



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

**Annual Report**

**Prepared for**

**South East Coast Strategic Health Authority**

**April 2006- March 2007**

**Helen O'Dell  
Consultant LSA Midwifery Officer**

<b>CONTENTS</b>	<b>PAGE</b>
<b>Executive Summary</b>	<b>3</b>
<b>1. Introduction</b>	<b>5</b>
<b>2. Nursing and Midwifery Council</b>	<b>5</b>
<b>3. The Local Supervising Authority (LSA)</b>	<b>5</b>
<b>4. The Standards for Local Supervising Authority</b>	<b>6</b>
<b>5. South East Coast Local Supervising Authority</b>	<b>6</b>
<b>6. LSA Midwifery Officer's Report</b>	<b>6</b>
<b>7. Contemporary Issues</b>	<b>7</b>
<b>8. Communication Networks</b>	<b>16</b>
<b>9. Advisory role</b>	<b>17</b>
<b>10. Investigations of allegations of professional misconduct</b>	<b>17</b>
<b>11. Interface with Higher Education Institutions (HEI)</b>	<b>19</b>
<b>12. On-going professional development of supervisors</b>	<b>20</b>
<b>13. Link Supervisors of Midwives</b>	<b>21</b>
<b>14. LSA Standards &amp; Guidance</b>	<b>21</b>
<b>15. Audit of LSA standards</b>	<b>22</b>
<b>16. Health Care Commission</b>	<b>26</b>
<b>17. Targets for 2007-2008</b>	<b>28</b>
<b>18. Clinical activity and manpower</b>	<b>28</b>
<b>19. Clinical activity</b>	<b>29</b>
<b>20. Manpower</b>	<b>36</b>
<b>21. Nursing and Midwifery Council – Rule 16</b>	<b>39</b>
<ul style="list-style-type: none"> <li>• Report is made available to the public</li> <li>• Supervisor of midwives appointment, resignations and removals</li> <li>• Continuous access to a supervisor of midwives</li> <li>• How practise of midwives is supervised</li> <li>• Service user involvement in monitoring supervision of midwives</li> <li>• Engagement with higher education</li> <li>• New policies related to the supervision of midwives</li> <li>• Developing trends affecting midwifery practice in the LSA</li> <li>• Complaints regarding the discharge of the supervisory function</li> <li>• Local supervisory investigations undertaken during the year</li> </ul>	
<b>22. Areas of Good Practice</b>	<b>45</b>
<b>23. Conclusion</b>	<b>46</b>
	<b>Appendix</b>
<b>Appendix 1 - Contact details of; Chief Executive, Director Clinical &amp; Workforce and LSA Midwifery Officer</b>	<b>1</b>
<b>Appendix 2 – Self assessment against the Midwives rules and standards (NMC 2004)</b>	<b>2</b>
<b>Appendix 3 - Standards of Supervision</b>	<b>11</b>
<b>Appendix 4 - Audit Process</b>	<b>15</b>
<b>Appendix 5 - Midwifery Age Profiles South East Coasts</b>	<b>19</b>
<b>Appendix 6 - Supervisory Ratios South East Coast</b>	<b>25</b>
<b>Appendix 7 - HEI's offering Supervisor of Midwives Course and Return to Practice</b>	<b>26</b>
<b>Appendix 8 - Detailed Breakdown of Clinical Activity South East Coast</b>	<b>27</b>
<b>Appendix 9 - Four-Year Delivery Trends, South East Coast</b>	<b>31</b>
<b>Appendix 10 – Four-Year Caesarean Section Rates South East Coast</b>	<b>36</b>
<b>Appendix 11 - Vacancy Factor South East Coast</b>	<b>37</b>
<b>Appendix 12 - Supervisors of Midwives South East Coast</b>	<b>40</b>
<b>Appendix 13 – Heads of Midwifery South East Coast</b>	<b>41</b>
<b>Appendix 14 - Consultant Midwife South East Coast</b>	<b>42</b>
<b>Appendix 15 - LSA Guidelines - Contents Pages for each Guideline Section</b>	<b>43</b>
<b>Appendix 16 – LSA Conference programmes 2006</b>	<b>48</b>

## **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. This report fulfils the requirements of Rule 16 (Midwives rules and standards NMC 2004) and guidance from the Nursing & Midwifery Council circular 15/2007.

The birth rate continues to rise and has reached 50943 (1<sup>st</sup> April 2006 to 31 March 2007) an increase of 2435 on the previous year. Since 2002/2003 the birth rate has risen by 7163. Ongoing housing development in the South East is likely to increase the birth-rate even further. The capacity issues of maternity services need to be considered when reviewing services for the future. There have been some increases in staffing but often not at the same rate as the increase in births.

Recruitment and retention of midwives is a nationally recognised issue. On the 31<sup>st</sup> March 2007 there appeared to be more vacancies than the previous year, however these have been recruited to and currently student midwives are struggling to find jobs. The Heads of Midwifery, Supervisors of Midwives and Midwives are working flexibly to try and ensure student midwives do have opportunities to consolidate their practice. Robust preceptorship programmes for newly qualified staff and induction programmes for new staff appear to be making a difference in retention of staff. Many of the units have developed the Maternity Support Worker role to support women and midwives enabling midwives to concentrate on midwifery duties.

The age profile of midwives is of concern for the future with 26% of midwives currently in post aged 50 or over and 13% over 55. 20% of the current midwives are under the age of 35 an increase from 17% last year.

The maternity services have been working hard to achieve the Clinical Negligence Standards for Trusts (CNST) – maternity. There are 3 Trusts at level 3 and 6 working towards it. Working towards these standards ensures that there are robust systems in place to reduce risk within maternity services.

The Health Care Commission following on from their concerns regarding maternity services are undertaking some further work. The Health Care Commission is currently undertaking a survey of maternity services which includes information from women, staff and data from maternity services the findings and reports are expected in December 2007 / January 2008.

The key issues for 2007/2008 includes working towards the recommendation in Maternity Matters, National Service Framework for Children's Services – Standard 11 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 findings on 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 within the next few years. 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.

**Helen O'Dell**

Consultant LSA Midwifery Officer – South East Coast

Tel: 01293 789420 Email: [helen.odell@nhs.net](mailto:helen.odell@nhs.net)

**Candy Morris**

Chief Executive – South East Coast

Tel: 01293 778899 Email: [candy.morris@southeastcoast.nhs.uk](mailto:candy.morris@southeastcoast.nhs.uk)

(Appendix 1 - Full contact details)

## **1. Introduction**

This report covers the period from 1<sup>st</sup> April 2006 to 31<sup>st</sup> March 2007 and includes the activities and achievements of the maternity units and the Consultant LSA Midwifery Officer.

