



The Local Supervising Authority Midwifery Officer's

Annual Report

Prepared for

South East Coast Strategic Health Authority

Previously

**Surrey & Sussex, Kent and Medway
Strategic Health Authorities**

April 2005- March 2006

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LSA Midwifery Officer

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Executive Summary

This report contains details of the statutory roles, responsibilities and standards of the Nursing and Midwifery Council and the Local Supervising Authority (LSA). The report and appendices include detailed information received from all the Trusts regarding their activity within maternity services.

Recruitment and retention of midwives is a nationally recognised issue and the local reduction in vacant posts is a reflection on the Heads of Midwifery, Supervisors of Midwives and Midwives in developing preceptorship programmes for newly qualified staff and robust induction programmes for new staff. Many of the units have also developed the Maternity Support Worker role to support midwives and enable midwives to undertake midwifery duties.

The age profile of midwives is of concern for the future with 14% of midwives currently in post being aged 55 or over. 17% of the current midwives are under the age of 35.

There continues to be a rise in birth rate. In 2003/2004 - increase of 3401, 2004/2005 - increase of 241. The total birth's for 2005/2006 was 48,508 a further increase of 1086. There are current proposals that there should be further housing development in the South East, which is likely to increase the birth-rate even further. The capacity issues of maternity services need to be considered. Where the birth-rate has increased in many of the units staffing has not increased to reflect this and many units fall short of the 'birth-rate plus' suggested level of staffing.

The maternity services have been working hard to achieve the Clinical Negligence Standards for Trusts (CNST) – maternity. In the last year 6 Trusts have increased by a level and there are now three Trusts with CNST Level 3. Working towards these standards ensures that there are robust systems in place to reduce risk within maternity services.

The Health Care Commission has reviewed three maternity services. The recommendations from all three reports have very similar themes and there are lessons to be learnt for all maternity services. The analysis showed how vulnerable services are disproportionately drawn from service areas that appear low in terms of national priorities, and do not directly feature in the Government's target setting agenda or performance monitoring framework. They often have staff shortages that are reflected nationally.

The key issues for 2006 /2007 includes working towards the National Service Framework for Children's Services – Standard 11 maternity services, developing managed clinical network for maternity services, building on the LSA audit programme to monitor the standards set by the Nursing and Midwifery Council, ensure lessons are learnt from the Health Care Commission reviews of maternity services. The maternity services are involved in the 'Fit For the Future' programme and it is likely there will be some reconfigurations of maternity services later in the year. It is important that the LSA Midwifery Officer is involved in this process to ensure safe maternity services are maintained at all times. Other key issues affecting maternity services include, choice for women regarding their maternity care and place of birth, working within the financial constraints and supporting leadership development for potential and current Heads of Midwifery. It is essential that maternity services remain a high priority within the South East Coast Strategic Health Authority and within the new PCT configurations.

1. Introduction

- 1.1 This report covers the period from 1st April 2005 to 31st March 2006. The report includes the activities and achievements of the maternity units and the LSA Midwifery Officer.
- 1.2 In addition this Annual report was produced in order to meet the requirements of Rule 16, 'The midwives rules and standards' (2004)
- 1.3 The appendices in this report contain information related to clinical activity and manpower
- 1.4 This report will also be made available to the public on the LSA website

2. Nursing and Midwifery Council

- 2.1 The Nursing and Midwifery Council (NMC) was established under the Nursing and Midwifery Order 2001, as the body responsible for regulating the practice of those professions.
- 2.2 Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised.
- 2.3 The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice.
- 2.4 The local bodies responsible for the discharge of these functions are the Local Supervising Authority (LSA's). The Strategic Health Authorities are designated the LSA's within England.

3. The Local Supervising Authority (LSA)

- 3.1 The LSA is the body responsible in statute for the general supervision of Midwives practising within its boundaries.
- 3.2 Each Strategic Health Authority (SHA) either directly employs an LSA Midwifery Officer, or has a service level agreement or consortium arrangement with other Strategic Health Authorities to ensure that the LSA function is carried out by a practising midwife as required by the NMC.
- 3.3 The contact details for Candy Morris, Chief Executive of South East Coast Strategic Health Authority (previously Kent & Medway Strategic Health Authority), can be found at Appendix 1.
- 3.4 Thames Valley, Hampshire & Isle of White, Surrey & Sussex and Kent & Medway Strategic Health Authorities have maintained a consortium arrangement with Kent & Medway SHA taking the lead.
- 3.5 The LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard and this is delegated to the Midwifery Officer.

- 3.6 There are two LSA Midwifery Officers who have responsibility across the four Strategic Health Authorities. (Caroline Simpson / Suzie Cro -Thames Valley, Hampshire & Isle of White Helen O'Dell - Surrey & Sussex and Kent & Medway).

4. The Standards for Local Supervising Authorities

- 4.1 The functions of the Local Supervising Authorities are specified in Article 43 of the Nursing Order 2001.
- 4.2 Article 43(2)
The Council may prescribe the qualifications of persons who may be appointed by the LSA to exercise supervision over midwives in its area, and no one shall be appointed who is not so qualified.
- 4.3 Article 43(3)
The Council shall by rules from time to time establish standards for the exercise by Local Supervising Authorities of their functions and may give guidance to Local Supervising Authorities on these matters.
- 4.4 The current rules 'Midwives rules and standards' came into force on 1st August 2004.

5. Surrey & Sussex and Kent & Medway Local Supervising Authorities

- 5.1 Within the two Strategic Health Authorities there are 12 Trusts providing Maternity care in 19 units.
- 5.2 The area has a combination of urban and rural settings covering a large geographical area.
- 5.3 There are twelve midwives who practise independently, some of whom work in small groups.
- 5.4 Statutory supervision covers all midwives practising within the Local Supervising Authorities which includes those employed in NHS, Agency, Private sector, higher education, independent practice, prisons, and industry or employed by General Practitioner.
- 5.5 Within these Local Supervising Authorities The LSA Midwifery Officer also covers the British Forces (overseas) midwives in Germany, Gibraltar and Cyprus, however information regarding these areas is not included in this report.

6. LSA Midwifery Officer's Report – Targets 2005 - 2006

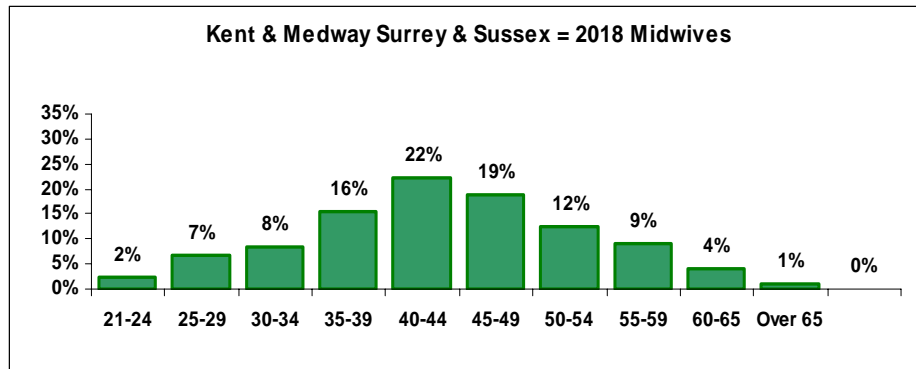
- 6.1 The current LSA Midwifery Officer came into post in October 2004. This complete year has enabled the development of robust systems and databases to ensure accurate information is accessible.
- 6.2 The complete year has enabled audits of every maternity unit to be undertaken to enable the LSA Midwifery Officer to have a greater understanding of the unit's local issues.

- 6.3 Local issues that were identified have been reflected in the professional development for supervisors of midwives – issues were identified from meetings and audit visits and the development planned to meet that need.
- 6.4 To develop LSA systems and documentation to ensure that there is an equitable approach to supervision of midwives.

7. Contemporary Issues

- 7.1 Recruitment and retention continues to be an issue for many services. The LSA Midwifery Officer has developed close links with Workforce Development Departments and local Higher Education Institutes.
- 7.2 The number of vacancies on 31st March 2006 has reduced from the previous year. Heads of Midwifery, Supervisors of Midwives and midwives have been working hard to contribute to recruitment and retention.
- 7.3 The number of ‘Intention to Practise’ ITP forms received last year had decreased slightly from 2077 to 2018.
- 7.4 From the Intention to Practice forms, which all midwives working within the Local Supervising Authority boundaries submitted between April 2005 and March 2006, it is possible to view an age profile from the database.
- 7.5 The age profiles give information for future planning of maternity services. In Kent, Medway, Surrey and Sussex 26% of the midwives are age 50 or over, same as 2004/2005.
- 7.6 The age profiles identify that the highest group of midwives are aged 40-44, followed by 45-49 and 35-39. These vary slightly when looking at different Trusts.
- 7.7 It is essential that these figures are used to inform recruitment strategies in the Workforce Development Department, Higher Education Institutes and local Trusts.
- 7.8 In the appendices age profiles can be seen for each Local Supervising Authority and each Trust.

AGE PROFILE – KENT & MEDWAY SURREY & SUSSEX	
Age Groups	Number of Personnel
21-24	45
25-29	137
30-34	169
35-39	313
40-44	445
45-49	383
50-54	248
55-59	180
60-65	79
Over 65	19
Total	2018



- 7.9 One of the reasons given for students discontinuing their training was distance from home to their practice site so the Universities and midwives on interview panels are noting addresses to try and place students in the nearest unit to their homes.
- 7.10 Heads of Midwifery, Supervisors of Midwives and Practice development midwives are realising the need for robust preceptor-ship programmes for newly qualified midwives and robust induction programmes for experienced midwives joining Trusts. The Heads of Midwifery report that this appears to have increased retention of newly qualified staff. Ensuring that they rotate through antenatal, intra-partum and postnatal care also appears to increase job satisfaction.
- 7.11 With the changes in medical and midwifery workforce many units have reviewed the role of the Maternity Care Assistant / Maternity Support Worker. Two Trusts, Surrey & Sussex Healthcare Trust and Maidstone & Tunbridge Wells participated in the National Programme for Development of Maternity Support Workers (2004/05).
- 7.12 Surrey & Sussex Strategic Health Authority recognised the need to develop this role and a business case was submitted for Clinical Skills Facilitators for each Maternity Service. This was supported as a two-year project. Some Trusts have already made significant changes to their practice with Maternity Support Workers now working along side Midwives to enable midwives to concentrate on midwifery skills and the Maternity Support Worker to support women and their families with parenting skills. The Maternity Support Workers work in the community and the hospital and along side Doctors in theatre assisting at Caesarean sections.
- 7.13 The training programmes have been developed to ensure a full record of training and competence is developed. These include signatures for when the competency is gained. At all times the Maternity Support Workers report their findings to midwives. Several of the programmes have facilitated the Maternity Support Workers to undertake the National Vocation Qualifications (NVQ) at level 2 and 3. Following the programmes, Maternity Support Workers have been accepted to undertake their midwifery training at local universities.

7.14 The majority of Trusts have funded secondments for midwifery training. The staff that approach training from this route, are often the staff who live in the area so will continue to work locally on qualification.

7.15 On the 12th July 2005, the first joint (Surrey, Sussex, Kent & Medway) Mapping Maternity Services Conference was facilitated. The conference was attended by:

- Heads of Midwifery
- General Managers
- Clinical Directors
- Directors of Nursing
- Chairs of Maternity Services Liaison Committee
- Workforce Development
- Lead Nurses
- Other members of the Strategic Health Authority

The conference included:

- Overview of Maternity Services / Statistics
- Maternity Reviews – Healthcare Commission
- Managed Care Networks
- Southampton Experience
- Finance – Reference costs and Payment by Results
- Leadership for Service Improvement
- Workforce
- New Ways of Working

The day generated lots of discussion, networking and ideas for further development.

7.16 The movement of Supervisors of Midwives requires the continual nomination and selection to ensure Trusts meet the recommended ratio of 1:15. (Rule 12 Midwives rules and standards 2004)

7.17 Brighton University commenced their second course in October 2005 completing in June 2006 with the Exam Board meeting in July 2006. The evaluation of the course was very good and recruitment has taken place for a third course starting in October 2006. Brighton University is the only university within the two Local Supervising Authorities to facilitate the course.

SOM Ratio by Trust – Kent & Medway, Surrey & Sussex	04 – 05	05 - 06
Dartford & Gravesham NHS Trust	11	14
East Kent Hospitals NHS Trust	10	10
Maidstone & Tunbridge Wells NHS Trust	18	20
The Medway NHS Trust	11	12
Ashford & St Peters NHS Trust	14	13
Surrey & Sussex Healthcare NHS Trust	17	15
Brighton & Sussex University Hospitals NHS Trust	12.5	15
Royal Surrey County Hospital NHS Trust	16	17
Frimley Park Hospital NHS Foundation Trust	14	15
Worthing & Southlands Hospitals NHS Trust	15	16
Royal West Sussex NHS Trust	12	11
East Sussex Hospitals NHS Trust	13	13

- 7.18 The three Trusts who have a ratio greater than 1:15 have trainee Supervisors of Midwives awaiting Exam Board results, it is anticipated they will be appointed in the near future.
- 7.19 The demographics of Surrey, Sussex, Kent and Medway vary considerably from urban to rural and very affluent to areas of deprivation, areas with asylum seekers with additional issues around language barriers, substance misuse, poor housing, women's prisons and many Sure Start projects. The development of a managed clinical network for maternity services would ensure effective communication and sharing of best practice.
- 7.20 There continues to be service reconfigurations to meet the needs of local populations. In Kent and Medway Maidstone and Tunbridge Wells NHS Trust was anticipating moving to a new build on the Pembury site. With Pembury as the Consultant Unit and a Birth Centre, Midwifery supported Birth Centre in Maidstone. This was planned for 2010 with the new building however there are discussions taking place that suggest this may take place sooner.
- 7.21 In Surrey & Sussex the McKinsey Group have undertaken a large piece of work. McKinsey looked at the current services, benchmarking against others on a National level and looked at the sustainability of services in relation to the financial overspend.
- 7.22 It is clear from this review and the financial position that the current position cannot be sustained. Currently there are 8 Acute Trust's in Surrey and Sussex with 10 Consultant led maternity units (two Trusts have two) and one birth centre. The McKinsey review recommends a maximum of 6 Consultant Led units with a catchment population of 500,000. Each unit would then have in excess of 4000 births. For Neonatal care a neonatal network with a catchment population of 1,000,000.
- 7.23 Local working groups representing the Local Health Economy's including Heads of Midwifery have commenced. There are different working groups

looking at different services, which will then be co-ordinated to look at the impact of one service upon another. It is anticipated that options will be out to public consultation by Autumn 2006.

- 7.24 The number of births is continuing to rise in eight out of twelve Trusts; four units have seen a slight decrease. The increases range from 38 to 285 and decreases from 2 to 279. The total number of births within the two Local Supervising Authorities for 2004/2005 is 48,508 an increase of 1086. There has been an increase in the number of births for at least the last four years.
- 7.25 There are current proposals for an additional 13,000 homes built every year for the next 20 years within the South East Coast area, this is likely to increase the birth-rate even further.
- 7.26 Midwives would welcome the increase in 'birth centres' and midwifery led care extending the choice for women but also extending the choice for midwives. Units with birth centres believe that this helps with recruitment and retention.
- 7.27 Women are also choosing the option of a homebirth. 10 of the 12 Trusts have a higher number of homebirths in the last year. The national homebirth rate in England is 2.18%. 10 of the 12 Trusts are higher than the National average 4 Trusts at 4% and 3 at 5%.
- 7.28 East Sussex (total births 3908) with Crowborough Birthing Centre (births 341) and homebirths (births 161) has a total of 13% of births outside their Consultant units. East Kent (total births 6671) with Dover (births 369) and Canterbury (births 385) Birthing Centres and homebirths (births 277) has a total of 15% of births outside their Consultant units.
- 7.29 Maternity services in England account for a significant proportion of the number and cost of claims each year. In response to this the Clinical Negligence Scheme for Trusts (CNST) -Maternity Clinical Risk Management Standards was developed. All units within the Local Supervising Authority have achieved CNST Level 1 against CNST Maternity standards.
- 7.30 Reaching CNST Level 1, 2 and 3 is a significant achievement for maternity services. In the last year 6 units have increased by a level and there are now 3 units with Level 3 and 2 ready to be assessed in 2006/2007 (Worthing & Southlands Hospitals NHS Trust and Surrey & Sussex Healthcare NHS Trust).

