118	180	23
- Burton	120	406	17
Warwickshire - Nuneaton	96	148	8
- Warwick	152	120	12
- Coventry	174	137	52
Birmingham - Heartlands	86	232	51
- Solihull	74	199	7
- Good Hope	168	174	14
Birmingham - City	156	184	22
- Sandwell	104	68	13
Birmingham - Women's	566	509	72
Dudley	181	112	22
Walsall	154	210	6
Wolverhampton	159	264	16
WEST MIDLANDS TOTAL	3022	4012	436

Table 14: Demonstrates rates of Induction

TRUSTS	INDUCTION	% of Total births
Worcestershire - Worcester	1007	26.36
- Redditch	391	21.32
Herefordshire	283	15.05
Shropshire	1273	24.81
North Staffs - Stoke	1171	20.67
South Staffs. - Stafford	447	18.33
- Burton	968	24.21
Warwickshire - Nuneaton	450	18.87
- Warwick	392	14.72
- Coventry	1137	20.18
Birmingham - Heartlands	1084	22.70
- Solihull	439	15.63
- Good Hope	701	19.88
Birmingham - City	602	17.04
- Sandwell	328	13.70
Birmingham - Women's	1576	21.60
Dudley	1116	24.56
Walsall	606	16.58
Wolverhampton	925	24.87
WEST MIDLANDS TOTAL	14896	20.06

Table 15: Demonstrates rates of Epidural anaesthesia for normal births

TRUSTS	EPIDURAL & SPINALS	% of births
Worcestershire - Worcester	694	31.02
- Redditch	237	21.37
Herefordshire	190	16.75
Shropshire	1227	31.13
North Staffs - Stoke	325	8.47
South Staffs. - Stafford	208	12.13
- Burton	529	19.75
Warwickshire - Nuneaton	247	15.43
- Warwick	410	25.25
- Coventry	852	23.50
Birmingham - Heartlands	233	7.24
- Solihull	224	11.64
- Good Hope	n/a	n/a
Birmingham - City	273	11.95
- Sandwell	216	14.03
Birmingham - Women's	1017	22.59
Dudley	343	12.04
Walsall	636	17.40
Wolverhampton	630	27.73
WEST MIDLANDS TOTAL	8491	18.30

Table 16: Demonstrates numbers of mothers who choose to breastfeed at birth.

TRUSTS & SITES	Total Births	At Birth	%
WORCESTER	3943	2494	64%
Redditch	1839	1253	68%
HEREFORD	1881	1539	84%
SHROPSHIRE	5132	3535	68%
NORTH STAFFORDSHIRE	5664	3538	62%
STAFFORD	2439	1470	62%
BURTON	3998	2505	62%
NUNEATON	2385	1360	57%
WARWICK	2663	2153	81%
COVENTRY	5633	4290	76%
HEFT Heartlands	4776	2749	57%
HEFT Solihull	2809	1883	67%
HEFT Sutton Coldfield	3527	not available	58%
W.BIRMINGHAM - City	3533	2213	63%
W.BIRMINGHAM - Sandwell	2394	1031	43%
BWH	7296	4784	67.5
DUDLEY	4544	2535	58%
WALSALL	3656	1901	52%
WOLVERHAMPTON	3719	2343	63%
WEST MIDLANDS TOTAL	71831	43576	61%

Maternal and Perinatal Mortality

The Primary Care Trusts in the West Midlands commission the West Midlands Perinatal Institute to carry out work in order to improve the perinatal mortality rates in the sector. The Institute strives to be a centre of excellence in audit, research, education and training, with the primary focus on understanding the causes and developing strategies for the prevention of perinatal compromise. Further information can be found at www.perinatal.nhs.uk

The LSAMO has also established a working partnership with the CEMACH co-ordinator for the North West & West Midlands and hosted commissioned joint study events in relation to the prevention of Maternal Deaths for the 2008-2009 Study Events Calendar which can be seen in Appendix 2.

Supervisory Investigations are instigated for all Direct Maternal Deaths. In addition, an audit will take place in the next supervisory year to ensure that supervisory investigations occur for all intra-partum stillbirths.

Maternal Death Events during 2008 -2009

During the period April 2008 to March 2009 there were 16 maternal Deaths notified by Trusts via the LSA database.