In addition this Annual report was produced in order to meet the requirements of Rule 16, 'The midwives rules and standards' (2004). The appendices in this report contain information related to clinical activity and manpower within South East Coast. This report will also be made available to the public on the LSA website.

The purpose of this report is to inform the Strategic Health Authority, the Nursing & Midwifery Council (NMC) and the public how the Local Supervising Authority (LSA) of South East Coast met the standards set within the Midwives Rules and Standards (2004).

## **2. Nursing and Midwifery Council**

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. Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The local bodies responsible for the discharge of these functions are the Local Supervising Authorities (LSA's). The Strategic Health Authorities are designated the LSA's within England.

## **3. The Local Supervising Authority (LSA)**

The LSA is the body responsible in statute for the general supervision of Midwives practising within its boundaries. 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.

The contact details for Candy Morris, Chief Executive of South East Coast Strategic Health Authority can be found at Appendix 1.

Thames Valley, Hampshire & Isle of White merged to become South Central Strategic Health Authority and Surrey & Sussex and Kent & Medway merged to become South East Coast Strategic Health Authority from 1st July 2006. Kent & Medway had maintained a consortium arrangement for the previous four Strategic Health Authorities this arrangement concluded on 1st November 2006.

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.

#### **4. The Standards for Local Supervising Authorities**

The functions of the Local Supervising Authorities are specified in Article 43 of the Nursing Order 2001.

##### 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.

##### 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.

The current rules 'Midwives rules and standards' came into force on 1<sup>st</sup> August 2004.

#### **5. South East Coast Local Supervising Authority**

Within South East Coast Strategic Health Authority there are 12 Trusts providing Maternity care in 19 units.

The South East Coast covers a large geographical area the demographics 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.

There are mainly twelve midwives who practise independently, some of whom work in small groups. Other Independent midwives may come into the area occasionally.

Statutory supervision covers all midwives practising within the Local Supervising Authority which includes those employed in NHS, Agency, Private sector, higher education, independent practice, prisons, and industry or employed by General Practitioner.

Within this Local Supervising Authority the LSA Midwifery Officer maintains a Service Level Agreement with the British Forces (overseas) midwives in Germany, Gibraltar, Brunei, Cyprus and Gibraltar Health Authority, however information regarding these areas is not included in this report.

#### **6. LSA Midwifery Officer's Report – Targets 2006 - 2007**

- 1) Continue working towards achieving and maintaining the standards for statutory supervision as laid out in the midwives rules and standards – *Appendix 2*.
- 2) Provide professional leadership and regulatory advice across South East Coast Strategic Health Authority – *attend meetings see communication section 8*
- 3) Engage in networking at national and regional levels and ensure mechanisms are in place for timely cascade of information – *see communication section 8*

- 4) Continue to develop the website for supervisors, midwives, women and the general public – *website updated to South East Coast.*  
[www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp](http://www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp)
- 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 – *ongoing work.*
- 6) Encourage user involvement across the Strategic Health Authority. Provide a training day for people interested in participating in user involvement in the future – *planned for Spring 2008.*
- 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 deliver a safe standard of care - *ongoing.*
- 8) Maintain databases of information to support improvements in maternity services – *systems in place, resource used by SHA and Heads of Midwifery and Supervisor of Midwives*
- 9) Introduce the South East Coast LSA database to Supervisors of Midwives. This will enable supervisor to locally input details for local midwives who will then be available to the LSA and up lifted to the NMC on a weekly basis to provide timely updates of Midwives Practising – *database established and used for Intention to practice upload March 2007. Training ongoing for new supervisors and developing wider use of other facilities of the database.*
- 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 – *frequently asked to comment on different aspects of proposals and provide statistical information.*

## **7. Contemporary Issues**

### **Workforce**

Recruitment and retention has changed considerably over the last year. Longstanding vacancies have been recruited to. Students qualifying have difficulty in finding positions. Units utilise all vacant hours and may employ midwives on a part time basis to ensure that all are able to have some hours to consolidate their training. Usually within a few months things have changed and those wishing to have full time contracts are able to.

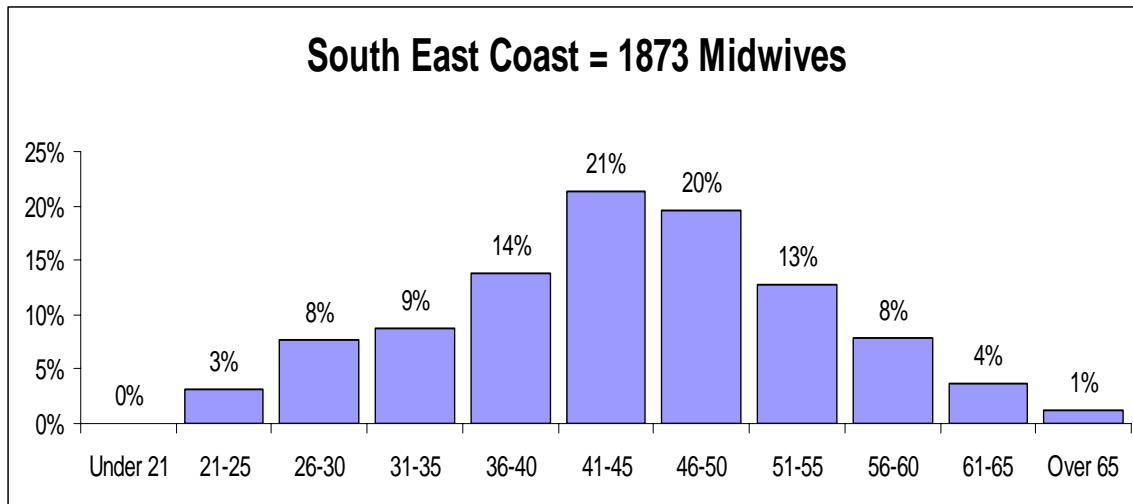
The number of vacancies on 31st March 2007 has increased slightly from the previous year. Heads of Midwifery, Supervisors of Midwives and midwives have been working hard to contribute to recruitment and retention. One unit after careful calculating of hours found they had 17 vacancies which they were able to recruit to.

The number of 'Intention to Practise' ITP forms received last year had decreased slightly from 2018 to 1873. (There may be some that were not entered onto the LSA database as the new database was introduced over 2006/2007). All ITP's irrespective if they had been entered onto the LSA database was submitted to the NMC.

From the Intention to Practice forms for 2006/2007 entered onto the LSA database, it is possible to view an age profiles.

