



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

Annual Report

April 2007 – March 2008

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LSA Midwifery Officer – West Midlands

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Introduction

This report covers the period from 1st April 2007 to 31st March 2008 and will discuss both midwifery and supervision of midwives' activities within the respective Trusts and Universities that provide clinical care and education activities for maternity services in West Midlands.

The report specifically is produced to meet the requirements of Rule 16 of the Nursing and Midwifery Council (NMC) Midwives Rules and Standards (2004). The appendices of the report contain information regarding trends around clinical activity, workforce and supervisory activities within the West Midlands.

Nursing and Midwifery Council

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

The Local Supervising Authority

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

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

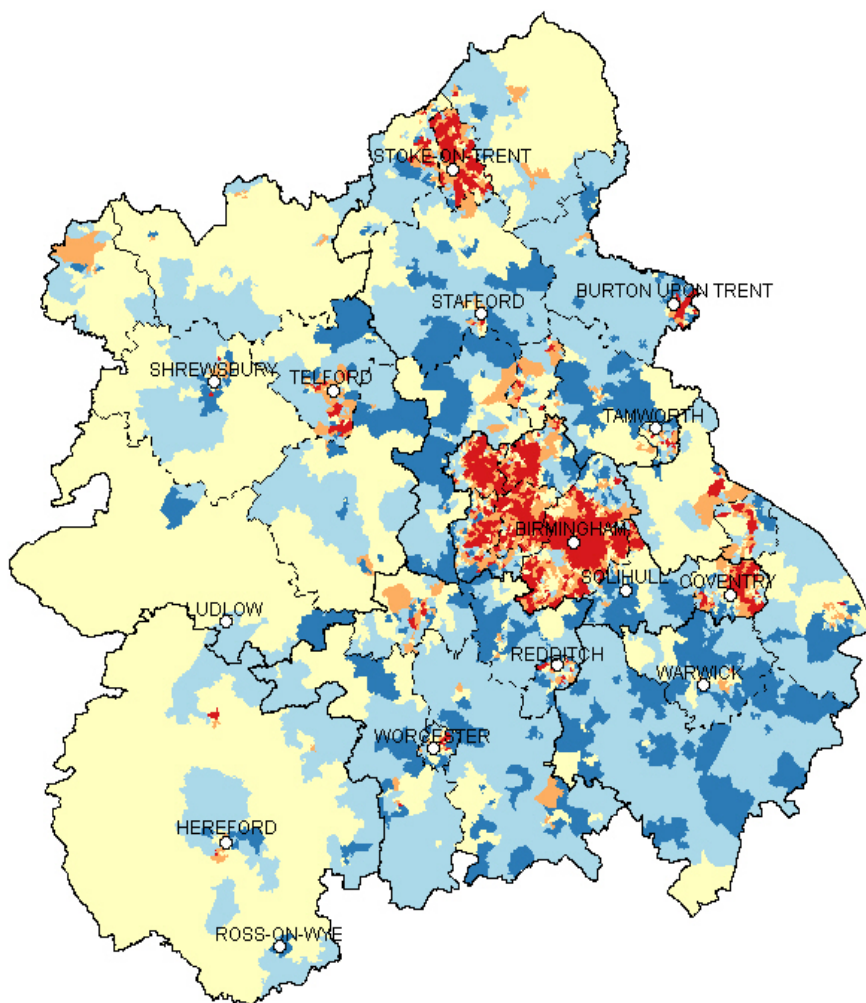
In England, the Strategic Health Authorities are the designated LSA's. The Local Supervising Authority Midwifery Officer in West Midlands is therefore placed as an employee with the Strategic Health Authority (SHA) reporting to the Director of Nursing and Workforce. The SHA Chief Executive, however,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

The Midwives Rules and Standards (2004)

The Midwives Rules and Standards (2004) provide guidance to support the legislation and framework for the practice of midwifery and statutory supervision of midwives in the United Kingdom. Of these there are 54 rules which the LSAs must fulfil. The LSA Midwifery Officer must ensure that these rules are met on behalf of the LSA and enable mechanisms whereby the SHA and principally the Nursing and Midwifery Council are assured. (Self Assessment for West Midlands is Appendix 5.)

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

Map of West Midlands



Indices of Multiple Deprivation

- Least deprived 20% SOA in England
- 60% - 80%
- 40% - 60%
- 20% - 40%
- Most deprived 20% of SOA in England

- West Midlands Region
- County Boundaries
- Local Authority Boundaries

Source: Office of the Deputy Prime Minister,
Indices of Deprivation 2004

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Advantage West Midlands, 100030383 (February 2006)

West Midland Trusts providing Maternity Services

Obstetric & Midwifery Services	Midwifery Led Units
Worcestershire - Worcester	
- Redditch	
Herefordshire - Hereford	
Shropshire - Shrewsbury & Telford	5
North Staffs - Stoke	1
South Staffs - Stafford	1
- Burton & Lichfield	1
Warwickshire - Nuneaton	
- Warwick	
- Coventry	
Birmingham - Heartlands & Solihull	
- Good Hope	
Birmingham - City	
- Sandwell	
Birmingham - Women's	1
Black Country - Dudley	
- Walsall	
- Wolverhampton	

The West Midlands LSA covers the areas of Shropshire and Staffordshire in the north to the southern borders of Herefordshire, Worcestershire and Warwickshire, in the south. Borders also include Wales in the West to Derbyshire and Leicestershire in the East. The population of approximately 5 million people live in both rural and densely populated inner city area.

There are 15 Trusts providing Maternity Services in West Midlands. Five of these Trusts have Obstetric and Neonatal Services across 2 or 3 sites. Other Trusts have a single Obstetric facility with a portfolio of Midwifery Led Units.

The largest Trust providing Maternity Services is Heartlands Foundation Trust with over 12,500 births across 3 sites, Birmingham, Solihull and Sutton Coldfield. The smallest Trust is at Hereford with 1900 births and being one of the most isolated units providing for a market town and rural community.

Whilst many of the cities such as Birmingham, the Black Country, Stoke and Coventry have historically had ethnically diverse communities, this is a new emerging challenge for rural towns such as Hereford, Shrewsbury, Warwick and Nuneaton which all have large East European populations settling within their communities with increased numbers particularly over the latter 2 years.

The 2007 -2008 Supervisory Year

The incumbent Midwifery Officer retired from her full time role in March 2007 but continued until July 2007 on a part time basis until the newly appointed Midwifery Officer took up her post on 16th July 2007.

With four months of the supervisory year already past, the newly appointed LSAMO was required to set out targets and ambitions for the remainder of the year. This process was informed by orientation visits to all Trusts and Maternity Services and Health Education Institutions. Consultation occurred with midwives and supervisors of midwives regards what expectations they had of the LSA during this time of transition. Following these consultations, various areas were made a priority and are discussed below.

- The LSAMO had access to three offices located throughout the West Midlands and it was considered that a relocation of the administration of the LSA should be moved from the council offices in Pershore to the SHA Offices at Osprey House in Redditch. This would enable enhanced security for confidential information which was archived in paper and electronic format. In addition it brought the LSA office more closely into the support network of the SHA infra-structures. These included the conference facilities, IT support for the data systems and access to various stakeholders such as Directors of Nursing and Commissioners that meet routinely at Osprey House.
- A programme of LSA Audits was set up and facilitated from December 2007 through to April 2008. It was important that the LSA did not forgo a year of Audits as this is a key responsibility of the role. The process of the LSA Audits is described later in this report.
- A review of the LSA educational calendar occurred and this is described in detail in appendix 2. In addition, applications for funding via the West Midlands Workforce Deanery were also made and the projects are outlined in the education section of this report and in appendix 4.
- The 2006-2007 LSA Report identified the need to commission the National LSA Database as a key priority. This is an electronic mechanism that assists all Supervisors of Midwives to directly enter data and information pertaining to their role on to an archiving and interactive framework that is accessed via a national website. The LSA Database originated from LSA London and has been rolled out across England LSA's. The data-base, was, therefore commissioned and installed. A training programme followed so that supervisors of midwives were able to carry out this function from the 2008-2009 submissions of the Intention to Practice's.
- Requests were also made by the Supervisors of Midwives for access to a West Midlands LSA Website and work was put in place to look at the design and content of such a site. Midwives and Supervisors contributed to what items they would want to locate from the site to assist them in their role. The site www.lsa.westmidlands.nhs.uk is still in its pilot format and has only recently been populated and made available to users for comments although there has been positive feedback to date. The site will then formally be launched and placed on the www.midwife.org.uk website which is the national site for the LSA Midwifery Officers.

Nursing and Midwifery Council Pilot Review of West Midlands LSA

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

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

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

(The newly appointed LSAMO for West Midlands was at the time employed by the NMC and was actually a member of the review team).

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

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

The key listed recommendations and progress to date with these can be found in Appendix 6.

It is expected that the LSA will invite the NMC to return to assess progress during the 2009/2010 Supervisory Year.