CNST

Trust	2004/2005 Level	2005/2006 Level
Surrey & Sussex		
Ashford & St Peters NHS Trust	1	2
Royal Surrey County Hospital NHS	2	3
Surrey & Sussex Healthcare NHS	2	2
Frimley Park Hospital NHS	3	3
Worthing & Southlands Hospitals	1	2
The Royal West Sussex NHS Trust	1	1
Brighton & Sussex University	1	1
East Sussex Hospitals NHS Trust	2	3
Kent & Medway		
Dartford & Gravesham NHS Trust	1	2
The Medway NHS Trust	1	1
East Kent Hospitals NHS Trust	1	2
Maidstone & Tunbridge Wells	1	1

- 7.31 The CNST Maternity Standards are fully endorsed by both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.
- 7.32 The enormity of preparation for these assessments cannot be underestimated. In addition it is important to ensure that once systems are in place they continue to be effective and that evidence is continually collated. Some units have an identified person / midwife to undertake this role. There is agreement from the local Heads of Midwifery that these standards do improve quality of care and encourage multi-professional training and working.
- 7.33 The National Service Framework for Children, young people and maternity services (Standard 11) gives an excellent framework for developing services. Locally implementation of the NSF is challenging within the tight financial constraints of these LSA's. There are several examples of good practice these include development and involvement in children's centres, systems to ensure midwives are first point of contact, antenatal care in 'Sainsbury's', funded teenage pregnancy posts / single point of referral for teenagers, midwifery links with Prison service, support for pregnant asylum seekers and substance mis-user's. Increase out of hospital births, working with fathers, developing user forums, smoking cessation support and robust child protection systems.
- 7.34 The NSF also has its challenges for the service including lack of dedicated perinatal mental healthy service, identification and response to domestic violence, implementation of Healthy Start programme, 1-1 care in labour, development of maternity support workers role, development of inclusive services for women with learning and physical disabilities, effective postnatal care, increased facilities for midwife-led care and water birth. To help support the maternity services for the new Strategic Health Authority it is recommended that there is a managed care network.

8. Communication Networks

- 8.31 The LSA Midwifery Officer works closely with members of the two Local Supervising Authorities who have responsibility for the LSA function. Regular meetings occur with the Lead Nurse's and Director of Health Improvement. There is an annual plan of meetings that take place with Contact Supervisors of Midwives, Supervisors of Midwives and Heads of Midwifery across the two Local Supervising Authorities.
- 8.32 The LSA Midwifery Officer networks with other external agencies and regular commitments are set out below:

Frequency	Meetings	Other Activities
Monthly	<ul style="list-style-type: none"> ▪ SHA Lead Nurses / Director of Nursing ▪ Directors of Nursing Forum ▪ Health Improvement Team / Public Health Team ▪ Clinical Governance Forums 	
Six Weeks	<ul style="list-style-type: none"> ▪ LSA National Forum England ▪ Planning for National Supervisors of Midwives Conference 2008 	
Quarterly	<ul style="list-style-type: none"> ▪ Contact Supervisors ▪ Supervisors of Midwives ▪ NMC / LSA National Forum ▪ RCM Heads of Midwifery ▪ S&S, K&M Heads of Midwifery Forum ▪ University Heads of Midwifery ▪ Link Supervisors of Midwives 	
Bi-Annually	<ul style="list-style-type: none"> ▪ LSA Conference for Supervisors of Midwives 	
Ad Hoc		<ul style="list-style-type: none"> ▪ LSA Audit visits (30 days) ▪ Consultant Midwife selection ▪ Heads of Midwifery selection ▪ Supervisors Curriculum Planning and teaching on Preparation Courses ▪ NSF SHA Leads ▪ Interviews for Supervisors ▪ Mapping Maternity Services Conference ▪ Fit For the Future

9. Advisory Role

9.31 As LSA Midwifery Officer my advice is frequently sought both within and outside the LSA.

- Maidstone & Tunbridge Wells External review – Cluster of Clinical Incidents
- Ashford & St. Peter's External review – Cluster of Clinical Incidents
- East Sussex - External review – Cluster of Clinical Incidents
- Independent reviews of unresolved complaints
- Midwifery advice for a Police Investigation in Wiltshire

10. Investigations of Allegations of Professional Misconduct

10.1 The LSA Midwifery Officer undertook ten investigations during the year 2005/2006

10.2 There were an additional eleven investigations where the LSA Midwifery Officer contributed and supported recommendations for midwifery practice.

10.3 In addition there have been local case reviews in conjunction with risk management, which have encompassed supervisory issues. These include communication issues, record keeping and practice issues. Case reviews take considerable time as all staff involved with the case are interviewed, evidence, notes and guidelines reviewed, decisions made on findings made and a report is written. Changes are then implemented both at organisational level and in relation to the practice of individual midwives.

10.4 During the year 2005 / 2006 eight midwives have undertaken / undertaking a period of supervised practice. Ten midwives have had a period of supported practice. Three LSA investigations concluded there was no case and that informal support was given.

10.5 No cases were referred to the Nursing and Midwifery Council by the LSA Midwifery Officer. Five midwives were referred to the Nursing and Midwifery Council by women and / or their families. Some of the cases have been reviewed by the NMC; one midwife – no case to answer closed, two midwives – interim hearing, conditions of practice going to a full hearing, two midwives – still waiting to hear.

10.6 All serious Untoward Incidents (SUI's) are referred to the appropriate Strategic Health Authority by the local Trusts. The LSA Midwifery Officer is informed of all SUI's relating to maternity services and in-turn discusses and reviews each case with the maternity unit. The LSA Midwifery officer then reports the outcomes to the Strategic Health Authority Clinical Governance Working Group. The LSA Midwifery Officer also ensures that lessons are learnt through maternity services and that further action is taken as appropriate.

11. Interface with Higher Education Institutions (HEI)

- 11.1 Four universities provide training of midwives at Diploma and first degree level. All Universities have Midwives from local Trusts on course boards. Three of the four universities have quarterly meetings with educationalists and Heads of Midwifery where there are opportunities to discuss under and post graduate programmes. The LSA Midwifery Officer attends when able.
- 11.2 The LSA Midwifery Officer lectures on the Contemporary Issues in Supervision of Midwifery on the Masters programme at Brighton University.
- 11.3 Brighton University provides the Preparation for Supervisors of Midwives course at both degree and masters level. The LSA Midwifery Officer liaises closely with the Lead Midwife for this course and contributes to quality assurance monitoring. The LSA Midwifery Officer is a member of the course management team and contributes to the planning and teaching and assessment of this course. The evaluation of the course is received and changes made to continually improve the course. For the course commencing in October 2006 there is an introduction session for the trainee Supervisors of Midwives and their mentors to discuss the course contents and encourage preparation that can be undertaken prior to the course commencing – this was a recommendation from the second course.
- 11.4 The Contact Supervisors of Midwives have feedback that the Supervisors who have undertaken this course are more prepared to undertake the role than they have been from preparation course elsewhere. The trainees at the end of the course say that they feel prepared and ready to undertake the role.
- 11.5 The LSA Midwifery Officer is a member of the course development team for the Masters of Arts Degree in Midwifery Studies at Brighton University, which is commencing in 2007.

12. On-Going Professional Development of Supervisors

- 12.1 Trainee Supervisors and supervisors have undertaken a peer review of another maternity service. They have welcomed the opportunity to see different subsystems in place and have gained useful knowledge to make improvements in their own unit as a result of this.
- 12.2 In 2005/2006 there were three conferences facilitated by the LSA Midwifery Officer.
- 12.3 The conferences in April and November 2005 were for Supervisors of Midwives and focused on Fitness to Practice and Supervisory Investigations
- 12.4 A case review was used to demonstrate how a case was reviewed and then went through to a full NMC Professional Conduct Hearing. This clearly illustrated the role of the supervisor in the investigation of a case

and the supporting role when the case proceeds to the NMC. Two supervisor's fed-back on their experiences of going to NMC and giving evidence at hearings. Professor Paul Lewis and Claire McLaughlan from the NMC also gave very interesting presentations regarding investigation process from the NMC perspective. Overall, the evaluations from these days were excellent.

12.5 In September 2005 a Celebrating Midwifery Practice conference was facilitated. The aim of the conference was to celebrate and share good practice from all the local units. Some times it feels that we concentrate on the difficult issues of staffing, what we have not done so well and financial constraints. Eleven of the twelve Trusts presented areas of good practice, these being:

- Journey of the Next Pregnancy following trauma
- Active Birth & Normalising Birth
- Maternity Care Assistant Development
- Tissue Viability
- User Involvement
- Antenatal Booking Proforma
- Tongue Tie
- Asylum Seekers
- Substance Misuse
- Water Births

12.6 There was a lot of networking that took place between the midwives attending and several midwives exchanged contact details and it was clear that good practice was shared.

13. Link Supervisors of Midwives

13.1 In recognition that the role of the LSA Midwifery Officer has increased and that guideline and system development is a continual process four Link Supervisors of Midwives have been identified.

13.2 A flyer was sent out to all Contact Supervisors of Midwives identifying the need for this role and all supervisors would be able to put their name forward if they were interested. The role of the Link Supervisor of Midwives can be seen in appendix 2 (page 24 section 1 guidelines 1.7 and 1.7.1)

13.3 Four link Supervisors were selected;

- Melvyn Dunstall – Surrey
- Helen Rogerson – Sussex
- Ursula Clarke – Kent
- Anne Heseltine – Preparation for Supervisor of Midwives Course Leader

13.4 The Link supervisors meet quarterly and have developed templates for annual report, reporting a clinical incident, audit of controlled drugs,

annual review form for midwives, guidelines for supported and supervised practice.

14. LSA Standards and Guidance

- 14.1 June 2005 saw the launch of the revised Standards and Guidance for Supervisors of Midwives within the South of England. The Local Supervising Authority (LSA) is required to publish its procedures associated with the supervision of midwives. The NMC Midwives rules and standards include reference to specific requirements. In addition to these, the LSAs in the South of England have included guidance materials for supervisors of midwives to access as they require.
- 14.2 In April 2002 it was agreed that the LSA standards and guidance within the South of England would become harmonised. The first standards and guidance document was published in March 2003. It was timely that this document was reviewed and revised, and the publication of the NMC Midwives rules and standards in August 2004 provided the impetus for this review. Accordingly, the working party was reconvened to progress this work. Eight supervisors of Midwives from across the South of England representing all facets of midwifery practice volunteered to undertake this work in collaboration with the three LSA Midwifery Officers.
- 14.3 Each centre providing maternity care was provided with an electronic copy of the Guidance. Supervisors will have access to the Guidance via LSA websites

www.kentandmedway.nhs.uk/professionals_pages/nurses/midwives.asp

Any future additions or amendments will be disseminated electronically and the website will be updated.

15. Audit of LSA Standards

- 15.1 The Midwives rules and standards (NMC 2004) sets standards for the Local Supervising Authority regarding the supervision of midwives to ensure that mothers and babies receive a consistent quality of midwifery care and to give a clear explanation of what is involved in supervision. 'Effective supervision enables the development of midwifery leadership which creates a practice environment where midwives assume their professional accountability for high quality, evidence-based midwifery care.' (ENB, 1999, Advice and Guidance for Local Supervising Authorities and Supervisors of Midwives). The outcome of this process is the protection of mothers and babies.
- 15.2 Supervisors of midwives therefore will strive to ensure that midwives have a positive relationship with their supervisor that: facilitates safe and autonomous practice and promotes accountability; is based on open and honest dialogue; promotes trust and an assurance of confidentiality; enables midwives to meet with their supervisor of midwives at least once a year to help them evaluate their practice and identify areas of

development; and enables the supervisor to act as the midwife's advocate when required.

15.3 There are five standards for Supervision of Midwives and each standard has a number of criteria that are to be met (see Appendix 3)

- **Standard 1 - Women Focused Maternity Services**

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

- **Standard 2 – Supervisory Systems**

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

- **Standard 3 – Leadership**

Supervisors of Midwives provide professional leadership and nurture potential leaders.

- **Standard 4 - Equity of Access to Statutory Supervision of Midwives**

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

- **Standard 5 - Midwifery Practice**

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

The Standards for Supervision incorporate the following broad principles:

Rule 12 – The supervision of midwives (NMC 2004)

- Supervisors of Midwives are available to offer guidance and support to women accessing a maternity service that is evidence based in the provision of women centred care.
- Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.
- Supervisors of Midwives provide professional leadership and nurture potential leaders.

- Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.
- Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery

15.4 Aims of the Audit:

- To review the evidence demonstrating that the Standards for Supervision are being met;
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies;
- To ensure that midwifery practice is evidence-based, and practitioners are clinically competent;
- To identify that midwives communicate effectively within the multidisciplinary team;
- To review the impact of supervision on midwifery practice.

15.5 Full details of the audit process can be seen in Appendix 4. The audit process consists of a self audit against the standards, all supervisors complete a questionnaire, and 30% of midwives are sent a questionnaire. The LSA audit team – LSA Midwifery Officer, peer Supervisor of Midwives and a service user visit all maternity units within each organisation.

15.6 It is anticipated that all Supervisors of Midwives in England will work to a common set of standards for the supervision of midwives and midwifery practice. The audit documentation has been adapted for local use of the LSA Midwifery Officers South of England.

15.7 The LSA Midwifery Officer introduced the new Standards and Guidance for Supervisors of Midwives by facilitating four workshops and discussing at supervisors meetings. The audit process has changed considerably.

Themes emerging from the audit visits:

Standard 1 - Women Focused Maternity Services

1.2 *Information available to women including local arrangements for statutory supervision.*

11 of the 12 Trusts did not meet this criteria. A leaflet was designed by trainee Supervisors of Midwives but there was no funding available from the Trusts to purchase this. Each unit is planning to incorporate into information leaflets or in the handheld records that women carry during pregnancy.

1.3 *.There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care*

1 unit was reviewing their philosophy to ensure that it meets the above requirements.

Standard 2 – Supervisory Systems

- 2.1. *The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to midwives.*

6 Trusts did not meet the standard of 1:15 supervisors to midwives. There are 20 trainees on the 2005/06 course and all of the units will be within the ratio when they have been appointed.

- 2.2. *Employers provide designated time for Supervisors of Midwives to undertake their role.*

6 Trusts did not provide designated time for supervisors of midwives to undertake their role. This is more difficult for clinical midwives to manage than those with a management role.

- 2.3. *LSA processes are followed in the nomination and selection and appointment of Supervisors of Midwives.*

2 Trusts needed to follow the LSA guidance regarding nomination and selection of Supervisors of Midwives. It is important to ensure that all midwives have an opportunity to put their name forward if they wish and that midwives have an opportunity to confirm or decline their support for that midwife.

- 2.4. *Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.*

In 1 Trust they had not written an annual report for the LSA.

- 2.8 *Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.*

2 Trusts had not identified systems to ensure that supervisory records were kept for seven years. There is guidance in the South of England guidelines.

- 2.11. *There is a local strategy for supervision and an action plan is developed following audit.*

9 Trusts did not have a local Strategy for Supervision. The LSA Midwifery Officers (England) published a Strategic Direction 2005-2008 which has been circulated to all Trusts and all Supervisors of Midwives. The Link Supervisors of Midwives are reviewing how they can relate the National Strategic Direction to a local strategy.

- 2.13 *Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.*

2 Trusts did not have robust systems to ensure that Supervisors of Midwives inform the LSA Midwifery Officer of their professional updating in relation to supervision.

- 2.15 *Secretarial support is provided for Supervisors of Midwives in their administrative role.*

5 Trusts did not have any dedicated administrative support. This results in Supervisors doing the administrative tasks around meetings and investigations.

- 2.16 *The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.*

3 Trusts did not monitor performance of supervisors of midwives. The LSA Midwifery Officer has commenced a database to record attendances at LSA meetings and conferences.

Standard 3 – Leadership

- 3.6 *Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.*

1 Trust identified that the Supervisors of Midwives did not contribute to the programmes from that Trust, however Supervisors of Midwives from other Trusts do contribute to the training at the University.

Standard 4 - Equity of Access to Statutory Supervision of Midwives

All the criteria were met by all Trusts.

Standard 5 - Midwifery Practice

- 5.3. *Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.*

1 Trust identified that they needed to ensure that they had a robust system in place.

- 5.5 *Supervisors undertake audit of the administration and destruction of controlled drugs.*

9 Trusts did not have systems in place to audit controlled drugs as supervisors. In several Trusts pharmacy had a system in place.

- 5.12 *Clinical Governance strategies acknowledge statutory supervision of midwives.*

5 Trusts needed to review their Clinical Governance strategy to ensure that it acknowledges statutory Supervision of Midwives and how this contributes to Clinical Governance.

