

Healthcare Inspectorate Wales

Local Supervising Authority Annual Report to the Nursing and Midwifery Council

1st April 2007 – 31st March 2008

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September 2008

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Executive Summary

This annual report details the ways in which Healthcare Inspectorate Wales, on behalf of the Welsh Assembly Government, carried out its functions as the Local Supervising Authority (LSA) for Wales in 2007-08.

The LSA is responsible for exercising general supervision over all midwives practising in Wales, one thousand six hundred and eighty four as of 31st March 2008. The LSA aims to support midwives in their practice through a model of statutory supervision that has clear standards and processes to protect the public but which also proactively supports the midwife to enhance her competence and provide a high standard of midwifery practice with informed choice for women.

The report describes:

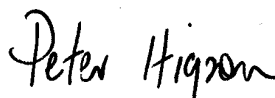
- the appointment, resignation and de-selection of Supervisors of Midwives
- how midwives access a Supervisor and how the practice of midwives is supervised
- service user involvement in the work of the LSA
- engagement of the LSA with Institutions of Higher Education
- how the LSA deals with complaints and undertakes investigations
- developing trends in Wales that affect midwifery practice

The report also gives some examples of achievements in 2007-08 by Supervisors of Midwives in Wales and outlines the challenges for the LSA in 2008-09. Challenges include maintaining the ratio of Supervisors of Midwives to midwives to the level required by the Nursing and Midwifery Council, identifying and auditing risk areas as well as supporting midwives and Supervisors of Midwives through the current and potential changes in the structure of the National Health Service in Wales.

The commitment of all stakeholders certainly enabled standards to be achieved in 2007-08. The LSA is very grateful to all, particularly Supervisors of Midwives and Heads of Midwifery services and wishes to record appreciation for the contribution they have made to upholding standards for statutory supervision of midwives and midwifery practice across Wales, to the benefit of women and their babies.

The LSA makes its annual report available on the website: www.hiw.org.uk a hard copy is also available on request.

Dr Peter Higson, Chief Executive



Gillian Harris, LSA Midwifery Officer:



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September 2008

1. Introduction

1.1. This report details the ways in which Healthcare Inspectorate Wales (HIW), on behalf of the Welsh Assembly Government, carried out its functions as the Local Supervising Authority (LSA) for Wales in 2007-2008 and met the standards set by the Nursing and Midwifery Council (NMC). The report follows the format advised by the NMC in its letter of 2nd June 2008.

1.2. The 8016 square miles of Wales is geographically diverse and beautiful, ranging from seascapes to mountains and valleys. Population statistics for Wales cite an increasing population with a total of 2,970,000 in 2006. For the first time in a decade, the number of births per thousand population (11.3) exceeded the number of deaths (10.5). The Office for National Statistics also reports that 33,628 live births were registered in Wales in 2006, an increase on the 2005 figure of nearly one thousand births. Approximately six out of ten births in 2006 were to women under the age of thirty. Most births took place in a hospital setting. Of the 33,324 maternities in 2006, 1258 (3.8%) were at home. The infant mortality rate for 2006 is 4.1 per thousand live births, the same rate as in 2005. The caesarean section rate continues to be high with an all Wales 2006 figure of 32.48%. However, there are early indications to the LSA from maternity services providers, that this figure may be reduced for 2007 (see appendix 5). Full details of national population statistics and trends for Wales can be found at www.wales.gov.uk/statistics

1.3. The NHS in Wales is focused on realising a vision of world class health and social care for the people of Wales by 2015. With an ageing population and an increasing birth rate, as well as health needs that may be attributed to life style choices, health care strategies for Wales place particular emphasis on health improvement, partnership working, engaging with the public, evidence-based care, skill mix and appropriate use of expertise and delivery of services in the communities where people live and work. Midwives in Wales continue to provide an excellent woman-centred service based on normality and choice while contributing to delivery of policy agendas. The LSA in Wales aims to support midwives in their practice through a model of statutory supervision that has clear standards and processes to protect the public but which also proactively supports the midwife to enhance her competence and confidence.

1.4. A single LSA for Wales was created on 1st April 2004. Statutory responsibility for designation as the LSA was granted to the Welsh Assembly Government in the National Health Service, Wales, and The Local Health Boards (Functions) (Amendment) Regulations 2003. The Assembly subsequently delegated responsibility for the functions of the LSA to Healthcare Inspectorate Wales on 1st April 2006. The LSA provides statutory supervision for all practising midwives in Wales, the majority of whom practise across a range of National Health Service (NHS) providers with a small number of self-employed midwives providing independent services.

1.5. In this reporting year (2007-08) thirteen organisations - twelve NHS Trusts and one Local Health Board (LHB), provided maternity services across

Wales. The thirteen providers were diverse in the type of maternity services offered, ranging from acute obstetric units to birth centres. Midwife led care and initiatives to promote normality were prominent in each. Midwives in Wales also strive to provide informed choices for women throughout the birth experience, including choice about place of birth.

1.6. The LSA employs two LSA Midwifery Officers (LSAMO's) experienced in statutory supervision of midwives and the role and responsibilities of the LSA. The LSAMOs work together on an all-Wales basis to ensure a consensus approach to achieving standards and implementation of policies but each has responsibility for designated geographical areas, largely based on 'west and north' Wales and 'east and south' Wales. The LSAMOs represent the LSA and provide a Wales perspective in the United Kingdom (UK) LSA Midwifery Officers group and at the NMC/LSAMO Strategic Reference Group meetings. They also have links with the Welsh Assembly Government Nursing Officer responsible for maternity services, the Chief Nurse for Wales and the Professional Adviser at the Royal College of Midwives UK Board for Wales. The LSAMOs attend meetings of the all-Wales Heads of Midwifery Services group and the Lead Midwife for Education group in Wales.

1.7. Since January 2008 an experienced Supervisor of Midwives has been seconded to the LSA for the equivalent of one day per week. The secondment provides opportunities for personal and professional development for the secondee, aids succession planning by providing experience of working in the LSA and broadens the perspective of the permanent LSA team. The secondment opportunity has proved to be of great mutual benefit. The LSA Midwifery Officers have administrative support from a Team Support Officer who also provides administrative assistance for HIW's quality assurance remit.

1.8. The commitment of stakeholders certainly enabled standards to be achieved in 2007-08. The LSA is very grateful to all stakeholders, particularly Supervisors of Midwives and Heads of Midwifery services and wishes to record appreciation for the contribution they have made to upholding standards for statutory supervision of midwives and for midwifery practice across Wales, to the benefit of women and their babies.

2. Making the LSA Annual Report available to the public

2.1. The LSA Annual Report to the Nursing and Midwifery Council is made available to the public through publication on the website of Healthcare Inspectorate Wales and can be seen at www.hiw.org.uk. The report is normally made available on the website in October following submission to the NMC by 30th September. Electronic copies are sent to the Heads of Midwifery services, Heads of Midwifery Education/Lead Midwives for Education and Link Supervisors of Midwives for distribution through their networks. Officers of the Royal College of Midwives and the Welsh Assembly Government also receive an electronic copy for information. Users of maternity services who are enquiring about application and/or selection for the LSA panel (see section 6 of this report) are referred to the LSA Annual Report on HIW's web site.

2.2. Hard copies of the LSA 2006-07 Annual Report were published on 14th January 2008. Copies were sent to two hundred and fifty five stakeholders through the Healthcare Inspectorate Wales contact/distribution list for recipients of HIW's Annual Report. These included Chief Executives of NHS Trusts and Local Health Boards as well as Welsh Assembly Government Officers. Sixty five copies were forwarded to the Assembly library for distribution through its networks. Heads of Midwifery services and Link Supervisors of Midwives each received a hard copy of the LSA Annual Report for 2006-07 (twenty six in total). Hard copies of the report were also available on request. Three copies were requested between 1st April 2007 and 31st March 2008.

2.3 All forms of publication of the LSA Annual Report are bilingual Welsh/English.

2.4 The Annual Report for Healthcare Inspectorate Wales includes details regarding the LSA function. HIW's 2006-07 Annual Report can be seen at www.hiw.org.uk

3. Appointment, resignation and de selection of Supervisors of Midwives

3.1. One hundred and forty seven (147) Supervisors of Midwives were in current appointment with the LSA on 31st March 2008. One thousand six hundred and eighty four (1684) midwives notified a primary Intention to Practise midwifery in Wales. The all-Wales ratio of Supervisors of Midwives to midwives is therefore 1: 11.5.

3.2. Midwives interested in becoming a Supervisor of Midwives self-nominate with the support of peers. They are then interviewed by a panel including an LSAMO, a Head of Midwifery services, (normally) a representative from maternity services users and an educationalist representative from the University of Glamorgan, the Higher Education Institution (HEI) that has the current contract with HIW for provision of the Supervisors' preparation course.

3.3. The Supervisors preparation course provided by the University of Glamorgan was approved on behalf of the NMC in September 2007 and is delivered as a part-time level three module. The LSA funds the course fees and travel requirements of midwives selected by the LSA to undertake the course. All midwives undertaking preparation have a named Supervisor as mentor for support throughout the programme and to confirm achievement of course outcomes. For practical experience they shadow the mentor to enable exposure to a full range of activities that may be undertaken by a Supervisor of Midwives.

3.4. To monitor the contract for delivery of the programme, in 2007-08 the LSA undertook an informal review of course evaluations and external examiner reports for the three years that the course has been in operation.

Evaluations overall were very positive and the course team has implemented clear action plans to address issues raised in either the evaluations and/or the feedback from the external examiner. The LSA is satisfied that the programme provided by the University of Glamorgan meets the needs of the LSA contract.