The Local Supervising Authority Midwifery Officer's Report

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

LSA Activities

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

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

Practitioners

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

Parents and Families

- Mothers and Fathers
- Lay and User Representatives

Professional Bodies and Stakeholders


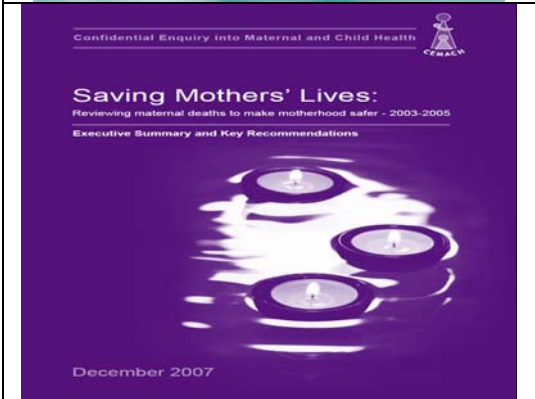

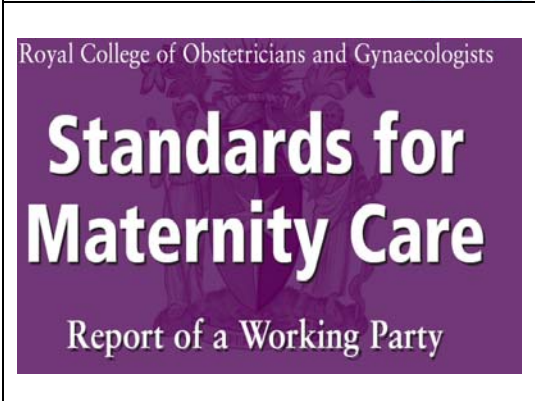
- Nursing and Midwifery Council
- Royal College of Midwives
- Local Supervising Authority Midwifery Officers National Forum
- Maternity Leads with the West Midlands Strategic Health Authority

National Agendas and Published Reports

- Maternity Matters
- The Darzi Review
- RCOG: Standards for Maternity Care
- Kings Fund Report: Safe Births
- Health Care Commission: Women's Experience of Maternity Care in England
- CEMACH: Saving Mothers Lives

Contemporary Issues

A number of reports were published during the 2007 -2008 Supervisory Year from various national bodies. These included:

 <p>Healthcare Commission</p> <p>Women's experiences of maternity care in the NHS in England Key findings from a survey of NHS trusts carried out in 2007</p>	<p>The Healthcare Commission report on Women's experiences of maternity care in the NHS in England. This report had a significant impact on services and in West Midlands. 11 Trusts were identified as best or better performing services whilst 4 Trusts were identified with fair or lesser performing maternity services. The SHA and LSA continue to work with 2 Trusts following progress with action plans</p>
 <p>Confidential Enquiry into Maternal and Child Health CEMACH</p> <p>Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer - 2003-2005 Executive Summary and Key Recommendations</p> <p>December 2007</p>	<p>CEMACH published the Saving Mothers' Lives Report describing the key clinical events around Maternal Deaths. The report identifies strategies for services to assist in reducing maternal deaths in the future. West Midlands LSA has commissioned 3 workshops from CEMACH to disseminate this important information scheduled in 2008.</p>
 <p>Safe Births Everybody's business</p> <p>An Independent Inquiry into the safety of maternity services in England</p> <p>Conclusions and recommendations</p> <p>King's Fund</p>	<p>The King's Fund completed its independent enquiry around defining the appropriate practice environments for safe births or mothers and babies. The report asks for manageable amounts of information being provided to Trusts to indicated clinical outcomes and standards of care so that these can be benchmarked against a national framework.</p>
 <p>Royal College of Obstetricians and Gynaecologists</p> <p>Standards for Maternity Care</p> <p>Report of a Working Party</p>	<p>A collative piece of work looking at:</p> <ul style="list-style-type: none"> ▪ 50 source documents ▪ 800 standards <p>And</p> <ul style="list-style-type: none"> ▪ Creating pathways of care ▪ Defining 30 standards with a number of criteria ▪ Pre-pregnancy (2) Antenatal (9) Intrapartum (1) Postnatal (8) Generic (10) ▪ Auditable indicators

Maternity Matters and Darzi Review

Maternity Matters was published in April 2007 and outlines ambitions for enabling choice, access and continuity of care in safe maternity services. The document is a footprint for commissioners, service providers and other organizations involved in the provision of maternity services. It builds on the maternity services commitment outlined in 'Our Health, Our Care, Our Say' (DoH 2006) and is an important step towards meeting the maternity standard set out in the Children's NSF.

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

The report identifies 4 choice guarantees for:

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

In West Midlands, the Maternity Matters Lead and the LSAMO in partnership with the Workforce Deanery have provided a programme of development and support in order to assist the sector in meeting the objectives of the report. This portfolio of development projects can be found in Appendix 4. These have included commissioning and facilitating the following:

- RCM Leadership Programme for Heads of Midwifery, LME's and Consultant Midwives
- Strengthening the workforce planning methodologies across the sector to meet the ambitions of Maternity Matters
- Scoping out the role and function of the Maternity Support Worker and identify a competency framework for implementation and of the function with clear career development pathways
- Targeting enhanced skills for midwives in leadership roles (Bands 7&8)
- Supporting a pilot module in facilitating Normal Childbirth Outcomes

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

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

The LSA Audit Cycle

The Midwives rules and standards (2004) set standards for the LSA regarding the supervision of midwives. This ensures that mothers and babies receive the best care by midwives who are practising within the legislation.

The LSA has various methods to assess the standards of supervision of midwives and in enabling benchmarking against the 54 midwives rules and standards. It from these various audit methods that enables the LSAMO to furnish the Annual Report to the NMC.

LSA Information Archiving

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

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

Workforce and Clinical Outcome Trends

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

Workforce Trends

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

Clinical Activity

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

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

The LSA Audit Process & Methodology

The Annual Trust Audit cycle is a key process in informing the LSA about regard the performance of individual supervisors and teams of supervisors in carrying out their role.

In West Midlands, the new LSAMO decided to proceed with the audit calendar from November 07 through to April 08. Due to the interim vacancy of the post, the cycle began late and so 3 Trusts were audited during April 08 but the evidence and information provided during the visits is included in this 2007-2008 Annual Report.

TRUSTS	Date of Audit
Worcestershire - Worcester	7th December 2007
- Redditch	"
Herefordshire	21st February 2008
Shropshire	7th February 2008
North Staffs - Stoke	2nd April 2008
South Staffs. - Stafford	10th April 2008
- Burton	14th April 2008
Warwickshire - Nuneaton	18th December 2007
- Warwick	29th November 2007
- Coventry	22nd November 2007
Birmingham - Heartlands	10th December 2007
- Solihull	"
- Good Hope	"
Birmingham - City	28th February 2008
- Sandwell	"
Birmingham - Women's	6th March 2008
Dudley	30th January 2008
Walsall	17th January 2008
Wolverhampton	10th January 2008

Two workshops were held inviting supervisors of midwives along with lay users who wished to participate in the audit visits. Discussions explored the methodology of the processes and it was decided that the West Midlands LSA Audit Cycle would use the National 5 Standards for Supervision of Midwives. These can be located at www.midwife.org.uk and have been compiled by the National LSAMO Forum UK.

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

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

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

The Practice of Supervision of Midwives

This component of the report describes the practice of supervision which demonstrated excellence and effective leadership that were apparent during the supervisory year. In addition, there are also described themes whereby some areas of supervision require to be developed or specifically targeted by the supervisory team. Each of these examples are collated from the LSA Annual Audit Reports undertaken during the year.

Commendations:

Early explorations in to group supervision particularly with midwives working in isolated areas or in teams within social enterprises such as Sure Start or Children's Centres. There is good evidence through out the sector of working in partnership with parents.

Some Trusts had an electronic Supervisors of Midwives Database and Web for their own supervisory activities and the introduction of the National LSA Database has further strengthened this with the supervisors now being able to work directly from the website and moving away from paper storage etc.

In the latter year, there has been a marked increase in the percentage of midwives taking up the opportunity of the Annual Supervisory Review. Part of this is the request for this to be noted on the Annual Intention to Practise Form but the raised profile of supervision within the Trusts and the provision of protected time has also contributed to this.

There are strong collaborations between supervisors working with universities and those supervisors working with service providers. This makes for an enhanced standard of investigations and supervised practice programmes.

The West Midlands has 3 Supervisors of Midwives who hold Executive positions with Trust Boards either in Director of Midwifery positions or recently appointed Director of Nursing positions that still maintain at present their supervisory function.

Recommendations

Each of the Trusts were invited to begin to pilot the use of the Maternity Balanced Score Card (RCOG) and have the Supervisors of Midwives as a pivotal group in instigating and identifying the data sets appropriate for their own services.

Supervisory Teams were asked to each have an Awayday that enhanced team cohesion particularly for those supervisors that worked in multi-site services. To develop a strategy for supervision that would eventually be presented to their Trust Executive team as part of the Operating Framework 'Ward to Board' work. This would also assist in raising the profile of supervision with the Trust Boards.

Supervisors of Midwives were asked to continue to demonstrate the leadership function and change agency aspect of their roles in particular to challenging poor practice and enabling the evolvement of new services. This is a key challenge as Maternity Matters and the Darzi projects begin to measure the impact of the ambitions and recommendations of these strategies.

The LSA Annual Report – Rule 16

10.1 Process prior to Publication and Presentation of the Report Findings

The information pertaining to clinical and workforce statistics & trends were sent out to the respective Trusts for confirmation. The report in its draft form was circulated amongst a critical readers group before final presentation to the Strategic Health Authority for signatory. A copy of the report is signed by the Director of Nursing & Workforce and the Local Supervising Authority Midwifery Officer prior to electronic submission to the Nursing and Midwifery Council by 30th September 2008.

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

- SHA Board & Seminar (October 08)
- SHA Patient Safety and Quality Group (October 08)
- SHA Directors of Nursing Group (October 08)
- SHA Conference on Patient Safety (January 09)

And as scheduled the:

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

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

For the first time the report will be placed on the West Midlands Local Supervising Authority Web Site www.lsa.westmidlands.nhs.uk. This site which is still in its pilot stage, invites visitors to comment on the content of any publications placed there. Eventually there will be a link to the National LSAMO's Forum Web site at www.midwife.org.uk and also to the Birmingham City University 'Moodle' Website which provides curriculum details for the Preparation of Supervisors of Midwives Programme at www.bcu.uk.org

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

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

10.2 Supervisor of Midwives appointments, resignations and removals

Table 1: Demonstrates the number of designated Supervisors of Midwives on 31st March 2008 which was 223 with comparators against a three year trend.