16. Health Care Commission

16.1 The Health Care Commission have published three reports, which specifically review maternity services. All three reviews were commissioned following poor clinical outcomes.

The reports are:

- Maternity Services – Ashford & St. Peters NHS Trust (March 2003) Commission for Health Improvement
- Investigation of the maternity service provided by the Royal Wolverhampton Hospital NHS Trust at new Cross Hospital (June 2004) Health Care Commission.
- Review of maternity services by North West London Hospital NHS Trust (July 2005) Health Care Commission

16.2 The review of North West London revealed similar issues that had been raised in previous reviews – staffing, working relationships, working culture, and recording of information. Debbie Abrams Lead Investigation Manager for this review presented at the Mapping Maternity Services conference on 12th July 2005. The presentation included learning from Healthcare Commission Investigations and the investigation process. The findings from North West London investigation were discussed, especially in relation to similar themes from previous reports.

16.3 The presentation included why it was necessary for urgent measures to be undertaken. Debbie Abrams concluded that the Healthcare Commission would be undertaking some further work to develop standards for maternity services.

17. Targets for 2006 - 2007

17.1 Continue working towards achieving and maintaining the standards for statutory supervision as laid out in the midwives rules and standards.

17.2 Provide professional leadership and regulatory advice across South East Coast Strategic Health Authority.

17.3 Engage in networking at national and regional levels and ensure mechanisms are in place for timely cascade of information

17.4 Continue to develop the website for supervisors, midwives, women and the general public.

17.5 Work closely with the Children's Leads and Network Co-ordinators to ensure that maternity services are included in services developments.

Support supervisors and Heads of Midwifery with the implementation of the National Service Framework.

- 17.6 Encourage user involvement across the Strategic Health Authority. Provide a training day for people interested in participating in user involvement in the future.
- 17.7 Work closely with workforce development to review age profiles, vacancy factors and number of students undertaking training to ensure the maternity workforce is maintained to delivery a safe standard of care.
- 17.8 Maintain databases of information to support improvements in maternity services.
- 17.9 Introduce the South East Coast LSA database to Supervisors of Midwives. This will enable supervisor to locally input details for local midwives which will then be available to the LSA and up lifted to the NMC on a weekly basis to provide timely updates of Midwives Practicing. A training programme will be implemented in the Autumn.
- 17.10 Participate in 'Fit for the Future' modernisation of maternity services to ensure that women remain at the centre of our care and that maternity services are safely provided.

18. Clinical Activity and Manpower

- 18.1 Clinical activity in this report is based on the number of women who gave birth from 1st April 2005 to 31st March 2006.
- 18.2 The Contact Supervisors of Midwives notify the LSA office on a monthly basis of manpower activity and an annual report of clinical activity.
- 18.3 The LSA office maintains several databases:
 - Midwives who notify their Intention to Practice
 - Midwife enquiries regarding Return to Practise
 - Contact details for heads of Midwifery / Contact Supervisors of Midwives
 - Annual clinical information
 - Supervisors attendance at meetings and conferences
- 18.4 The following graphs and tables show information, which has derived from one of the above sources.
- 18.5 The birth rate has raised again this last year by over 1000 births. In some units this has caused capacity difficulties resulting in suspension of maternity services or diversion to another unit where Trusts have more than one site. On occasions the shortage of midwifery staffing also resulted in suspension or diversion of services.
- 18.6 The majority of units have undertaken Birth-rate Plus review of skill mix. The Birth-rate tool is supported by the Royal College of Midwives and

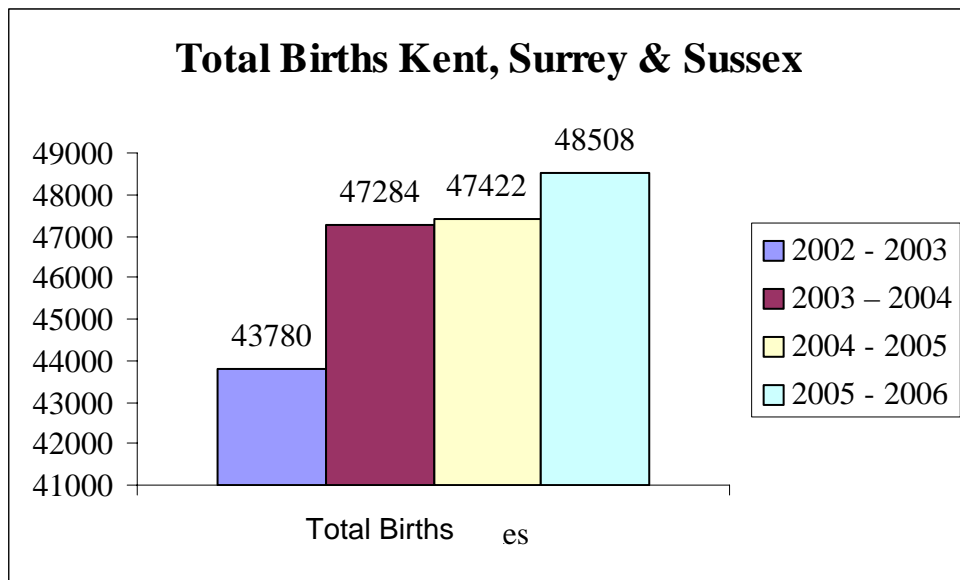
Department of Health. Few units have been able to increase their staffing levels to meet the identified shortfalls.

19. Clinical Activity

19.1 In Kent, Medway, Surrey and Sussex there has been an increase in clinical activity in eight out of twelve Trusts. Royal West Sussex and Dartford & Gravesham both saw their activity increase by 10% during 2005/2006.

19.2 A breakdown of full clinical statistics can be found at Appendices 5 - 10

Total Births Surrey & Sussex, Kent & Medway By Trust	03/04	04/05	05/06
Ashford & St Peters NHS Trust	3457	3626	3872
Surrey & Sussex Healthcare NHS Trust	4131	3982	4074
Brighton & Sussex University Hospitals NHS Trust	5671	5589	5627
Royal Surrey County Hospital NHS Trust	3415	3166	3159
Frimley Park Hospital NHS Foundation Trust	3985	4118	4016
Worthing & Southlands Hospitals NHS Trust	2455	2606	2604
Royal West Sussex NHS Trust	2017	2145	2396
East Sussex Hospitals NHS Trust	3796	3716	3908
Dartford & Gravesham NHS Trust	2640	2659	2944
East Kent Hospitals NHS Trust	6462	6477	6671
Maidstone & Tunbridge Wells NHS Trust	4975	4784	4962
The Medway NHS Trust	4280	4554	4275
Total	47284	47422	48508



19.3 The number of babies born in hospital is still significantly higher than required, in that, many of the women giving birth in hospital are healthy, have normal pregnancy and are low risk.

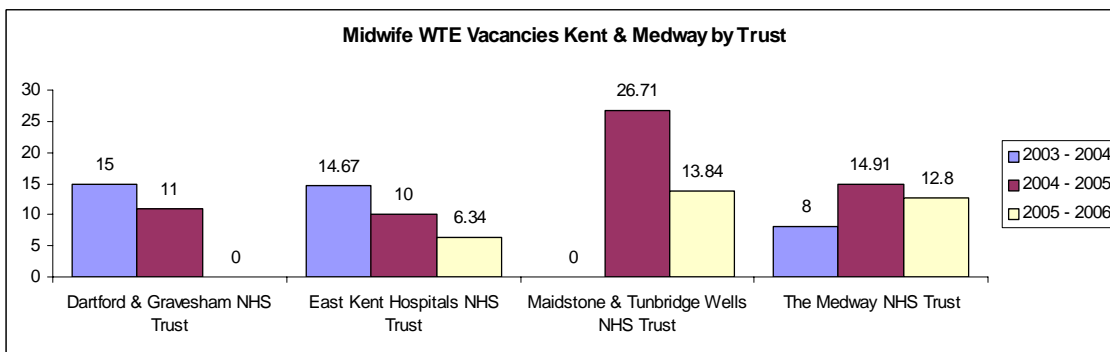
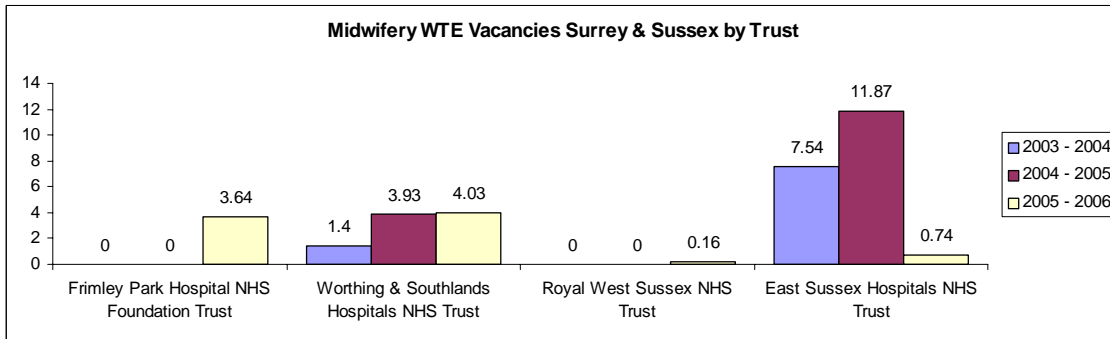
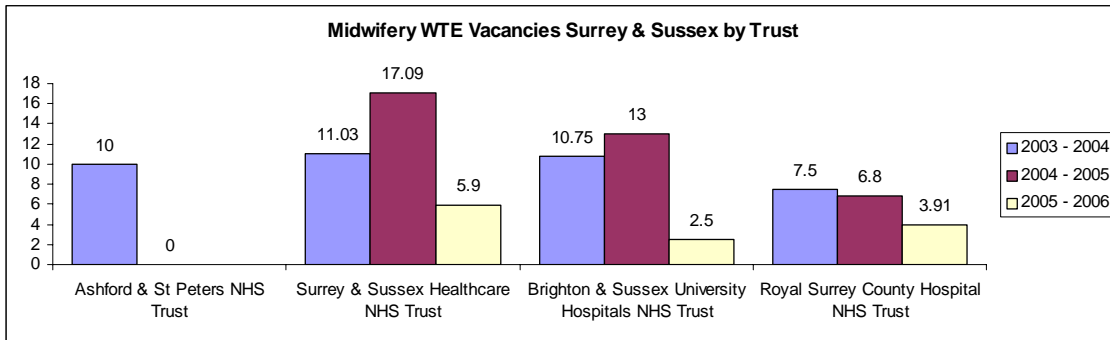
- 19.4 Homebirth – the national homebirth rate is 2.18%. Of the 12 units in Surrey & Sussex, Kent and Medway 2 Trusts are at the National average and 10 Trusts have a higher %. 4 Trusts have 4% and 3 Trusts have 5%. The highest rate is 5.5%.
- 19.5 The number of water-births and women using water in labour for pain-relief is increasing.
- 19.6 Stillbirth – (an in-utero death delivering after the 24th week of pregnancy CEMACH April 2005). The National rate is 5.6 per 1000 live births. There are 2 units within the two Strategic Health Authorities that have a slightly higher than average stillbirth rate.
- 19.7 Early neonatal death – (death of a live born baby occurring less than 7 completed days from the time of birth CEMACH April 2005) the largest number of neonatal deaths are usually due to immaturity.
- 19.8 Late neonatal death – (death of a live born baby occurring from the 7th day of life and before 28 completed days from the time of birth CEMACH April 2005). The national neonatal death rate (early and late) is 3.66 per 1000 live births (CEMACH 2003). The information regarding early and late neonatal deaths is incomplete as many of these services are managed by Children's services.
- 19.9 There are four categories of maternal deaths as defined by CEMACH:
- Direct – death directly related to pregnancy.
 - Indirect – death due to a pre-existing maternal disease aggravated by pregnancy.
 - Coincidental – death unrelated to pregnancy.
 - Late – Death occurring between six weeks and one year following giving birth.
- 19.10 The UK maternal mortality rate is calculated using direct and indirect maternal deaths and the current National rate is 12 per 100,000 live births.
- 19.11 This would equate to approximately 6 for 48,000 births in Surrey, Sussex, Kent and Medway. For the year 2005 /2006 there were 4 direct / indirect maternal deaths. The Maternal deaths are going to be reviewed in more depth by the LSA Midwifery Officer and the CEMACH Regional Manager.
- 19.12 Teenage pregnancy -(Choosing Health 2004– reduce the under 18 conception rate by 50% by 2010). Data was available from 10 of the 12 Trusts the figures are for women giving birth under 18 years of age. The 2005 / 2006 range is from 0.4 – 6% of women giving birth. These figures are very similar to the previous years.
- 19.13 Breastfeeding –as part of the Government's commitment to reduce health inequalities, a target has been set to increase breastfeeding initiation rates by 2% per annum through the NHS Priorities and Planning Framework 2003 - 2006 focusing especially on women from

disadvantaged groups. The National initiating breast-feeding average is between 65 and 70%. There is 1 unit currently below 65% and 6 units with 80% and above. The units are asked to provide information regarding the number of women breastfeeding on discharge to the health visitor. This is collected manually by most units the drop off rate appears very high so the figures need reviewing to ensure accuracy. All units have breast feeding training for their staff and the majority of units have the ten steps for breastfeeding incorporated in their guidelines.

- 19.14 Smoking (Choosing Health 2004- to reduce adult smoking rates from 26% to 21% or less by 2010. Data was available from 10 of the 12 Trusts the figures are for women smoking at time of delivery. The 2005 / 2006 range is from 2 – 22%. These figures are very similar to the previous years, no unit is higher some have stayed the same or reduced slightly.
- 19.15 The national average for induction of labour is around 20%. 8 units are 20% or lower, 3 units have 21% and 1 unit is higher with 24%.
- 19.16 The national average for Caesarean section rate is 22.7%. These figures need to be reviewed with caution as those with Neonatal Intensive care units have many high-risk women transferred to them for care. 11 out of 12 Trusts are higher than 22.7% however of those 3 are neonatal Units.
- 19.17 The national average for elective caesarean section rate is 10%. 4 of the 12 units have a higher rate, 3 are a little higher and the 3rd unit has a 15% elective caesarean section
- 19.18 The national average for emergency caesarean section rate is 12-13%; again caution is needed regarding neonatal services. 5 of the 12 Trusts are higher than the national average, 3 of those units have neonatal services.

20. Manpower

- 20.1 On the 31st March 2006 the vacancies varied from 0 to 13.84 whole time equivalent (wte) with a total vacancy factor of 53.86 wte. On the 31st March 2005 the vacancy factor was 115.31 wte the vacancy factor has reduced by over 50%.
- 20.2 Vacancy rates were calculated as the difference between funded whole time equivalent midwives and midwives actually in post.
- 20.3 There is concern this year 2006/2007 that the Trusts will have difficulty in offering jobs to all student midwives who are expected to qualify in September 2006.
- 20.4 The Nursing & Midwifery Council have undertaken a consultation reviewing midwifery education and consideration is being given to extending the current 18 month post-graduate course to two years. This would have implications for funding, but also for mentorship within maternity units.



20.5 Midwifery staffing or midwives to birth ratios are often discussed. The Audit Commission (1995) recommended 1:35. Birth-Rate Plus (1996) recommends 1:30 which varies slightly according to model of care.

20.6 'Birth-Rate Plus' is a Nationally recognised skill mix tool supported by the Royal College of Midwives and Department of Health. The aim of the Birth-Rate plus study is to clearly identify the levels of midwifery and non-midwifery care delivered in hospital and community, in order to estimate the necessary resources to provide a safe service at a quality standard.

20.7 Birth-Rate has three main components:

1. A score system
2. Midwife hours per client
3. A staffing formula

The scoring system of Birth-Rate is based upon the clinical indicators of the well-being of each mother and baby. The weighted score is designed

to reflect the degree to which these indicators deviate from 'normality'. Five categories are created ranging from category 1 most normal and healthy outcome to category 5 when mother and / or baby require a very high degree of support or intervention.

- 20.8 Following Birth-Rate Plus some units have been given some additional staffing but not all of them and this can be reflected in the Midwife to birth ratio in appendix 9.