3.5. The September 2006 cohort completed the Supervisors preparation course in this reporting year, i.e. May 2007. Of the twenty two midwives who commenced the course: three suspended studies due to personal or health reasons; seventeen passed at the first attempt; two midwives were referred and are yet to re submit and complete. Twenty midwives commenced the preparation course in September 2007. The outcomes for this cohort will be included in the LSA Annual Report for 2008-09. Interviews for the 2008-09 course took place in May and July 2008, details of which will also be included in the next annual report.

3.6. Seventeen midwives were appointed by the LSA as Supervisors of Midwives between 1st April 2007 and 31st March 2008. The majority of appointments were of midwives within Wales, supported by the LSA to undertake the preparation course and for whom this was a first appointment as a Supervisor of Midwives. On appointment new Supervisors of Midwives have a period of supportive preceptorship to ease them into their new role and they conduct initial supervisory investigations in partnership with an experienced Supervisor of Midwives. One experienced Supervisor of Midwives, who transferred into Wales to take up an employment opportunity, was also appointed as a Supervisor of Midwives for the LSA in Wales in 2007-08 following a period of orientation in her new post.

3.7. Six Supervisors of Midwives resigned/self de-selected in 2007-08. Of these, two retired from midwifery practice and four resigned due to personal/family issues that made it difficult for them to commit to the added responsibilities of being a Supervisor of Midwives. An additional two Supervisors chose to stand down from the role for a period of up to twelve months, citing personal, health or work related issues as rationale for the decision. The LSA supports this period of 'time out' and will be working with these Supervisors to facilitate their return to active engagement in due course. One Supervisor of Midwives was de-selected from her appointment by the LSA. This midwife will be undertaking a period of Supervised Practice.

1st April 2007 – 31st March 2008	2005/06	2006-07	2007-08
Appointed in year	13	10	17
Removal (LSA de-selection)	0	0	1
Resignation (self de-selection)	2	3	6
Suspension from role (LSA)	1	1	0
Suspension from role (self)	0	1	2
Commenced preparation course (September)	15	22	20

3.8. With small numbers it is difficult to identify trends per se in appointment and de-selection. The small increase in number of Supervisors resigning/self-deselecting over the past three years is in each case due to normal retirement or change in employment role and responsibilities. The increase in de-selections over the past three years is amply covered by the number of those in preparation and the number subsequently appointed as Supervisors of Midwives by the LSA. Certainly the LSA has increased the number of appointments from 126 in 2006-07 to 147 in 2007-08. Self suspension from role is again small and is a positive option that the LSA encourages if Supervisors are feeling stress and tension with competing demands on their time. Illness may also be a factor. At the end of the period of 'time out' individuals are better placed to make a decision regarding their capacity to continue, or not, their appointment as a Supervisor of Midwives.

3.9. On an all-Wales basis, the LSA easily meets the NMC standard of (normally) one Supervisor of Midwives to a maximum of fifteen midwives, the ratio on 31st March 2008 being 1:11.5. The ratio does vary across providers however, as can be seen from the following table. The table shows the ratio of Supervisors of Midwives to Midwives on 31st March 2008. In Trusts where the ratio is seen to be close to, or exceeds, the normal standard of 1:15, midwives were yet to complete the 2007-08 preparation course. Successful course completion and appointment of new Supervisors has since reduced these ratios.

Provider	Midwives	Supervisors	Ratio
Pembrokeshire NHS Trust	63	5	1:13
Carmarthenshire NHS Trust	85	11	1:8
Ceredigion and Mid Wales NHS Trust	35	4	1:8
Powys Local Health Board	50	8	1:6
Swansea NHS Trust	156	10	1:16
Bro Morgannwg NHS Trust	141	13	1:11
Cardiff and Vale NHS Trust	270	26	1:10
Gwent Healthcare NHS Trust	290	21	1:14
Pontypridd and Rhondda NHS Trust	126	9	1:14
North Glamorgan NHS Trust	87	11	1:8
North East Wales NHS Trust	130	9	1:14
Conwy and Denbighshire NHS Trust	118	9	1:13
North West Wales NHS Trust	130	7	1:18
Total (all-Wales)	1684	147	1:11.5

3.10. Recruitment and selection of Supervisors of Midwives has been a priority for the LSA in the past three years and remains so as a proactive measure to try to ensure the NMC standard is met in all areas of Wales. This can be difficult to achieve but an active recruitment policy, facilitated by Link Supervisors of Midwives and supported by Heads of Midwifery services, has seen an increase in the total number of Supervisors of Midwives appointed by the LSA in the past three years. Particular emphasis is given to recruitment in

Trusts where ratios are near to, or exceed, the 1:15 standard. Recruitment can be problematic however due to busy workloads and competing pressures for time commitment. Most midwives put themselves forward for selection because they want to influence quality of care. Many give of their personal time to combine the requirements of the role with busy work duties. There are times however when the demands of being a Supervisor of Midwives create stress and dissatisfaction and self de-selection may follow. The incentives to become a Supervisor of Midwives have been limited, beyond commitment to ensuring high standards and the desire to contribute to enhancing the quality of midwifery care and the birth experience and outcomes for women and their babies. In this reporting year, 2007-08, a salary enhancement of £1000 was made to Supervisors of Midwives for the first time. Protected time to undertake the role was also allowed. Maternity services providers in some areas have since shown a reluctance to facilitate the release of midwives to undertake preparation leading to appointment as a Supervisor of Midwives, as this now has an ongoing salary cost implication to the provider. Protected time to undertake the role is ill defined and remains difficult to obtain in some areas, particularly in those in which midwifery staffing levels are low.

4. Midwife access to a Supervisor of Midwives

4.1. Midwives are provided with a named Supervisor of Midwives on commencement of employment. In principle, midwives may choose their named Supervisor of Midwives but in practice will normally be assigned to a Supervisor who has the least caseload of supervisees. If a midwife is self-employed, a Supervisor who lives and/or works near the midwife's base, or is able to travel to the base, is normally approached by the LSA and asked to include the self-employed midwife in her caseload of supervisees. All midwives and Supervisors are advised that they may request to change if the relationship does not suit either or both parties (see All Wales Guidelines and Standards at www.hiw.org.uk). During 2007-08 the LSA Midwifery Officers audited evidence that this standard was being met through examination of documentation and in discussions with midwives. All maternity services providers in Wales were in compliance with the standard.

4.2. Arrangements for contact with a named Supervisor of Midwives are individual between the midwife and Supervisor. Normal practice would be by telephone or email. All Supervisors of Midwives in Wales have an email contact address. Appointments for annual supervisory reviews may be made by administrative staff undertaking clerical work in support of local LSA/supervisory activities.

4.3. General information on accessing a Supervisor of Midwives is available in the LSA Guidelines and Standards document. All maternity services providers in Wales have a 24 hour on-call rota of Supervisors of Midwives for contact in an emergency. All midwives are informed of the location of the rota and how to access it. Normal practice is to place a copy of the rota in all departments/areas of the maternity/community unit. The LSA Midwifery Officers audited the availability of Supervisors of Midwives on a 24 hour basis

as part of the 2007-08 audit process. The audit involved visiting clinical areas and interviewing midwives to elicit evidence that 24 hour cover was the practice. All areas of Wales were in compliance with the standard. Sampling also took place by the LSAMOs phoning maternity units out of hours and asking to speak to the on-call Supervisor of Midwives. The Supervisor on-call either spoke directly to the LSAMO making the enquiry or if not in the unit at the time of the call, phoned back within minutes. There was one occasion in 2007-08, due to sickness absence, when one maternity services provider was experiencing difficulty in providing 24 hour cover of a Supervisor of Midwives. In this instance a Supervisor of Midwives in a neighbouring provider agreed to take the on-call duties. The LSAMO was made aware of the situation and she then made herself available for additional advice and support if required.

4.4. All Supervisors of Midwives have the work mobile telephone numbers of the two LSA Midwifery Officers who can be contacted for additional support and advice on all matters relating to statutory supervision of midwives.

5. Supervising the practice of midwives

5.1. Midwives are allocated/choose a named Supervisor of Midwives and are introduced to the local processes and policies for statutory supervision on appointment to post. They are informed of the option to change their Supervisor at the outset. A copy of each midwife's Intention to Practise Notification is filed at the front of their supervisory file. Supervisors of Midwives are responsible for the safe keeping of supervisory files of midwives allocated to them. Audit by the LSA Midwifery Officers in 2007-08 provided evidence that supervisory files were securely stored and kept separate from employers' personnel files.

5.2. Midwives are encouraged to be proactive in initiating their annual supervisory review with their named Supervisor of Midwives. Funding provided by the LSA has gone some way towards facilitating the annual supervisory reviews by 'back filling' Supervisor hours, thus facilitating their capacity to meet with midwives and undertake individual reviews. All Supervisors of Midwives aim to meet with their supervisees on at least one planned occasion during the year to undertake an annual supervisory review. Audit in 2007-08 demonstrated that the majority of midwives in Wales had undertaken an annual review with their Supervisor although a few interviews were delayed due to the midwife's illness or maternity leave.

5.3. Administrative support, normally on a part time basis only, is purchased by most providers to assist Supervisors of Midwives in their role. Feedback from Supervisors of Midwives during audit visits in 2007-08 was that administrative support was often insufficient to cover all aspects of requirements, leaving Supervisors of Midwives to undertake administrative tasks. Administrative support staff may take notes at Supervisor's meetings, prepare agendas, make arrangements for Supervisors to meet with midwives and others and undertake general clerical duties. LSA funding contributes in part to the provision of administrative support for Supervisors of Midwives.

5.4. LSA guidance on the NMC Midwives Rules and Standards is published on the website of Healthcare Inspectorate Wales (www.hiw.org.uk). A hard copy is available on request. All Supervisors of Midwives in Wales have their own copy of the LSA Guidance and Standards.