- Subarachnoid haemorrhage at home following drug and alcohol intake. Had uncomplicated birth 3 months earlier. Died in A&E (27years)
- Cerebral aneurysm at home, C/S performed, ventilated but did not recover, Died on ITU (31 years)
- Subarachnoid haemorrhage, 6 weeks postnatal, at home (26 years)
- Suicide, previous history of drug use, self harm. 19 years)
- Cardiac Arrest. C/S month earlier, visiting area. ?PE (26 years)
- ?TB died 8 months post delivery following admission to medical assessment unit (27 years)
- Suspected Pulmonary TB at 26 weeks pregnant. Died on ITU (32 years)
- Epileptic, Cause death unknown, Died at home 6 months following prematurely giving birth 34 years)
- Carcinoma of the lung diagnosed 2 months after normal delivery (37 years)
- Unbooked 7 weeks gestation. Cardiac arrest. (34 years)
- Pulmonary kaposi sarcoma, septicaemia. HIV. 31 weeks gestation (29 years)
- Pulmonary embolism at 19 weeks gestation. Died on ITU (20 years)
- Concealed pregnancy, PPH, DIC (30 years)
- Myocarditis (32 years)
- Collapsed and died at home following laparoscopic salpingectomy 3 weeks earlier (39 years)
- Pulmonary haemorrhage, septicaemia. Collapsed at home following normal delivery. Readmitted 3 hours later (31 years)

Some of the above causes of death remain provisional pending inquest.

The interface between maternal death notification, maternity serious untoward incident management and supervisory investigation needs to be strengthened within the West Midlands and this work is in progress.

Table 17: Demonstrates the outcomes for babies born in West Midlands

TRUSTS & SITES	TOTAL BIRTHS (WOMEN DELIVERED)	TOTAL BABIES BORN	BABIES BORN ALIVE	STILL BIRTHS	INTRA- PARTRUM STILLBIRTHS (DURING LABOUR)
WORCESTER	3820	3888	3869	19	0
Redditch	1834	1846	1842	4	0
HEREFORD	1881	1907	1907	2	0
SHROPSHIRE	5132	5231	5201	30	0
NORTH STAFFORDSHIRE	5664	5741	5704	37	1
STAFFORD	2439	2379	2455	6	0
BURTON	3998	4068	4017	19	0
NUNEATON	2385	2392	2340	15	0
WARWICK	2663	2699	2694	5	0
COVENTRY	5633	5667	5686	34	2
HEART OF ENGLAND	4776	4910	4860	59	1
Solihull	2809	2809	2803	6	1
Sutton Coldfield	3527	3585	3569	16	1
W.BIRMINGHAM - City	3533	3600	3583	17	1
W.BIRMINGHAM - Sandwell	2394	2592	2573	14	2
BWH	7296	7332	7092	52	5
DUDLEY	4544	4607	4571	36	1
WALSALL	3656	3710	3691	19	0
WOLVERHAMPTON	3719	3792	3770	22	2
WEST MIDLANDS TOTAL	71703	72755	72227	412	17

The birth rate has risen across the West Midlands over the past number of years with an increase of just over 1% projected for 2011.

The perinatal mortality rate for the West Midlands continues to be higher than the national average but there appears to be a consistent drop in overall stillbirth rates in England and Wales in recent years which is mirrored in the West Midlands.

9. Complaints regard the discharge of the supervisory function

There were no complaints received with regarding the LSA function during the 2008-2009 Supervisory Year.

However, a final report was provided to the Strategic Health Authority and to the NMC from a complaint received in 2007. The complaint referred to events which occurred in 2004. A considerable length of time had passed since the initial lodging of the complaint partly due to other legislative processes occurring and so this component of the investigation was not concluded fully until the 2008-2009 supervisory year.

The allegations were not upheld and advice has been given to the midwife and her representative which has since brought the investigation to a close. The final report was sent to the NMC in January 2009.

The LSA website provides a direct link and guidance to midwives or the public who wish to make a complaint about a Supervisor of Midwives or the LSAMO via www.lsa.westmidlands.nhs.uk

The LSA is also looking to define a clear policy with regards to managing complaints lodged against the LSAMO and the appeals process. This will be more fully described in the 2009 -2010 Annual Report.

10. Local Supervisory Investigations undertaken during the year

Processes for reporting incidents.

Serious Untoward Incidents are reported to the Strategic Health Authority via an informatics system called STEISS. All maternity incidents are reported to the LSA with the Midwifery Officer as the lead to monitor progress of the investigations. Extra-ordinary infant deaths below 28 days are also reported to via this mechanism.

All Maternal Deaths up to 365 days post birth are reported via the LSA Database and direct maternal deaths reported via STEISS.