Vacancies According to 'Birth-Rate Plus'	Year	Vacancies WTE
Surrey & Sussex		
Ashford & St Peters	2002	50
Surrey & Sussex Healthcare	2003	31.33
Brighton & Sussex Universities	2001	25
Royal Surrey	2002	34
Frimley Park Hospital	2002	25
Worthing & Southlands Hospitals	2005	N/A
The Royal West Sussex	2001	0
East Sussex Hospitals	2003	11.5
Kent & Medway		
Dartford & Gravesham	N/A	
East Kent Hospitals	N/A	
Maidstone & Tunbridge Wells	2002	30.28
The Medway	2005	N/A

- 20.9 The geography needs to be considered looking at birth to midwife ratios as some Trusts care for a significant number of women in the antenatal and postnatal period but they give birth in another Trust.

- 20.10 The ratios for some Trusts have improved due to some midwifery increases but 11 Trusts are above 1:30 ratio. The Trust that is under 1:30, cares for in excess of 500 women antenatally and postnatally.

Midwife to Birth Ratio Surrey & Sussex, Kent & Medway by Trust	03-04	04-05	05-06
Dartford & Gravesham NHS Trust	01:40	01:38	01:46
East Kent Hospitals NHS Trust	01:35	01:35	01:35
Maidstone & Tunbridge Wells NHS Trust		01:39	01:32
The Medway NHS Trust	01:39	01:43	01:33
Ashford & St Peters NHS Trust	01:50	01:41	01:35
Surrey & Sussex Healthcare NHS Trust	01:35	01:44	01:40
Brighton & Sussex University Hospitals NHS Trust	01:42	01:36	01:33
Royal Surrey County Hospital NHS Trust	01:49	01:42	01:39
Frimley Park Hospital NHS Foundation Trust	01:38	01:38	01:33
Worthing & Southlands Hospitals NHS Trust	01:35	01:37	01:33
Royal West Sussex NHS Trust	01:28	01:31	01:31
East Sussex Hospitals NHS Trust	01:32	01:29	01:28

20.11 Further manpower information may be found at appendices 11 - 14

21. Nursing and Midwifery Council – Rule 16

21.1 Report is made available to the public

The Local Supervising Authority Midwifery Officer's Annual Report is agreed within the Strategic Health Authority. The report is presented at the Clinical Governance working groups Surrey & Sussex 22nd August and Kent and Medway 28th September 2006. The report will then be submitted to the Chief Executive for signing.

The report will be circulated as per circulation list at the end of the report. To ensure users are aware of the report it will be sent electronically to Chairs of the Maternity Services Liaison Committees and will be on the LSA website. The Heads of Midwifery will be asked to share with all local user groups

21.2 Supervisor of midwives appointment, resignations and removals

The number of designated supervisor of midwives in Surrey & Sussex, Kent & Medway is 162.

April 2005 – March 2006	Surrey & Sussex	Kent & Medway
Designated Supervisors	98	64
New Appointments	20	4
Resignations	3	1
Undertaking preparation	18	8

The total number of midwives who notified their intention to practise within Surrey & Sussex, Kent & Medway during April 2005 – March 2006 was 2,018

The number of supervisors varies from one Trust to another but all units are working towards the minimum standard of 1:15 and when trainee supervisors have completed their courses this should be met. The ratio for Trusts varied from 1:10 to 1:20.

For a number of year's midwives wishing to undertake the preparation for supervisor of midwives course had to travel to London usually to Kingston University, St Georges Hospital or London University, Kings College Hospital.

In October 2004 Brighton University undertook their first course, which is currently near completion. The previous LSA Midwifery Officer was a

member of the course planning team and the previous and current LSA Midwifery Officer has both participated in delivering the course.

All courses are offered at degree and masters level.

To secure a place on the course there is a local process involving nomination and selection prior to an interview with the LSA Midwifery Officer. There are selection and appointment guidelines in the South of England Guidance for Supervisors of Midwives April 2003 and the updated version to be published on 1st June 2005.

21.3 Continuous access to a supervisor of midwives

Each unit is aware of the need for 24-hour access to a supervisor of midwives. On-calls are covered in a slightly differently way within the units but midwives were aware of how to access them. This was confirmed during the audit visit programme for 2005 – 2006.

21.4 How practise of midwives is supervised

Rule 12 – The supervision of midwives (Midwives rules and standards 2004) sets the standards for the supervision of midwives. In addition to this more detailed guidance is included in the South of England Guidance for Supervisors. The revised version was available from June 2005. This was sent electronically to all Contact Supervisors of Midwives and is now available from the website so is accessible to all supervisors, midwives, women and the public.

www.kentandmedway.nhs.uk/professionals_pages/nurses/midwives.asp

The compliance with the standard is monitored through the annual audit visit, self-audit and peer supervision review and in the Trusts Annual Supervision report. This year (2005 / 2006) the audit visit changed to a combined assessment undertaken by LSA Midwifery Officer, peer supervisor and users from the service.

The LSA Midwifery Officer ensures timely communication of information with the contact supervisor of midwives. There were eight meetings with the LSA Midwifery Officer and supervisors during the year and in addition three conferences for supervisors to maintain their requirement to update.

Issues raised from the supervisors are taken to other forums as appropriate i.e. Nursing and Midwifery Council, LSA Midwifery Officer National Forum, Royal College of Midwives, Department of Health, Universities in the local area, Heads of Midwifery and the Local Supervising Authority.

There is concern from the supervisors of midwives regarding the new pay review Agenda for Change and the remuneration for supervision. If this is not addressed in a fair and equitable manner then there are likely to be recruitment and retention problems for this role in the future. No Trusts within this area have made formal offers to the Supervisors of Midwives.

21.5 Service user involvement in monitoring supervision of midwives

The Midwives rules and standards (2004) Rule 13 guidance when discussing the LSA Midwifery officers audit of maternity unit comments. "This process should include input from service users to assess whether or not the midwifery care being provided is women-centred".

Service users from the unit were involved in the audit the majority were Chairs or members of the Maternity Services Liaison Committee or Labour Ward Forum. Involving service users enhanced the audit process and offered another dimension.

The LSA Midwifery Officer asked the users as to whether they would be interested in visiting other maternity services and several voiced an interest. A training day is being planned to help the service users have a greater understanding of Supervision of Midwives and the audit process.

All Trusts are developing information for women regarding supervision of midwives either in a leaflet format or in the woman's hand held records.

21.6 Engagement with higher education

See section 11 – Interface with Higher Education Institutes (HEI).

21.7 New policies related to the supervision of midwives

The new Standards and Guidance for Supervisors of Midwives, South of England were launched in June 2005, see section 14.

The Standards and Guidance are in five sections:

1. Statutory Supervision of Midwives
2. Standards of Supervision of Midwives and the Audit process
3. Guidance documents
4. Unusual or rare events
5. Poor performance and allegations of professional misconduct

See Appendix 15 for contents pages for each section. These are also available on the website.

21.8 Developing trends affecting midwifery practice in the LSA

See section 7 – Contemporary issues

21.9 Complaints regarding the discharge of the supervisory function

There have been no complaints against supervisors or the discharge of the supervisory function.

There are concerns amongst the supervisors that they are not having protected time to carry out supervision and this concern is becoming more apparent with more supervisors having clinical roles. Their concerns are

also raised at the lack of support to be able to attend supervision meetings and conferences. This is now being closely monitored.

21.10 Local supervisory investigations undertaken during the year

See section 10 - Investigations of allegations of professional misconduct

22. Conclusion

- 22.1 The clinical activity has increased again this year there has been some additional funding for midwifery staffing but not in all units.
- 22.2 The number of investigations and midwives undertaking supervised practice has increased therefore increasing the workload of the supervisors of midwives.
- 22.3 The maternity units are full of dedicated staff providing good care for the local women and their families.
- 22.4 The remuneration for Supervisors of Midwives is an urgent issue that needs to be addressed by all Trusts across the SHA.
- 22.5 It is essential that we ensure that maternity services remain safe whilst working within the financial constraints of the Strategic Health Authorities.
- 22.6 Maintaining choice for women and their families for maternity services and place of birth is essential and needs to be taken into consideration when services are reconfigured.
- 22.7 The next year is going to be challenging for all of us as service reconfigurations take place. We all have a responsibility to ensure that safe maternity services are maintained at all times.



Candy Morris
Chief Executive

South East Coast
Strategic Health Authority
August 2006



Helen O'Dell
LSA Midwifery Officer

South East Coast
Strategic Health Authority
August 2006

Distribution

Clinical Governance Working Group 22nd August 2006
Clinical Governance Working Group 28th September 2006

Candy Morris Chief Executive South East Coast Strategic Health Authority

Nursing and Midwifery Council 30th September 2006

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Diana Grice – Director of Public Health (Surrey & Sussex)
Quentin Sandifer – Director of Public Health (Kent & Medway)
Ginny Colwell – Lead Nurse (Surrey & Sussex)
Ami David – Lead Nurse (Kent & Medway)

Heads of Midwifery
Link Supervisors of Midwives
Contact Supervisors of Midwifery
Lead Midwives for Education
Chairs Maternity Services Liaison Committees

LSA Website

Appendices

Appendix 1 - Contact details of Chief Executive and LSA Midwifery Officer

Appendix 2 - The role of the Link Supervisor of Midwives

Appendix 3 - Standards of Supervision

Appendix 4 - Audit Process

Appendix 5 - Midwifery Age Profiles Surrey & Sussex and Kent & Medway

Appendix 6 - Supervisory Ratios Surrey & Sussex and Kent & Medway

Appendix 7 - HEI's offering Supervisor of Midwives Course and Return to Practice

Appendix 8 - Detailed Breakdown of Clinical Activity Surrey & Sussex, Kent & Medway

Appendix 9 - Three-Year Delivery Trends, Surrey & Sussex and Kent & Medway

Appendix 10 - Three-Year Caesarean Section Rate Surrey, Sussex, Kent and Medway

Appendix 11 - Vacancy Factor Surrey & Sussex and Kent & Medway

Appendix 12 - Supervisors of Midwives Surrey & Sussex and Kent & Medway

Appendix 13 - Trust Details Surrey & Sussex and Kent & Medway

Appendix 14 - Consultant Midwife Details Surrey & Sussex and Kent & Medway

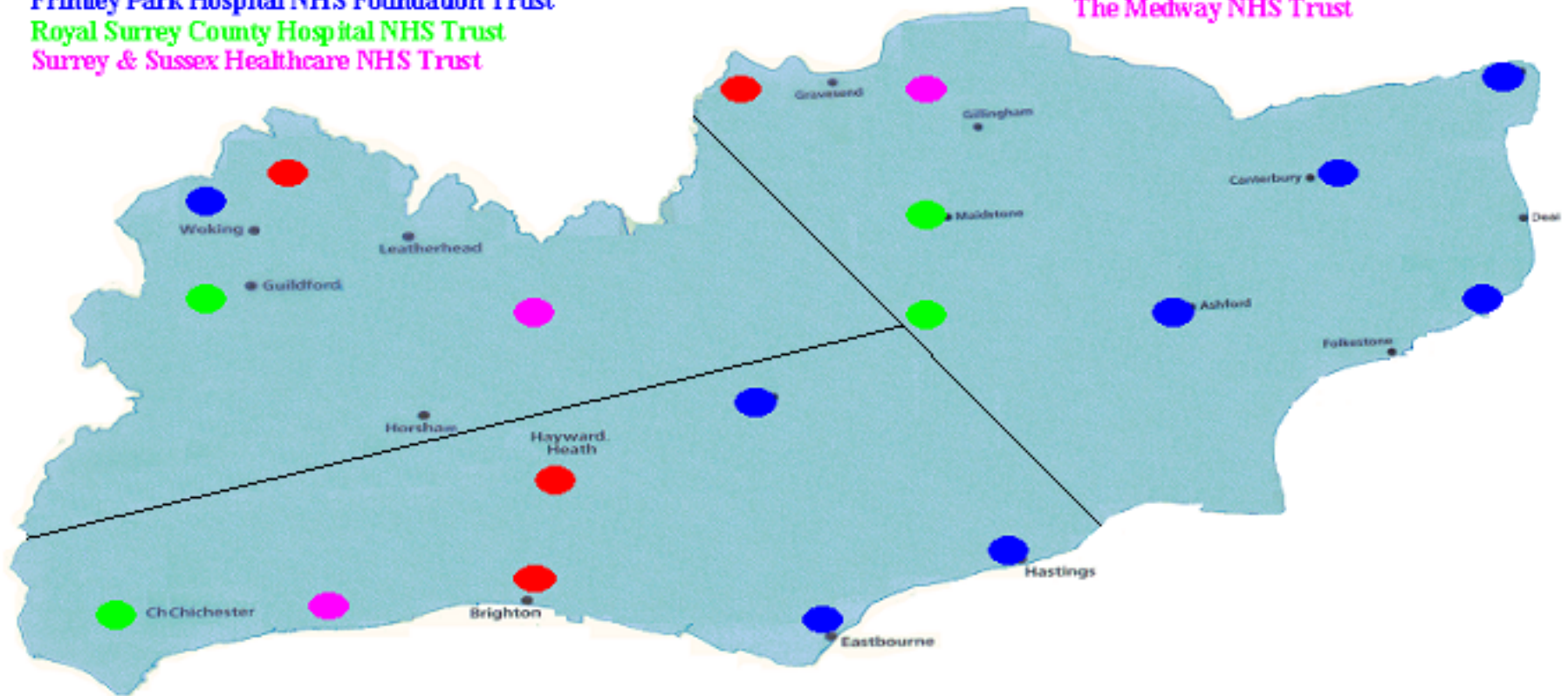
Appendix 15 - LSA Guidelines - Contents Pages for each Guideline Section

SURREY TRUSTS

- Ashford & St Peter's NHS Trust
- Frimley Park Hospital NHS Foundation Trust
- Royal Surrey County Hospital NHS Trust
- Surrey & Sussex Healthcare NHS Trust

KENT TRUSTS

- Dartford & Gravesham NHS Trust
- East Kent Hospitals NHS Trust
- Maidstone & Tunbridge Wells NHS Trust
- The Medway NHS Trust



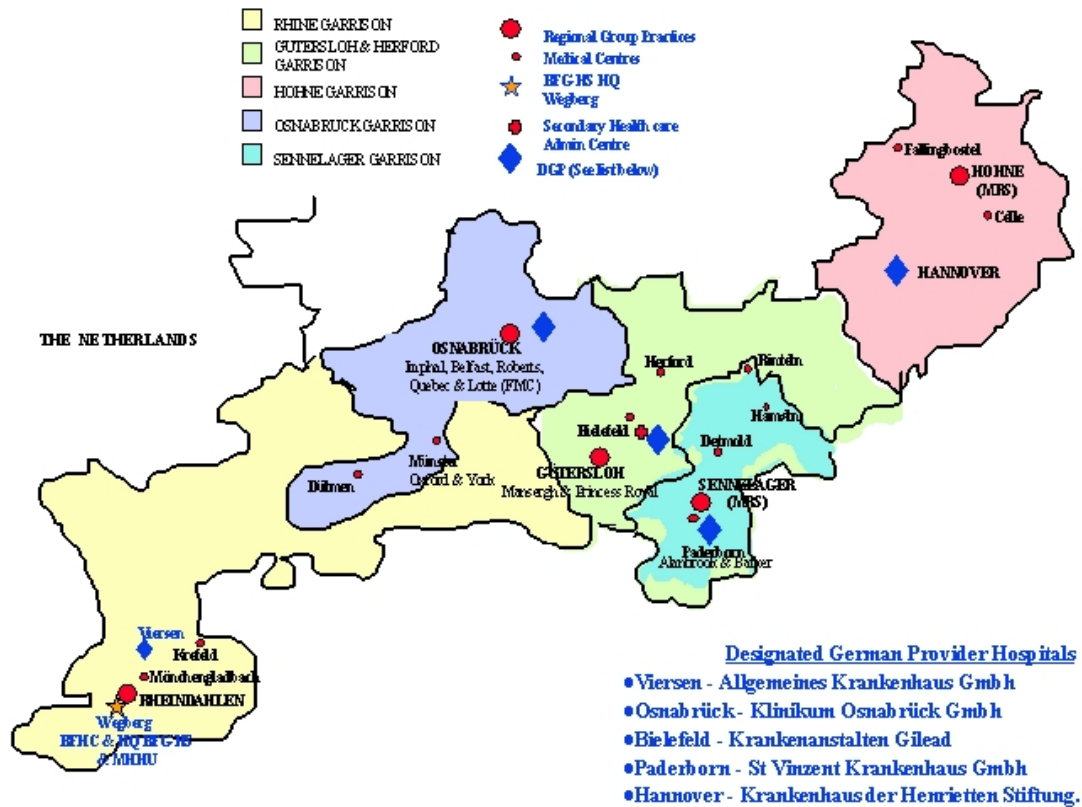
SUSSEX TRUSTS

- Brighton & Sussex University Hospitals NHS Trust
- East Sussex Hospitals NHS Trust
- The Royal West Sussex NHS Trust
- Worthing & Southlands NHS Trust

LOCATIONS OF MOD BASES

British Forces Germany

BFG HEALTH SERVICE REGIONAL GROUP PRACTICES & GARRISONS



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13 June 00

Gibraltar

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Cyprus



Appendix 2 Standards for Supervision of Midwives

Standard 1 - Women Focused Maternity Services

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

Criteria

- 1.1 Supervisors of Midwives participate in 'Maternity User forums' to ensure that the views and voice of service users inform the development of maternity services.
- 1.2 Information available to women includes local arrangements for statutory supervision.
- 1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.
- 1.4 Supervisors support midwives promote informed decision-making about care for women and families.
- 1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and develop an individualised care plan.