The age profiles give information for future planning of maternity services. In South East Coast 26% of the midwives are age 50 or over, same as 2004/2005 and 2005/2006. The age profiles identify that the highest group of midwives are aged 41-45, followed by 46-50 and 36-40. These vary slightly when looking at different Trusts, same as 2004/2005 and 2005/2006. It is essential that these figures are used to inform recruitment strategies in the Workforce Development Department, Higher Education Institutes and local Trusts. Appendix 5 - age profiles can be seen for each Trust.

<b>MIDWIVES AGE PROFILE – South East Coast</b>	
<b>Age Groups</b>	<b>Number of Personnel</b>
21-25	60
26-30	145
31-35	164
36-40	259
41-45	400
46-50	368
51-55	238
56-60	148
61-65	69
Over 65	22
<b>Total</b>	<b>1873</b>



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.



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 reports 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.

### **Maternity Support Workers**

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).

In 2005 Surrey & Sussex Strategic Health Authority recognised the need to develop the role of the maternity support worker and a business case was submitted for a Clinical Skills Facilitators (CSF's) 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 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 (MSW's) to undertake the National Vocation Qualifications (NVQ) at level 2 and 3. Following the programmes, several Maternity Support Workers have been interviewed and accepted to undertake their midwifery training at local universities.

Areas of achievement;

- Maternity Support workers in community
- MSW's support breastfeeding and parenting skills
- Administrative tasks, community, ANC
- Competency framework for MSW's – linked NVQ
- MSW's now training to be midwives
- MSW's in theatre
- Increased job satisfaction
- Increased retention of newly qualified staff – preceptorship
- Filled vacancies
- Positive feedback from women
- Positive feedback from midwives

The project has been closely observed by Gina Finnerty, Midwifery Researcher University of Surrey. Numerous attempts were made to seek funding to enable the project to be formally reviewed but this was not successful. A poster presentation was made at the Royal College of Midwives Annual Conference in May 2007.

The Clinical Skills Facilitator's (CSF's) project is coming to an end now with most programmes completing by Dec 2007. A final report will be written with the seven CSF's reporting an outline of their programmes, achievements to date and recommendations for continuing the development of support workers. This is anticipated to be completed by spring 2008. The CSF's are then keen to write professional articles for the Nursing and Midwifery journals.

The majority of Trusts have funded secondments for midwifery training. Several maternity support workers use this route to undertake their training. The staffs that approach training from this route are often the staffs who live in the area so it is anticipated will continue to work locally on qualification.

### **Mapping Maternity Services**

On the 11<sup>th</sup> July 2006, the first South East Coast 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 – LSA Midwifery Officer
- Overview of neonatal Services – Perinatal Network Lead
- Recruitment & Retention National and Local issues – National Midwifery recruitment & Retention Project lead
- New Ways of Working – Consultant Obstetrician & Gynaecologist
- Strategic Context – Fit for the Future - Programme Director
- Discussion - Strategic Context – Fit for the Future - Project Director, Best Care, Best Place
- Where are we with the NSF Standard 11 - Consultant Midwife
- Transition from a Consultant Unit to a Birth Centre - Consultant Midwives

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

### **Preparation of Supervisors of Midwives**

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 NMC 2004)

Brighton University commenced their third course in October 2006 completing in June 2007 with the Exam Board meeting in July 2007. The evaluation of the course was very good and recruitment has taken place for a fourth course starting in October 2007. Brighton University is the only university within the Local Supervising Authority to facilitate the course.

The feedback from the course is very positive. The mentors say that the trainees are more prepared to be able to undertake the role on appointment whereas previously the courses concentrated on the preparation pack and not so much on the role. The trainees on completion feel they are ready to undertake the role. Newly appointed supervisor of midwives continue to be supported by their mentors on appointment by meeting regularly, discussions on clinical cases and having a buddy system for on-calls. The

newly appointed supervisors are encouraged to attend LSA supervisory meetings and attend a LSA Audit review.

Rule 12 – The supervision of midwives (Midwives rules and standards NMC 2004)

Guidance – “Ensure that the supervisor of midwives ratio reflects local need and circumstances (will not normally exceed 1:15)”.

<b>SOM Ratio by Trust – South East Coast (31/3/07)</b>	<b>04/05</b>	<b>05/06</b>	<b>06/07</b>
Dartford & Gravesham NHS Trust	11	14	13
East Kent Hospitals NHS Trust	10	10	10
Maidstone & Tunbridge Wells NHS Trust	<b>18</b>	<b>20</b>	<b>17</b>
The Medway NHS Trust	11	12	11
Ashford & St Peters NHS Trust	14	13	9
Surrey & Sussex Healthcare NHS Trust	<b>17</b>	15	<b>16</b>
Brighton & Sussex University Hospitals NHS Trust	12.5	15	<b>17</b>
Royal Surrey County Hospital NHS Trust	<b>16</b>	<b>17</b>	13
Frimley Park Hospital NHS Foundation Trust	14	15	15
Worthing & Southlands Hospitals NHS Trust	15	<b>16</b>	<b>21</b>
Royal West Sussex NHS Trust	12	11	9
East Sussex Hospitals NHS Trust	13	13	10
<b>Overall ratio</b>	<b>14</b>	<b>14</b>	<b>13</b>

The four Trusts who have a ratio greater than 1:15 (31/3/07) had trainee Supervisors of Midwives who have been subsequently been appointed.

At the time of writing the report one Trust Worthing & Southlands are above the 1:15 ratio as a further two supervisors have left. There are three trainees from Worthing & Southlands on the course commencing in October 2007.

<b>Trainee Supervisors of Midwives South East Coast</b>	<b>October 2006</b>	<b>October 2007</b>
Dartford & Gravesham NHS Trust	0	0
East Kent Hospitals NHS Trust	1	0
Maidstone & Tunbridge Wells NHS Trust	3	0
The Medway NHS Trust	0	2
Ashford & St Peters NHS Trust	0	0
Surrey & Sussex Healthcare NHS Trust	2	0
Brighton & Sussex University Hospitals NHS Trust	2	3
Royal Surrey County Hospital NHS Trust	0	0
Frimley Park Hospital NHS Foundation Trust	1	2
Worthing & Southlands Hospitals NHS Trust	2	3
Royal West Sussex NHS Trust	0	0
East Sussex Hospitals NHS Trust	0	0
Overseas (British Forces and Gibraltar Health Authority)	3	0
<b>Total</b>	<b>14</b>	<b>10</b>

### **Fit For the Future (FFF)**

There continues to be service reconfigurations to meet the needs of local populations. Maidstone and Tunbridge Wells NHS Trust is anticipating moving to a new PFI build on the Pembury site. With Pembury as the Consultant Unit and midwifery supported Birth Centre in Maidstone. This is planned for 2010.

Creating an NHS Fit For the Future (FFF) is an ambitious programmed of work to ensure healthcare systems are clinically and financially sustainable and therefore deliver safe, high quality, accessible and value for money services to the residents of the South East Coast NHS area.