Any incidents that require Supervisory Investigation are notified to the LSA via a notification process which informs the LSA that an investigation has been instigated. This notification then begins the audit process for each investigation which each are monitored by the project midwife.

Local Supervising Authorities (LSA's) appoint Supervisors of Midwives to monitor, on behalf of the authority, the practice of midwives against the standards set by the Nursing & Midwifery Council with the aim of ensuring safe practice for protection of the public (NMC 2007). The Supervisors of Midwives (SOMs) role includes supporting midwives to develop and improve their practice and to investigate any issues which question a midwife's fitness to practice. Supervisory investigations are carried out on behalf of the LSA by SOMs using NMC guidance.

From April 2008 to end March 2009, there were 36 investigations undertaken by Supervisors of Midwives on behalf of the West Midlands LSA. These investigations arose from practice concerns within the Acute Trusts across the West Midlands.

The main areas of concern which prompted investigations were:

- Drug errors
- Inadequate care in labour which included assessment and monitoring of maternal and fetal wellbeing
- Poor record keeping associated with care
- Serious Untoward Incidents within maternity/obstetric care (including maternal death, intra-partum stillbirth, ITU admission, antenatal stillbirth)

Each supervisory investigation generates a recommendation which will include one of the following:

- No midwifery issues
- Local action which can include structured reflection and learning from the issue, record keeping audits, medicine management updates, guideline review, system issue review
- Developmental support
- Supervised practice
- Referral to NMC

Developmental Support and Supervised Practice

Of the 36 investigations (there may be more than one midwife involved in an incident), there were 12 recommendations of developmental support packages for the 14 midwives involved; 5 recommendations of supervised practice involving 6 midwives; 8 showed no midwifery issues; 11 recommended local action which constituted working through practice issues with a named Supervisor of Midwives.

Key findings

The particular themes identified included:

Regulation: Operating and working outside the usual sphere of competency

Clinical: Failure to recognise and act on abnormal progress of labour
Failure to adequately monitor fetal and maternal wellbeing
Failure to safely store and administer medicines
Failure to document care appropriately

Colleagues: Failure to support students

Referrals to the NMC Fitness to Practice department.

Two midwives were reported to the NMC following failure of Supervised Practice as concerns were serious enough to warrant referral.

Two other midwives who declined supervised practice and did not want to practice midwifery in the future were not referred to the NMC. However, a note on the LSA Database has been made to ensure that learning objectives be included in any Return to Midwifery Programme either wish to embark on in the future.

Project Midwife support

From December 2008, the LSA brought in to post a LSA project midwife with a specific remit around enhancing the quality of advice and guidance to supervisors and making this feature of the LSA function more accessible. Supervisors of midwives are expected to follow the guidance set out by the NMC and the LSA Forum for investigations.

This guidance was supplemented West Midlands LSA in the form of additional templates to use during investigations, setting up supervised practice programmes and locality based investigation workshops for all Supervisors of Midwives. All of this work is facilitated by the Project Midwife and the investigation methodology and standard of report writing is improving as a consequence, but this is more evident in the latter 2009 reports which will be part of the 2009-2010 LSA report to the NMC.

An investigation database has also been set up to record more fully all investigations undertaken on behalf of the LSA. This database was established in November 2008 but retrospective data to April 2008 was also included to allow an improved tracking and monitoring of investigations.

Practice Forum Events

The West Midlands LSA Events Calendar has two annual study days that are specifically for supervisors to present cases that have been investigated by themselves as Supervisors of Midwives. Scenarios are described and the learning from these incidents explored. Application to the Midwives, rules and standards and the NMC Code are made and examples of Supervised Practice Programmes are also outlined. Additionally, cases which were highly complex and were excellent practice has been identified are also presented. Each Supervisor is invited to attend one of these events every 3 years and presentations are made to a group of peers of up to 10 colleagues with up to 30 attendants to the day.

West Midlands Strategic Direction Objectives for 2009 – 2010

The following areas are targeted for the Strategic Direction of the LSA

- To continue to meet the 54 Midwives rules and standards
- To ensure current business continuity for the LSA
- To ensure calibre of LSA investigation is high quality so as to expertly in form standards of supervised practice
- To review the LSA Events Calendar to include developmental workshops around mediation and reconciliation and tackling bullying cultures
- To implement recommendations from respective reports (CEMACH)
- To work towards the implementation of NMC recommendations following review of the LSA
- To increase interface with Parents and User Groups
- To increase interface with Independent Midwives
- To ensure LSA and maternity services are equipped for extra-ordinary events such as Pandemic Flu or catastrophic episode such as flood.