	2005 -2006	2006 -2007	2007 - 2008
Number of Midwives	2848	2882	2771
Appointed Supervisors	197	219	223
New Appointments	19	26	25 (+ 4 from out of area)
Removals	0	0	2*
Resignations	10	15	15

Two supervisors of midwives were deselected from their role following serious untoward incidents in which they were involved, resulting in a Supervisory Investigation and periods of Supervised Practice which were on going during the period of this report.

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

Once there are submissions for the programme by the Trusts, a selection panel is held on 4 occasions throughout the year. This enables the LSAMO and the Programme Leader to meet and advise the nominees regarding the requirements of the programme. Joining the LSAMO and Programme Leader is a Supervisor of Midwives, a Head of Midwifery and a Lay Representative.

The selection panels have been very successful and have assisted in preparing the midwives for the programme. The panels may evolve from each applicant making individual presentations and 'interview discussion' to a group session whereby applicants present to each other, thereby encouraging debate amongst the group which will further allow the panel to make their assessments and give appropriate advice to nominees who may not be appropriate for the programme on their first application and so a deferment is offered in these circumstances.

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

As of March 31st 2008, 13 Trusts had remuneration packages in place for their Supervisors of Midwives with one further Trust beginning remuneration from 1st April 2008. Only 1 Trust within the sector from April 2008, was not providing remuneration for Supervisors of Midwives.

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

TRUSTS	SUPERVISORS	MIDWIVES Head Count	RATIO 2006	RATIO 2007	RATIO 2008
Worcestershire - Worcester	20	238	18.4	11.9	11.9
- Redditch	Combined with Worcester		N/A	N/A	N/A
Herefordshire	5	64	11.8	12.8	12.8
Shropshire	17	262	17.4	15.4	15.4
North Staffs - Stoke	18	228	18.3	12.7	12.7
South Staffs. - Stafford	8	74	11.5	9.3	9.3
- Burton	12	150	14.4	12.5	12.5
Warwickshire - Nuneaton	9	94	10.1	10.4	10.4
- Warwick	9	104	15.3	11.6	11.6
- Coventry	21	176	11.2	8.4	8.4
Birmingham - Heartlands	17	268	20.9	15.8	15.8
- Good Hope	13	135	21.8	10.4	10.4
Birmingham - City	17	210	15.3	12.4	12.4
- Sandwell	Combined with City		14.8	13.0	N/A
Birmingham - Women's	22	282	10.8	10.9	12.8
Dudley	13	151	11.2	11.6	11.6
Walsall	10	148	16.2	14.8	14.8
Wolverhampton	12	130	12.8	10.8	10.8
Universities and WMPI		55			
Total - West Midlands		223	2776		12.4

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

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

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

10.3 Continuous access to a supervisor of midwives

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

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

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

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

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

10.4 How the practice of midwives is supervised

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

- Receiving Intention to Practise forms and submitting to the LSA
- Providing 24 hour access for midwives to a Supervisor of Midwives
- Providing 24 hour access for women to a Supervisor of Midwives
- Providing opportunities for midwives to have their Annual Supervisory Review
- To agree development plans to support a midwives experience and growth in competency
- To investigate supervisory investigations following critical incidents or evidence or poor practice by a midwife
- To put in place a developmental support programme, or if required a Supervised Practice Programme
- To ensure all of the above meet NMC Standards

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

In addition, Supervisors act as leaders and experts in ensuring best practice environments are sustained and contribute to this by attending various meetings within Trusts and these include:

- The Labour Ward Forum
- Risk Management or Governance Committees
- Policy and Guidelines Groups
- Maternity Service Liaison and Lay User Group Committees
- In-house and Mandatory Training Programmes
- University Forums

All Supervisors of Midwives must maintain their own Supervisory PREP requirements of 6 hours each supervisory year. The LSAMO facilitates a calendar of study days and events hosted through out the sector (See Appendices). Attendance is noted that each supervisor of midwives meets this standard annually.

In addition there are various LSA meetings and each supervisor is expected to attend at least 1 general meeting of 4 that are held through out the year across the sector. All of these forums enable the supervisors to remain up to date and informed with regard to current and new agendas in midwifery and with particular regard to supervision of midwives.

The LSA Audit process has been described earlier in the report but is pivotal and instrumental in enabling deficient supervisory practice to be exposed and for expert and highly expert practice to be identified.

Examples of how supervision of midwives protects the public

A Named Supervisor of Midwives for a midwife who has had a period away from practice during two periods of registration is concerned that the midwife is a risk to the public as she intends to practice independently. The supervisor has also calculated that the midwife would not be able to meet her practice requirements of 450 hours in the time frame prior to her next re-registration date. The midwife was invited to meet with the Supervisor of midwives and the LSAMO to demonstrate evidence of her practice hours. The midwife wrote and gave her decision that she intended to lapse her registration.

A midwife working combined hours as a practice nurse and as a midwife with a midwifery bank is involved in a clinical incident in a local Trust. During the investigation it is noted that for an interim period she did not submit her ITP indicating her Intention to Practice midwifery as she worked a nurse in a GP surgery This is explored further and it is discovered that her PREP evidence is only suitable for nursing and that she is unlikely to have met the PREP requirements for her midwifery registration.

A direct entry midwife working as an intensive neonatal practitioner is due for re-registration as a midwife but is failing to provide evidence of midwifery practice as described in the WHO Definition of a midwife. In discussion with her Supervisor of Midwives a rotation programme is designed to assist the practitioner to maintain midwifery practice in areas such as the ante-natal clinic and fetal medicine services whereby her updated knowledge will assist in her usual practice environment. The flexibility allows her to maintain her registration in an autonomous way.

10.5 Service User involvement in monitoring supervision of midwives

The West Midlands midwifery officer welcomes the role of mothers, fathers and lay user groups in the work of the LSA function. Requests were made to all Trusts to forward names and contact details of members of the public. Those that expressed interest were invited to attend one of the two workshops scheduled in the autumn and in the new year that were set up to explore and decide on the audit methodology. These were well attended by both midwives and parents and seven lay users, six mothers and a father signed up to participating in the audits.

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

Each lay member who was involved in an audit was also responsible for writing a résumé of the visit with particular attention to Standard 1 which pertains to Women Centred Services. All parents or representatives fulfilled their role and enjoyed their involvement with the audits.

A lay member is also invited as a participant to the selection panels for midwives nominated and balloted to undertake a Preparation of Supervisors of Midwives Programme. Parents, doulas and user representatives have been invited as speakers and as members of the audience to various LSA and workforce deanery maternity study events.

10.6 Engagement with higher education institutions

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

These are:

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

Communication and Liaison

The LSAMO meets with the Lead Midwives for Education (LME) as part of the Links & Contact meeting which occurs 4 times a year. There is a pre-meet for the educationalist, but otherwise the LMEs have standing items on the main agenda. A typical standing agenda is exemplified in Appendix 1. This enables the issues of education to be integral to the business of supervision that are discussed during these meetings. This allows for cross fertilization of ideas and theories assisting in increasing the opportunities for further development within the Trusts with regards to how supervision and the clinical environments for student learning are enhanced.

The LSA has a joint study event with Birmingham City University annually and the agenda can be found in the Appendix 3.

Pre-registration Midwifery Training

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

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

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

Educational contribution integral to Supervisory Investigation and Supervised Practice Programmes

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

The LSA has undertaken one investigation during the 2007-2008 year and appointed two investigating supervisors to act on behalf of the LSA. One is from a clinical and service environment and the second from a university academic environment. This principle has increased the quality and calibre of the investigations and also of any supervised practice programmes implemented during this practice year.

The Preparation of Supervisors of Midwives Programme

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

The students, during the programme present a case study that demonstrates their learning and either the LSAMO or a Link Supervisor attends these sessions. This forms part of the course assessment requirements.

Each of the students undertaking the programme has a supervisor of midwives as a mentor. Similarly to the 'sign off mentor' for pre registration student midwives, they are invited for a half day workshop in order to refresh their knowledge of the curriculum and introduce them to the web site if they have not mentored a student supervisor for a while.

10.7 New policies related to the supervision of midwives

The West Midlands LSA has a current and robust set of policies and guidelines for Supervisors of Midwives. The hardback files are collated and sent out to newly appointed Supervisors of Midwives. This, however, is an intensive task as the LSA administration was also required to send out revised policies as they are reviewed by the policy and guidelines group which was a working group for the LSA.

The LSAMO asked that from November 2007, that supervisors start utilising the national guidelines that are located on the National LSAMO Forum Website at www.midwife.org.uk. These will be adopted formally from April 1st 2008. The West Midlands supporting guidelines would be reviewed and where duplications occurred, those policies would be withdrawn. The working groups for this review of local policies will be set up during the 2008-2009 supervisory year.

In due course all of the LSA policies will also be accessed from the West Midlands LSA Website www.lsa.westmidlands.nhs.uk

10.8 Developing trends affecting midwifery practice within the LSA

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

The information that required to be represented in the report was decided at a meeting held on 22nd April 2008 and some new criteria was also introduced to furnish the trends in clinical activity in greater detail. The tables also demonstrate workforce statistics and clinical activities as of 31st March 2008.

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

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

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

Most importantly, the information provided gives an indication of the context in which mothers and babies are receiving care and in which midwives are practising their profession.

Workforce:

Table 3: Demonstrates the age profile of midwives in practice across West Midlands.

Age of Midwives	%
20-24	2.34%
25 -29	9.13%
30-34	8.96%
35-39	13.61%
40-44	21.80%
45-49	21.52%
50-54	12.53%
55-59	7.14%
60-64	2.52%
65-69	0.42%
70+	0.03%
Total	100.00%

Table 4: Demonstrates the numbers of Whole Time Midwives funded in each Trust and the numbers of midwives who take up full time positions. As can be seen, this is quite variable across the sector but essentially 44 % of posts are filled by midwives working full time. 64% of posts are taken by midwives working in any combination of part time hours.