Standard 2 - Supervisory Systems

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

Criteria

- 2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to midwives.
- 2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.
- 2.3 LSA processes are followed in the nomination and selection and appointment of Supervisors of Midwives.
- 2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.
- 2.5 LSA guidelines and policies are accessible to midwives and the public.
- 2.6 Supervisors of Midwives receive the Intention to Practise (ITP) forms, check for accuracy and validity prior to forwarding them to the LSA, or entering on the LSA database, within the agreed time frames.
- 2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.
- 2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.
- 2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.
- 2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.
- 2.11 There is a local strategy for supervision and an action plan is developed following audit.
- 2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.
- 2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.
- 2.14 Each Supervisor of Midwives meets with the LSA Midwifery Officer locally and through LSA events.
- 2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.
- 2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.

Standard 3 - Leadership

Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria

- 3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.
- 3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.
- 3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.
- 3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.
- 3.5 There are supervisory mechanisms to support leadership development in a variety of ways.
- 3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.

Standard 4 - Equity of Access to Statutory Supervision of Midwives

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

Criteria

- 4.1 There is 24-hour access to Supervisors of Midwives for all midwives irrespective of their employment status.
- 4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.
- 4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice is reviewed and any education and development needs are identified and a written action plan agreed.
- 4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years, and outcomes inform the local strategy for supervision.
- 4.5 Confidential supervisory activities are undertaken in rooms that ensure privacy.
- 4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.
- 4.7 Student midwives are supported by the supervisory framework.

Standard 5 - Midwifery Practice

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

Criteria

- 5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.
- 5.2 Supervisors of Midwives participate in developing policies and evidence-based guidelines for clinical practice.

- 5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.
- 5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.
- 5.5 Supervisors undertake audit of the administration and destruction of controlled drugs.
- 5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.
- 5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of a named Supervisor of Midwives.
- 5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.
- 5.9 The recommendation for a midwife to undertake a period of supervised practise is discussed with the LSA Midwifery Officer, who is also informed when such a programme is completed.
- 5.10 Allegations of serious professional misconduct are reported to the LSA Midwifery Officer together with a full written report and recommendations and these records are retained for 25 years.
- 5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.
- 5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.
- 5.13 The LSA Midwifery Officer is informed of any serious incident relating to maternity care or midwifery practice.
- 5.14 Audit of record-keeping of each midwife takes place annually and outcome feedback is provided.
- 5.15 Supervisors support midwives participating in clinical trials ensure that the Midwives rules and standards and the Code of Professional Conduct are adhered to.

Appendix 3

Standards of Supervision and Audit Process

Introduction

The Midwives rules and standards (NMC 2004) sets standards for the Local Supervising Authority regarding the supervision of midwives to ensure that mothers and babies receive a consistent quality of midwifery care and to give a clear explanation of what is involved in supervision. 'Effective supervision enables the development of midwifery leadership which creates a practice environment where midwives assume their professional accountability for high quality, evidence-based midwifery care.' (ENB, 1999, Advice and Guidance for Local Supervising Authorities and Supervisors of Midwives). The outcome of this process is the protection of mothers and babies.

Supervisors of midwives therefore will strive to ensure that midwives have a positive relationship with their supervisor that: facilitates safe and autonomous practice and promotes accountability; is based on open and honest dialogue; promotes trust and an assurance of confidentiality; enables midwives to meet with their supervisor of midwives at least once a year to help them evaluate their practice and identify areas of development; and enables the supervisor to act as the midwife's advocate when required.

The Standards for Supervision incorporate the following broad principles:
Rule 12 – The supervision of midwives (NMC 2004)

- Supervisors of Midwives are available to offer guidance and support to women accessing a maternity service that is evidence based in the provision of women centred care.
- Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.
- Supervisors of Midwives provide professional leadership and nurture potential leaders.
- Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.
- Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery

The Aims of the Audit

- To review the evidence demonstrating that the Standards for Supervision are being met;
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies;
- To ensure that midwifery practice is evidence-based, and practitioners are clinically competent;
- To identify that midwives communicate effectively within the multidisciplinary team;
- To review the impact of supervision on midwifery practice.

Audit Process

Introduction

It is anticipated that all Supervisors of Midwives in England will work to a common set of standards for the supervision of midwives and midwifery practice. The audit documentation has been adapted for local use of the LSA Midwifery Officers South of England.

The Audit Process

It is anticipated that using the audit tool for guidance the supervisors of midwives will prepare evidence in preparation for the audit visit. The evidence should be presented in an organised manner separating the evidence required for each standard. Suggestions for evidence are given for guidance, and are not intended to be prescriptive or exclusive.

A self-audit using the audit tool should be completed and sent to the LSA Midwifery Officer at least two weeks prior to the visit.

All supervisors are expected to complete a 'supervisor's questionnaire'; these should also be sent to the LSA Midwifery Officer at least two weeks prior to the visit.

The midwives' questionnaire about their experience of supervision should be distributed to a randomly-selected group of midwives (minimum of 30%). The forms should be collated and sent to the LSA Midwifery Officer at least two weeks prior to the visit.

Audit Visit

The date of the visit to be agreed at least two months in advance.

The LSA Midwifery Officer will be accompanied by a supervisor and possibly a trainee/newly appointed supervisor from another trust to continue the peer review element.

The LSA Midwifery Officer would welcome a service user to also be involved. This will be discussed with the trust in advance.

Midwives Audit

It is important that all midwives have an opportunity to complete a questionnaire once every 3 years.

The workforce (including bank midwives) should be divided into three and each supervisor should have some midwives every year who will be audited.

The names should be noted and the forms given out and returned in a sealed envelope to the named supervisor.

A record should be kept of midwives names so that the following year a different set of midwives are audited. The audit forms should be followed up to ensure that the response rate is as high as possible.

The audit forms should be returned to the LSA Midwifery Officer two weeks before the day of the visit so they can be collated and the results discussed on the day of the visit.

Supervisors Audit

It is important that all supervisors complete the audit form

The forms should be sent with the midwives audit two weeks prior to the visit.

Self Audit Tool

This is completed prior to the visit and submitted with the other forms two weeks prior to the visit.

The aim of the self-audit is to enable the supervisors to identify areas that need further development.

Audit Visit

Suggested programmes can be seen further on in this section. These can be adapted for local use.

Where there is more than one site the LSA Midwifery Officer will discuss with the contact supervisor the programme for the visits.

It is suggested that the programme starts with a presentation from the supervisors and that the Trust's senior management team should be invited to this.

Suggestions for the presentation include - achievements in relation to the strategy for supervision, current issues, initiatives, areas of good practice and areas of concern. These could be set in context with numbers of births, operative births, induction of labour, homebirths, water-births etc., together with the current position in relation to CNST, NSF, CEMACH recommendations, normalising birth, birth rate plus, staffing levels, your closures etc.

One-to-one meetings between the executive officers and the LSA Midwifery Officer may be included in the programme if requested.

The LSA Midwifery Officer is required to have user involvement; this will be discussed with the contact supervisor. Initially it may be easier for a user already involved in the service to contribute to the visit i.e. MSLC Chair or member, Labour Ward Forum member or other user group. It is anticipated in the future that users from maternity services will visit other maternity units with the LSA Midwifery Officer.

The audit process is not a pass or fail. The aim is to identify areas of good practice and areas for future development to ensure that the standards of supervision as set by the NMC (2004) are met.

Following the visit the LSA Midwifery Officer will produce a report utilising the contributions from the panel members. On receipt of the report the trust is expected to formulate an action plan identifying areas for development. The action plan will be forwarded to the LSA Midwifery Officer.

The following visit will review the action plan in addition to the audit review.

Appendix 4 LSA Guidelines – Contents Pages for Each Guideline Section

Section 1 – Statutory Supervision of Midwives

- 1.1 The Local Supervising Authority **Error! Bookmark not defined.**
- 1.2 Legislation governing Supervision of Midwives **Error! Bookmark not defined.**
- 1.3 The role of the Nursing and Midwifery Council . **Error! Bookmark not defined.**
- 1.4 NMC Guidance on selection and appointment of Local Supervising Authority Midwifery Officers **Error! Bookmark not defined.**
- 1.5 The Role of the Local Supervising Authority Midwifery Officer **Error! Bookmark not defined.**
- 1.6 The role of the Supervisor of Midwives..... **Error! Bookmark not defined.**
 - Appendix 1 – Notification of Rule 11: Updating activities relating to the supervision of midwives..... **Error! Bookmark not defined.**
 - Appendix 2 - First Letter **Error! Bookmark not defined.**
 - Appendix 2 - Second Letter **Error! Bookmark not defined.**
 - Appendix 2 - Third Letter **Error! Bookmark not defined.**
- 1.7 Additional Supervisory Roles..... **Error! Bookmark not defined.**
- 1.8 Communication Pathways **Error! Bookmark not defined.**
- 1.8 Communication Pathways **Error! Bookmark not defined.**
- 1.9 National Guideline (England) Nomination, Selection and Appointment of Supervisors of Midwives..... **Error! Bookmark not defined.**
- 1.10 Process for the Subsequent Appointment of a Supervisor of Midwives **Error! Bookmark not defined.**
- Appendix A - **Error! Bookmark not defined.**

Person Specification of a Supervisor of Midwives.....	Error! Bookmark not defined.
Appendix B -	Error! Bookmark not defined.
Role Description For Supervisor Of Midwives .	Error! Bookmark not defined.
Appendix C -	Error! Bookmark not defined.
Supporting paper for nomination as supervisor of midwives	Error! Bookmark not defined.
Appendix D -	Error! Bookmark not defined.
Ballot Paper for selection of Supervisors of Midwives	Error! Bookmark not defined.
Appendix E - Person Specification for Mentor Supervisor of Midwives	Error! Bookmark not defined.
1.11 National Guidelines (England) – Poor performance and Removal from Appointment of Supervisors of Midwives.....	Error! Bookmark not defined.
1.12 National Guidelines (England) - Voluntary Resignation from the role of Supervisor of Midwives.....	Error! Bookmark not defined.

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2.5 Audit visit programme for single site visit	Error! Bookmark not defined.
2.6 Audit visit programme for Multi-site visit	Error! Bookmark not defined.
2.7 Standards for Supervision of Midwives	3
Standard 1 - Women Focused Maternity Services	3
Standard 2 - Supervisory Systems	4
Standard 3 - Leadership	4
Standard 4 - Equity of Access to Statutory Supervision of Midwives.....	5
Standard 5 - Midwifery Practice.....	5
2.7.1 Guidance for Evidence criteria.....	Error! Bookmark not defined.
2.8 Questionnaires	Error! Bookmark not defined.
2.8.1 Audit of Supervision of Midwives: Questionnaire for midwives	Error! Bookmark not defined.
2.8.2 Supervisory Audit Visit – Supervisors Confidential Questionnaire	Error! Bookmark not defined.

2.9 Template for user to seek views from Supervisors of Midwives **Error! Bookmark not defined.**

2.10 Supervision of Midwives Audit Questionnaire **Error! Bookmark not defined.**

Section 3 – Guidance Documents

The following documents have been developed to guide supervisors of midwives in their practice. Guidance documents, which have been produced by the LSA Midwifery Officers within England for national use, are also included, and are denoted as National Guidelines.

	Pages
3.1 Return to midwifery registration and adaptation programmes	1
3.2 The Supervisor and Manager	5
3.3 Supervision and clinical governance	7
3.4 Maintenance and storage of supervisory records (National)	10
Appendix 1 Form for transfer of records	12
3.5 Confidentiality for supervisors of midwives (National)	13
3.6 Supervising midwives when receiving requests to care for family and friends	16
3.7 Supervising midwives who are in specialist roles, e.g. Midwives working in neonatal units Midwifery lecturers Midwifery managers Midwife sonographers Child protection midwives Bereavement midwives Complementary therapists	18
3.8 Supervising midwives who are not employed by a trust Independent midwives Agency midwives	23 36
3.9 Supervision and non-midwifery practitioners, e.g. Complementary/alternative therapists Doulas	38 39
3.10 Supervision and practice nurses	41
3.11 Guidance on provision of midwifery care and delegation of midwifery care to others	44
3.12 Guidance on Freedom of Information	47

Section 4 – Guidance Documents for Unusual or Rare Events

	Pages	
4.1	Notification of abandoned baby	2
4.2	Abduction of a baby from a maternity unit	4
4.3	Maternal death	6
4.4	Stillbirth at home	25
4.5	Surrogacy	28
4.6	Serious Untoward Incidents (SUI's)	31
4.7	Fetal Loss	33
4.8	Certification and burial or cremation of a stillborn infant	35
4.9	Consent and pregnant minors	36
4.10	Umbilical cord blood collection	37

Section 5 – Poor Performance and Allegations of Professional Misconduct

		Pages
5.1	Inadequate/poor professional practice	1
5.2	Investigating allegations of misconduct or impaired fitness to practise	3
5.3	National Guidelines for Supervised practice	15

Appendix 5 Contact details of Chief Executive and LSA Midwifery Officer

Chief Executive
<p>Candy Morris Chief Executive South East Coast Strategic Health Authority York House 18 – 20 Massetts Road Horley Surrey RH6 7DE Telephone: 01293 778808 Email: candy.morris@Southeastcoast.nhs.uk</p>
LSA Midwifery Officer
<p>Helen O'Dell LSA Midwifery Officer South East Coast Strategic Health Authority Health Improvement Preston Hall Aylesford Kent ME20 7NJ Telephone: 01622 713069 Email: helen.o'dell@southeastcoast.nhs.uk</p>

APPENDIX 7

HIGHER EDUCATION INSTITUTES UNDERTAKING
MIDWIFERY TRAINING / RETURN TO PRACTICE

<u>University of Surrey</u>	<u>University of Brighton</u>

<p>Ann Robinson Lecturer (Clinical) Midwifery Director of Studies Pre Registration Midwifery European Institute of Health & Medical Sciences Duke of Kent Building University of Surrey Guildford GU2 7TE 01483 686713 a.robinson@surrey.ac.uk</p> <p>Sharon Rust Midwifery Lecturer Practitioner Return to Practice (Midwifery) European Institute of Health & Medical Sciences Duke of Kent Building University of Surrey Guildford GU2 7TE 01483 684639 s.rust@surrey.ac.uk</p>	<p><u>Heidi Mok</u> Senior Lecturer - Midwifery University of Brighton Pembury Hospital Education Department Tonbridge Road Pembury Tunbridge Wells Kent TN2 4QJ 01892 633135 H.L.Mok@bton.ac.uk</p> <p><u>Peggy Stevens</u> Senior Lecturer – Midwifery Return to Practice Midwifery Module Co-ordinator University of Brighton Institute of Nursing & Midwifery Education Centre Eastbourne District General Hospital Kings Drive Eastbourne BN21 2UD 01323 417400 Ext 4389 P.A.Stevens@bton.ac.uk</p>
Canterbury Christ Church University College	Greenwich University
<p><u>Judith Nabb</u> Senior Lecturer – Midwifery Department of Midwifery and Child Health Studies Canterbury Christ Church University College Canterbury Kent CT1 1QU 01227 767700 jmn1@canterbury.ac.uk</p> <p><u>Helen Muscat</u> Return to Practice Lecturer Practitioner in Midwifery Department of Midwifery and Child Health Studies Canterbury Christ Church University College Canterbury Kent CT1 1QU 01227 767700 Ext 2620 hm27@canterbury.ac.uk</p>	<p><u>Mary Billington</u> Senior Lecturer - Midwifery Return to Practice Midwifery School of Health & Social Care University of Greenwich Mansion Site Bexley Road Eltham London SE9 2PQ 02083 318067 M.A.Billington@greenwich.ac.uk</p>