5.5. Clinical risk is managed proactively by Supervisors of Midwives, allowing for early identification of deficits in a midwife's knowledge and/or skills. Deficits are immediately addressed through 'one off' training sessions. Where there are more serious and/or ongoing concerns about a midwife's practice a planned programme of supervised practice or developmental support is instigated. Mandatory training for obstetric emergencies takes place in every maternity services provider in Wales. Regular updating sessions are organised by Supervisors of Midwives, for example, Supervisors in one Trust facilitated an annual two day residential workshop for midwives to update key clinical skills in risk areas such as management of postpartum haemorrhage and fetal cardiotocograph interpretation. Training sessions are also provided across Wales for those midwives who have been out of clinical midwifery practice for a period of time to assist them to resume practice with confidence as well as competence. Supervisors of Midwives were able to provide the LSAMOs with copies of training programmes and attendance registers during the 2007-08 audit visits.

5.6. Each maternity service provider has a nominated 'Link' Supervisor of Midwives. Link Supervisors are elected by their Supervisor peers in the Trust/LHB of their employment. The role of the Link Supervisor is to act as a direct point of contact between the LSA and the maternity services provider and to cascade information to and from the LSA (see appendix 1 for role descriptor). Link Supervisors co-ordinate annual reports to the LSA and also quarterly reports detailing how the LSA funding allocation has been spent in support of statutory supervision of midwives. The LSA hosts meetings with Link Supervisors, normally every three months and funds attendance. The agenda for the meetings is used to strengthen the all Wales consensus approach to standards of supervision and supervision practice, to share expertise and examples of good practice and to encourage joint working across Wales (see appendix 2 for agendas 2007-08). Through the Link Supervisors forum Supervisors of Midwives from all areas of Wales have been able to meet regularly to exchange ideas, learn from each other and to work together on initiatives relating to practice and/or supervision. An example of sharing and working together in 2007-08 is the introduction of a Pb Wiki web site for information on statutory supervision of midwives in each maternity services provider. The initial idea was conceived and developed by Supervisors in one area who then visited other areas of Wales to help and advise on design and implementation. There are other examples of Supervisors of Midwives employed in different maternity services providers holding joint meetings to plan ahead for proposed NHS Trust mergers and to discuss the implications the mergers may have on maternity services, midwifery practice and/or statutory supervision of midwives. Link Supervisors are encouraged by the LSAMOs to bring a guest Supervisor or student Supervisor to the LSA/Link meetings to encourage openness and

transparency, enhance knowledge of the work of the LSA and facilitate succession planning for the Link Supervisor role.

5.7. There is a named 'Liaison' Supervisor of Midwives in each maternity service provider. The Liaison Supervisor acts as a contact reference point for self-employed midwives to ensure they have access to local advice, policies and information. In 2007-08, three self employed midwives notified their intention to practise midwifery in Wales, one of which was a primary notification and has been included in the LSA statistics for 2007-08. Liaison Supervisors are also available for those midwives who may work across boundary. In 2007-08, twenty midwives employed by NHS Trusts in England notified the LSA in Wales that they were working across boundary. These midwives will have been included in the Intention to Practice Notifications of their primary LSA.

5.8 The LSA provides an annual workshop for Supervisors of Midwives to facilitate their meeting the requirements of Midwives Rule 11. The 2007-08 workshop was held in Llandrindod Wells on 13th March 2008. The focus of the workshop was on undertaking supervisory investigations; evaluations were very positive (see appendix 3 for programme and appendix 4 for workshop evaluation). Funding provided by the LSA enabled further updating for Supervisors of Midwives on a local/individual maternity services provider basis, for example, Supervisors of Midwives in one area used LSA funding to host a workshop for midwives to update their skills in management of obstetric emergencies and in another area, funding was used to support 'time out' days focused on root cause analysis training.

5.9. All providers audit aspects of midwifery practice, particularly record keeping. LSAMOs sampled the self-audit and compliance with standards on regular visits to their link areas and more formally during the annual audit visits. Detail on the audit findings for 2007-08 can be seen in Appendix 7.

5.10. Supervisors of Midwives across Wales are very committed to statutory supervision and work hard, often giving of their own time, to ensure high standards of midwifery practice prevail. They also support and enable midwives to deliver with confidence, high standards of care. In times of shortage Supervisors of Midwives cover for each other, sometimes across employer boundaries. Supervised practice and the more recent introduction of developmental support, have enabled midwives to renew their knowledge and skills in a structured, meaningful way that addresses competence and hence protection of the public. Verbal feedback to Supervisors and LSAMOs as well as written reflective accounts from midwives who have completed a period of supervised practice, testify to the benefits of such programmes for enhancing competence, confidence and insight into personal needs for rectifying skills deficits.

5.11. Link Supervisors have all reported at the LSA/Link Supervisors Forum meetings throughout 2007-08, examples of how lessons are learnt from audit of practice and review of cases and how changes are then made to benefit

women. Feedback from maternity services users is actively sought. Several maternity services providers in Wales hold user focus groups, often led by Supervisors of Midwives. The views and experiences of these users is then used as a basis/rationale for making changes to service delivery (see examples in section 6 of this report).

5.12. There are many examples across Wales where statutory supervision of midwives has supported and enhanced the practice of midwives and thus the care and support offered to women. Examples include: LSA funding which enabled a Supervisor of Midwives to deliver in-house obstetric emergency drills for midwives; sharing of good practice examples in the LSA annual workshop which led to more Supervisors having the opportunity to be involved in and to gain experience and skills in undertaking supervisory investigations; 'supervision awareness week' and presentations to Trust/LHB Boards to increase general understanding and awareness of statutory supervision of midwives and its role in ensuring high standards of midwifery practice and public protection. Supervisors of Midwives have taken the lead on initiatives that improve the environment of care for women, for example, promoting the normality of the birth process, providing bereavement support services or supporting midwives and parents to enable informed and optimum choices to be made regarding the care women wish to receive. They have been actively involved in a range of committees or working groups that contribute to enhanced care for women. Supervisors of Midwives in one Trust provided support and training for midwives with little experience of home birth to enable them to care for women who chose this option. Supervisors of Midwives have taken the lead in implementing policy changes, for example, ensuring that practice met current guidance from the National Institute for Health and Clinical Excellence (NICE) on intra partum care. A second example is of a Supervisor of Midwives who led a Trust-wide work stream in the area of reducing post operative complications in order to implement the Assembly's '1000 lives' campaign. Supervisors were also actively involved throughout 2007-08 in regular audit of practice to ensure safe, evidence based care for women and babies. Feedback to staff of audit findings is essential to changing and/or enhancing practice and this has been undertaken in a variety of ways including news letters, staff meetings, audit committee meetings and serious incident review meetings. Audit findings are followed up with workshops or training sessions, as indicated.

5.13. Challenges that inhibit the growth and progress of supervision, rather than impede its effectiveness, include a seeming reluctance of suitable midwives to become Supervisors, staffing shortages and clinical case loads in some areas. Amalgamation of some NHS Trusts in Wales took place on 1st April 2008. Much work took place in 2007-08 in those areas affected by potential change to ensure that statutory supervision of midwives and high standards of midwifery practice would not be compromised with the mergers. The LSA Midwifery Officers continue to work with and advise maternity services providers, in particular Heads of Midwifery services and Link Supervisors of Midwives, to address potential difficulties.

6. Service User involvement in the work of the LSA

6.1. The LSA has made considerable efforts in 2007-08 to better engage service users in the work of the LSA. One LSAMO has taken the lead in advising Healthcare Inspectorate Wales on advertising for and in actively recruiting, a panel of maternity services user representatives to work with the LSA. The names of those selected will be placed on a Healthcare Inspectorate Wales 'approved' register. Registered users will then be invited to participate in audit of LSA standards with the LSAMOs and/or will act as a referee for consultation and involvement in other work of the LSA. The recruitment process began in March 2007-08 and continues into 2008-09. At the time of writing this report, eighteen applications had been received from users with ten short-listed for interview and nine appointments. Lay panel members will receive training for their role in the LSA audit. Link Supervisors assisted in the recruitment process by encouraging women in their area to apply to be LSA panel members.

6.2 The second LSAMO has a specific overall remit for engagement with users of the maternity services on a day to day basis and is available for direct contact and advice. In 2007-08, several women contacted the LSAMO for advice and support regarding accessing care that best met their needs. Records of these contacts are kept on file.

6.3 Supervisors of Midwives have established forums for users of maternity services. For example, following a series of focus groups to elicit feedback and satisfaction with the service provided, one Trust commenced Saturday Parent Education classes. These classes are run by a Supervisor of Midwives. Most Maternity Units in Wales have a public notice board displaying information on statutory supervision of midwives and how to contact a Supervisor of Midwives. User forums have provided opportunities and a medium for women to express concerns as well as to give positive feedback to influence service delivery and/or midwifery practice.

6.4 Service users were involved in the LSA audit of standards for statutory supervision of midwives in most provider areas in 2007-08. Users were recruited by Link Supervisors of Midwives.

6.5 There are three Maternity Services Liaison Committees (MSLCs) within Wales. These are based on the same geographical boundaries as the Regional Offices of the Welsh Assembly Government's Department of Health and Social Services. The LSAMOs attend meetings of the MSLC in their geographical areas.

7. LSA engagement with Higher Education Institutions

7.1 There are four Higher Education Institutions in Wales (HEI) that provide pre and post registration midwifery education. Each Institution has a midwife lecturer who also is an LSA appointed Supervisor of Midwives.