Trust	WTE	Full Time	%
Worcestershire - Worcester	140.25	58	41%
- Redditch	64.01	18	28%
Herefordshire	48.66	16	33%
Shropshire	167.60	25	15%
North Staffs - Stoke	159.30	xxx	xxx
South Staffs. - Stafford	74.03	48	64%
- Burton	107.80	52	48%
Warwickshire - Nuneaton	68.45	27	38%
- Warwick	72.30	28	38%
- Coventry	149.00	68	45%
Birmingham - Heartlands	183.00	103	56%
- Good Hope	101.11	48	47%
Birmingham - City	108.11	77	71%
- Sandwell	88.34	56	63%
Birmingham - Women's	212.96	122	57%
Dudley	125.65	60	48%
Walsall	118.83	51	43%
Wolverhampton	110.52	56	51%
Totals	2099.92	913	46%

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

TRUST SITES	Midwives FUNDED W.T.E.	Nurses FUNDED W.T.E.	MSW etc FUNDED W.T.E.	TOTAL FUNDED W.T.E.
Worcestershire - Worcester	140.25	1.00	35.47	176.72
- Redditch	64.01	0.00	26.63	90.64
Herefordshire	54.48	0.00	19.61	74.09
Shropshire	171.60	0.00	59.10	230.70
North Staffs - Stoke	164.60	3.59	58.12	222.72
South Staffs. - Stafford	77.03	0.32	15.59	92.94
- Burton	113.87	0.00	30.59	144.46
Warwickshire - Nuneaton	70.45	0.00	16.31	86.76
- Warwick	72.30	0.00	11.80	84.10
- Coventry	154.00	1.40	28.00	183.40
Birmingham - Heartlands	194.20	0.00	44.33	238.53
- Good Hope	106.25	2.00	22.81	131.06
Birmingham - City	109.61	0.00	22.84	132.45
- Sandwell	89.84	2.00	23.36	115.20
Birmingham - Women's	230.16	1.50	76.69	308.35
Dudley	125.65	0.00	38.42	164.07
Walsall	124.63	11.90	29.07	165.60
Wolverhampton	115.52	0.00	36.67	152.19
WEST MIDLANDS TOTAL	2178.45	23.71	595.41	2793.98

Where do Midwives work?

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

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

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

Table 6b: Demonstrates the numbers of midwives working in managerial roles

TRUSTS	WTE Heads & Band 8s	WTE TOTAL IN POST
Worcestershire - Worcester	6.60	6.60
- Redditch	1.90	1.90
Herefordshire	3.90	2.90
Shropshire	4.00	4.00
North Staffs - Stoke	5.30	5.30
South Staffs. - Stafford	3.00	3.00
- Burton	4.80	4.80
Warwickshire - Nuneaton	2.00	2.00
- Warwick	1.00	1.00
- Coventry	4.00	4.00
Birmingham - Heartlands	4.00	4.00
- Good Hope	5.00	4.00
Birmingham - City	2.00	2.00
- Sandwell	2.00	2.00
Birmingham - Women's	5.80	3.80
Dudley	5.00	5.00
Walsall	3.00	4.00
Wolverhampton	8.00	7.00
WEST MIDLANDS TOTAL	71.30	67.30

Table 6d: Demonstrates midwives working in community settings

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

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

COTS	ITU	HDU	SCBU	TOTAL
WEST MIDLANDS TOTAL	47	42	179	281

Table 6f: Demonstrates the numbers of midwives working in Neonatal Services as their permanent location of employment.

TRUSTS	MIDWIVES FUNDED EST.	IN POST
Worcestershire - Worcester	2.70	2.70
- Redditch	0.00	0.00
Herefordshire	0.00	0.00
Shropshire	12.33	12.33
North Staffs - Stoke	39.40	25.63
South Staffs. - Stafford	0.00	0.00
- Burton	0.00	0.00
Warwickshire - Nuneaton	5.27	5.27
- Warwick	2.05	2.05
- Coventry	9.00	9.00
Birmingham - Heartlands	0.00	4.90
- Good Hope	0.00	0.00
Birmingham - City	4.00	3.60
- Sandwell	2.00	1.00
Birmingham - Women's	9.09	10.75
Dudley	3.27	3.27
Walsall	11.43	8.66
Wolverhampton	0.00	0.00
WEST MIDLANDS TOTAL	100.54	89.16

There are also approximately 100 midwives working in Neonatal Services and roles include the direct care of mothers and babies in Transitional Care or Special Care Units and the care of newborns in High Dependency and Intensive Care Units.

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

An emerging dilemma is for midwives that qualified via the direct entry route who have settled in practice that marginalises them from a contemporary midwifery environment. Midwives working as neonatal intensive care practitioners that have limited contact with high dependency or special care infants need support from their own Supervisors of Midwives to ensure that the initial registration is maintained.

Table 6g: Demonstrates examples of numbers of midwives working in the Community, Integrated Models of Practice and Specialist roles

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

The numbers within this table are unlikely to be precise but indicate where midwives carry out specialist roles that may or may not be part of the job description.

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

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

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

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

For specific information on breast feeding rates at birth please see Table 14.

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

TRUSTS	*MIDWIVES FUNDED ESTABLISHMENT	DELIVERIES Apr 07 to Mar 08	Ratio Births to Midwives 2007-2008
Worcestershire - Worcester	140.25	3925	27.9
- Redditch	64.01	1696	26.4
Herefordshire	50.58	1909	37.7
Shropshire	167.60	5129	30.6
North Staffs - Stoke	159.30	5733	35.9
South Staffs. - Stafford	74.03	2603	35.1
- Burton	107.87	3817	35.3
Warwickshire - Nuneaton	68.45	2374	34.6
- Warwick	72.30	2678	37
- Coventry	149.00	5314	35.6
Birmingham & Solihull - Heartlands &	183.00	7546	41.2
- Good Hope	106.25	3489	32.6
Birmingham - City	108.11	3522	32.8
- Sandwell	88.34	2830	32
Birmingham - Women's	212.96	7309	34.3
Dudley	125.65	4475	35.6
Walsall	120.63	3733	30.9
Wolverhampton	111.52	3620	32.4
WEST MIDLANDS TOTAL	1969.60	71702	33.77

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

NB.

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

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

Table 8: Demonstrates the ratio of Births to Midwives from April 2005 to March 2008

RATIO BIRTHS to MIDWIVES	2005-2006	2006-2007	2007-2008	2005-2006	2006-2007	2007-2008
Worcestershire - Worcester	3851	5792	3925	29.6	31.8	27.9
- Redditch	1756	i/c above	1696	30.6	27.1	26.4
Herefordshire	1761	1846	1909	29.6	31.8	37.7
Shropshire	4988	5081	5129	30.8	28.9	30.6
North Staffs - Stoke	5328	5435	5733	29.8	29.0	35.9
South Staffs. - Stafford	2314	2384	2603	28.9	32.6	35.1
- Burton	3551	3532	3817	34.2	32.6	35.3
Warwickshire - Nuneaton	2652	2530	2374	37.0	36.1	34.6
- Warwick	2617	2641	2678	38.4	33.8	37
- Coventry	4624	5194	5314	30.1	31.9	35.6
Birmingham Solihull - Heartlands &	6969	7120	7546	37.0	37.6	41.2
- Good Hope	3235	3355	3489	32.7	32.4	32.6
Birmingham - City	3457	3481	3522	34.7	35.6	32.8
- Sandwell	2594	2543	2830	34.7	35.6	32
Birmingham - Women's	6963	6835	7309	32.8	34.5	34.3
Dudley	4142	4269	4475	38.2	40.1	35.6
Walsall	3693	3764	3733	29.5	32.7	30.9
Wolverhampton	3316	3588	3620	32.2	29.7	32.4
WEST MIDLANDS TOTAL	67811	69390	71702	32.8	32.9	33.77

Across West Midlands it can be seen that the birth rate has increase with over the latter three year period year without the number of midwives funded to be placed with new posts to continue to reduce the ratio. Hence the pro-rata ratio has marginally risen to 33.8 births per WTE midwife.

Birmingham and the Black Country towns of Walsall, Wolverhampton and Dudley have experienced the greater uplifts in the births; however, this is matched by the cities of Stoke in the north and particularly in Coventry in the south as these services also have seen increases in new populations mostly from Eastern Europe settling in their communities.

The smaller towns of Hereford, Warwick and Stafford also have had increases in activity and although small, has impacted on the birth to midwife ratios quite considerably. The biggest impact therefore of rising activity against WTE Midwife posts can be seen in these Trusts. Conversely, the increase in the midwifery establishment at Dudley can be seen to have assisted the Trust bring down their ratio well below 1:40 which it was in the previous supervisory year 2006 -2007 whilst the outlier over 1:40 is now Heartlands and Solihull.

Clinical Activity and Trends

Table 9: Demonstrates the Confinements by place of birth.

TRUSTS	CONFINEMENT BY PLACE OF DELIVERY 2007 - 2008					% Home
	Total	Hospital	MLU	BBAs	Home	
Worcestershire - Worcester	3925	3807	0	12	106	2.8
- Redditch	1696	1659	0	10	27	1.6
Herefordshire	1909	1833	0	9	67	3.6
Shropshire	5129	3684	1281	25	139	3.7
North Staffs - Stoke	5733	4238	1367	48	80	1.9
South Staffs. - Stafford	2603	2383	173	17	57	2.4
- Burton	3817	3340	388	20	69	2.1
Warwickshire - Nuneaton	2374	2317	0	18	39	1.7
- Warwick	2678	2594	0	10	74	2.8
- Coventry	5314	5185	0	31	98	1.9
Birmingham - Heartlands	4965	7467	0	40	47	0.6
- Solihull	2581	2549	0	8	24	0.9
- Good Hope	3489	3421	0	14	72	2.1
Birmingham - City	3522	3494	0	67	14	0.4
- Sandwell	2830	2806	0	11	13	0.5
Birmingham - Women's	7309	6176	1039	32	62	1.0
Dudley	4475	4051	373	13	61	1.5
Walsall	3733	3662	0	15	14	0.4
Wolverhampton	3620	3564	0	40	16	0.4
WEST MIDLANDS TOTAL	71702	68230	2881	440	1079	1.6

* % Home excludes BBAs

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

Towns in rural areas without MLU facilities appear to have the greater numbers of home births with Herefordshire and Shropshire, Warwick and Worcester with the larger percentages. Over 440 women had births without the aid of an obstetrician or a midwife in attendance either at home or in transit to hospital. Some women would have been attended by ambulance crew.