**DETAILED BREAKDOWN OF CLINICAL ACTIVITY SURREY & SUSSEX AND KENT & MEDWAY
APPENDIX 8**

Trust Name	Total Women Given Birth in Hospital	Births in Midwife Led Centres	Births in Home	Total Women Giving Birth	Maternal Deaths	Total Babies Born	Stillbir
Ashford & St Peter's Hospital NHS Trust	3725	0	83	3808	0	3872	21
Surrey and Sussex Healthcare NHS Trust	3897	0	98	3995	1	4074	25
Brighton & Sussex University NHS Trust	5221	0	303	5522	2	5627	19
Royal Surrey County Hospital NHS Trust	3058	0	88	3146	0	3159	7
Frimley Park Hospital NHS Trust	3927	0	81	3984	0	4016	24
Worthing & Southland Hospitals NHS Trust	2467	0	103	2570	0	2604	10
The Royal West Sussex NHS Trust	2251	0	99	2350	0	2396	6
East Sussex Hospitals NHS Trust	3350	341	161	3852	0	3908	15
Dartford & Gravesham NHS Trust	2808	0	105	2911	0	2944	12
East Kent Hospitals NHS Trust	5554	754	277	6585	0	6671	29
Maidstone & Tunbridge Wells NHS Trust	4640	0	239	4879	1	4962	27
The Medway NHS Trust	3991	0	211	4202	0	4275	24
Total	45230	1095	1848	48171	4	48508	219

The Early and Late Neonatal Deaths information is not complete

DETAILED BREAKDOWN OF CLINICAL ACTIVITY SURREY & SUSSEX AND KENT & MEDWAY

Trust Name	Total Women Given Birth in Hospital	Births in Midwife Led Centres	Births in Home	Total Women Giving Birth	Maternal Deaths	Total Babies Born
Ashford & St Peter's Hospital NHS Trust	97.8%	0.0%	2.20%	100%	0.0%	100%
Surrey and Sussex Healthcare NHS Trust	97.55%	0.0%	2.45%	100%	0.02%	100%
Brighton & Sussex University NHS Trust	94.50%	0.0%	5.50%	100%	0.03%	100%
Royal Surrey County Hospital NHS Trust	97.20%	0.0%	2.80%	100%	0.0%	100%
Frimley Park Hospital NHS Trust	98.00%	0.0%	2.00%	100%	0.0%	100%
Worthing & Southland Hospitals NHS Trust	96.00%	0.0%	4.00%	100%	0.0%	100%
The Royal West Sussex NHS Trust	96.00%	0.0%	4.00%	100%	0.0%	100%
East Sussex Hospitals NHS Trust	87.00%	9.00%	4.00%	100%	0.0%	100%
Dartford & Gravesham NHS Trust	96.00%	0.0%	4.00%	100%	0.0%	100%
East Kent Hospitals NHS Trust	84.30%	11.50%	4.20%	100%	0.0%	100%
Maidstone & Tunbridge Wells NHS Trust	95.10%	0.0%	4.90%	100%	0.02%	100%
The Medway NHS Trust	95.00%	0.0%	5.00%	100%	0.0%	100%

The Early and Late Neonatal Deaths information is not complete

STATISTICAL BREAKDOWN OF CLINICAL ACTIVITY SURREY & SUSSEX AND KENT & MEDWAY

Trust Name	Gave Birth Under 18 Years Old	Initiating Breast Feeding	Breast Feeding On Discharge to the Health Visitor	Smoker at Time of Delivery	Planned Inductions	Accelerated Labours	Planned Caesarean Sections	Emergency Caesarean Sections
Ashford & St Peter's Hospital NHS Trust		2913	2171		744		392	
Surrey and Sussex Healthcare NHS Trust	62	3191	2850	350	710	1281	474	
Brighton & Sussex University NHS Trust	24	5089			1028	1002	581	
Royal Surrey County Hospital NHS Trust	21	2560		339	693		328	
Frimley Park Hospital NHS Trust	103	3246	3019	417	805	1384	434	
Worthing & Southland Hospitals NHS Trust	159	2144	1170	335	406	43	293	
The Royal West Sussex NHS Trust		1938	1733	229	401		283	
East Sussex Hospitals NHS Trust	93	2847	2254	792	840	1193	373	
Dartford & Gravesham NHS Trust	47	1672	1661	562	733		442	
East Kent Hospitals NHS Trust	299	4607		1146	1382	3315	591	
Maidstone & Tunbridge Wells NHS Trust	70	3848	2920	734	924	1841	500	
The Medway NHS Trust	124	2923	1816	934	908	1031	418	

 = Data not received

STATISTICAL BREAKDOWN OF CLINICAL ACTIVITY SURREY & SUSSEX AND KENT & MEDWAY

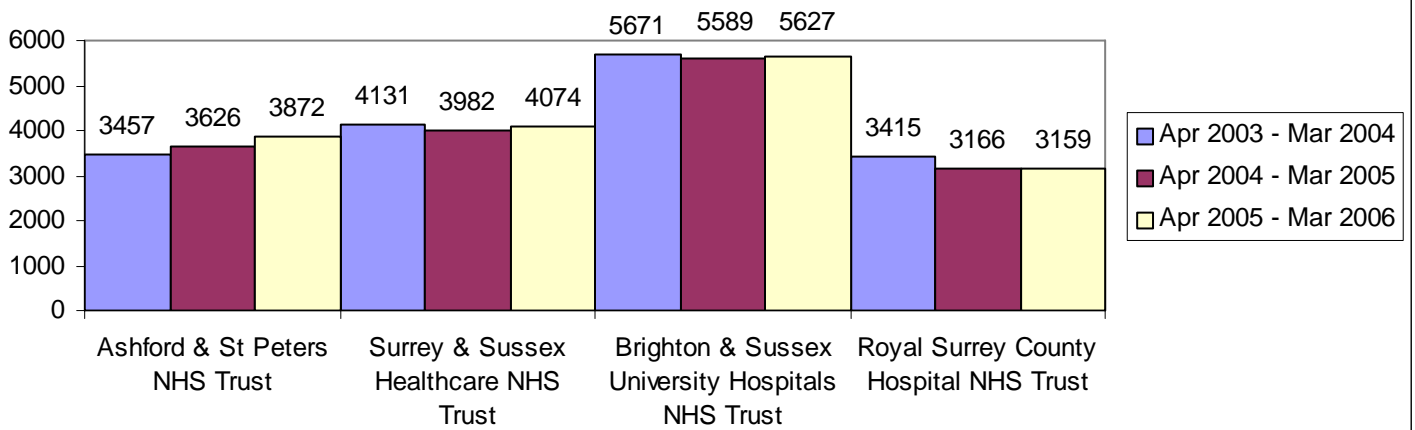
Trust Name	Gave Birth Under 18 Years Old	Initiating Breast Feeding	Breast Feeding On Discharge to the Health Visitor	Smoker at Time of Delivery	Planned Inductions	Accelerated Labours	Planned Caesarean Sections	Emergency Caesarean Sections
Ashford & St Peter's Hospital NHS Trust		75.23%	56.06%		19.21%		10.12%	1.00%
Surrey and Sussex Healthcare NHS Trust	1.52%	78.32%	69.95%	8.59%	17.42%	31.44%	11.63%	1.00%
Brighton & Sussex University NHS Trust	0.42%	90.43%			18.26%	17.80%	10.35%	1.00%
Royal Surrey County Hospital NHS Trust	0.66%	81.03%		10.73%	21.93%		10.38%	1.00%
Frimley Park Hospital NHS Trust	2.56%	80.82%	75.17%	10.38%	20.04%	34.46%	10.80%	1.00%
Worthing & Southland Hospitals NHS Trust	6.10%	82.33%	44.93%	12.86%	15.59%	1.65%	11.25%	1.00%
The Royal West Sussex NHS Trust		80.88%	72.32%	9.55%	16.73%		11.81%	1.00%
East Sussex Hospitals NHS Trust	2.37%	72.85%	57.67%	20.26%	21.49%	30.52%	9.54%	1.00%
Dartford & Gravesham NHS Trust	1.59%	57.43%	56.41%	19.08%	24.89%		15.01%	8.00%
East Kent Hospitals NHS Trust	4.48%	96.06%		17.17%	20.67%	70.40%	8.85%	1.00%
Maidstone & Tunbridge Wells NHS Trust	1.41%	77.54%	58.84%	15.15%	18.62%	37.10%	10.07%	1.00%
The Medway NHS Trust	2.90%	68.37%	42.47%	21.84%	21.23%	24.11%	9.77%	1.00%

 = Data not received

**TWO YEAR DELIVERY TRENDS, SURREY & SUSSEX AND KENT & MEDWAY
APPENDIX 9**

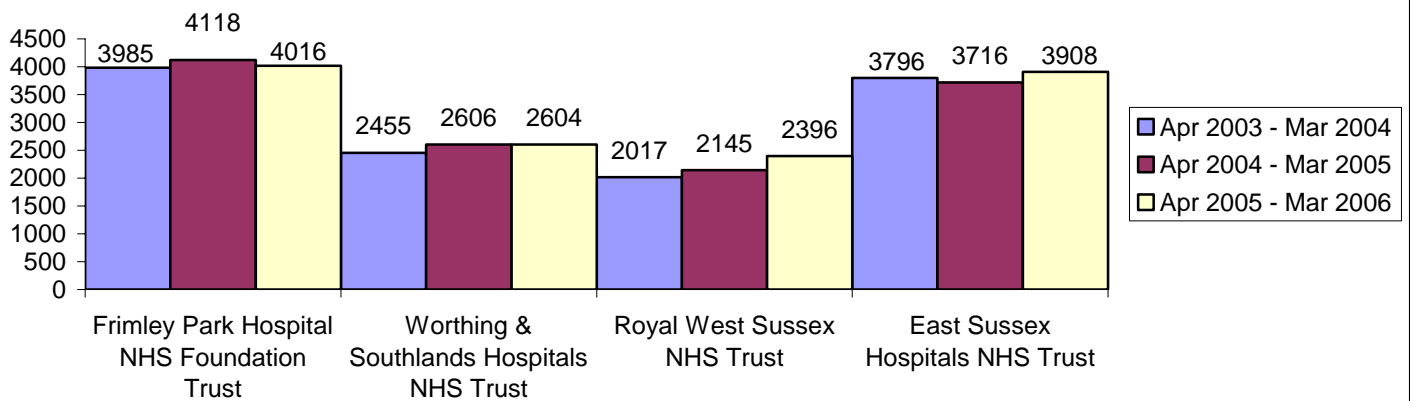
Total Births Surrey & Sussex, Kent & Medway By Trust	2003/2004	2004/2005	2005/2006
Ashford & St Peters NHS Trust	3457	3626	3872
Surrey & Sussex Healthcare NHS Trust	4131	3982	4074
Brighton & Sussex University Hospitals NHS Trust	5671	5589	5627
Royal Surrey County Hospital NHS Trust	3415	3166	3159
Frimley Park Hospital NHS Foundation Trust	3985	4118	4016
Worthing & Southlands Hospitals NHS Trust	2455	2606	2604
Royal West Sussex NHS Trust	2017	2145	2396
East Sussex Hospitals NHS trust	3796	3716	3908
Dartford & Gravesham NHS Trust	2640	2659	2944
East Kent Hospitals NHS Trust	6462	6477	6671
Maidstone & Tunbridge Wells NHS Trust	4975	4784	4962
The Medway NHS Trust	4280	4554	4275
Total	47284	47422	48508

Total Births Surrey & Sussex by Trust

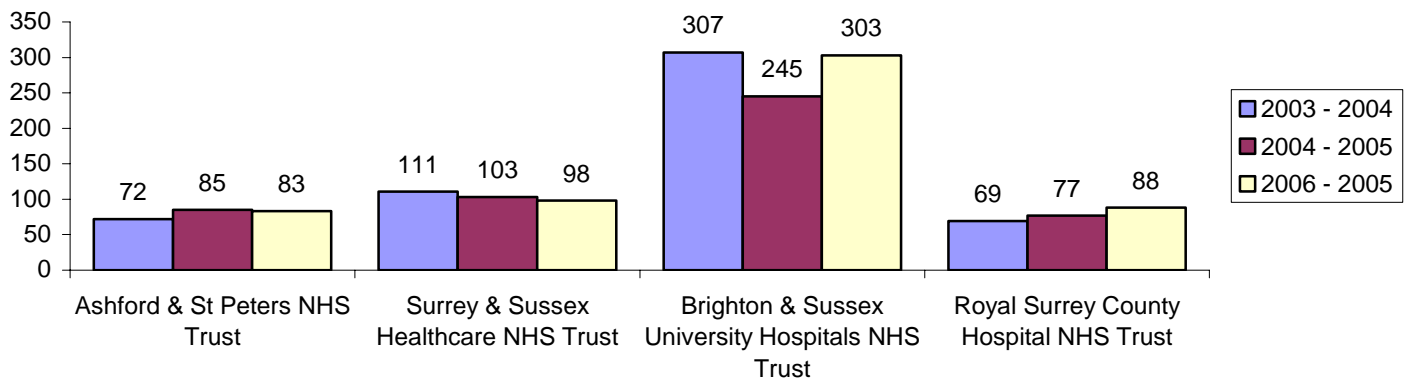


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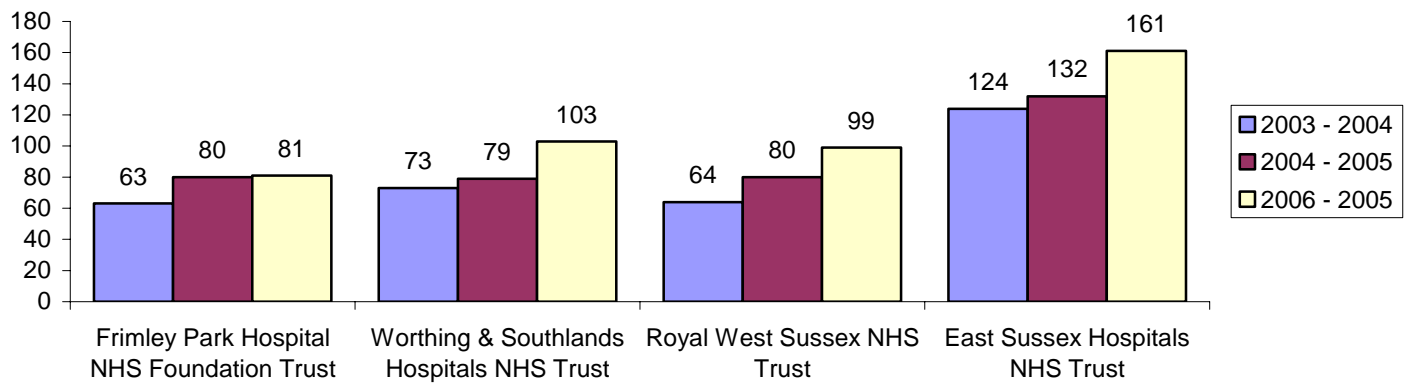
Total Births Surrey & Sussex by Trust