Work on developing service proposals to deliver this ambition is being led by Primary Care Trusts (PCTs) working with all other NHS organisations in their Local Health Community (LHC) and other stakeholders including obstetricians and Heads of Midwifery.

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.

### **Consultations;**

East Sussex                    26/3/07 to 27/7/07  
4+5 options

West Sussex                    26/6/07 to 30/10/07 (extended to 14<sup>th</sup> November 2007)  
3 options

Surrey                            Still under discussion

Further information is available at [www.southeastcoastfff.nhs.uk](http://www.southeastcoastfff.nhs.uk)

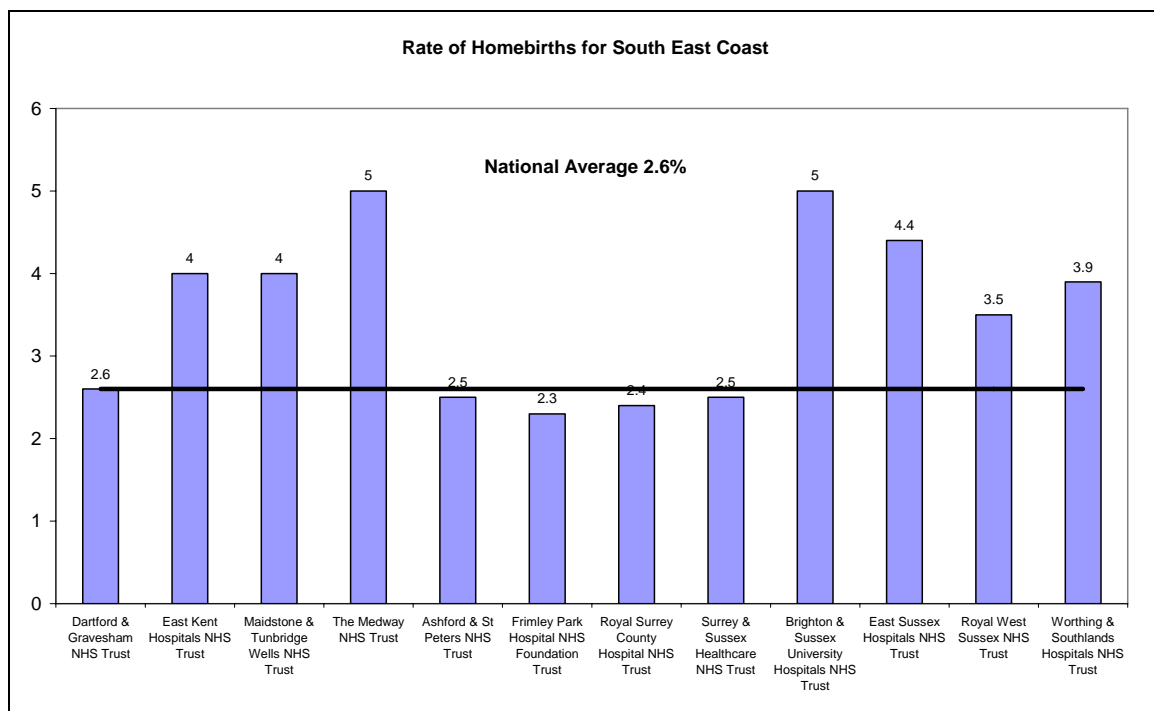
The number of births is continuing to rise in eleven out of twelve Trusts; one unit has seen a slight decrease (62). The increases range from 112 to 409. The total number of births within the Local Supervising Authority for 2006/2007 is 50,943 an increase of 2435. There has been a 5% increase in the number of births in the last year.

The rise in births is thought to be due to some of changes taking place in neighbouring areas, (London and Hampshire). Areas within South East Coast have seen an increase in the immigrant population. Additional house building continues to take place each year. There are current proposals for an additional 13,000 homes to be built every year for the next 20 years within the South East Coast area.

### Homebirths and Birth Centres

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. This would also help elevate some of the capacity issues with the increasing birth rate.

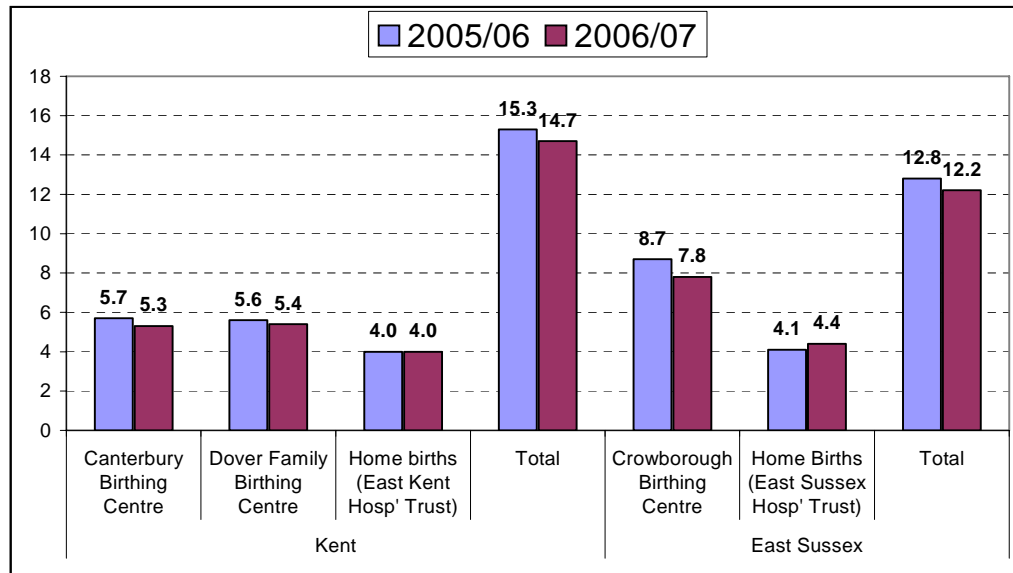
Women are choosing the option of a homebirth. The National average of homebirths is 2.6% (2005-06). 7 of the 12 Trusts are higher than the national homebirth rate. Surrey has the lowest homebirth rates within South East Coast with all four units being below the National average.



East Sussex (total births 4020) with Crowborough Birthing Centre (births 314) and homebirths (births 176) has a total of 12.2% of births outside their Consultant units. East Kent (total births 7080) with Dover (births 388) and Canterbury (births 380) Birthing Centres and homebirths (births 291) has a total of 14.7% of births outside their Consultant units.

Dartford & Gravesham NHS Trust have opened an alongside Midwifery Led Unit to support their increase in births. Medway and Surrey & Sussex NHS Trusts are also planning to have alongside units to support an increase in activity.