Reports of women choosing free-birthing with no attendant with them at the time of the birth is increasing. Two women chose this way of birthing during 2007 – 2008 and in each circumstance letters were written to the families informing them of the services nearby them and how to contact support in emergencies.

Table 10: Demonstrates the normal birth rates at each Trust

TRUSTS	TOTAL	NORMAL DELIVERIES	
	BIRTHS	Number	% of total
Worcestershire - Worcester	3925	2830	72.10
- Redditch	1696	998	58.84
Herefordshire	1909	1208	63.28
Shropshire	5129	3956	77.13
North Staffs - Stoke	5733	3802	66.32
South Staffs. - Stafford	2603	1712	65.77
- Burton	3817	2509	65.73
Warwickshire - Nuneaton	2374	1560	65.71
- Warwick	2678	1578	58.92
- Coventry	5314	3227	60.73
Birmingham - Heartlands	4965	2862	57.64
- Solihull	2581	1692	65.56
- Good Hope	3489	2376	68.10
Birmingham - City	3522	2434	69.11
- Sandwell	2830	1597	56.43
Birmingham - Women's	7309	4686	64.11
Dudley	4475	2912	65.07
Walsall	3733	2453	65.71
Wolverhampton	3620	2272	62.76
WEST MIDLANDS TOTAL	71702	46664	64.09%

The West Midlands Workforce Deanery has supported the financing of a pilot for a Normal Birth Module based with Mid Staffordshire University and Shrewsbury and Telford NHS Trust. This service has a 77% normal birth rate and less than 14% Caesarean Section rate.

The pilot will take place from the spring and the feedback from the programme will be reported in the 2008-2009 Annual Report.

However, as can be seen in Table 11, there are other Trusts in the sector with a strong record in supporting normal birth outcomes and reducing caesarean section rates. These include Stafford, Burton and in particular Hereford which has brought its Caesarean Section rate down by 4% since last years report.

Of note in Table 11, is the disparity in Caesarean Section rates in Trusts with obstetric services across more than one site. This is exemplified in City and Sandwell with a 10% differential and Worcester and Redditch with an 8% differential.

Tables 11: Demonstrate Caesarean Section and Instrumental Delivery rates

TRUSTS CAESAREAN SECTIONS	Emergency	Elective	Total	% of total births
Worcestershire - Worcester	432	332	764	19.46
- Redditch	219	245	464	27.36
Herefordshire	271	104	375	19.64
Shropshire	471	236	707	13.78
North Staffs - Stoke	631	700	1331	23.22
South Staffs. - Stafford	273	140	413	15.87
- Burton	497	293	790	20.70
Warwickshire - Nuneaton	389	232	621	26.16
- Warwick	402	284	686	25.62
- Coventry	824	576	1400	26.35
Birmingham - Heartlands	1041	715	1756	26.35
- Solihull	324	250	574	22.24
- Good Hope	434	347	781	22.38
Birmingham - City	469	225	694	19.70
- Sandwell	499	334	833	29.43
Birmingham - Women's	1077	590	1667	22.81
Dudley	832	455	1287	28.76
Walsall	604	355	959	25.69
Wolverhampton	567	378	945	26.10
WEST MIDLANDS TOTAL	10256	6791	17047	23.72%

TRUSTS	FORCEPS	VENTOUSE	BREECH
Worcestershire - Worcester	136	178	17
- Redditch	100	84	1
Herefordshire	53	54	8
Shropshire	262	220	53
North Staffs - Stoke	179	382	39
South Staffs. - Stafford	85	230	21
- Burton	158	392	17
Warwickshire - Nuneaton	39	145	9
- Warwick	165	249	10
- Coventry	199	387	21
Birmingham - Heartlands	125	218	57
- Solihull	98	213	4
- Good Hope	130	227	14
Birmingham - City	136	227	28
- Sandwell	75	73	8
Birmingham - Women's	383	490	83
Dudley	166	139	27
Walsall	129	192	6
Wolverhampton	125	260	19
WEST MIDLANDS TOTAL	2743	4360	442

Table 12: Demonstrates rates of induction and use of epidural anaesthesia

TRUSTS	INDUCTION	% of Total births
Worcestershire - Worcester	862	22
- Redditch	380	22
Herefordshire	274	15
Shropshire	1262	24
North Staffs - Stoke	1336	23
South Staffs. - Stafford	520	21
- Burton	860	23
Warwickshire - Nuneaton	559	24
- Warwick	386	14
- Coventry	865	16
Birmingham - Heartlands	1064	14
- Solihull	i/c above	i/c above
- Good Hope	730	20
Birmingham - City	xxx	
- Sandwell	654	18
Birmingham - Women's	1333	18
Dudley	934	21
Walsall	525	13
Wolverhampton	786	22
WEST MIDLANDS TOTAL	13330	19%

TRUSTS	EPIDURAL & SPINALS	% of births
Worcestershire - Worcester	xxx	xxx
- Redditch	xxx	xxx
Herefordshire	571	29.91
Shropshire	1151	22.44
North Staffs - Stoke	1234	xxx
South Staffs. - Stafford	670	25.74
- Burton	1438	37.67
Warwickshire - Nuneaton	594	25.02
- Warwick	1070	39.96
- Coventry	1232	23.18
Birmingham - Heartlands	1740	35.05
- Solihull	553	21.43
- Good Hope	1294	37.09
Birmingham - City	1205	34.21
- Sandwell	xxx	xxx
Birmingham - Women's	1346	18.42
Dudley	xxx	xxx
Walsall	863	23.12
Wolverhampton	1493	40.61
WEST MIDLANDS TOTAL	16454	22.95%

Table 13: Demonstrates the growth in the number of Water Births and Vaginal Births after Caesarean Sections (VBAC).

Other Modes of Delivery 2007-08	Total Births	Water Labours	Water Births	VBAC Labours	VBAC Births
TOTAL	71702	2068	1105	3334	2110

Table 14: Demonstrates numbers of mothers who choose to breast feed at birth.

TRUSTS	Breast Feeding Total Births	At Birth	%
Worcestershire - Worcester	3925	2807	71%
- Redditch	1696	Not provided	
Herefordshire	1909	1497	78%
Shropshire	5129	3118	61%
North Staffs - Stoke	5733	3145	55%
South Staffs. - Stafford	2603	1407	54%
- Burton	3817	2145	56%
Warwickshire - Nuneaton	2374	1391	59%
- Warwick	2678	2141	80%
- Coventry	5314	3719	70%
Birmingham - Heartlands	4965	2811	56%
- Solihull	2581	1677	65%
- Good Hope	3489	2172	62%
Birmingham - City	3522	Not provided	
- Sandwell	2830	Not provided	
Birmingham - Women's	7309	4652	56%
Dudley	4475	2610	59%
Walsall	3733	1956	53%
Wolverhampton	3620	2150	59%
WEST MIDLANDS TOTAL	71702	39398	62%

Maternal and Perinatal Mortality

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

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

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

Table 15: Maternal Death Events during 2007 -2008

MATERNAL DEATH EVENTS 2007-2008

- Catastrophic PPH into perineum and refusal of blood transfusion (21years)
- Murder 2/12 after delivery. Known Sex worker with addictions (19 yrs)
- Subarachnoid Haemorrhage at home 4/12 months after delivery. Died in A&E (27yrs)
- Catastrophic APH with Placenta Previa brought into A&E died in ITU post C/S (32yrs)
- Respiratory Arrest at home by known epileptic. Unrecoverable resuscitation in A&E (21yrs)
- Admitted via A&E 2/12 months post delivery of second stillbirth. History of addictions
- Long Term ventilated patient following HELLP syndrome died 6/12 months post delivery
- Cardiac Arrest at home at 24-26 weeks gestation. (20 years)

8 Deaths - 3 direct deaths occurring during pregnancy or within 24 hours of delivery.

Table 16: Demonstrates the outcomes for babies born in West Midlands

TRUSTS	Total Births	Total Babies Born	Babies Born Alive	Stillbirths	Intra-Partum Stillbirths (In Labour)
Worcestershire - Worcester	3925	3992	3978	14	0
- Redditch	1696	1696	1684	12	0
Herefordshire	1909	1950	1940	10	2
Shropshire	5129	5217	5192	25	1
North Staffs - Stoke	5733	5824	5793	31	0
South Staffs. - Stafford	2603	2603	2461	17	0
- Burton	3817	3875	3833	14	1
Warwickshire - Nuneaton	2374	2470	2370	10	0
- Warwick	2678	2722	2716	6	0
- Coventry	5314	5382	5361	21	2
Birmingham - Heartlands	4965	5047	4993	54	1
- Solihull	2581	2581	2572	9	1
- Good					
Hope	3489	3555	3543	12	1
Birmingham - City	3522	3567	3539	28	1
- Sandwell	2830	2617	2593	22	1
Birmingham - Women's	7309	7455	7401	54	5
Dudley	4475	4424	4406	18	2
Walsall	3733	3733	3712	21	0
Wolverhampton	3620	3678	3601	19	3
WEST MIDLANDS TOTAL	71702	72388	71688	397	21

10.9 Complaints regard the discharge of the supervisory function

There were two complaints received by the LSA during 2007 -2008. The first, in writing, was directed to the Chief Executive of the Strategic Health Authority by a midwife and made allegations with regard to the conduct of the LSAMO and also an allegation against her Named Supervisor of Midwives. The complaint referred to events which occurred in 2004.