Acknowledgement and Thanks

In preparing this report, thanks should be given to:

- All Heads of Midwifery and Contact Supervisors for validation of the workforce and clinical trends data
- Link Supervisors Jackie Jenkinson, Anne Kingscott and Carmel McCalmont
- Toni Martin for collation of incidents and investigations
- Gwen Greenwood LSA Administrator and Lynda Cox PA Assistant
- Workforce Deanery Development Team, Sue Hatton and Jane Emson
- The West Midlands Workforce Deanery for Project Funding
- Peter Blythin for Wise Counsel

Critical Readers:

- Ann Kingscott – Lead Midwife for Education and Link Supervisor of Midwives
- Julie Grant – SHA Maternity Matters Lead
- Gwen Greenwood – LSA Administrator
- Toni Martin – LSA Project Midwife and Supervisor of Midwives

Barbara Kuypers
Local Supervising Authority Midwifery Officer
Annual Report 2008 – 2009

www.lsa.westmidlands.nhs.uk

SELF-ASSESSMENT OF STANDARDS BY LSA

1.1	Publish annually the name and address of the person to whom the notice must be sent.	Met	Emails Contact Meetings Minutes WM Website LSA National Forum Guideline K
1.2	Publish annually the date by which it must receive intention to practise forms from midwives in its area.	Met	Emails Contact Meetings Minutes WM Website LSA National Forum Guideline K
1.3	Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20 th of April each year.	Met	LSA Upload to the NMC WM Website LSA National Forum Guideline K
1.4	Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20 th of each month.	Met	LSA Upload to the NMC WM Website LSA National Forum Guideline K
2.1	Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Met	LSA National Forum Guideline L LSA National Forum Guideline I Agenda for WM Local Workshops Information on WM Website Agenda for LSA Study events
2.2	Publish how it will determine whether or not to suspend a midwife from practice.	Met	LSA National Forum Guideline L LSA National Forum Guideline I Agenda for WM Local Workshops Information on WM Website
2.3	Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Met	LSA National Forum Guideline L LSA National Forum Guideline I Agenda for WM Local Workshops Information on WM Website Correspondence re local cases Evidence from 08-09 LSA Audits
2.4	Publish the process for appeal against any decision.	Met	LSA National Forum Guideline L LSA National Forum Guideline I Agenda for WM Local Workshops Information on WM Website
3.1	Publish local procedures for the transfer of midwifery records from self-employed midwives.	Met	LSA National Forum Guideline H
3.2	Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Met	LSA National Forum Guideline B Trust Supervisory Self Assessments and Annual Reports LSA Audits 07-08 & 08-09 Agenda for LSA Study events
3.3	Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Met	LSA National Forum Guideline B Trust Supervisory Self Assessments and Annual Reports LSA Audits 07-08 & 08-09 Agenda for WM Local Workshops National LSA Standard 2
3.4	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Met	LSA National Forum Guideline B Trust Supervisory Self Assessments and Annual Reports LSA Audits 07-08 & 08-09 Agenda for LSA local workshops

			Agenda for LSA Study events
3.5	Publish local procedures for retention and transfer of records relating to statutory supervision.	Met	LSA National Forum Guideline B Trust Supervisory Self Assessments and Annual Reports LSA Audits 07-08 & 08-09
4.1	Publish their policy for the appointment of any new supervisor of midwives in their area.	Met	LSA National Forum Guideline F NMC Guidance on Preparation and Practice of Supervisors of Midwives (2006) Appointment Letters to new Supervisors of Midwives
4.2	Maintain a current list of supervisors of midwives.	Met	West Midlands LSA Database
4.3	Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours in each registration period.	Met	West Midlands Events Calendar & Evaluations West Midlands LSA Audits West Midlands LSA Annual Report (07-08) West Midlands LSA Audit of individual Supervisory Activities National LSA Standard 2
5.1	Publish the local mechanism for confirming any midwife's eligibility to practise.	Met	LSA National Forum Guideline J West Midlands LSA Website West Midlands LSA Audits 07-08 & 08-09 National LSA Standard 2
5.2	Implement the NMC's rules and standards for supervision of midwives.	Met	LSA National Forum Guidance West Midlands LSA Website West Midlands LSA Audits 07-08 & 08-09 West Midlands LSA Annual Report 07-08 West Midlands Administration
5.3	Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Met	West Midlands Administration Preparation of Supervisors Programme (32 Places Annually) National LSA Standard 2
5.4	Set up systems to facilitate communication links between and across local supervising authority boundaries.	Met	LSA National Forum & Website LSA National Forum Emails etc LSA National Conferences West Midlands LSAMO as current Chair LME/Contact meetings
5.5	Enable timely distribution of information to all supervisors of midwives.	Met	LSAMO Administration & Website Links, Contact, Heads & LME's Geographical Meetings LSAMO visits to Trusts
5.6	Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	Met	West Midlands LSA Administration National and Local Website National and Local Databases Emails and Telecommunications LME/Contact meetings