7.2. The Heads of Midwifery Education/Lead Midwives for Education (HoMEd/LME) group meets on a quarterly basis. The LSA is an invited observer member of the group as is a representative from Heads of Midwifery services. Similarly, the LSA invites a representative from the HoMEd/LME group to attend meetings of the LSA/Link Supervisors Forum meetings and there is a standing agenda item for 'educational issues'/feedback from the LME representative.

7.3. The University of Glamorgan is contracted to provide the preparation of Supervisors of Midwives course. One LSAMO is on the curriculum planning and review team and both LSAMOs have an active input into course delivery.

7.4. Student midwives in each HEI are introduced to statutory supervision and its purpose in public protection by a Supervisor of Midwives. In one HEI students are allocated to a named Supervisor of Midwives when undertaking their final 'supervised practice' placement. In the remaining three, students have a planned opportunity to meet a Supervisor when on their final clinical placement to discuss statutory supervision, their responsibilities as midwives and the role of a Supervisor of Midwives.

7.5. A Supervisor of Midwives is a member of the curriculum planning team for the pre-registration programme in each HEI. Supervisors are actively engaged in teaching and assessing student midwives, for example in one HEI 'classroom' sessions on midwife-led care and clinical governance/risk management are taught by a Supervisor of Midwives. A Supervisor of Midwives is a member of the interview panel for selection of prospective student midwives in a second HEI. Supervisors across Wales work with colleagues in education to ensure that student midwives are competent and confident to practise midwifery on qualification and registration as midwives.

7.6. The LSA Annual Report is made available to the HIW colleague with responsibility for managing HIW's contract with the NMC for monitoring the quality assurance in Wales of registered and recordable qualifications.

7.7. When a period of supervised practice is deemed necessary, a Supervisor of Midwives works with a colleague from midwifery education as well as the midwife concerned and an LSA Midwifery Officer, to set and agree outcomes to be achieved by the end of the period of supervised practice. A midwifery educationalist will be involved in a review of the reflective practice element of the midwife's work.

7.8. While it is difficult to quantify the impact on protection of women and babies, a learning environment that promotes safe practice, audits practice and uses statutory supervision of midwives in a positive and proactive way to enhance standards, will maximise competent practice and thus protect the public.

8. New (2007-08) policies of the LSA relating to statutory supervision of midwives

8.1. There were no new policies issued by the LSA in 2007-08 however Guideline 3 was amended in light of feedback to make the wording explicitly equate to that within the NMC Midwives Rules and standards and to make reference to an appeals mechanism.

8.2. A number of organisations across Wales, including the Welsh Assembly Government, develop policies that may affect midwives and their practice. The LSAMOs and/or Supervisors of Midwives have membership of these groups and/or input into the formation of all-Wales policies/guidelines prior to publication and implementation. For example, in 2007-08, midwives, Supervisors of Midwives and LSAMOs had an opportunity to comment on the draft version of the updated strategy for Nursing and Midwifery in Wales. The revised strategy clearly focuses on quality care for service users and the role and impact of nurses, midwives and specialist community public health nurses in delivery of that care. The revised strategy was launched by the Minister for Health and Social Services in Wales, Edwina Hart, at the Chief Nursing Officer's annual 'Showcase' conference on 19th June 2008.

9. Developing trends in Wales affecting midwifery practice

9.1. Statistical information relating to birth trends is notified to the LSA by means of the annual report from each maternity services provider. The annual report is normally submitted by the 30th June each year and is compiled by the Link Supervisor of Midwives with the approval of the Head of Midwifery services before submission to the LSA. A table of statistical information for 2007-08 can be seen at appendix 5. A predicted continuing increase in the birth rate in Wales (see www.wales.gov.uk/statistics) has implications for future provision of maternity services, general workforce planning and workforce planning for midwife numbers in particular, to ensure choice and best care for women and the most appropriate use of resources. The workforce planning tool 'Birthrate Plus' was used in all maternity services providers in Wales in 2007-08 in order to measure and predict workforce trends and needs. The majority of providers have agreed to recruit to the numbers recommended in the tool. All Heads of Midwifery services have submitted a business case to their respective management boards detailing requirements for 2008-09.

9.2. The caesarean section rate in Wales continues to be high, however 2007-08 figures from providers indicate that the all-Wales rate (24.4%, with a range of 32.2 to 17.9) may be reducing (see appendix 5). Midwives across Wales continue to work to ensure that the normal labour pathway is followed. Evidence shows that use of the pathway with its clear guidelines and focus on defining 'normal' progress may reduce the incidence of caesarean section.

9.3. The majority of midwives in Wales promote normality and midwife-led care and strive to provide choice for women. In one Trust, a Supervisor of Midwives has been appointed the lead midwife for 'normality'. Three Consultant Midwives also have 'normality' as their remit. The work of other Consultant Midwives in Wales focuses on vulnerable women, identifying and assisting women who are subject to domestic violence and the particular healthcare needs of asylum seekers. Recent migration from European Union

countries has also resulted in some women with language and cultural needs, requiring particular care from midwives and maternity services in Wales.

9.4. The all-Wales Home Birth Reference Group has midwife representatives from each maternity services provider. Despite these initiatives statistics relating to home birth in 2007-08, provided to the LSA from maternity services providers, range from 1.07% from a Trust with a predominance of acute obstetric services, to 37% in a provider that largely caters for women in rural settings and transfers out of area all women at risk. Only one provider achieved the all-Wales policy objective of 10% for births (maternities) at home although two others achieved rates in excess of 7% (see Appendix 5 for further details). Home birth rates across Wales have generally declined a little compared to those cited in the LSA 2006-07 Annual Report.

9.5. There were mergers of NHS Trusts in Wales on 1st April 2008, reducing the number of maternity services providers from thirteen to eight. Supervisors of Midwives worked together during 2007-08 to prepare for the mergers. Joint meetings of Supervisor groups were held and opportunities taken to visit other units and discuss both supervision and practice issues and the implications the mergers may have in relation to maternity services. Midwives were particularly worried about job losses, re location of jobs and unit closures and the effect these may have, not least on service provision. Supervisors of Midwives were instrumental in planning to manage the changes at service delivery level. Planning included on-call rotas for Supervisors of Midwives in areas that would be new to them after the merger in order to familiarise themselves before-hand in a structured and less stressful way.

9.6. There are a number of all-Wales policy groups in which Supervisors of Midwives participate as active members. These include: the All-Wales Normal Labour Pathway Standing Committee; all-Wales Hand Held Records group; all-Wales Prenatal Mental Health Pathway group; all-Wales Welsh Risk Pool group.

10. Complaints

10.1. There were no complaints made in 2007-08 against the performance of a Supervisor of Midwives or an LSA Midwifery Officer. The process of dealing with complaints is described in the LSA Standards and Guidelines.

10.2. A formal complaint submitted to the Public Services Ombudsman for Wales in December 2006 regarding the way in which the (then) Health Professions Wales as the LSA dealt with the investigation of a midwife and her subsequent suspension from practise as a midwife and referral to the Nursing and Midwifery Council was subject to the Ombudsman's investigation throughout 2007-08. The investigation was not concluded in this reporting year.

10.3. Complaints against the LSA and/or LSA Midwifery Officers are dealt with in accordance with the Welsh Assembly Government complaints procedures.

11. LSA Investigations 2007-08

11.1. The LSA has a system whereby it is notified of all 'clinical incidents' and the outcome of these through submission of a simple paper report form. The report forms are retained by the LSA and those requiring action/further follow up are marked for review. A trigger list is available to guide Supervisors in their reporting to the LSA (see appendix 6 for example) but they are encouraged to report all incidents where there may be concerns or issues, regardless of trigger list. A clinical incident may/may not lead to a supervisory investigation by a Supervisor of Midwives. Equally, a supervisory investigation may be initiated outside the system of clinical incident notification, for example, following routine audit of records or through the complaints mechanism. Supervisors of Midwives have the support of an LSAMO for advice and guidance when conducting a supervisory investigation and meetings are held with individual Supervisors to review an investigation as necessary. Clear guidance on the process is given in the NMC Midwives Rules and Standards and the LSA Standards and Guidelines. The LSA workshop for 2007-08 focussed on undertaking a supervisory investigation (see also section 5 of this report).

11.2. A total of one hundred and twenty four clinical incidents were notified to the LSA in 2007-08. Of these, sixty five were investigated by a Supervisor of Midwives with a period of supervised practice agreed for fifteen midwives. The LSAMOs are involved in all decisions regarding the outcome of a supervisory investigation.

11.3. When a period of supervised practice is deemed necessary to address deficits in a midwife's practice, an LSAMO agrees the objectives of the programme, monitors progress and confirm satisfactory completion. If necessary/desirable and with the agreement of all concerned, supervised practice may be undertaken in a neighbouring Trust. The LSA provides £750 funding support for all periods of supervised practice to facilitate cover/backfill for the additional time required for a Supervisor of Midwives to mentor and support the midwife while she undertakes the supervised practice programme. The most common factors highlighted in investigations undertaken in 2007-08 and which led to a period of supervised practice include poor record keeping, poor interpretation of cardiotocograph (CTG) tracings, communication difficulties and failing to recognise and/or act on deviations from the norm. The LSA works with Link Supervisors of Midwives to discuss trends and plan action to address negative and recurring issues. Programmes of updating and regular audit, with sharing of findings with midwives, take place in every maternity services provider. Supervisors of Midwives often take the lead in the audit and feedback process.

11.4. In 2007-08 supervised practice programmes were agreed but not implemented for three midwives, two due to sickness/absence and the third resigned. NMC referrals were made regarding two of these midwives but the

LSA anticipates that one midwife will shortly return from sick leave and commence supervised practice. Where a midwife for whom supervised practice was deemed a requirement has sought employment elsewhere, with the agreement of the midwife the information has been passed to the new employer. There was one example of this in 2007-08. The new employer allowed the supervised practice to take place on commencement of employment.