The investigation was undertaken in two parts as the LSA at the time did not have a Midwifery Officer in post. The first part, by the Assistant to the Director of Nursing and workforce with the SHA and an LSAMO from another sector in England. Following meeting with the midwife and verification with the LSA Administrator that there was no supporting evidence archived with the LSA Offices supporting the allegations and the investigation was concluded.

The second part of the investigation was undertaken by the newly appointed LSAMO and involved interviewing her Named Supervisor of Midwives from her last place of employment. A considerable length of time has passed since the initial lodging of the complaint partly due to other legislative processes occurring and so this component of the investigation was not concluded fully until the 2008-2009 supervisory year.

The allegations were not upheld and advice has been given to the midwife and her representative which has since brought the investigation to a close.

A second complaint was verbally placed with the LSAMO and involved the previous client of an independent midwife who had been subject to the NMC Fitness to Practice processes. The client wanted to ensure that the midwife demonstrated the result of this process on the website where she advertises her business. A request was made to her Named Supervisor of Midwives to advise her of this and the LSAMO is assured and has evidenced that this has taken place.

10.10 Local Supervisory Investigations undertaken during the year

The West Midlands LSA, during the 07/08 Supervisory Year collated information from the Trusts on a monthly basis with regard to incidents which required investigation by a Supervisor of Midwives.

In all there were 36 investigations which were notified to the LSA via this route. A number of these investigations were instigated following serious untoward incidents and were carried out alongside a management investigation in which a number of practitioners were involved. Others followed the exposure of poor practice of a midwife whilst providing care for a woman during any part of the maternity pathway. Other investigations were carried out when a midwife demonstrated sustained poor competency issues in relation to particular aspects of her care.

Following these investigations, 18 periods of developmental supported practice programmes were put in place for midwives, of these a minority were then placed on to Supervised Practice when the initial learning objectives of the programme clearly was not being accomplished.

There were 9 programmes of Supervised Practice begun during the supervisory year however, 2 of these were carried over from the 2006-2007 supervisory year as they had been delayed due to sickness.

Key Findings

The advice from the LSAMO for all investigations undertaken by a supervisor is to comply with the NMC Standards for Supervised Practice (2007) and an audit check list is provided to assist in the process through each of the six standards.

The particular themes identified included:

- Regulation: Failure to comply with PREP requirements
Operating and working out side of usual sphere of practice and competency
- Clinical: Failure to recognise abnormal progression of labour
Failure to recognise abnormal CTG or signs of fetal distress
Failure to act
Failure to refer to appropriate physician
Failure to document and record appropriately
Failure to administrate correctly and record medicines
- Colleagues Failure to provide a safe environment for practice
Failure to check equipment required for safe and effective care
Failure to support students or newly qualified colleagues

During this reporting period of 2007 -2008, the LSAMO did not refer any midwives to the NMC. However, there are preparations in place compiling three cases which will result in referral to the NMC in the 2008-2009 supervisory year. These will be reported fully in the 2008-2009 LSA Annual Report.

Practice Forum Events

The West Midlands LSA Events Calendar, (Appendix 2) has two annual study days that are specifically for supervisors to present cases that have been investigated by themselves as Supervisors of Midwives. Scenarios are described and the learning from these incidents explored. Application to the Midwives, rules and standards and the NMC Code are made and examples of Supervised Practice Programmes are also outlined. Additionally, cases which were highly complex and were excellent practice has been identified are also presented. Each Supervisor is invited to attend one of these events every 3 years and presentations are made to a group of peers of up to 10 colleagues with up to 30 attendants to the day.

Proposal for 2008 – 2009 LSA Audit Cycle

The LSA Midwifery Officer presented the Standards for Supervised Practice of Midwives (NMC 2007) at one of the quarterly meetings for Contacts Supervisor of Midwives. It is proposed to audit this standard with regard to the 2008 – 2009 Audit Cycle. This will enable exchange of information and also advice and guidance with regard to the methodology of investigation and analysis ahead of making recommendations for supervised practice.

The National LSAMO Forum is finalising its own guidance on this standard and therefore this will bring about a more consistent approach through out all of the LSAs.

Strategic Direction for 2008 – 2009

The following themes make up the areas for strategic development for 2008 -2009.

These are:

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

Resources

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

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

The Workforce Deanery also supported other projects for Midwifery in the West Midlands and these are described in Appendix 4.

All of these projects will be facilitated during 2007-2008 & 2009.

Acknowledgement and Thanks

This report represents the work of the LSA Midwifery Officer in meeting the requirements of the midwives rules and standards and specifically with regard to Rule 16.

As the LSAMO joined the Strategic Health Authority from July 2007, a third of the supervisory year had already passed. The content of this report therefore has been supported by various archived materials and new annual reports provided by the Trusts during the audits undertaken during the year.

The supervisors of midwives and contact supervisors have risen to the challenge of working with a new LSAMO and working in an environment of openness and exploration of new ideas has been very apparent throughout this first year in post. The successful introduction of the LSA Database during the winter of 2007 in readiness for the 2007-2008 submission of Intentions to Practices by midwives to their supervisors is a good example of this.

The LSAMO has been invited to various forums such as the West Midlands, Heads of Midwifery Group and again has been welcomed as an integral and partner member of the meeting.

In preparing this report, thanks should be given to:

- All Heads of Midwifery and Contact Supervisors for validation of the workforce and clinical trends data
- Link Supervisors Lesley Adams, Anne Kingscott, Gill Ouseley and Carmel McCalmont
- Wendy Noble for collation of incidents and investigations
- Gwen Greenwood LSA Administrator
- Workforce Deanery Development Team, Sue Hatton and Jane Emson
- Caroline Donovan, Head of Workforce for Project Funding
- Peter Blythin for Wise Counsel

Critical Readers:

- Elaine Newell – Head of Midwifery
- Carmel McCalmont – Head of Midwifery and Link Supervisor of Midwives
- Ann Kingscott – Lead Midwife for Education and Link Supervisor of Midwives
- Julie Grant – SHA Maternity Matters Lead
- Gwen Greenwood – LSA Administrator
- Toni Martin – Midwife Consultant and Supervisor of Midwives

Barbara Kuypers
Local Supervising Authority Midwifery Officer
Annual Report 2007 – 2008

www.lsa.westmidlands.nhs.uk

Appendix 1. Standing Items for the LSA Meetings with Contacts, Links and LME's

West Midlands Local Supervising Authority

CONTACT & LME's MEETING

10:30hrs Coffee/Registration

11am – 3pm with lunch

Osprey House Albert Street Redditch B97 4DE

Please note the LME's & LINKS have a pre-meet at 9:30 hrs.

1.	Welcome & Introductions
2.	Minutes of the Meeting held 6th May 2008
3.	Matters Arising <ul style="list-style-type: none">▪ Newly appointed Supervisors of Midwives▪ Trust receipt of LSA Audit Reports▪ BBA and Escalation Guidance
4.	Education <ul style="list-style-type: none">• Study Events Calendar 2008 and Proposals for 2009• POSOM Selection & Programme• Pilot of Normal Birth Modules• Research Projects• RTP & EU Project• AOB
5.	Audit Process & Reports to Date <ul style="list-style-type: none">• Receipt of LSA Audit Reports• Review Event for Audit Cycle for 08/09
6.	LSA Database & Website Update
7.	Supervisory Away Days
8.	Maternity Matters Update & Issues of Capacity
9.	Up-date on Proposed Funding Streams <ul style="list-style-type: none">• Trust Supervisory Away Days• Supervisor of Midwives Reading Pack• Supervisor of Midwives Research Projects• LSA – CEMACH Maternal Death Panels
10.	LSA Annual Report & Monthly Incident Figures
11.	NMC , DoH and LSA National Forum Publications
12.	Discussion: NMC Review of the Midwives Rules and Standards
13.	Future Dates: for 2009

Appendix 2



EVENT DETAILS	DATE
<p>“DOES MIDWIFERY SUPERVISION IMPACT ON SAVING MOTHERS LIVES?” BIRMINGHAM CITY UNIVERSITY (Contact: 0121 331 7698)</p>	FRIDAY 14 MARCH 2008
<p>PRACTICE FORUM EVENT (EX CID) OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 16 APRIL 2008
<p>NATIONAL LSA CONFERENCE NOTTINGHAM (Contact: jmdevents@btinternet.com)</p>	TUESDAY 29 APRIL 2008
<p>CEMACH Interactive Workshop OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	TUESDAY 17 JUNE 2008
<p>SUPERVISION WORKSHOP Investigation & Supervised Practice OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	THURSDAY 19 JUNE 2008
<p>BOND SOLON DAY CLINICAL RESPONSIBILITY FOR HEALTH PROFESSIONALS OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 25 JUNE 2008
<p>CEMACH Interactive Workshop UNIVERSITY OF COVENTRY & WARKS NHS TRUST COVENTRY (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 16 JULY 2008
<p>CEMACH Interactive Workshop OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	TUESDAY 9 SEPTEMBER 2008
<p>SUPERVISION WORKSHOP Investigation & Supervised Practice OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 17 SEPTEMBER 2008
<p>BOND SOLON DAY EXCELLENCE IN STATEMENT & REPORT WRITING OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 8 OCTOBER 2008
<p>PRACTICE FORUM EVENT (EX CID) OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 19 NOVEMBER 2008
<p>BOND SOLON DAY HEALTH RECORDS FOR MIDWIVES OSPREY HOUSE REDDITCH (Contact: Gwen.Greenwood@westmidlands.nhs.uk)</p>	WEDNESDAY 3 DECEMBER 2008



'Does Midwifery Supervision Impact on Saving Mothers Lives'?

**A Study day for
Supervisor of Midwives, Student Supervisor of
Midwives and Midwives**

LSA Approved

Friday 14th March 2008

9.00 a.m. – 4.30 p.m.