5.7	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.	Met	West Midlands LSA Events Calendar West Midlands LSA Conference Links, Contact, Heads & LME's West Midlands LSA Audits West Midlands LSA Website LSAMO Visits to Trusts
5.8	Monitor the provision of protected time and administrative support for supervisors of midwives.	Met	National LSA Standard 2 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports
5.9	Promote woman-centred, evidenced-based midwifery practice.	Met	National LSA Standards 1 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports Involvement of Lay and Users in LSA Business LSA Trust Reviews of Care
5.10	Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	Met	National LSA Standards 2 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports
5.11	Supervisors of midwives are available to offer guidance and support to women accessing maternity services.	Met	National LSA Standards 1 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports West Midlands LSA Leaflet West Midlands Poster Campaign*
5.12	Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Met	National LSA Standards 1 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports
5.13	Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Met	National LSA Standards 1 Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports LSA Events Calendar LSA Investigations & Reports
5.14	Supervisors of midwives provide professional leadership.	Met	Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports Supervisors speaking at LSA Events
5.15	Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Met	Self Assessment of LSA Standards by Trusts West Midlands LSA Audits & Reports Supervisors speaking at LSA Events
6.1	Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Met	SHA Appointments Process for current Post Holder Job Description and Specification
6.2	Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Met	SHA Appointments Process for current Post Holder Job Description and Specification
6.3	Manage the performance of the appointed local supervising authority midwifery officer	Met	Evidence of 1-1s with PB Appraisal Correspondence from PB
6.4	Provide designated time and	Met	LSA Administration

	administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function		LSA Deanery Bids for LSA Project Midwife and Admin Support Funding of Events Calendar LSA Annual Report LSA Website
6.5	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.		LSA Administration LSA Deanery Bids for LSA Project Midwife and Admin Support Funding of Events Calendar LSA Annual Report LSA Website Engagement with Lay & Users Engagement with Independent Midwives NMC Conference
7.1	Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents.	Met	West Midlands SHA Serious Untoward Incident Policy SUI Notifications to the LSA LSA National Forum Guideline L
7.2	Publish the investigative procedure.	Met	LSA National Forum Guideline L Local Guidance and Workshops LSA Website
7.3	Liase with key stakeholders to enhance clinical governance systems.	Met	Minutes & Meetings with SHA -PSQG
7.4	Publish the process for the notification and management of complaints against any:		
	local supervising authority midwifery officer	Met	LSA National Forum Guideline G West Midlands LSA Website SHA-HR Policies Evidence of local Case
	supervisor of midwives		
7.5	local supervising authority midwifery officer	Met	LSA National Forum Guideline D West Midlands LSA Website SHA-HR Policies
	supervisor of midwives		
7.6	local supervising authority midwifery officer	Met	LSA National Forum Guideline G West Midlands LSA Website SHA-HR Policies
	supervisor of midwives		
7.7	Ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion:		
	local supervising authority midwifery officer	Met	LSA National Forum Guideline G West Midlands LSA Website SHA-HR Policies Evidence of local Case
	supervisor of midwives		

7.8	Consult the NMC for advice and guidance in such matters.	Met	LSA Website LSA liaison with NMC Advisors LSA use of NMC website Emails and Telecommunications
8.1	Numbers of supervisor of midwives appointments, resignations and removals.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report 07-08 Self Assessment by Trusts
8.2	Details of how midwives are provided with continuous access to a supervisor of midwives.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report 07-08 Self Assessment by Trusts
8.3	Details of how the practice of midwifery is supervised.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report 07-08 Self Assessment by Trusts
8.4	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report 07-08 Self Assessment by Trusts LSA Audit Calendar
8.5	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report 07-08 Self Assessment by Trusts Links, Contact, Heads & LME's
8.6	Details of any new policies related to the supervision of midwives.	Met	West Midlands LSA Annual Report 07-08 Minutes of Working Groups LSA Website
8.7	Evidence of developing trends affecting midwifery practice in the local supervising authority.	Met	West Midlands Trust Annual Reports to the LSA LSA Annual Collation West Midlands LSA Annual Report 07-08 Self Assessment by Trusts
8.8	Details of the number of complaints regarding the discharge of the supervisory function.	Met	West Midlands LSA Annual Report 07-08 Correspondance and Reports
8.9	Reports on all local supervising authority investigations undertaken during the year.	Met	West Midlands Trust Annual Reports to the LSA West Midlands LSA Annual Report Local LSA Reports