Other units such as Ashford & St. Peters and Worthing & Southlands have had to be very innovative in their contingency plans for how the service is provided for months when they are aware of predicted high levels of activity.



### Independent Midwives

To improve communication and support smooth transitions of care for women the LSA have facilitated meetings between Supervisors of Midwives and Independent Midwives who work predominately within South East Coast. To date there have been two (June 2006, April 2007) and a further meeting is planned for November 2007.

At the first meeting discussions took place regarding how all could support each other more, communication pathways and training opportunities for Independent Midwives within Trusts.

The second meeting reported improved communication from all. The main agenda item for the second meeting was Professional Indemnity Insurance (PII). Currently Independent Midwives are unable to get Insurance cover for their roles. Independent Midwives are required to inform all women who book care with them that they have no Professional Insurance. The Chief Nursing Officer wrote to all the Independent Midwives in November 2006 advising them that the Government has been concerned about the impact of a small number of cases where uninsured professionals have been the subject of a claim for negligence and the plaintiff was left with no means for redress. To this end Ministers have decided to amend legislation to ensure that all practising health care professionals should have compulsory indemnity cover. This is expected to apply to Independent Midwives within the next 12-18 months.

A group of Independent Midwives are working with the Department of Health to try and find a way forward.

## Clinical Negligence Scheme for Trusts (CNST)

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.

Reaching CNST Level 1, 2 and 3 is a significant achievement for maternity services. In the last year 2 units have increased by a level and there are now 3 units with Level 3 and 2 ready to be assessed in 2007/2008 (Worthing & Southlands Hospitals NHS Trust and Surrey & Sussex Healthcare NHS Trust). The Medway NHS Trust, Maidstone & Tunbridge Wells NHS Trust and Royal West Sussex NHS Trust are working towards Level 2.

<b>CNST status by Trust 31<sup>st</sup> March 2007</b>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>
Ashford & St Peters NHS Trust	1	2	2
Frimley Park Hospital NHS Foundation Trust	3	3	3
Royal Surrey County Hospital NHS Trust	1	1	3
Surrey & Sussex Healthcare NHS Trust	2	2	2
Brighton & Sussex University Hospitals NHS Trust	2	2	2
East Sussex Hospitals NHS Trust	2	3	3
Worthing & Southlands Hospitals NHS Trust	1	2	2
Royal West Sussex NHS Trust	1	1	1
Dartford & Gravesham NHS Trust	1	2	2
East Kent Hospitals NHS Trust	1	2	2
Maidstone & Tunbridge Wells NHS Trust	1	1	1
The Medway NHS Trust	1	1	1

The CNST Maternity Standards are fully endorsed by both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.

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.

### **National Service Framework**

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.

There are many 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.

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 maternity network.

### **Maternity Matters**

South East Coast Strategic Health Authority has been innovative in supporting a programme to ensure the recommendations of Maternity Matters are met. The aim of the programme is;

*Improve the quality services, safety, outcomes and satisfaction for all women through offering informed choice around the type of care that they receive, and improved access to services whilst ensuring continuity of care and support*

This is a 2 year programme (August 2007 – July 2009) with a Maternity Matters Lead appointed for 15 hours a week based at the SHA (August 2007). Each Trust will be supported in appointing a Maternity Matters Programme Facilitator (September / October 2007). A Programme Board will receive progress reports and oversee programme.

The programme will review and develop;

- Focus on normal birth – NHS I Tool kit
- 1% reduction per year women continuing to smoke
- Increase 2% per year breastfeeding initiation rates
- Ensure that all women have a choice where and how they have their baby
- Continuity of care
- Increase early access to services and to midwife
- Integrate midwifery into children's centers / sure start
- Work with stakeholders to provide responsive maternity services / tool for enhancing relationships with PCT's
- Deliver national choice guarantee
- Develop a range of indicators for maternity services

## **8. Communication Networks**

The LSA Midwifery Officer works closely with members of the Local Supervising Authority who have responsibility for the LSA function.

Strategic Health Authority / LSA

- Director Clinical and Workforce
- Directorate team meetings
- Strategic Health Authority meetings
- Directors of Nursing Network



- Nursing Advisory Board
- Clinical Governance
- Communications
- Fit For Future

#### Local Supervisory Authority Meetings

- Link Supervisors of Midwives (Quarterly)
- Contact Supervisor of Midwives (Quarterly)
- Representative Supervisors of Midwives (Quarterly)
- Heads of Midwifery (Quarterly)
- Lead Midwives for Education (Quarterly)
- Supervision Conferences (Six monthly)
- Programme Board Preparation of Supervisor of Midwives (six monthly)
- Annual audit visits all units

#### National Meetings

- LSA National UK Forum
- LSA Planning for National UK Supervisors of Midwives Conference 2008
- Nursing & Midwifery Council
- Department of Health
- Royal College of Midwives
- Royal College of Midwives Heads of Midwifery Forum

#### Ad Hoc meetings

- Consultant Midwife selection
- Heads of Midwifery selection
- Interviews for trainee supervisors
- Mapping Maternity Services conference
- Fit For Future meetings

There is an annual plan of meetings for each year that take place with Link, Contact and Representative Supervisors of Midwives, Heads of Midwifery and Lead Midwives for Education across the Local Supervising Authority.

## **9. Advisory Role**

The LSA Midwifery Officer's advice is frequently sought both within and outside the LSA.

- Fit For Future
- Head of Midwifery recruitment & selection preparation job description
- Maternal death reviews
- Midwifery staffing numbers

## **10. Investigations of Allegations of Professional Misconduct**

The LSA Midwifery Officer undertook seven new investigations during the year 2006/2007. There were an additional six investigations where the LSA Midwifery Officer contributed and supported recommendations for midwifery practice. 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.

From investigations in 2005/2006 that have carried over to this year four midwives have completed their Supervised Practice programme, two are still ongoing due to period of absences and one was suspended and referred to the Nursing & Midwifery Council with regards to their Fitness to Practice.

During the year 2006 / 2007 nine midwives have undertaken a period of supervised practice. Three midwives were suspended and referred to the Nursing & Midwifery Council with regards to their Fitness to Practice. One midwife has had a period of supported practice.

Four cases have been referred to the Nursing and Midwifery Council by the LSA Midwifery Officer in 2006/2007. No midwives were referred to the Nursing and Midwifery Council by women and / or their families. Two midwives continue to wait for a full hearing (over three years) following a referral by a woman/ family.

Prior to suspension and on occasions during LSA investigation's advice, guidance and clarification is sought from the NMC Professional Midwifery Advisors.