11.5. One LSA investigation commenced in the reporting year 2007-08 and continued into 2008-09. A Trust notified eighteen clinical incidents in the period December 2007 to March 2008. An LSAMO initiated an LSA investigation on receipt of supervisory reports into the incidents. Many incidents were unavoidable however there were common weaknesses in some areas, for example, failing to recognise deviations from the normal, giving inappropriate advice and failing to act on clinical indicators. Programmes of developmental support or programmes of supervised practice, as appropriate, were agreed and implemented for midwives involved in a case in which a clinical incident occurred. The Trust has used the LSA investigation to inform its own clinical governance and risk processes and has been advised to take action with other health care professionals, as appropriate, to ensure that lessons are learnt and practice changed to enhance the safety and wellbeing of women using its maternity services. The Trust has also been advised to make changes to some systems and processes.

11.6. A second Trust appeared to experience an increase in the number of maternal deaths since 2001. The LSA had previously investigated four maternal deaths occurring between 2005 and 2007. There were no common denominators in the four deaths. Where deficits in midwifery practice were identified, supervised practice programmes were implemented and successfully completed by the midwives involved. There were however ongoing concerns about the Trust's clinical governance and risk management processes with little evidence of learning across the wider maternity services team within the Trust. In February 2008, Healthcare Inspectorate Wales undertook an external review of maternity services in the Trust, following which, 'special measures' were introduced. An action plan to address problem areas has been agreed with the Trust, Local Health Board and Healthcare Inspectorate Wales. Implementation of the plan is monitored weekly by HIW. One LSAMO has been involved at all levels and is working with the Trust to support the midwives and Supervisors of Midwives as well as advising HIW's Inspection team and the Trust on achievement of the implementation plan.

11.7. The LSA was informed of the process and outcomes of the maternity services reviews undertaken across Wales in 2007-08 by the Inspection team at Healthcare Inspectorate Wales. The LSAMOs work with maternity services providers to advise on implementation of recommendations arising from the reviews. Reports of Maternity Services reviews in Wales can be seen at www.hiw.org.uk

11.8. No midwives were suspended from practice by the LSA in 2007-08.

11.9. The LSA did not have cause to commission an investigation by an external Supervisor of Midwives or LSAMO during 2007-08.

11.10. All maternity services providers in Wales use the all-Wales escalation policy as guidance for unit closure. Maternity unit closures are managed 'in house' and are normally of a short duration. The LSA is notified of prolonged closures. Across Wales maternity units were closed in 2007-08 from nil to seven occasions, all of short (twelve hours or less) duration. Closure of neonatal intensive care units/special care baby units took place more frequently but incidence was still low in most providers. Causes of closure include increased demand on services and staffing shortages. The escalation policy for maternity units is closely linked to neonatal services and as such 'closure' may be to all but women booked for that unit. Supervisors of Midwives in all areas are involved in implementation of the escalation policy and work with midwives to ensure that the safety of women and babies remains paramount.

11.11. The LSA communicates directly with the NMC through telephone, mail and/or email contact between the LSA Midwifery Officers and normally, the Midwifery Officers at NMC. The LSAMOs are active members of the NMC/LSAMO Strategic Reference Group.

12. Achievements 2007-08

12.1. Supervisors of Midwives in Wales have been instrumental in leading a number of initiatives aimed at enhancing midwifery practice and care for women. Examples include:

- Two Supervisors of Midwives received a 'Runner's Up' prize in the Royal College of Midwives Awards 2007 in the category 'excellence in midwifery management and leadership'.
- One Trust was awarded the Welsh Language Health Care Award 2007-08 for promoting the introduction of the Twf message in hand held maternity records. Twf is an initiative that aims to encourage parents in families where only one partner speaks Welsh, to introduce and use Welsh language with babies at the earliest opportunity, thus encouraging bilingual (Welsh/English) communication and language acquisition. Supervisors of Midwives in the Trust were very much part of the implementation of this approach.
- The training in management of obstetric emergencies (ASAP – Appropriate Skills for Appropriate Places) provided by Supervisors of Midwives in one maternity services provider was short listed for the NHS Awards in the 'Patient Safety' category.
- A recently retired Supervisor of Midwives was given a 'life time achievement' award by the Heads of Midwifery services group in Wales, as recognition for her commitment to high standards in her work as a Supervisor.
- Supervisors of Midwives have had a positive influence on the establishment of new management structures in one Trust. The resulting structure strengthened the position of the Head of Midwifery and therefore the influence that midwives may have on decisions regarding maternity services in that area.

- There was a strong emphasis on audit of midwifery practice across Wales in 2007-08, in which Supervisors of Midwives took the lead. Areas for regular audit included: CTG interpretation; midwife-led care; record keeping, particularly antenatal hand-held records; all-Wales normal labour pathway. In some areas, Supervisors of Midwives actively sought the views of midwives on their experience of statutory supervision and used the information gained to inform their practice as Supervisors.
- Supervisors of Midwives in some Trusts have been involved in the development of roles and skills for maternity care support workers to enable them to support midwives to enhance the service provided for women.
- Supervisors of Midwives from Wales gave presentations at the Royal College of Midwives 2007 Annual Conference and at an International Midwifery Conference held in Malta.

13. Challenges for the LSA in 2008-09

13.1. The LSA has identified a number of challenges/priority areas for its 2008-09 work plan:

- The LSA is reviewing its database and wishes to adopt the system currently used by the majority of LSAs across the United Kingdom. This system has been demonstrated to meet the specific requirements of an LSA and will facilitate uploading of information to the NMC. It is planned to implement the new database in 2008.
- On the 1st April 2008, NHS Trust mergers took place, reducing the number of maternity services providers in Wales from thirteen to eight. Supervisors of Midwives were central to planning for implementation of the changes that the mergers would create in their Trust, to ensure that the quality and provision of midwifery practice was not compromised. This work will continue in 2008-09. The LSA Midwifery Officers will work with maternity services providers to ensure standards of midwifery practice and standards for statutory supervision of midwives are upheld.
- Maintaining the NMC standard ratio of Supervisors of Midwives to midwives at 1:15 (or less) in all maternity services providers in Wales is an ongoing concern of the LSA. Active recruitment will continue in all areas but particularly in areas where ratios are near to or exceed the (normally) 1:15 standard. Recruitment of Supervisors of Midwives has been difficult in 2007-08 due to workload and other pressures on midwives. These difficulties are unlikely to diminish greatly in 2008-09.
- The LSA has identified some key 'risk' areas to focus on in the LSA audit 2008-09. Risk areas include: supervisory links to clinical governance; recruitment and selection of Supervisors of Midwives, including their development and support; notification to the LSA of clinical incidents; development and implementation of policies relating

to maternity services on a Trust wide basis, particularly in newly merged Trusts. Maternity services providers will be asked to self-audit compliance with NMC standards but the LSA Midwifery Officers will make an audit visit to each Trust/LHB and sample evidence in the risk areas. Link Supervisors have been notified of the audit process for 2008-09 and also been asked to identify an additional risk area that is a particular issue in their own Trust/LHB.

- The LSA has commenced work to map the LSA standards with the Healthcare Standards (Wales). The plan for 2008-09 is to merge the two tools so that one set of evidence can be provided that satisfies both requirements. The Supervisor of Midwives on secondment to the LSA has taken on this project and is working with HIW Inspection Team colleagues and others, to take the work forward.
- The LSA is pleased to have recruited a panel of maternity services users to participate in audit and to advise on other aspects of the work of the LSA. Training of panel members will take place in 2008-09.
- The LSA Guidelines and Standards are due for formal review and reissue in 2008-09. The LSA Midwifery Officers are working within the UK LSAMO group to standardise guidance on a UK wide basis. In 2008-09 the LSA (Wales) Guidelines and Standards will generally be replaced by UK agreed policies/guidance. The current LSA policy guidelines for Wales can be viewed at www.hiw.org.uk

14. Conclusion

14.1. The LSA Midwifery Officer's audit of standards for statutory supervision of midwives in Wales in 2007-08 found evidence that the standards set by the Nursing and Midwifery Council were being met. There are strong networks of Supervisors of Midwives within all maternity services providers in Wales and a firm commitment to an all-Wales approach. There is evidence of effective networking and sharing of good practice, particularly valuable in ensuring that high standards of practice are maintained amid the relative uncertainty created by mergers of maternity services providers on 1st April 2008 and proposals for future changes in the NHS in Wales.

14.2. The LSA will continue to support midwives and Supervisors of Midwives to be proactive in meeting challenges and to continue striving for excellence in midwifery practice and in supervisory practice in 2008-09.



Link Supervisor of Midwives

Role Specification

Role Purpose

To co-ordinate processes for statutory supervision of midwives within the Trust / LHB.

To lead on implementation of standards for statutory supervision of midwives within the Trust / LHB.

To act as the key point for communication between the Trust / LHB and the LSA.

Selection

Self-nomination with statement of intent/rationale for wishing to take on the role.

Election within the Trust / LHB from among other supervisors of Midwives.

Once selected, nomination and supporting statement to be sent to the LSA from the Head of Midwifery.

LSA confirms nomination.

Term

Two years.

Base

Within own Trust / LHB.

Benefits

To the individual – a development opportunity for an experienced Supervisor of Midwives to work closely with the LSA to implement and monitor standards for statutory supervision of midwives.

To the Trust / LHB – a named individual responsible for co-ordinating activities re: statutory supervision of midwives within the Trust / LHB. The Link Supervisor will work closely with the LSA MO for the area and, if not the

Appendix 1

Head of Midwifery, will meet regularly with her to discuss supervision issues within the Trust / LHB.