**SIMTR Conference Centre
1A Damson Parkway
Solihull
West Midlands
B91 2PP**

For further information please contact:

**Ann Kingscott
Birmingham City University
Westbourne Road
Edgbaston
Birmingham
B15 3TN
Tel: 0121 331 7709**

Cost - £30.00 to include lunch and refreshments

Welcome and Introductions

Chaired by Professor Shirley Jones
Overview – Saving Mothers Lives Report
Julie Maddocks

The Role of Facilitating Best Practice and Leadership

Why don't we learn?

Kate Quarrell

Workshops

Chaired by Barbara Kuypers
Protecting the public, applying the lessons learned

Supervisory response to points from the midwifery chapter

Irene Cherrill, Supervisor of Midwives

Behind the Mask

Kate Quarrell, Supervisor of Midwives and Mothers at Heart, Postnatal Support Group, Oldbury

Intervening in unacceptable practice – recognition and conflict

Ann Kingscott, Supervisor of Midwives

Summary of the West Midlands Deanery support for the Maternity Matters Programme.

Project Title	1. RCM National leadership programme designed for HOMs, Acting HOMs, Consultant Midwives - West Midlands cohort for 12 Midwives to start January 2008.
SHA Contact	Sue Hatton
Project Background and context	
<p>Maternity matters make specific mention of the need for leadership competencies. It recognises the RCM leadership programme which provides midwifery managers with learning support to enable them to develop the critical midwifery leadership competencies. Focusing on HOM leadership will support “changing the culture” as per the Maternity Matters Delivery Plan.</p> <p>Funding has been secured to run a West Midlands RCM Leadership cohort within the west Midlands. The programme is divided into two parts.</p> <p style="text-align: center;">January 08 - Week Commencing 14/1/08 and week commencing 21/1/08</p> <p>Development Centres that runs over two weeks in case people are away or unable to attend. 24 Midwives will attend a structured Development Centre looking at their current capabilities against the Midwifery Leadership Competences and receive feedback and coaching.</p> <p style="text-align: center;">March 08 – Weeks Commencing 17/3/08</p> <p>Midwives then attend a three-day Development Programme aimed at Midwifery Professional who have already attended the Development Centre or a similarly robust self-assessment programme and want to develop their ability to work strategically within the Profession. It’s a three-day programme, uses action learning with joint problem-solving based around a strategic case study.</p> <p>Key parts of the programme are contributions from prominent thought leaders in the profession from the RCM, government health departments and the NHS. This programme will be tailor-made for the West Midlands and addresses the leadership development needs midwives themselves have identified.</p> <p>Now completed March 08.</p>	

Project Title	2. Strengthening workforce planning across maternity services as a response to Maternity Matters.
SHA Contact	<i>Jane Emson</i>
Project Background and context	
<ul style="list-style-type: none"> - Using a hub and spoke approach facilitated action learning sets (ALS) have been set up in local health economies reporting to a West Midlands Regional Project Group. The ALS have used the National Workforce Projects six steps guide to workforce planning contextualised for maternity services as the framework . - All health economies will have developed maternity workforce plans with providers and commissioners in line with Maternity Matters and the National Operating Framework. Plans to be submitted to the SHA by 31st March 2008 	
Project Title	3. Obstetric Theatre Maternity Support Worker <i>Partnership with Skills for Health and West Midlands SHA.</i>
SHA Contact	<i>Sue Hatton</i>
Background and context	
<p>This project is to test the transferability of an existing training package that has been developed at Redditch Hospital. With the appointment of a regional trainer, it is designed to equip Obstetric Theatre Maternity Support Workers (OTMSWs) with a high level of underpinning knowledge and competency to perform the scrub role for a caesarean section. They will then follow the mother and baby onto the post natal ward to provide continuity of care and additional support to midwives. This will be delivered by investing in a structured training programme, which is safe; delivered by trained theatre staff and midwives underpinned by appropriate training, competency assessments and re-assessments.</p> <p>Regional trainer Brenda Smith from Worcester has commenced January 2008. 5 areas have expressed an interested in being a pilot:</p>	
Project Title	4. Maternity Support Workers
SHA Contact	<i>Jane Emson</i>
Background and context	
<p>The aim is to develop a West Midlands competency framework for MSW's to ensure consistency of approach, transferability and sustainability of the role across the West Midlands.</p> <p>A midwife has been appointed to undertake this work 3days per week for a minimum of 6 months. The work will focus on skill mix in support of the Maternity Matters Delivery Plan. Using Skills for Health competencies, outcomes of evaluation from National Maternity Support Worker programme and local intelligence to develop a competency framework for MSWs with accredited development programme. The programme will include areas such as the public health agenda, working with teenage mothers, breastfeeding (UNICEF training), assisting at home births.</p>	

Project Title	5. New Roles Workshop
SHA Contact	Jane Emson
Background and Context	
<p>A new roles workshop has been organised by NHS West Midlands to support the Action Learning Sets in producing their workforce plans and service improvement within maternity services.</p> <p>The objects of the day were to:</p> <ul style="list-style-type: none"> - Share work on new roles - Support workforce and service innovation in maternity services. - Challenge and promote discussion on existing thinking and culture - Help promote quality, effectiveness and efficiency in maternity services - Support the implementation of maternity matters <p>Areas and new roles that were covered included:</p> <ul style="list-style-type: none"> - Reconfiguration and EWTD - Promoting normality - The role of the Maternity Support Worker in the community - Implementing the role of an Obstetric Theatre Maternity Support Worker - Nurses working on the Postnatal ward - Introducing the “doula” role - Addressing concerns around delegation and accountability 	
Project Title	6. Maternity Matters focusing on developing and enhancing skills in high risk and normal midwifery. Assistance for maternity units facing reconfiguration and enhancing skills of delivery suite coordinators and midwives in delivering care
SHA Support	Sue Hatton
Background and context	
<p>2 Midwives have been seconded into this work development 2 days a week to facilitate the development of a training programme for Delivery Suite Co-ordinators to support midwives in enhancing and developing skills in midwifery care. This will include, decision making, assertiveness, measured risk taking, emergencies within home birth/Birth Centres and confidence in normality. Parts of the programme could be adapted for other members of the team such as support workers.</p> <p>The work will scope the issue, develop training, deliver it to each trust and develop it as an online tool.</p> <p>Aims :</p> <ul style="list-style-type: none"> - To involve front line staff in the development of new roles and changes in workforce required to deliver the service. - Providing clarity and definition of Delivery Suite Co-ordinator role - Provide enhanced skills for midwives to maintain normality in midwifery care, reducing intervention and caesarean section rates <p>In partnership with Trusts develop training programmes, deliver using 'Train the Trainer' technique, cascade skills across the region.</p>	

Project Title	7. Module on Promoting and facilitating Normal Child birth
SHA Contact	Jane Emson
Background and context	
<p>To provide the opportunity for Midwives to gain accredited practical experience at Shropshire 5 MLUs. This will be achieved through a largely practiced based (Level 3) midwifery module entitled "Promoting and facilitating normality of childbirth" delivered by Staffordshire University.</p> <p>The aim is to increase knowledge and skills regarding low risk care thus empowering Midwives to transfer these core skills back to their work place. It will interface with and complement the planned West Midlands wide normality training that seeks to imbed "normality" within units thereby offering a package of normality training, both accredited and skills based.</p> <p>The Workforce deanery has funded pilot programme of a cohort of 9 that commenced in March 2008.</p>	
Project Title	8. Choice in Maternity Services
SHA Contact	Jane Emson
<p>We have commissioned a literature review, focusing on the skills and competences of the workforce to deliver choice as defined in Maternity Matters. It is intended to identify what new skills are needed by the workforce around offering choice in maternity services in the future.</p> <p>The review is to be undertaken by Coventry University building on existing research projects in a similar field.</p>	
Project Title	9. Establishing a Birth Centre following Re-configuration of Maternity Services -Skills and competencies of midwives working in this environment
SHA Contact	Sue Hatton
<p>Reconfiguration of maternity and paediatric services is a reality within the West Midlands. Heads of Midwifery within affected units have, as part of the process of preparing staff for a reconfigured service, identified that midwives are not uniformly prepared to work within a stand alone birth centre. Some midwives who have only practised within a consultant led obstetric service, caring for women with predominantly high risk pregnancies; do not always have the opportunity to practise within the area of normality in childbirth and feel that, to a greater extent, they have lost those skills.</p> <p>There are several good examples of practical and effective training programmes for midwives and support staff which can be adapted for use. Birth centre staff are very accommodating in sharing their information but there is a lack of centralised information sharing. This makes data and information gathering unnecessarily time consuming and invariably results in 'reinventing the wheel'.</p> <p>The recommendations of this report address data collection, clinical governance within birth centres, criteria for birth centre inclusion and education to meet core competencies.</p>	

Project Title	10. Assessing and Evaluating access to the Maternity Mental Health Services
SHA Contact	<i>Sue Hatton</i>
<p>This project was part of a competitive bid process to be an early adopter site for maternity matters. As only one project could be forwarded to DH this will be supported by wm Deanery money and will be included in the supportive process nationally.</p> <p>The project aims to gain a greater knowledge of how maternal mental health services are used within Coventry & Warwickshire in order to disseminate good practice and achieve equity of service to women. This knowledge will enable those professionals working within Coventry and Warwickshire to gain a greater understanding of the services that are available and will generate recommendations to reduce strategic gaps. It will inform them of how specialist services are accessed by mothers and how they may be integrated into the community setting. This will ensure that mothers throughout the area will have equitable access to a full range of services.</p> <p>Objectives</p> <p>This knowledge will be gained by evaluating maternal mental health referral and usage within each Trust across Coventry and Warwickshire with a view to identifying:</p> <ul style="list-style-type: none"> • The numbers and profiles of mothers accessing the services • The existing provision of services • Patterns of referral and access to services • Professional satisfaction with the operation of the services 	
<p>Planned Activities</p> <ol style="list-style-type: none"> 1. The project will collate and analyse anonymised data from referral documentation held by the maternity units for each Trust/PCT, for all women who were referred in a one year period. The data will be retrospective and collected for the period September 2006 – September 2007. 2. Questionnaires will be used to elicit information about patterns and systems of referral from dedicated members of the perinatal psychiatric teams or their equivalent where they exist across Coventry & Warwickshire. 3. Focus group interviews will be conducted with midwives in order to provide qualitative feedback on the process of referral, on knowledge of local services, and on the accessibility of the services for mothers. 4. Final year student midwives will be interviewed to provide further insights into the maternal mental health service based on their experience of working alongside midwifery mentors. This will also highlight any areas of deficit with midwifery curricula programmes of study. 	