West Midlands Local Supervising Authority

LSA STUDY EVENTS 2009

EVENT, VENUE & CONTACT	DATE
BOND SOLON DAY HEALTH RECORDS OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	TUESDAY 17 MARCH 2009
PRACTICE FORUM EVENT OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	WEDNESDAY 1 APRIL 2009
BIRMINGHAM CITY UNIVERSITY STUDY DAY READY TO ADDRESS POOR PRACTICE? (Contact: ann.kingscott@bcu.ac.uk)	FRIDAY 24 APRIL 2009
CEMACH WORKSHOP MEDICAL CONDITIONS AFFECTING PREGNANCY OSPREY HOUSE REDDITCH (Contact: sue.tierney@cemach.org.uk)	FRIDAY 12 JUNE 2009
BOND SOLON DAY COMPLAINTS INVESTIGATION – STATEMENT & REPORT WRITING OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	TUESDAY 16 JUNE 2009
SUPERVISION WORKSHOP ISSUES AROUND SUPERVISORY INVESTIGATIONS OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	TUESDAY 23 JUNE 2009
LSA CONFERENCE DIMENSIONS OF MIDWIFERY PRACTICE BESCOT STADIUM WALSALL (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	TUESDAY 14 JULY 2009
CEMACH WORKSHOP OBESITY OSPREY HOUSE REDDITCH (Contact: sue.tierney@cemach.org.uk)	THURSDAY 24 SEPTEMBER 2009
PRACTICE FORUM EVENT OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	WEDNESDAY 7 OCTOBER 2009
BOND SOLON DAY CLINICAL RESPONSIBILITY OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	TUESDAY 13 OCTOBER 2009
SUPERVISION WORKSHOP ISSUES AROUND SUPERVISORY INVESTIGATIONS OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)	WEDNESDAY 21 OCTOBER 2009
CEMACH WORKSHOP DIABETES INTERACTIVE WORKSHOP OSPREY HOUSE REDDITCH (Contact: sue.tierney@cemach.org.uk)	MONDAY 16 NOVEMBER 2009

Nursing and Midwifery Council Recommendation following Pilot Review of West Midlands LSA		Met	Partially Met	Not Met	Comments for 07/08 Supervisory Year
12.1	Communication				
	Ensure consistency in the dissemination of information from the LSA to Supervisors of Midwives and midwives across all the Trusts	Yes			Policies & Guidelines & Website and LSA Meetings
	Ensure that the standards for selection and recruitment of supervisors of midwives are implemented across the LSA	Yes			As per NMC revised Standard 2006
	Ensure that adequate support mechanisms are in place for all newly appointed supervisors of midwives	Yes			LSA bi-annual workshop for newly appointed SoMs
	Further promote the LSA and supervision for midwives at strategic levels in the SHA and PCT and Provider Trusts	Yes			LSAMO attendance at SHA meetings & Website
12.2	Public user Involvement				
	Focus on strengthening user involvement across the LSA	Yes			User partnership in LSA Audits
	Ensure that service users are fully involved in LSA audits providing appropriate preparing including training for the role	Yes			User partnership in LSA Audit Training Workshop
	Distribute the LSA Leaflet regarding the function of Supervision of Midwives to every woman across the LSA	Yes			Individual Trust adopt from LSA Template document
	Consider different ways to encourage women to be involved in the development of women centered evidence based care and maternity services				Recommendations from users during Audits and in Reports
	Strengthen and support links with key user groups such as the MSLC	Yes			Each Trust provides key contact to the LSA
12.3	Data Collection				
	Contribute to the LSA Supervisory Database (UK) to assist with the collating of information and to self assess against benchmarks	Yes			Training from December 07 and in place by April 08
	Review workforce data to check for accuracy and validity on an ongoing basis	Yes			Collated for 2008-9 LSA Annual Report
	To collate more information on the midwife to supervisor of midwives ratio per Trust and across the LSA	Yes			LSA Annual Audit and Archives
	Consider collecting data on the numbers of midwives who are on supported and supervised practice in each unit and across the LSA	Yes			Collated routinely by LSA and for 2008-9 LSA Annual Report
	Develop the monthly incident reporting process to the LSA to ensure that the quality of the annual data collection is robust	Yes			Piloting in place for 2008 -2009 Supervisory Year
	Analyze trend data from incident reporting and disseminate to supervisors to encourage learning and the sharing of good practice	Yes			LSA Annual Report for 2007-2008
	Circulate the recommendations from LSA audits to all Supervisors of Midwives and midwives	Yes			Each LSA Report to Trusts contains recommendations
12.4	24 hour Access to a Supervisor of Midwives				
	Ensure that Supervisors of Midwives can confirm that there is an effective means of providing 24 hours cover and access to supervisory guidance during emergencies. To invite Trusts to audit access for those that do not provide an on-call model	Yes			Assessed during 2007-2008 Audit Cycle
12.5	Reducing Risk				
	To increase the LSA support to high risk scoring maternity services	Yes			In partnership with Maternity Matters lead and Local HCC
	Continue to review and strengthen support for Supervisors of Midwives and enhance learning when adverse incidents occur	Yes			LSA Practice Forum Events and Educational Calendar
	More information needs to be produced in the LSA Report on the maternal and perinatal deaths, workforce and clinical trends and any actions plans put in place by the LSA	Yes			LSA Annual Report for 2007-2008 & Archives
	Work with the SHA, Trusts and the Perinatal Institute to ensure that there is a clearly communicated plan to reduce the number of maternal and perinatal deaths across the LSA	Yes			In partnership with Workforce & Development Team
	Ensure that the LSAMO is involved in the planning of maternity service reconfigurations at strategic level ensuring good liaison and support for Supervisors of Midwives through out any change.	Yes			In partnership with Maternity Matters and Local Darzi leads