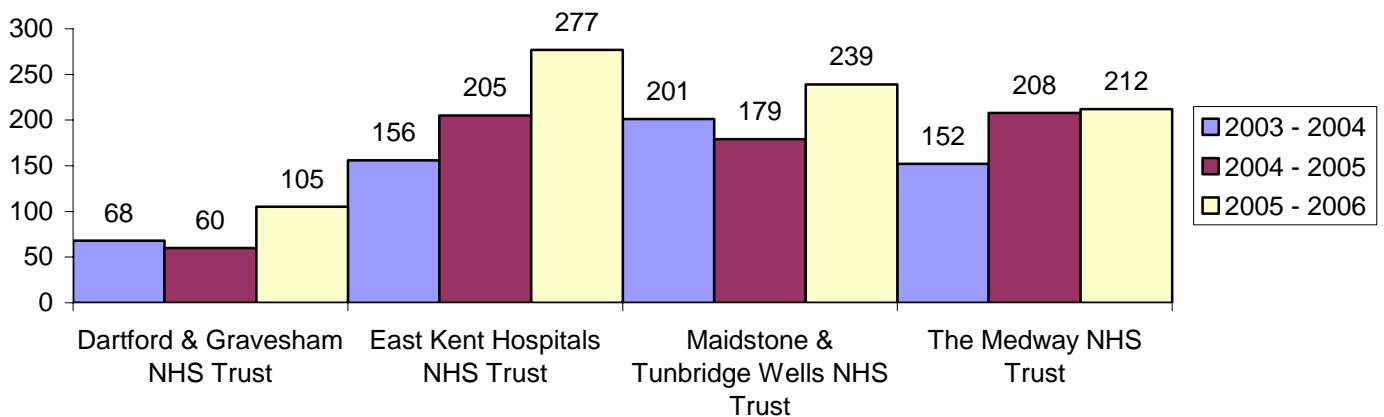
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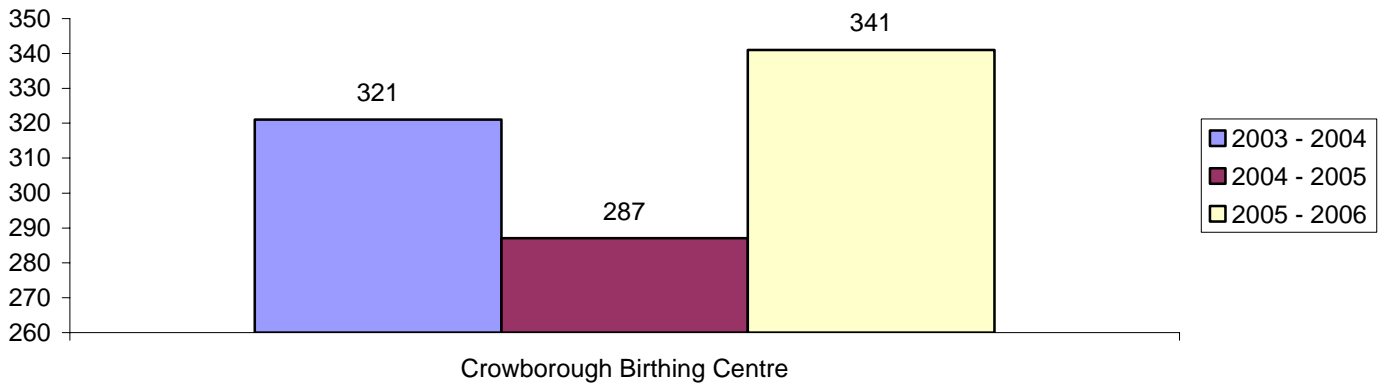
Total Home Births Surrey & Sussex by Trust



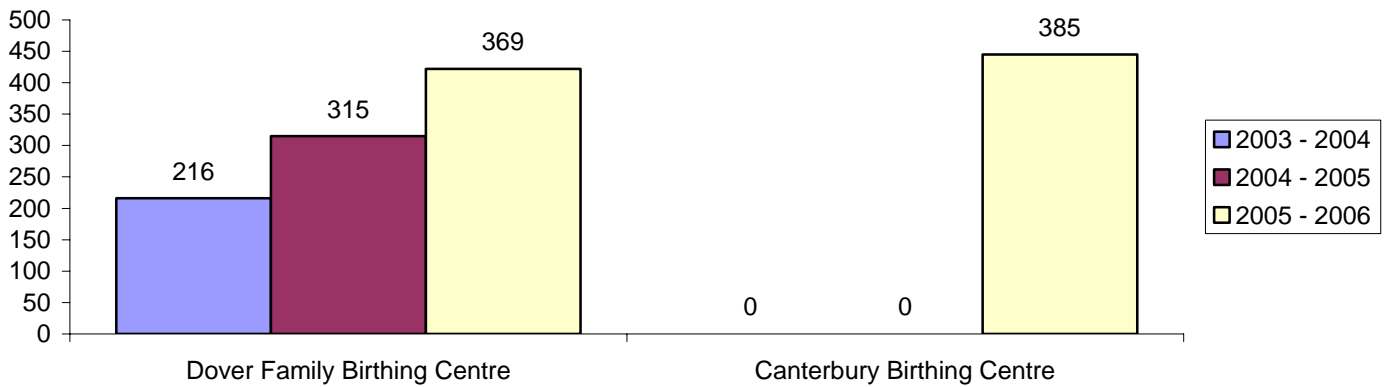
Total Home Births Kent & Medway by Trust



Total Birthing Centre Births Surrey & Sussex



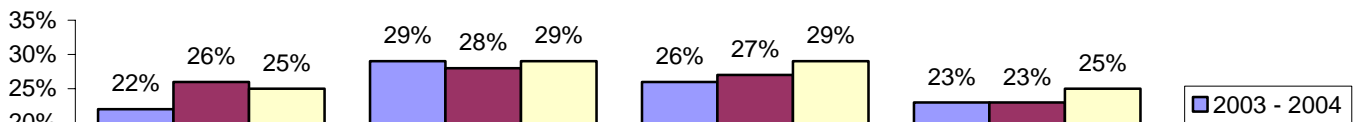
Total Birthing Centre Births Kent & Medway



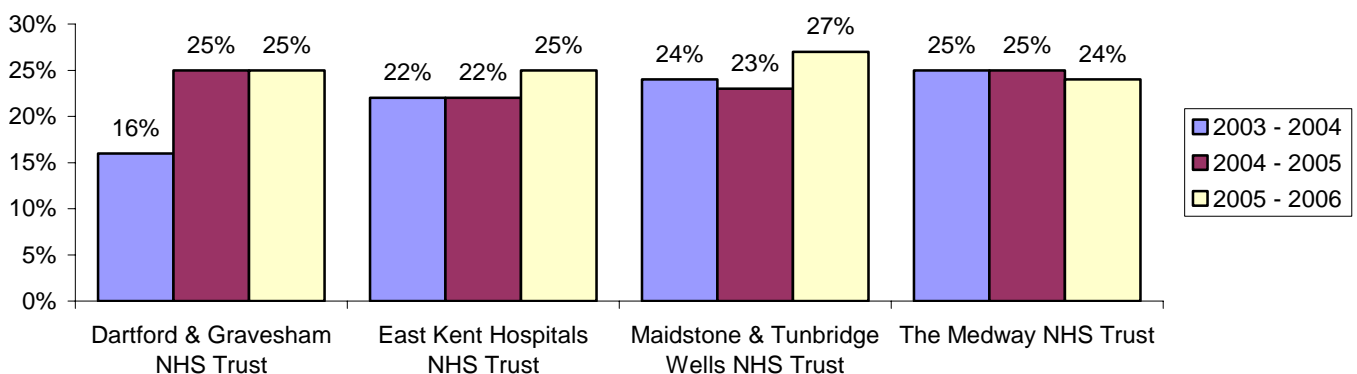
APPENDIX 10

TWO YEAR CAESAREAN SECTION RATE SURREY & SUSSEX AND KENT & MEDWAY

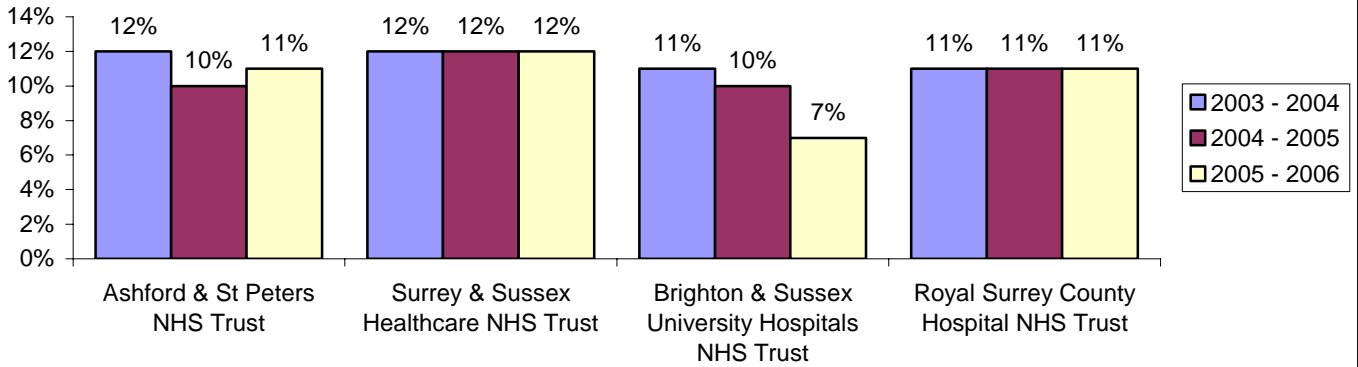
Total Caesarean Section for Surrey & Sussex by Trust



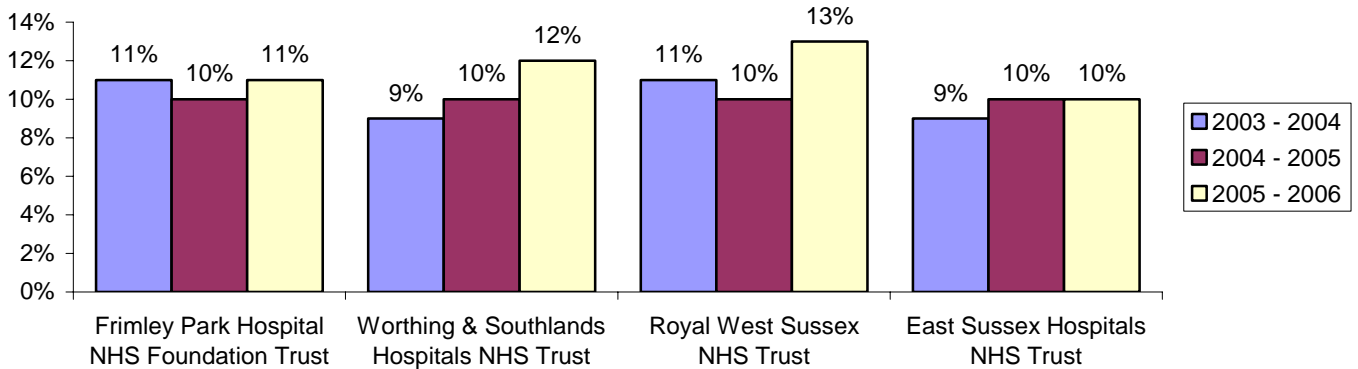
Total Caesarean Section for Kent & Medway by Trust



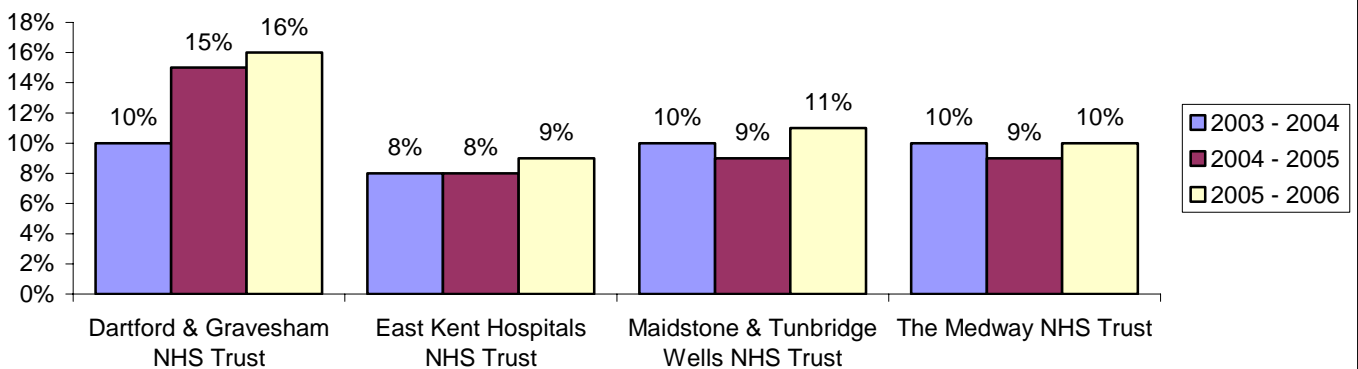
Elective Caesarean Section for Surrey & Sussex by Trust



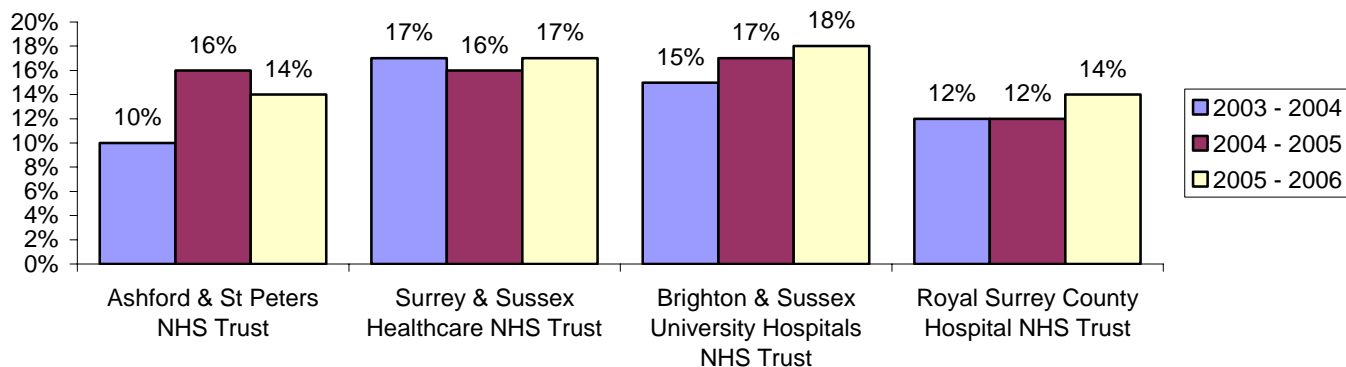
Elective Caesarean Section for Surrey & Sussex by Trust



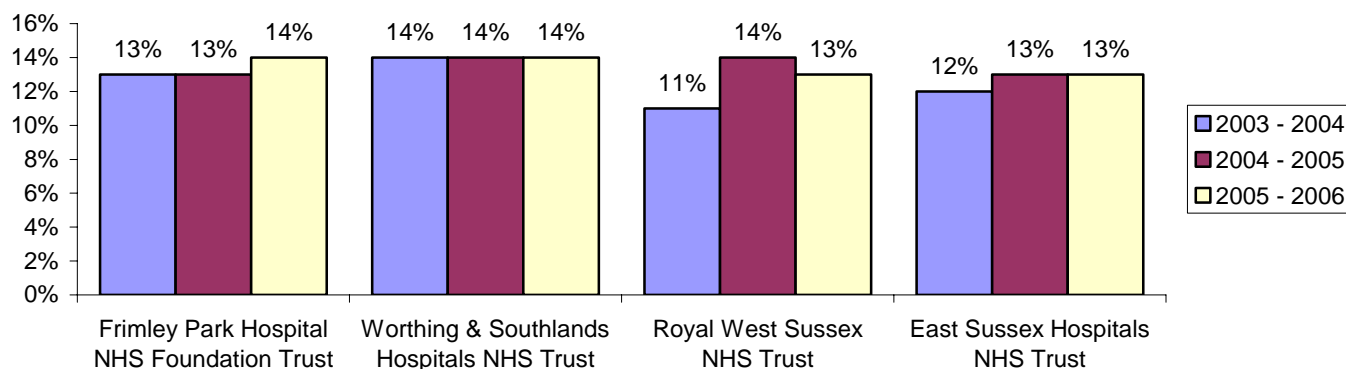
Elective Caesarean Section for Kent & Medway by Trust



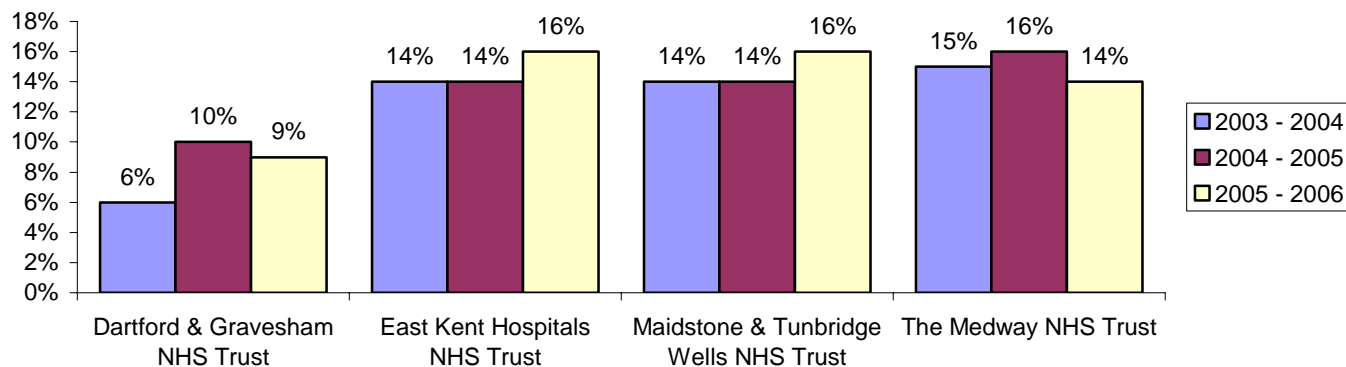
Emergency Caesarean Section for Surrey & Sussex by Trust