During the year a template for supported / supervised practice was developed by the Link supervisors of midwives. The LSA Midwifery Officer was concerned regarding the different standards of supervised practice programmes so felt it would be helpful to develop an LSA template to ensure consistency, equity and fairness. The template was developed by the Link Supervisors of Midwives and contains relevant information and guidance for supervisors when developing a programme also examples of proficiency based on the NMC standards for the common areas for supervised practice. The template includes;

**Guidance for supervised/supported practice and considerations and information to be included in final report.**

- 1 Rationale for supervised / supported practice
- 2 Objectives of a supervised / supported practice programme.
- 3 Setting individual objectives of programme
- 4 Principles underpinning a supervised practice programme.
- 5 Definition of roles of individuals involved within a supported practice programme.
- 6 Evaluation and outcome.
- 7 Proficiency assessment criteria.

Appendix 1 - Sources of benchmark statements

Appendix 2 - Key to evidence gathering.

Appendix 3 – Models for reflection on learning and experience.

Appendix 4 – Report and evidence template For supervised / supported midwifery practice documentation

Appendix 5 - Examples of proficiency maps based on benchmark descriptors

References & Bibliography

This full document and templates can be found on the LSA website.  
[www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp](http://www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp)

The template has been used to successfully demonstrate learning and development and completion of supervised practice programme. The midwife develops a portfolio to demonstrate their learning for each objective and criteria within the objective.

Where there continues to be concerns regarding the midwives practice this is also clearly demonstrated using this template and evidence portfolio. It has demonstrated that some midwives are unable to link theory and practice.

Two midwives who had a period of supervised practice using the template and who had developed evidence portfolios were referred to the NMC Fitness to Practice by a woman and her family. The midwives submitted their evidence portfolios which demonstrated their learning and development and the case was not taken any further.

#### **Reason for Suspension and referral**

- Supervised Practice programme not completed to required standard (two)
- Breach of same midwives rules indicating that learning has not taken place
- Concerns regarding health

#### **Issues for Supervised practice;**

- Failure to recognise CTG abnormalities
- Failure to recognise deviations for the normal
- Failure to refer to midwifery / medical staff when deviations from the normal are expected / recognised
- Lack / poor communication
- Lack of understanding of accountability
- Poor documentation and record keeping
- Professional Behaviour
- Drug administration errors

All Serious Untoward Incidents (SUI's) are referred to the 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. The themes of incidents and learning outcomes are discussed at LSA Supervision meetings to ensure all units learn from experiences. Serious system failures may be shared with the National UK forum for LSA Midwifery officers to ensure national learning takes place.

### **11. Interface with Higher Education Institutions (HEI)**

Four universities provide training of midwives at Diploma and first degree level. All Universities have Midwives from local Trusts on course boards. All 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. Experienced midwives / supervisors of midwives support the recruitment of student midwives to the 18 month and three year programmes.

Brighton University provides the Preparation of 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 board and contributes to the planning, teaching and assessment of this course. The evaluation of the course is received and changes made to continually improve the course.

For the course that commenced in October 2006 there was 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 and trainees felt it was valuable so will be continued for future programmes.

The Contact Supervisors of Midwives have fed-back that the Supervisors who have undertaken this course are more prepared to undertake the role than they have been from preparation courses elsewhere. The trainees at the end of the course say that they feel prepared and ready to undertake the role.

The preparation of supervisors of midwives course has had to undergo an NMC validation for the first time to ensure it complies with the 'Standards for the preparation of supervisors of midwives' (NMC October 2006). The validation took place on 18<sup>th</sup> June 2007. The course board were commended by the Chair for the hard work in presenting the Programme to the Approval Panel. A few points of clarification and a few recommendations were made which have been completed prior to the course commencing in October 2007.

The four universities have been very supportive in providing academic support for Supervised Practice programmes in local Trusts. The lecturers support the midwives especially in relation to writing reflection in relation to their set objectives and review their evidence portfolios from an academic perspective to ensure the theory underpins the clinical perspective.

Student midwives (18 month and three year) are supported by supervisor of midwives in the Trusts. This is either individually or as a group. Supervisors provide teaching sessions on supervision of midwives for the student midwives.

The LSA Midwifery Officer meets student midwives where possible during the LSA Audit review. The students feel well supported and aware of supervision of midwifery and who they link with as students.

## **12. On-Going Professional Development of Supervisors**

Trainee Supervisors and supervisors have undertaken a peer review of another maternity service. They have welcomed the opportunity to see different systems in place and have gained useful knowledge to make improvements in their own unit as a result of this. E-mail addresses are usually exchanged along with clinical guidelines and areas of good practice.

In 2006/2007 there were two conferences facilitated by the LSA Midwifery Officer.

The conferences in May and November 2006 were for Supervisors of Midwives and focused on 'Undertaking Supervisory Investigations' and the new LSA template for supervised practice (appendix 16).

A case review was used to enable groups to work through and investigation, gather documents they would need; i.e. case notes, midwives rules, code of professional conduct and LSA guidance. All groups fed-back on rules and code of Professional Conduct that they felt had been breached and then planned the objectives for the supervised practice programme. This was then applied to the new LSA template. The evaluations from these days were excellent and several supervisors have had an opportunity to use the updating in practice.

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**

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

Link Supervisors;

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

The Link supervisors meet quarterly and have developed guidelines and templates;

- Annual report
- Reporting a clinical incident
- Audit of controlled drugs
- Annual review form for midwives – 3 yearly)
- Template for supported and supervised practice.
- Local Strategy for Supervision of Midwives
- Reviewing South of England LSA Guidance (April 2005)

The Link supervisors also support conference planning and identifying new guidelines to be developed.

### **14. LSA Standards and Guidance**

April 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 LSA's in the South of England have included guidance materials for supervisors of midwives to access as they require.

Each unit providing maternity care was provided with an electronic copy of the Guidance. Supervisors have access to the Guidance via LSA websites. Future additions or amendments will be disseminated electronically and the website will be updated.

[www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp](http://www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp)

The LSA Midwifery Officer National UK Forum are currently updating and reviewing the guidelines for Supervisors of Midwives. The LSA Midwifery Officers have agreed to have more national guidance so this will reduce the number of local guidelines. It is anticipated that the South of England guidance will be updated by the end of 2007.

## **15. Audit of LSA Standards**

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.

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

**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.

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.

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 is now in its second year since the new Standards and Guidance for Supervisors of Midwives were introduced.

### **Themes emerging from the audit visits:**

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

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

2005/2006 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. 2006/2007 10 units now meet this criteria and the two are awaiting printing of their new hand held notes.

#### **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.*

Three Trusts did not meet the standard of 1:15, one supervisor to fifteen midwives on 31<sup>st</sup> March 2007. Units that did not meet the ratio have trainees on the course completed in July 2007. Each year numbers are planned to achieve the target but on occasions plans change due to supervisors moving on.