West Midlands LSA risk profile 2007-08

LSA Profile

LSA	West Midlands	Chief Executive	Peter Shanahan
LSAMO	Barbara Kuypers	Contact details of LSAMO	barbara.kuypers@westmidlands.nhs.uk 01527 58 7602

Evidence of Developing Trends affecting midwifery practice in the local supervising authority

1	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
Details of number of complaints regarding the discharge the Supervisory Function						
2	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER

Score: 31

Date of assessment meeting		Recommendations following assesment meeting	
Reasons for review to be undertaken		Date for proposed review	
Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

Comments

AUDIT VISIT GUIDANCE

Pre-Visit Trust Report to the LSA

This should be between 5 -10 pages long (Arial 11). The report should provide contextual information about your services and how Supervision of Midwives function in order to protect the public. You may wish to follow the themes of Rule 16 in the Midwives Rules and Standards in the information you provide.

Please also complete a Self Audit against the 5 LSA Standards.

You should also include a concluding section on the recommendations from the 2007-2008 LSA Report and your actions and accomplishments to date.

On the Day

The proposed programme is attached.

The day will be split in to 2 halves with the audit taking place in the morning, followed by lunch with invited guests. In the afternoon, the Audit Team will complete a brief report to enable feedback at the end of the day.

During the morning, the Supervisory Team should present a résumé of the report that was sent to the LSA. Included in this presentation should be the way forward regarding the Strategic Direction as agreed at your Away Day and also progress to date on how the research monies issued to the Trusts is being used. This session will be open to any audience and guests you may wish to invite.

There then follows a closed session when the Audit Team will split in to two parties.

The Lay Reviewer will take a tour of the services and be given an opportunity to meet with women and babies.

The Supervisors of Midwives on the Audit Team will remain with the supervisors and hear a presentation on:

How does the Trust meet the new NMC Standards for Supervised Practice of Midwives?

Present 2 cases that have occurred within your services where this can be demonstrated against all of the 6 standards.

Please have a box file containing the respective Investigations and Supervised Practice Programmes for reference purposes. These should be anonymised.

This presentation will be followed by discussion, advice and guidance if this is required. Please access the NMC and LSA website for assistance if required.

Finally, each Supervisor of Midwives is invited to bring along to the Audit Day their Supervisory PREP File which the LSAMO will view. The file may include:

- Certificates following Study Events
- Notes from attending Supervisory Meetings or Workshops
- Reflections as a Supervisor following investigation of incidents
- Reflections following any Supervisory Activity undertaken whilst advising and guiding midwives
- Reflections following approaches by mothers or parents when making decisions and choices regarding their care.