Project Title	11. Commission production of a CD Rom based learning tool for Midwives on Maternal Mental Health
SHA Contact	<i>Jane Emson/ Theresa Hewitt Moran</i>
<p>A CD Rom has been produced :</p> <ul style="list-style-type: none"> • to enable midwives to differentiate between common mental health problems and severe and enduring problems • to equip midwives with the knowledge ,skills and confidence to carry out a risk assessment • to provide information to enable midwives to support women with mental health problems and signpost to resources • to improve knowledge of services available and how to access them 	
Project Title	12. Midwives in difficulty, return to practice and EU midwives
SHA Contact	<i>Barbara Kuypers</i>
<p>Focusing on the developing and enhancing skills of midwives that either need:</p> <ol style="list-style-type: none"> 1. Midwives who need a period of Supervised Practice who are not employed in the NHS. 2. Midwives who have become registered with the NMC via the EU route often required support in order to be appropriately prepared for employment in the UK. The bid will facilitate the pump priming and development of a training programme / additional supervision in two/three hospitals that have links into a University to enhance and develop certain skills and competencies. It will cover areas such as, the statutory requirements of a midwives practice and engagement with Supervision, English literacy and effective communication methodologies, decision making, and to support adaptation of clinical skill in to the context of practice environments in the UK. <p>This will be supported with an academic evaluation from the designated University to influence innovative practice in the future.</p> <ol style="list-style-type: none"> 3. To provide an avenue of funding support for midwives wishing to Return to Practice.. 4. To produce a CR Rom around supervision and how it helps normality for both members of the public and for midwives. 	

Appendix 5 – Excel Sheet Self Audit against 54 Midwives Rules & Standards

Appendix 6 – Excel Sheet Self Audit against recommendations from NMC Pilot Review.

(See Excel Attachments)

Barbara Kuypers
Local Supervising Authority Midwifery Officer
NHS West Midlands
Osprey House
Albert Street
Prospect Hill
Redditch
B97 4DE
Sent via e-mail



1 October 2008

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

Dear Barbara.

Re: LSA Annual Report

I am writing to thank you and acknowledge receipt of the annual report to the NMC. I will contact you in due course if I require clarification or any further information.

Please let me know if you have any queries.

Yours sincerely

A handwritten signature in black ink, appearing to read "Susan Way", is located below the text "Yours sincerely".

Susan Way
Midwifery Adviser

London Local Supervising Authorities

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	Notifications by Local Supervising Authority				
	In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:				
	* Publish annually the name and address of the person to whom the notice must be sent	Yes			Policies & Guidelines & Website
	* Publish annually the date by which it must receive intention to practise forms from midwives in its area	Yes			Policies & Guidelines & Website
	* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	Yes			LSA upload to NMC
	* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	Yes			LSA upload to NMC
5	Suspension from Practice by a Local Supervising Authority				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
	* Publish how it will investigate any alleged impairment of a midwife's fitness to practise	Yes			Policies & Guidelines & Website
	* Publish how it will determine whether or not to suspend a midwife from practice	Yes			Policies & Guidelines & Website
	* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	Yes			Case Correspondence
	* Publish the process for appeal against any decision	Yes			Policies & Guidelines & Website
9	Records				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:				
	* Publish local procedures for the transfer of midwifery records from self-employed midwives	Yes			Policies & Guidelines & Website
	* Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	Yes			National and Local Guidelines
	* Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	Yes			LSA Annual Audit and Archives
	* Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	Yes			LSA Annual Audit and Archives
	* Publish local procedures for retention and transfer of records relating to statutory supervision	Yes			LSA Annual Audit and Archives
11	Eligibility for Appointment as a Supervisor of Midwives				
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:				
	* Publish their policy for the appointment of any new supervisor of midwives in their area	Yes			As per NMC revised Standard 2006
	* Maintain a current list of supervisors of midwives	Yes			LSA Database and Local Archive
	* 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	Yes			LSA Annual Educational Calendar

London Local Supervising Authorities

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
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	Yes			Policies & Guidelines & Website
	* Implement the NMC's rules and standards for supervision of midwives	Yes			LSA Auditable Standards
	* Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)		Partial		LSA ratio 1:12./13
	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	Yes			Local and National LSA Networks
	* Enable timely distribution of information to all supervisors of midwives	Yes			Local Archive & Meetings
	* Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	Yes			LSA Local Archive and Secretariat
	* Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice	Yes			LSA Meetings and Calendar of Events
	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	Yes			LSA Audit & Trust Reports
	* Promote woman-centred, evidenced-based midwifery practice	Yes			LSA Audit & Trust Reports
	* Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	Yes			LSA Audit & Trust Reports
	A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:				
	* Supervisors of midwives are available to offer guidance and support to women accessing maternity services	Yes			LSA Audit & Trust Reports
	* Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	Yes			LSA Audit & Trust Reports
	* Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	Yes			LSA letters of Appointment
	* Supervisors of midwives provide professional leadership	Yes			LSA Audit & Trust Reports
	* Supervisors of midwives are approachable and accessible to midwives to support them in their practice	Yes			LSA Audit & Trust Reports

London Local Supervising Authorities

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
13	The Local Supervising Authority Midwifery Officer				
	In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:				
	* Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Yes			See 2007 recruitment process
	* Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Yes			See 2007 recruitment process
	* Manage the performance of the appointed local supervising authority midwifery officer	Yes			See KSFmodel and Appraisal Tool
	* Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Yes			See LSA Office Administration
	* Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met	Yes			See LSA Audit Calendar

London Local Supervising Authorities

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
15	Publication of Local Supervising Authority Procedures				
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:				
	* Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents		Partial		Policies in place but under review
	* Publish the investigative procedure	Yes			Policies & Guidelines & Website
	* Liase with key stakeholders to enhance clinical governance systems	Yes			See Minutes of SHA - PSQG
	To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:				
	* Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives	Yes			Local LSA Policy
	* Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment		Partial		Local LSA Policy & HR Processes
	* Publish the process for appeal against the decision to remove		Partial		Local LSA Policy & HR Processes
	* Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion	Yes			Case Correspondence
	* Consult the NMC for advice and guidance in such matters	Yes			As required

London Local Supervising Authorities

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
16	Annual Report				
	Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:				
	* Numbers of supervisor of midwives appointments, resignations and removals	Yes			LSA Annual Report and Website
	* Details of how midwives are provided with continuous access to a supervisor of midwives	Yes			LSA Annual Report and Website
	* Details of how the practice of midwifery is supervised	Yes			LSA Annual Report and Website
	* Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	Yes			LSA Annual Report and Website
	* Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	Yes			LSA Annual Report and Website
	* Details of any new policies related to the supervision of midwives	Yes			LSA Annual Report and Website
	* Evidence of developing trends affecting midwifery practice in the local supervising authority	Yes			LSA Annual Report and Website
	* Details of the number of complaints regarding the discharge of the supervisory function	Yes			LSA Annual Report and Website
	* Reports on all local supervising authority investigations undertaken during the year	Yes			LSA Annual Report and Website

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

London Local Supervising Authorities

	Nursing and Midwifery Council Recommendation following Pilot Review of West Midlands LSA	Met	Partially Met	Not Met	Comments for 07/08 Supervisory Year
12.5	Reducing Risk				
	To increase the LSA support to high risk scoring maternity services	Yes			In partnership with Maternity Matters lead and Local HCC
	Continue to review and strengthen support for Supervisors of Midwives and enhance learning when adverse incidents occur	Yes			LSA Practice Forum Events and Educational Calendar
	More information needs to be produced in the LSA Report on the maternal and perinatal deaths, workforce and clinical trends and any actions plans put in place by the LSA	Yes			LSA Annual Report for 2007-2008 & Archives
	Work with the SHA, Trusts and the Perinatal Institute to ensure that there is a clearly communicated plan to reduce the number of maternal and perinatal deaths across the LSA	Yes			In partnership with Workforce & Development Team
	Ensure that the LSAMO is involved in the planning of maternity service reconfigurations at strategic level ensuring good liaison and support for Supervisors of Midwives through out any change.	Yes			In partnership with Maternity Matters and Local Darzi leads

London Local Supervising Authorities

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London Local Supervising Authorities



Barbara Kuypers
Local Supervising Authority Midwifery Officer

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29th September 2008.

Dear Christina

West Midlands LSA Annual Report to the Nursing and Midwifery Council

Please find attached the West Midlands LSA Annual Report for 2007 – 2008.

As you will be aware the LSA re-appointed to the role of the Midwifery Officer in July 2007 and so this report represent the first year of work undertaken.

Much of the agenda has been to establish the LSA and a new way of working with the Trusts providing Maternity Services and with other stakeholders such as the Health Education Institutions and Commissioners of Maternity Services.

This report describes the work of the LSA and the Midwifery Officer for the 2007 – 2008 Supervisory Year and in particular describes how Rule 16 of the Midwives rules and standards are met by the LSA. Included in the report are tables of Workforce Trends and Clinical Activity with Trusts within the West Midlands. This provides some context in which Supervision of Midwives occurs within the LSA.

This letter also acts as an endorsement of the Report and its contents and assures you that the Report will be placed before the Trust Board and Patient Safety and Quality Group meeting prior to circulation throughout the sector.

Peter Blythin
Director of Nursing and Workforce
West Midlands Strategic Health Authority
West Midlands LSA

Barbara Kuypers
Local Supervising Authority Midwifery Officer
West Midlands LSA