Funding for the Link Supervisor role (the equivalent of 2 days per month) to be taken from the annual allocation to the Trust / LHB from the LSA, for statutory supervision of midwives. The LSA will pay the travel and accommodation costs, as necessary, for attendance at LSA Link meetings – to be held three or four times per year.

Responsibilities of the Link Supervisor of Midwives

- Co-ordinate processes for statutory supervision of midwives within the Trust/LHB, to include:
 - nomination and selection of prospective Supervisors of Midwives;
 - ensuring regular meetings of Supervisors of Midwives in the Trust / LHB take place;
 - acting as a contact point for student midwives;
 - providing support and advice to other Supervisors of Midwives;
 - regular meetings with the Head of Midwifery (as relevant);
- Lead on implementation of standards for statutory supervision of midwives within the Trust / LHB, to include:
 - ensuring Trust / LHB has a named Liaison Supervisor of Midwives for all midwives practising independently;
 - ensuring 24 hour access to a supervisor of Midwives;
 - contributing to setting, monitoring and reviewing guidelines and standards for statutory supervision of midwives within the Trust/LHB.
 - contributing to audit of standards of supervision.
- Act as the key point for communication between the Trust / LHB and the LSA, to include:
 - providing information to the LSA MO re: midwifery practice and supervision issues within the Trust/LHB.
 - working with the LSA MO on supervision and practice issues within the Trust/LHB;
 - as appropriate, working with the LSA MO in investigations of cases of alleged misconduct and/or sub-optimal care;
 - attending LSA Link meetings and feeding back to fellow supervisors and the Head of Midwifery (as relevant).
 - receipt of ITP forms and forwarding to the LSA MO.



HEALTHCARE INSPECTORATE WALES

TENTH MEETING OF THE LOCAL SUPERVISING AUTHORITY (LSA) LINK SUPERVISORS FORUM

Date: Monday 25th June 2007

Time: 11am – 3pm

Venue: Conference Room 3, National Assembly for Wales, Cathays Park, Cardiff

Chair – Dr Robyn Phillips

AGENDA

1. WELCOME AND INTRODUCTIONS.
2. APOLOGIES.
Julie Richards , Jen Thomas, Gill Murnane, Catherine Cotter
3. AGENDA VARIATIONS.
4. NOTES OF THE MEETING HELD ON WEDNESDAY 21st MARCH (PREVIOUSLY ISSUED).
5. MATTERS ARISING:-
 - i. Audit of Supervision (update on shared work).
 - ii. LSA Funding.
 - iii. CD – Rom re supervision
 - iv. LSA workshop.
 - v. Selection of Link Supervisors
 - vi. Peer and self audit
 - vii. Annual report
6. PREPARATION OF SUPERVISORS OF MIDWIVES COURSE – Sian Bowcott
7. SUPERVISORY INVESTIGATION LETTER – Melrose East
8. ROLE OF HEALTHCARE WORKERS IN MATERNITY SERVICES
9. LSA NATIONAL CONFERENCE 29 APRIL 2008 – Jean
10. MIDWIFERY EDUCATION SUPERVISORY REVIEW
11. TRIGGER LIST OF INCIDENTS FOR REFERRAL TO LSAMO/HIW
11. ANY OTHER BUSINESS
12. DATE AND TIME OF NEXT MEETING.



HEALTHCARE INSPECTORATE WALES

ELEVENTH MEETING OF THE LOCAL SUPERVISING AUTHORITY (LSA) LINK SUPERVISORS FORUM

Date: 1st October 2007

Time: 11am – 3pm

Venue: Conference Room 2, National Assembly for Wales, Cathays Park, Cardiff

Chair – Dr Robyn Phillips

AGENDA

1. WELCOME AND INTRODUCTIONS.
2. APOLOGIES.
3. AGENDA VARIATIONS.
4. NOTES OF THE MEETING HELD ON WEDNESDAY 25th JUNE (PREVIOUSLY ISSUED).
5. MATTERS ARISING:-
 - i. Audit of Supervision (update on shared work).
 - ii. LSA Funding.
 - iii. All Wales CD-Rom.
 - iv. LSA Annual Workshop.
 - v. Peer and Self-Audit.
 - vi. Provider annual reports to LSA.
 - vii. Supervisory investigations – letter.
 - viii. Role of Healthcare Support Workers in maternity services.
 - ix. NMC Midwifery Conference.
 - x. LSA Handbook.
6. ROSEMARY JOHNSON (ANTENATAL SCREENING WALES) – PRESENTATION.
7. SUPERVISORY INVESTIGATIONS AND THE ROLE OF THE NAMED SUPERVISOR OF MIDWIVES.
8. LSA ANNUAL REPORT TO THE NMC.
9. PROVIDER/LINK SUPERVISORY QUARTERLY REPORTS TO LSA.
10. MANAGEMENT OF MATERNITY BEDS.
11. NMC 'Standards for the Preparation of Supervisors of Midwives' (please download copy from www.nmc-uk.org).
12. NMC 'Standards and Guidance for Adaptation to Midwifery programmes' (please download copy from www.nmc-uk.org).
13. AOB.
14. DATE AND TIME OF NEXT MEETING.



HEALTHCARE INSPECTORATE WALES

TWELTH MEETING OF THE LOCAL SUPERVISING AUTHORITY (LSA) LINK SUPERVISORS FORUM

Date: 19th December 2007

Time: 11am – 3pm

Venue: Conference Room 2, National Assembly for Wales, Cathays Park, Cardiff

Chair – Dr Robyn Phillips

AGENDA

1. WELCOME AND INTRODUCTIONS.
2. APOLOGIES.
3. AGENDA VARIATIONS.
4. NOTES OF THE MEETING HELD ON MONDAY 1st OCTOBER 2007 (PREVIOUSLY ISSUED).
5. MATTERS ARISING:-
 - i. Audit of Supervision.
 - ii. LSA Funding.
 - iii. All Wales CD-Rom.
 - iv. LSA Annual Workshop.
 - v. Peer and Self-Audit.
 - vi. Supervisory investigations and the role of the named Supervisor of Midwives.
 - vii. Role of Healthcare Support Workers in maternity services.
 - viii. Management of Maternity beds.
6. JANET ISRAEL, CARDIFF UNIVERSITY – RESEARCH PROJECT ON COLLECTION OF CORD BLOOD.
7. PREPARATION OF SUPERVISORS OF MIDWIVES COURSE.
8. INTENTION TO PRACTICE NOTIFICATIONS.
9. LSA SECONDMENT OPPORTUNITY.
10. AMALGAMATION OF MATERNITY SERVICE PROVIDERS.
11. REALISING THE POTENTIAL – CONSULTATION DOCUMENT.
12. AOB.
10. 13. DATE OF NEXT MEETING.



HEALTHCARE INSPECTORATE WALES

FOURTEENTH MEETING OF THE LOCAL SUPERVISING AUTHORITY (LSA) LINK SUPERVISORS FORUM

Date: 19th March 2008

Time: 11am – 3pm

Venue: Conference Room 3, National Assembly for Wales, Cathays Park, Cardiff

Chair – Dr Robyn Phillips

AGENDA

1. WELCOME AND INTRODUCTIONS.
2. APOLOGIES.
3. AGENDA VARIATIONS.
4. NOTES OF THE MEETING HELD ON 19th DECEMBER 2007 (PREVIOUSLY ISSUED).
5. MATTERS ARISING:-
 - i. Audit of Supervision- update on shared work.
 - ii. Preparation Supervisors of Midwives course.
 - iii. All Wales CD-Rom/PB Wiki web-site.
 - iv. LSA Annual Workshop.
 - v. Peer and Self-Audit.
 - vi. Supervisory investigations and the role of the named Supervisor of Midwives.
 - vii. Role of Healthcare Support Workers in maternity services.
 - viii. Pre registration student midwives.
 - ix. New agenda items – suggestions.
6. WENDY MORGAN - PROJECT MANAGER HEALTHCARE STANDARDS BRANCH - WELSH ASSEMBLY GOVERNMENT "Audit and Monitoring of the standards within the NHS".
7. FORMAT AIM AND PURPOSE OF LINK SUPERVISORS OF MIDWIVES MEETING
8. INTENTION TO PRACTICE NOTIFICATIONS.
10. AMALGAMATION OF MATERNITY SERVICE PROVIDERS.
11. AOB.
10. 13. DATE OF NEXT MEETING.

“HAVE YOU GOT IT COVERED?”

SKILLS AND DRILLS OF CLINICAL INVESTIGATIONS: NOTIFYING, INVESTIGATING, ANALYSING, REPORTING AND CLOSING THE LOOP

MORNING SESSION

CHAIR: DR ROBYN PHILLIPS
PROFESSIONAL ADVISOR
HEALTHCARE INSPECTORATE WALES

09:00-0930 REGISTRATION & COFFEE

09:30-10:30 TRUST PRESENTATIONS

10:30-10:45 SETTING THE SCENE

10:45-12:30 WORKSHOP 1 – NOTIFYING AND INVESTIGATING

AFTERNOON SESSION

12:30-13:30 LUNCH

13:30-14:30 WORKSHOP 2 – ANALYSIS

14:30-15:30 WORKSHOP 3 – REPORT WRITING,
RECOMMENDATIONS AND CLOSING
THE LOOP

15:30-16:00 SUMMARY OF THE DAY

AIMS

To provide a forum for discussion and information exchange to meet the professional and educational needs of Supervisors of Midwives in Wales.

To ensure the Supervisors of Midwives in Wales are well equipped to fulfil their role in investigating and facilitating midwives' reflection on critical incidents.