Preparation of Supervisors of Midwives programme – Level 6

Applications:	Via Local Supervising Authority (LSA)
Location:	Birmingham City University Edgbaston Campus.
Commences:	September Birmingham/January Manchester
Duration:	24 weeks over 26 weeks.
Teaching:	Mondays and some Tuesdays.
HEFCE Code:	GC0N06
Contract Code:	GC0C06

Entry Requirements

Applicants must meet the requirements stated within the Midwives rules and standards (NMC 2004). She or he must:

- be a practising midwife; and
- have 3 years' experience as a practising midwife of which at least one shall have been in the two-year period immediately preceding the appointment.
- academically, applicants must demonstrate the ability to study/achieve at level 5 or 6.

How much study is involved?

There is one triple module offered over twenty six weeks, 90 hours contact; 270 hours student centred study. The remainder of the programme is gained in relevant clinically based supervisory experience, with the support of a mentor. The programme is delivered at the host university over 12 study days. The course is taught on Monday and Tuesdays on weeks 1, 2, 9, and 12, plus Mondays on weeks 16, 21 and 26.

How will I be assessed?

You will be assessed in a variety of ways by; a seminar presentation of a critical incident analysis, a professional essay, a Personal Development Profile and completion of a Practice Assessment Profile. On successful completion will lead to the award of 45 credits at Level 6/ 40 at Level 3 in Manchester and being eligible for consideration for appointment by the LSA Midwifery Officer.

Module information

GM608W Preparation of Supervisors of Midwives.

How do I apply?

Please discuss your application with a Supervisor of Midwives at your workplace. Once your application has been approved, you need to obtain an application form from your local LSA Midwifery Officer.

To apply in the West Midlands, please contact:

Barbara Kuypers, LSA Midwifery Office, NHS West Midlands, Osprey House, Albert Street, Prospect Hill, Redditch B97 4DE

To apply within the North West, please contact:

Marian Drazek, LSA Midwifery Officer, North West LSA, Tenderfield, Brigsteer Road, Kendal, Cumbria LA9 5EA If you need any help please contact Ann Kingscott, Programme Leader, at Birmingham City University on 0121 331 7153 or Lisa Bacon, Programme Leader, The University of Manchester on 0161 306 7757.

West Midlands Local Supervising Authority
Résumé of Supervisory Activity (YEAR to end MARCH)

Name.....

Trust

TOTAL NUMBER OF MIDWIVES SUPERVISED:

supervisors		agency midwives	
hospital midwives		independent midwives	
community midwives		employed by GPs	
neonatal midwives		lecturers	
bank midwives		other	
<i>Sub Total</i>		GRAND TOTAL	
		students	

NUMBER OF ANNUAL REVIEWS COMPLETED IN THE (YEAR TO END MARCH)

NUMBER OF SUPERVISORS MEETINGS ATTENDED IN LAST 12 MONTHS ...

local unit meetings

regional / contact / geographical

HOW MANY HOURS ARE ALLOCATED FOR SUPERVISION

within the trust per month, per supervisor ...

ON AVERAGE, HOW MANY HOURS HAVE YOU ACHIEVED PER MONTH ...

**NUMBER OF SUPERVISION CONTINUING EDUCATION HOURS
 ACHIEVED IN THE (YEAR TO END MARCH) SUPERVISORY YEAR**

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TYPE OF STUDY OR TITLE OF STUDY DAY OR ACTIVITY: (THIS WILL BE VALIDATED)

1.
2.
3.

Signature:

Date:

West Midlands Local Supervising Authority
CONTACT & LME's MEETING
WITH HEADS OF MIDWIFERY
(DATE) 10:30hrs Coffee/Registration
11am – 3pm with buffet lunch – Board Room at Osprey House

1. Welcome & Introductions

2. Minutes of the Meeting held (DATE)

3. Matters Arising
 - To be addressed within the Agenda

4. Education
 - POSOM Selection & Programme
 - RTP & EU Project
 - Research Projects
 - LSA Proposals for Action Learning Sets – (DETAIL)
 - AOB

5. Funding Streams for (YEAR)
 - Trust Supervisory Awaydays
 - LSA Events Calendar
 - LSA Conference
 - Future Conferences

6. LSA Database
Website Update
LSA Presentation (DETAIL)

7. LSA Project Midwife
 - (DETAIL)
 - (DETAIL)

8. (DETAIL)

9. (DETAIL)

- L U N C H

10. (DETAIL)

11. AOB

12. Future Dates and Close