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

3 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.

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

1 Trust had not identified systems to ensure that supervisory records were kept in a safe and secure place. There is the complex issue of services being provided on multiple sites therefore making timely access difficult.

- 2.9 *Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.*

Contact Supervisors to review attendance at local and LSA meetings to ensure there is a minimum of 50 % attendance at local meetings and at least one a year with the LSA.



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

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 have developed a South East Coast Strategy with an Action plan.

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

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. (From 1<sup>st</sup> September 2007 this has been increased to 18 hours in three years).

- 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.*

The LSA Midwifery Officer has commenced a database to record attendances at LSA meetings and conferences. It is expected and compliance was improved this year for 100% of supervisors of Midwives questionnaires to be returned to the LSA Midwifery Officer for review.

### **Standard 3 – Leadership**

- 3.1 *Supervisors of Midwives are perceived as innovators and leaders of midwifery.*

The Fit For Future consultations will be taking place over the next year and it is important to ensure that Supervisors of Midwives are seen as leaders of the midwifery and give support to the Head of Midwifery especially when this is an Acting position. There have and are several changes of the Head of Midwifery role taking place.

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

- 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.*

One unit had only completed 75% of the annual supervisory reviews. It is important to make sure they are all undertaken except for those on long term sickness or maternity leave. Those on leave can be undertaken as support for their return to work.

## **Standard 5 - Midwifery Practice**

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

5 Trusts did not have systems in place to audit controlled drugs as supervisors. In several Trusts pharmacy had a system in place. The Link Supervisors of Midwives have developed a template which all units can use.

- 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.*

In two of the units it was observed that the same Supervisor of Midwives was undertaking investigations. This did not support learning or development for the other supervisors. The units were asked to ensure that all supervisors of midwives had the opportunity and were supported to undertake investigations.

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

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

- 5.14 *Audit of record-keeping of each midwife takes place annually and outcome feedback is provided.*

At one Trust record keeping is reviewed and audited but there was no process for feeding back to the staff lessons learnt and areas for improvement.

## **16. Health Care Commission**

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

- Maternity Services – Ashford & St. Peters NHS Trust (March 2003) Commission for Health Improvement
- Investigation into maternity services provided by the Royal Wolverhampton Hospital NHS Trust at New Cross Hospital (June 2004) Health Care Commission.
- Review of maternity services provided by North West London Hospital NHS Trust (July 2005) Health Care Commission
- Investigation into 10 maternal deaths at, or following delivery at, Northwick Park Hospital, North West London NHS Trust between April 2002 and April 2005. (August 2006) Health Care Commission.

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.

In light of the above reports and similar findings the Health Care Commission are undertaking a comprehensive work programme in relation to maternity services in 2007. The standards and guidance against which the Commission assesses NHS maternity services include;

- The NSF – Children, Young People and Maternity Services (Standard 11)
- NICE guidance
- Recommendations of the National Screening Committee
- Royal College publications e.g. Towards Safer Childbirth

The Health Care Commission aims to build up a comprehensive picture of maternity care in England. A set of indicators have been developed for maternity services to benchmark themselves against which will enable health professionals and the public to make benchmark comparisons between individual maternity units. In addition surveys of staff and experiences of women using maternity services will also be reviewed.

As part of the 2007/2008 National Patient Experience Survey programme, the Department of Health asked the Health Care Commission to conduct a local survey of women's experiences of maternity services. The survey will provide acute hospital trust, primary care trusts and the public with benchmark indicators of the quality of maternity services.

The review is based on three main sources of data;

- A web-based maternity questionnaire to be completed at trust level
- A voluntary web-based supporting questionnaire for maternity staff to complete at each trust, which will not form part of the scored assessment
- A trust-level survey of women who have recently given birth

The review will cover the care from when a woman first access maternity services, having become pregnant, to their sign off by the midwife. The period for collecting data runs from May to October 2007. Trusts will be provided with a summary report and scores and an opportunity to check results. The scores for all trusts will be published on the Health Care Commission website in December 2007 or January 2008.

## **17. Targets for 2007 - 2008**

- 1 Continue working towards achieving and maintaining the standards for statutory supervision as laid out in the midwives rules and standards.
- 2 Provide professional leadership and regulatory advice across South East Coast Strategic Health Authority.
- 3 Engage in networking at national and regional levels and ensure mechanisms are in place for timely cascade of information
- 4 Continue to develop the website for supervisors, midwives, women and the general public.
- 5 Encourage user involvement across the Strategic Health Authority. Provide a training day for people interested in participating in user involvement in the future.
- 6 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.
- 7 Maintain databases of information to support improvements in maternity services.
- 8 Maintain LSA database for Supervisors of Midwives. Introduce the use of other facilities within the database.
- 9 Actively participate and support '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.
- 10 Review Health Care Commission's scores of maternity unit within South East Coast and develop action plans to act on recommendations.
- 11 To support the Maternity Matters Programme Lead for developing and supporting the recommendations from Maternity Matters within all maternity units within South East Coast.

## **18. Clinical Activity and Manpower**

Clinical activity in this report is based on the number of women who gave birth from 1<sup>st</sup> April 2006 to 31<sup>st</sup> March 2007. The Contact Supervisors of Midwives notify the LSA office in an annual report of manpower and clinical activity.

The LSA office maintains several databases:

- Midwives who notify their Intention to Practise
- 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

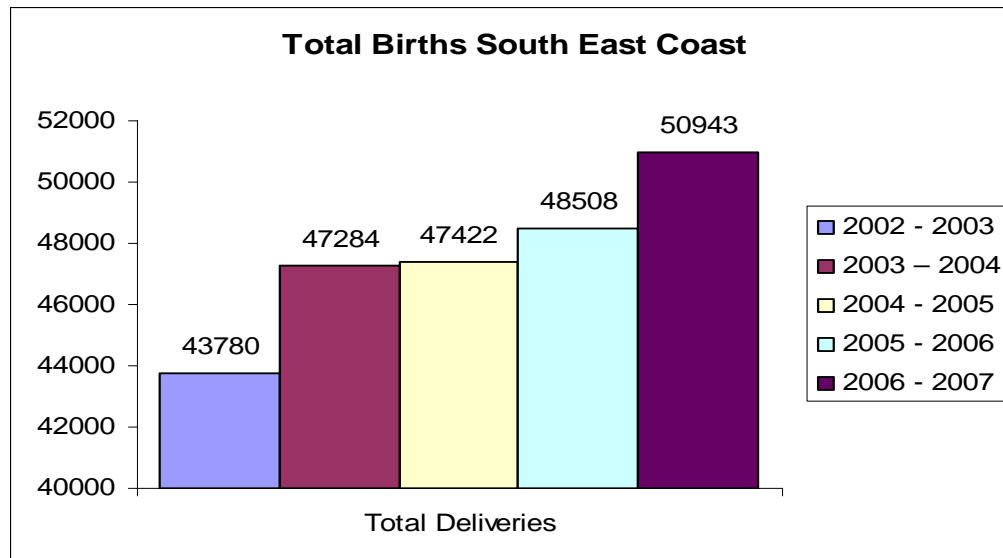
The following graphs and tables show information, which has derived from one of the above sources.