Emergency Caesarean Section for Surrey & Sussex by Trust



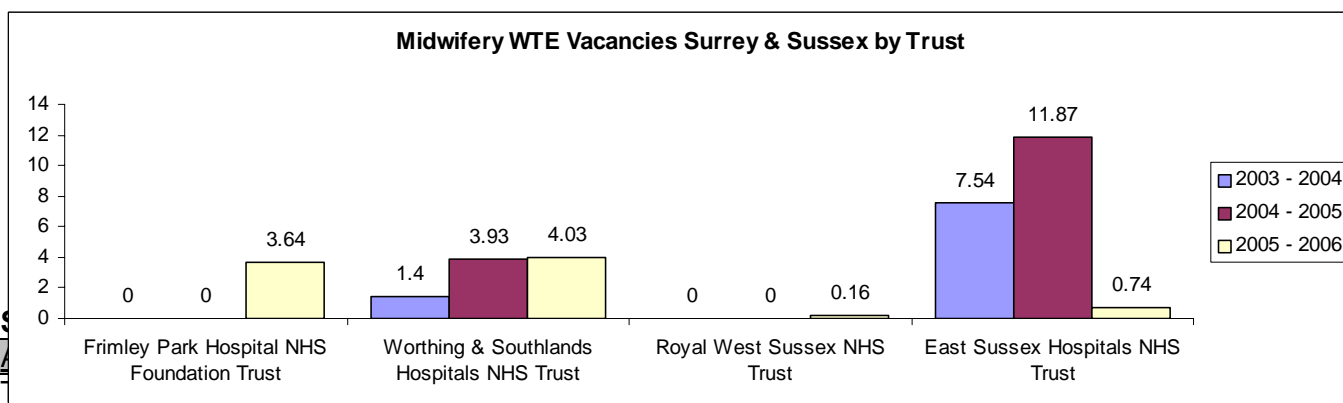
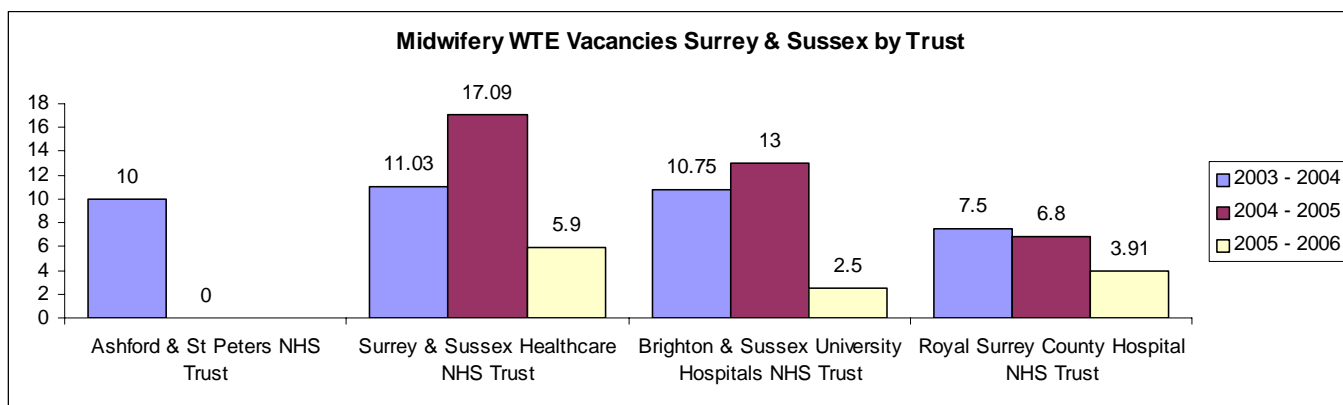
Emergency Caesarean Section for Kent & Medway by Trust



VACANCY FACTOR SURREY & SUSSEX AND KENT & MEDWAY

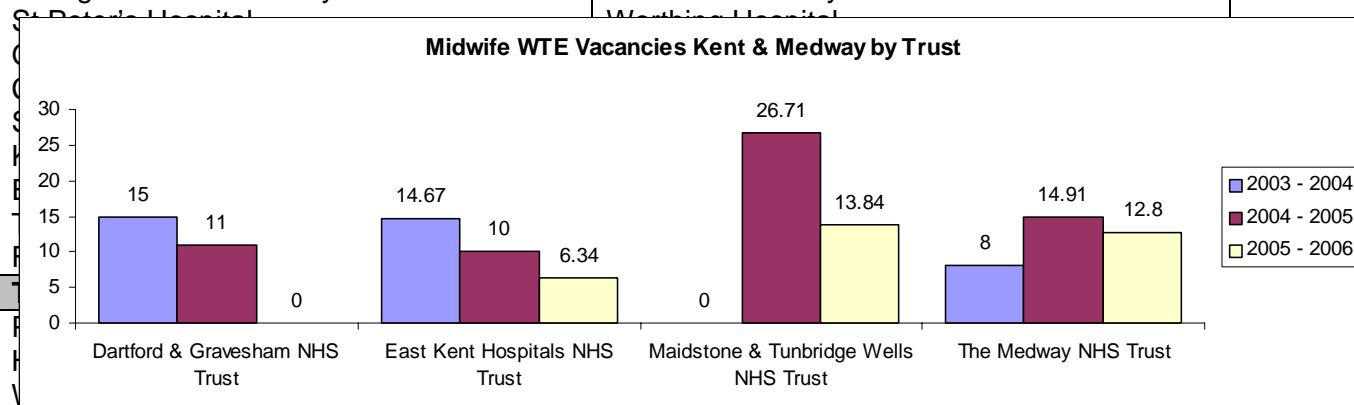
APPENDIX 11

Midwife WTE Vacancies Kent & Medway, Surrey & Sussex by Trust	03 - 04	04 - 05	05 - 06
Dartford & Gravesham NHS Trust	15	11	0
East Kent Hospitals NHS Trust	14.67	10	6.34
Maidstone & Tunbridge Wells NHS Trust		26.71	13.84
The Medway NHS Trust	8	14.91	12.8
Ashford & St Peters NHS Trust	10	0	
Surrey & Sussex Healthcare NHS Trust	11.03	17.09	5.9
Brighton & Sussex University Hospitals NHS Trust	10.75	13	2.5
Royal Surrey County Hospital NHS Trust	7.5	6.8	3.91
Frimley Park Hospital NHS Foundation Trust	0	0	3.64
Worthing & Southlands Hospitals NHS Trust	1.4	3.93	4.03
Royal West Sussex NHS Trust	0	0	0.16
East Sussex Hospitals NHS Trust	7.54	11.87	0.74
Total	85.89	115.31	53.86



Acting Head of Midwifery Services

Head of Midwifery



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Frimley Park Hospital NHS Trust	Surrey and Sussex Healthcare NHS Trust
<p>Adrienne Price Head of Midwifery Frimley Park Hospital Portsmouth Road Frimley Camberley Surrey GU16 5UJ E-mail: Adrienne.price@fph-tr.nhs.uk Tel: 01276 604210 Fax: 01276 604156</p>	<p>Sue Chapman Head of Midwifery East Surrey Hospital Canada Avenue Redhill Surrey RH1 5RH E-mail: sue.chapman@sash.nhs.uk Tel: 01737 768 511 Ext 6820 Sec 6819 Fax: 01737 231727</p>
East Sussex NHS Trust	Brighton & Sussex University NHS Trust
<p>Debra Young Head of Midwifery Conquest Hospital The Ridge, St Leonard's on Sea East Sussex TN37 7RD E-mail: Debra.Young@esht.nhs.uk Tel: 01424 755 255 Fax: 01424 758 098</p>	<p>Carol Drummond Head of Midwifery The Royal Sussex County Hospital Eastern Road Brighton East Sussex BN2 5BE E-mail: Carol.Drummond@bsuh.nhs.uk Tel: 01273 696955 ext 4375 Fax: 01273 664795</p>
<p>Maternity Department Eastbourne District General Hospital Kings Drive, Eastbourne East Sussex BN21 2UD Tel: 01323 435812 Fax: 01323 413759</p>	<p>Maternity Department Princess Royal Hospital Directorate of Women & Children's Services The Princess Royal Hospital Lewes Road, Haywards Heath West Sussex RH16 4EX Tel: 01444 441881 Ext 4007 Fax: 01444 415865</p>

Kent & Medway Strategic Health Authority

Dartford & Gravesham NHS Trust	East Kent Hospitals NHS Trust
<p style="text-align: center;">Ms Dawn Johnston</p> <p>Head of Midwifery Willow Ward Darent Valley Hospital Darenth Wood Road, Dartford Kent DA2 8DA dawn.johnston@dag-tr.sthames.nhs.uk Tel: 01322 428769 Fax: 01322 428109</p>	<p>Sally Moore Head of Midwifery Queen Elizabeth the Queen Mother Hospital St Peter's Road Margate Kent CT9 4AN E-mail: Sally.Moore@ekht.nhs.uk Tel: 01843 22 544 Fax: 01843 234523</p>
Maidstone & Tunbridge Wells NHS Trust	
<p>Gillian Duffey Head of Nursing and Midwifery Women's and Children's Directorate Maidstone Hospital Hermitage Lane Barming, Maidstone Kent ME16 9QQ E-mail: gillian.duffey@nhs.net Tel: 01622 224597 Fax: 01622 224545</p>	<p>Folkestone Ward William Harvey Hospital Kennington Road Willesborough <i>Ashford</i> Kent TN24 0LZ Tel: 01233 616 171 Fax: 01233 616 755</p>
<p>Maternity Department Pembury Hospital Tonbridge Road Pembury Tunbridge Wells Kent TN2 4QJ Tel: 01892 823 535 Fax: 01892 824 267</p>	<p><u>Maternity Department</u> Kent & Canterbury Hospital Ethelbert Road Canterbury, Kent CT1 3NG Tel: 01227 766877 Fax: 01227 864055</p>
The Medway NHS Trust	<u>Dover Family Birthing Centre</u>
<p>Ursula Clarke Head of Maternity Services Medway Maritime NHS Trust Windmill Road Gillingham Kent ME7 5NY Ursula.Clarke@medway-tr.sthames.nhs.uk Tel: 01634 825157 Fax: 01634 811250</p>	<p><u>Buckland Hospital</u> <u>Coombe Valley Road</u> <u>Dover</u> <u>CT17</u> 0HD <u>Tel: 01304 201624</u> Fax: 01304 203565</p>

CONSULTANT MIDWIFE DETAILS SURREY & SUSSEX AND KENT & MEDWAY APPENDIX 14

East Kent Hospitals NHS Trust	Ashford & St Peter's NHS Trust	
<p>Madeleine Harris Maternity Unit Kent & Canterbury Hospital Ethelbert Road Canterbury, Kent CT1 3NG E-mail: madeleine.harris@ekht.nhs.uk E-mail: Tel: 01227 766877 Ext 74830</p>	<p>Mary Bell ANC, Abbey Wing St Peter's Hospital Guildford Road Chertsey KT16 0PZ E-mail: Mary.Bell@asph.nhs.uk Tel: 01932 872000 Ext 2369</p>	
<p>Stephanie Mansell Maternity Unit Kent & Canterbury Hospital Ethelbert Road Canterbury, Kent CT1 3NG E-mail: stephanie.mansell@ekht.nhs.uk Tel: 01227 766877 Ext 74830</p>	<th data-bbox="801 521 1385 600">Maidstone & Tunbridge Wells NHS Trust</th> <p data-bbox="801 600 1385 1064"> Sarah Gregson Women & Children's Dept Maidstone Hospital Hermitage Lane Barming, Maidstone Kent ME16 9QQ Email: sarah.gregson@nhs.net Tel 01622 224735 Mobile: 07659 133833 Pager: TBA </p>	Maidstone & Tunbridge Wells NHS Trust

Appendix 15

LSA Guidelines - Contents Pages for each Guideline Section

Section 1 – Statutory Supervision of Midwives

Contents

- 1.1 The Local Supervising Authority
- 1.2 Legislation governing Supervision of Midwives
- 1.3 The role of the Nursing and Midwifery Council
- 1.4 NMC Guidance on selection and appointment of Local Supervising Authority Midwifery Officers
- 1.5 The Role of the Local Supervising Authority Midwifery Officer
- 1.6 The role of the Supervisor of Midwives

Appendix 1 Notification of Rule 11: Updating activities relating to the supervision of midwives

- Appendix 2 - First Letter
- Appendix 2 - Second Letter
- Appendix 2 - Third Letter

- 1.7 Additional Supervisory Roles
- 1.8 Communication Pathways
- 1.8 Communication Pathways
- 1.9 National Guideline (England) Nomination, Selection and Appointment of Supervisors of Midwives
- 1.10 Process for the Subsequent Appointment of a Supervisor of Midwives
 - Appendix A Person Specification of a Supervisor of Midwives
 - Appendix B Role Description For Supervisor Of Midwives
 - Appendix C Supporting paper for nomination as supervisor of midwives
 - Appendix D Ballot Paper for selection of Supervisors of Midwives
 - Appendix E Person Specification for Mentor Supervisor of Midwives
- 1.11 National Guidelines (England) – Poor performance and Removal from Appointment of Supervisors of Midwives
- 1.12 National Guidelines (England) - Voluntary Resignation from the role of Supervisor of Midwives

Section 2 – Standards of Supervision and Audit Process

Contents

- 2.1 Introduction
- 2.2 The Aims of the Audit
- 2.3 Audit Process
- 2.4 After the Audit Visit
- 2.5 Audit visit programme for single site visit
- 2.6 Audit visit programme for Multi-site visit
- 2.7 Standards for Supervision of Midwives
 - * Standard 1 - Women Focused Maternity Services
 - * Standard 2 - Supervisory Systems
 - * Standard 3 - Leadership
 - * Standard 4 - Equity of Access to Statutory Supervision of Midwives
 - * Standard 5 - Midwifery Practice
 - 2.7.1 Guidance for Evidence criteria
- 2.8 Questionnaires

- 2.8.1 Audit of Supervision of Midwives: Questionnaire for midwives
- 2.8.2 Supervisory Audit Visit – Supervisors Confidential Questionnaire
- 2.9 Template for user to seek views from Supervisors of Midwives
- 2.10 Supervision of Midwives Audit Questionnaire

Section 3 – Guidance Documents

The following documents have been developed to guide supervisors of midwives in their practice. Guidance documents, which have been produced by the LSA Midwifery Officers within England for national use, are also included, and are denoted as National Guidelines.

Contents

- 3.1 Return to midwifery registration and adaptation programmes
- 3.2 The Supervisor and Manager
- 3.3 Supervision and clinical governance
- 3.4 Maintenance and storage of supervisory records (National)Appendix 1 Form for transfer of records
- 3.5 Confidentiality for supervisors of midwives (National)
- 3.6 Supervising midwives when receiving requests to care for family and friends
- 3.7 Supervising midwives who are in specialist roles, e.g.
 - Midwives working in neonatal units
 - Midwifery lecturers
 - Midwifery managers
 - Midwife sonographers
 - Child protection midwives
 - Bereavement midwives
 - Complementary therapists
- 3.8 Supervising midwives who are not employed by a trust
 - Independent midwives
 - Agency midwives

3.9 Supervision and non-midwifery practitioners, e.g.

Complementary/alternative therapists

Doulas

3.10 Supervision and practice nurses

3.11 Guidance on provision of midwifery care and delegation of midwifery care to others

Section 4 – Guidance documents for unusual or rare events

- 4.1 Notification of abandoned baby
- 4.2 Abduction of a baby from a maternity unit
- 4.3 Maternal death
- 4.4 Stillbirth at home
- 4.5 Surrogacy
- 4.6 Serious Untoward Incidents (SUI's)
- 4.7 Fetal Loss
- 4.8 Certification and burial or cremation of a stillborn infant
- 4.9 Consent and pregnant minors
- 4.10 Umbilical cord blood collection

Section 5 – Poor performance and allegations of professional misconduct

	Pages
5.1 Inadequate/poor professional practice	1

5.2	Investigating allegations of misconduct or impaired fitness to practise	3
5.3	National Guidelines for Supervised practice	15