OBJECTIVES

- **To identify, discuss and clarify practical skills in critical incident investigation.**
- **To identify, discuss and clarify the role of statutory supervision of midwives within the context of the clinical governance agenda in relation to the reporting and investigating of clinical incidents.**
- **To identify, discuss and clarify relevant issues relating to NMC standards of supervised practice and how best to support a midwife whose practice has fallen below expected standards.**



HEALTHCARE INSPECTORATE WALES

**2008
SUPERVISORS
OF
MIDWIVES**

**VENUE:
THE COMMODORE HOTEL
LLANDRINDOD WELLS
POWYS**

**ON THURSDAY 13TH MARCH 2008
09:00 am – 16:00 p.m.**

Appendix 4

2008 Annual Workshop for Supervisor of Midwives



“HAVE YOU GOT IT COVERED?”

SKILLS AND DRILLS OF CLINICAL INVESTIGATIONS: NOTIFYING, INVESTIGATING, ANALYSING, REPORTING AND CLOSING THE LOOP

Held in the Commodore Hotel, Llandrindod Wells, Powys on Thursday 13th March 08
09:00 am – 16:00 p.m.

The aim of the workshop: -

- To provide a forum for discussion and information exchange to meet the professional and educational needs of Supervisors of Midwives in Wales.
- To ensure the Supervisors of Midwives in Wales are well equipped to fulfil their role in investigating and facilitating midwives' reflection on critical incidents.

The objectives of the workshop: -

- To identify, discuss and clarify practical skills in critical incident investigation.
- To identify, discuss and clarify the role of statutory supervision of midwives within the context of the clinical governance agenda in relation to the reporting and investigating of clinical incidents.
- To identify, discuss and clarify relevant issues relating to NMC standards of supervised practice and how best to support a midwife whose practice has fallen below expected standards.

Attendance:

85 Supervisor of Midwives attended the workshop

68 Evaluations forms were returned

Attendance at previous workshops needs to be reviewed to ensure that all supervisor of midwives have had the opportunity to attend in the last three years

Julie Richards, Secondee to LSA
March 2008

Appendix 4

2008 Annual Workshop for Supervisor of Midwives

Section 1 – Trust / LHB presentations

Most areas accepted the invite to provide a 5-minute presentation to share good practice from their area (See appendix 1 for list of presentations)

The session overall evaluated well with the majority stating they valued the opportunity to share and see the innovative work being done by supervision across Wales, which all would be beneficial to introduce to local practice.

Copies of presentations have been forwarded to the Link Supervisors to share with the supervisor of midwives teams.

Suggestions from the evaluation forms:

This work should be more publicised

Presentations to be sent in advanced, Important of time keeping

Poster presentation on sharing practice would have been useful during break times

Section 2 – NMC Fitness to Practice

A Presentation by Vinny Ness was provided as an introduction and conclusion to the workshops on investigating incidents

Well-evaluated session; delegates appreciated an update on the NMC role, number of cases reported and process of investigation.

Valued the information on how to present to the NMC, good tips on what to record induction of new staff and concise reports.

Good to understand the role of the NMC and protecting the public

Sample file of reporting a case to NMC has been provided to all Link Supervisors of Midwives

Section 3 – Investigation Critical Incident workshops

These were held in ten groups with an experienced supervisor of midwife who kindly facilitating the groups.

Copies of 5 anonymised cases were provided to each delegate

Case reviews were excellent, very good learning tool

Valuable to look at cases with multi faceted issues

Excellent opportunity to review process of investigation

Copies of case studies and reflection were very useful to take away

Enjoyed the group work to discuss the cases

Good to discuss actual cases with good and bad points

Good clarification on supervised v developmental practice

Suggestions from the evaluation forms:

Would have liked more time on the cases.

Julie Richards, Secondee to LSA
March 2008

Appendix 4

2008 Annual Workshop for Supervisor of Midwives

Difficult to hear the feedback, would have preferred to have feedback questions printed out

Summary of Day

Overall Comments & Suggestions

Networking and meeting with other supervisors; good to meet different people around the tables; meeting experienced and student supervisor of midwives

Two sessions (1 North, 1 South) – smaller groups

Cases to read prior to the day would have saved time and allowed much discussion

Would like to see next year's workshop on similar lines

Conclusion & Recommendations

- Supervisor of Midwives appear to like a practical workshop style as part of the annual LSA workshop
- Annual workshop format will be reviewed to ensure that all Supervisors of Midwives are able to attend and that suitable venues are used to support the practical style workshop.
- Supervisor of Midwives valued the opportunity for sharing of good practice
- Supervisor of Midwives should be encouraged to take forward this good practice and consider writing for publication and highlighting exemplary work by submitting for national awards.

Cc Peter Higson, Chief Executive Health Inspectorate Wales
Link Supervisor of Midwives
Annual Report to NMC

Julie Richards, Seconded to LSA
March 2008

Appendix 4

2008 Annual Workshop for Supervisor of Midwives

Appendix 1

Trust/ LHB	Topic	Presenter
1) North West Wales	Mentorship	Jan Morris Jones
2) North East Wales	CTG training	Debbie Edwards
3) Conwy & Denbighshire	Quick Reference Guide	Gill Murane
4) Carmarthenshire	High Risk Homebirths	Julie Jenkins
5) Ceredigion	Supervisory clinics for High Risk Cases	Kay Cotter
6) Pembrokeshire	IOL & C/S rates	Julie Wall & Julie York
7) Powys	Wiki to support supervision	Marie Lewis
8) Bro Morgannwg	Recordkeeping Audit	Gwyneth Singh
9) Swansea	Professional Development sessions	Sarah Fox
10) Pontypridd & Rhondda 12) North Glamorgan	Supervisory Action Plan for Reconfiguration	Jen Thomas & Liz Edwards
11) Cardiff & Vale	Bereavement Suite	Liz Stephenson
13) Gwent	Apologies sent	

Trigger list for Notification of Incidents

Core Triggers

Equipment failure	Failure to comply with the Child/Adult Protection Policy/Pathways	
Unplanned procedure	Missing patient records	Suicide
Inappropriate placement of patients	Verbal abuse/Physical assault	Omission of treatment
Adverse reaction to medication	Unexpected death	Self Harm
Incorrect procedure/treatment	Patient identification errors	Slip/Trip/Fall
Consent issues	Child/Baby abduction	Transfusion error
Breach of confidentiality	Wrong site surgery	Missing/absconding patients
Delay following a call for assistance		Record Keeping
Unplanned admission within 28 days of discharge		Medication error
Failure to act on abnormal results		Anaphylaxis
Failure to follow policy/protocols/guidelines		Inappropriate admission
Failure to inform patient /parent/carer of abnormal results		
Transfer out of area for non-clinical reasons e.g. Lack of cots/beds/staffing infection control issues		
Unplanned admission to ITU/NNU		
Blood sampling/wrong form/wrong bottle/wrong patient		
Inpatient waiting time on admission >2 hours to be seen by Doctor/Practitioner		
Non compliance with cancer standards		
Incorrect diagnosis		
Delay in discharge		
Communication failure		

Maternity Triggers

PPH >1500mls	Room 6 used as 2 nd Theatre
Misdiagnosis of labour	Uterine rupture
CTG Mis-interpretation	Inverted uterus
Undiagnosed Mal presentation	Unexpected Hystorectomy/laporotomy
Unsuccessful Ventouse/Forceps	Damage to structures (bladder/bowel/vessels)
Unplanned delivery outside Labour ward	Anaesthetic complication
Cord Prolapse/Presentation	Incorrect swab/instrument count
Duration 2 nd stage >2hrs (primip) without Epidural	Delay in 999 Ambulance
Duration 2 nd stage >3hrs (primip) with Epidural	DVT/PE
Duration 2 nd stage >1hr (multip) without Epidural	Ante partum Haemorrhage >500mls
Duration 2 nd stage >2hrs (multip) with Epidural	Eclamptic fit
Duration of established labour >18 hrs	Failed induction of labour
Cord PH <7.05	Extravasation injury
Shoulder Dystocia	HB <8
Third/Fourth Degree Tear	Aspiration following NG/oral feeds
Apgar score < 7 @ 5 minutes (NPSA)	Neonatal birth trauma
Undiagnosed IUGR	Failure of the baby tagging system
Undiagnosed fetal anomaly	
Intrauterine Death/Neonatal Death/Stillbirth	
Decision to incision time >30 minutes Grade 1 LSCS	

WOMEN FOCUSED MATERNITY SERVICES

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

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.	√				
1.2 Information is available to women including local arrangements for statutory supervision.	√				
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.			√		The philosophy of individual organisations supports the criteria however; there are areas where a medical model of care is predominant.
1.4 Supervisors support midwives to promote informed decision making about care for women and families.	√				
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.	√				

SUPERVISORY SYSTEMS

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

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.	√				Met on an all-Wales basis but ratios vary across Wales. In some areas ratios exceeded 1:15 until newly prepared Supervisors were appointed.
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.			√		Increasingly, employers recognise the need for designated time and it is included in the pay agreement on a National level. In reality Supervisors experience difficulty in time management, due to clinical workloads.
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.	√				
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.	√				
2.5 LSA guidelines and policies are accessible to midwives and the public.	√				
2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database,	√				

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within the agreed time frames.					
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Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.	√				
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.	√				
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.	√				
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.			√		Most Supervisors of Midwives can evidence activities, however this is not universal.
2.11 There is a local strategy for supervision and an action plan is developed following audit.	√				
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.	√				
2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.	√				

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Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.	√				
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.			√		LSA funding has been allocated to Trusts/LHB to support administrative duties however, due to increasing demands, more administrative support and resources are required.
2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.	√				

LEADERSHIP

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

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.			√		The LSAMO's continue to promote and support Supervisors however, not all individuals are progressing at the required rate, to be perceived as innovators and leaders.
3.2 Through peer or self-nomination, future Supervisors of Midwives are identified and supported in their nomination.	√				
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student Supervisors undertaking the preparation course.	√				
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.	√				
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.			√		Some Supervisors of Midwives who have been in the role for an extended period are reluctant at times to engage in the process.
3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional	√				

development of all midwives.					
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EQUITY OF ACCESS TO STATUTORY SUPERVISION OF MIDWIVES

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

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.	√				
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option of change to another.	√				
4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed.			√		Midwives on maternity leave and/or long term sick leave may extend interview dates beyond 12 months.
4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.	√				
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.	√				

Appendix 7 i

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.	√				Few midwives are reluctant to engage and individual plans are developed and facilitated.
4.7 Student midwives are supported by the supervisory framework.	√				

MIDWIFERY PRACTICE

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

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.	√				
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.	√				
5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.	√				Supervisors evidence processes to meet criteria however, some midwives fail to read documentation. New registers have been developed to audit midwives compliance.
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.	√				
5.5 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.	√				

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Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
5.6 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.	√				
5.7 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.	√				
5.8 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a programme is completed.			√		One organisation has failed to engage appropriately and action is ongoing to ensure conformance to standards.
5.9 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.	√				
5.10 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.	√				Managers within organisations are notified however, it is recognised clinical governance and multidisciplinary working and action is weak in some areas.
5.11 Clinical Governance strategies acknowledge statutory supervision of midwives.			√		Weakness in Trust processes are apparent, action plans have been developed to address issues.

Appendix 7 i

Criteria	Met	Not Met	Partially Met	Not Applicable	Comments
5.12 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.	√				Criteria met however, time scales offer concerns. New guidelines have been agreed and audits arranged to measure compliance.
5.13 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.	√				
5.14 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules and standards and the Code of Professional Conduct are adhered to.				√	

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	Notifications by Local Supervising Authority				
In order to meet the statutory requirements for the supervision of midwives, a Local Supervising Authority will:-					
	<ul style="list-style-type: none"> Publish annually the name and address of the person to whom the notice must be sent 	√			
	<ul style="list-style-type: none"> Publish annually the date by which it must receive intention to practise forms from midwives in its area 	√			
	<ul style="list-style-type: none"> Ensure accurate completion and timely delivery of intention to practise date to the NMC by the 20th April each year 	√			
	<ul style="list-style-type: none"> Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month 	√			
5	Suspension from Practice by a Local Supervising Authority				
To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a Local Supervising Authority will:-					
	<ul style="list-style-type: none"> Publish how it will investigate any alleged impairment of a midwife's fitness to practise 	√			
	<ul style="list-style-type: none"> Publish how it will determine whether or not to suspend a midwife from practice 	√			
	<ul style="list-style-type: none"> Ensure that midwives are informed in writing of the outcome of any investigation by a Local Supervising Authority 	√			
	<ul style="list-style-type: none"> Publish the process for appeal against any decision 		√		New addendum's to guidelines have been developed to ensure conformance to requirements.

9	Records				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a Local Supervising Authority will:-				
	<ul style="list-style-type: none"> Publish local procedures for the transfer of midwifery records from self-employed midwives 	√			
	<ul style="list-style-type: none"> Agree local systems to ensure Supervisors of Midwives maintain records of their supervisory activity 	√			
	<ul style="list-style-type: none"> Ensure Supervisors of Midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years 	√			
	<ul style="list-style-type: none"> Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years 	√			
	<ul style="list-style-type: none"> Publish local procedures for retention and transfer of records relating to statutory supervision 	√			
11	Eligibility for Appointment as a Supervisor of Midwives				
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a Local Supervising Authority will:-				
	<ul style="list-style-type: none"> Publish their policy for the appointment of any new Supervisor of Midwives in their area 	√			
	<ul style="list-style-type: none"> Maintain a current list of Supervisors of Midwives 	√			
	<ul style="list-style-type: none"> Demonstrate a commitment to providing continuing professional development and updating for all Supervisors of Midwives for a minimum of 15 hours in each registration period 	√			

12	The Supervision of Midwives				
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the Local Supervising Authority and that a Supervisor of Midwives is accessible at all times, a Local Supervising Authority will:-					
	• Publish the local mechanism for confirming any midwife's eligibility to practise	√			
	• Implement the NMC's rules and standards for supervision of midwives	√			
	• Ensure that the Supervisor of Midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)	√			All-Wales ratio meets the standard but some areas in Wales exceeded 1:15 until new Supervisors of Midwives were appointed.
To ensure a communications network, which facilitates ease of contact and the distribution of information between all Supervisors of Midwives and other Local Supervising Authorities, a Local Supervising Authority will:-					
	• Set up systems to facilitate communication links between and across Local Supervising Authority boundaries	√			
	• Enable timely distribution of information to all Supervisors of Midwives	√			
	• Provide a direct communication link, which may be electronic, between each Supervisor of Midwives and the Local Supervising Authority Midwifery Officer	√			
	• 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 practise	√			
To ensure there is support for the Supervision of Midwives the Local Supervising Authority will:-					
	• Monitor the provision of protected time and administrative support for Supervisors of Midwives	√			
	• Promote woman-centred, evidence-based midwifery practice	√			

Appendix 7 ii

LSA

	<ul style="list-style-type: none"> Ensure that Supervisors of Midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise 		√		Action plans in place to measure compliance to standard.
A Local Supervising Authority shall set standards for Supervisors of Midwives that incorporate the following broad principles:-					
	<ul style="list-style-type: none"> Supervisors of Midwives are available to offer guidance and support to women accessing maternity services 	√			
	<ul style="list-style-type: none"> Supervisors of Midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice 	√			
	<ul style="list-style-type: none"> Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives 	√			
	<ul style="list-style-type: none"> Supervisors of Midwives provide professional leadership 		√		LSAMO's working with Supervisors to promote leadership and development.
	<ul style="list-style-type: none"> Supervisors of Midwives are approachable and accessible to midwives to support them in their practice 	√			
13	The Local Supervising Authority Midwifery Officer				
In order to discharge the Local Supervising Authority supervisory function in its area through the Local Supervising Authority Midwifery Officer, the Local Supervising Authority will:-					
	<ul style="list-style-type: none"> Use the NMS core criteria and person specification when appointing a Local Supervising Authority Midwifery Officer 	√			
	<ul style="list-style-type: none"> Involve an NMC nominated and appropriately experienced midwife in the selection and appointment process 	√			
	<ul style="list-style-type: none"> Manage the performance of the appointed Local Supervising Authority Midwifery Officer 	√			

Appendix 7 ii

LSA

	<ul style="list-style-type: none"> Provide designated time and administrative support for a Local Supervising Authority Midwifery Officer to discharge the statutory supervisory function 		√		Limited designated administrative support, which does not meet requirements.
	<ul style="list-style-type: none"> Arrange for the Local Supervising Authority Midwifery Officer to complete an annual audit of the practice and supervision of midwives within its area 	√			
15	Publication of Local Supervising Authority Procedures				
	To ensure incidents that cause serious concern in its area relating to maternity care of midwifery practice are notified to the Local Supervising Authority Midwifery Officer, a Local Supervising Authority will:-				
	<ul style="list-style-type: none"> Develop mechanisms with NHS authorities and private sector employers to ensure that a Local Supervising Authority Midwifery Officer is notified of all clinical incidents 	√			
	<ul style="list-style-type: none"> Publish the investigative procedure 	√			
	<ul style="list-style-type: none"> Liase with key stakeholders to enhance clinical governance systems 	√			
	To confirm the mechanisms for the notification and management of poor performance of a Local Supervising Authority Midwifery Officer or Supervisor of Midwives, the Local Supervising Authority will:-				
	<ul style="list-style-type: none"> Publish the process for the notification and management of complaints against any Local Supervising Authority Midwifery Officer or Supervisor of Midwives 	√			
	<ul style="list-style-type: none"> Publish the process for removing a Local Supervising Authority Midwifery Officer or Supervisor of Midwives from appointment 	√			
	<ul style="list-style-type: none"> Publish the process of appeal against the decision to remove 	√			
	<ul style="list-style-type: none"> Ensure that a Local Supervising Authority Midwifery Officer or Supervisor of Midwives is informed of the outcome of any Local Supervising Authority investigation 	√			

	<ul style="list-style-type: none"> Consult the NMC for advice and guidance in such matters 	√			
16	Annual Report				
	Written, annual Local Supervising Authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council, by 30th of September each year. Each Local Supervising Authority will ensure their report contains:				
	<ul style="list-style-type: none"> Numbers of Supervisor of Midwives' appointments, resignations and removals 	√			
	<ul style="list-style-type: none"> Details of how midwives are provided with continuous access to a Supervisor of Midwives 	√			
	<ul style="list-style-type: none"> Details of how the practice of midwifery is supervised 	√			
	<ul style="list-style-type: none"> Evidence that service users have been involved in monitoring supervision of midwives and assisting the Local Supervising Authority Midwifery Officer 	√			
	<ul style="list-style-type: none"> Evidence of engagement with Higher Education Institutions in relation to supervisory input into midwifery education 	√			
	<ul style="list-style-type: none"> Details of any new policies related to the supervision of midwives 	√			
	<ul style="list-style-type: none"> Evidence of developing trends affecting midwifery practice in the Local Supervising Authority 	√			
	<ul style="list-style-type: none"> Details of the number of complaints regarding the discharge of the supervisory function 	√			
	<ul style="list-style-type: none"> Reports on all Local Supervising Authority investigations undertaken during the year 	√			