The birth rate has raised again this last year by over 2400 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.

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

In South East Coast there has been an increase in clinical activity in eleven out of twelve Trusts. A breakdown of full clinical statistics can be found at Appendices 5 - 10



<b>Total babies born 1/4/06 to 31/3/07</b>	<b>2003/ 2004</b>	<b>2004/ 2005</b>	<b>2005/ 2006</b>	<b>2006/ 2007</b>
Dartford & Gravesham NHS Trust	2640	2659	2944	3059
East Kent Hospitals NHS Trust	6462	6477	6671	7080
Maidstone & Tunbridge Wells NHS Trust	4975	4784	4962	5233
The Medway NHS Trust	4280	4554	4275	4565
Ashford & St Peters NHS Trust	3457	3626	3872	4102
Frimley Park Hospital NHS Foundation Trust	3985	4118	4016	4278
Royal Surrey County Hospital NHS Trust	3415	3166	3159	3320
Surrey & Sussex Healthcare NHS Trust	4131	3982	4074	4224
Brighton & Sussex University Hospitals NHS Trust	5671	5589	5627	5565
East Sussex Hospitals NHS trust	3796	3716	3908	4020
Royal West Sussex NHS Trust	2017	2145	2396	2625
Worthing & Southlands Hospitals NHS Trust	2455	2606	2604	2872
<b>Total</b>	<b>47284</b>	<b>47422</b>	<b>48508</b>	<b>50943</b>

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.

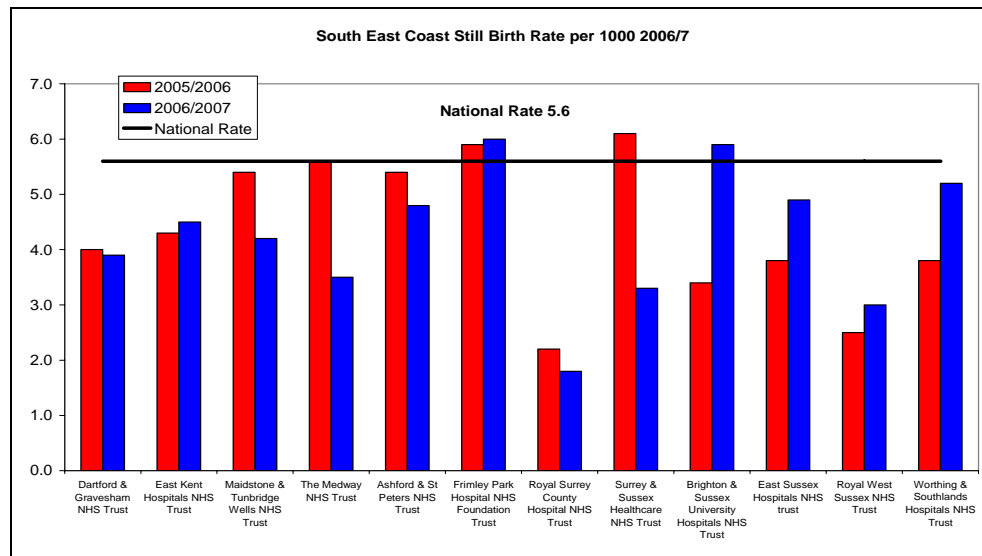
The increase in hospital activity has caused many capacity issues this year in some Trusts more than others often in resulting in diversions for some women to another unit within the Trust or complete closures to admissions.

<b>Closures / diverss 2006/2007</b>	<b>Diverss</b>	<b>Closures</b>
Dartford & Gravesham NHS Trust	0	0
East Kent Hospitals NHS Trust	6	0
Maidstone & Tunbridge Wells NHS Trust	30	0
The Medway NHS Trust	0	0
Ashford & St Peters NHS Trust	0	5
Frimley Park Hospital NHS Foundation Trust	0	2
Royal Surrey County Hospital NHS Trust	0	0
Surrey & Sussex Healthcare NHS Trust	0	0
Brighton & Sussex University Hospitals NHS Trust	64	1
East Sussex Hospitals NHS trust	58	0
Royal West Sussex NHS Trust	0	0
Worthing & Southlands Hospitals NHS Trust	0	0
<b>Total</b>	<b>158</b>	<b>8</b>

Homebirth – the national homebirth rate is 2.6% (2005/2006). 8 units in South East Coast are higher than the National average; all 4 units in Surrey are slightly below the national average.

The number of water-births and women using water in labour for pain-relief is increasing.

Stillbirth (in-utero death delivering after the 24<sup>th</sup> week of pregnancy CEMACH April 2005). The National rate is 5.6 per 1000 live births. There are 2 units within the Strategic Health Authority that have a slightly higher than average stillbirth rate.



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.

Late neonatal death – (death of a live born baby occurring from the 7<sup>th</sup> 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.

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.

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. This would equate to approximately 6 for 50,000 births in South East Coast. For the year 2006/2007 there was 2 direct and 4 indirect maternal deaths. The Maternal deaths are reviewed by the unit, a report is sent to the LSA Midwifery Officer and the CEMACH Regional Manager.

The reasons for the maternal deaths were varied and several had more than one factor. There were more indirect than direct deaths. The list below details all causes of maternal deaths in South East Coast 2006/2007;

- Sub-arachnoid haemorrhage
- Septic shock
- Suicide
- Perforated diaphragm
- HELLP syndrome (Haemolytic anaemia Elevated Liver enzymes & Low Platelet count)
- Pre existing cardio-myopathy

Teenage pregnancy - (Choosing Health 2004– reduce the under 18 conception rate by 50% by 2010). Data is not complete for any one year for women under 18 years of age giving birth. The 2006 / 2007 range is from 0.06 to 5.32% of women giving birth. These figures clearly identify higher rates in some areas. Over the next year further work needs to be undertaken to review what support and education is in place some Trusts have named midwives to support pregnant teenagers. Teenage pregnancy will be included in the Maternity Matters Programme.

<b>% Women under 18 years of age at time of birth</b>	<b>2004/ 2005</b>	<b>2005/ 2006</b>	<b>2006/ 2007</b>
Dartford & Gravesham NHS Trust	2	1.59	2.12
East Kent Hospitals NHS Trust	N/A	4.48	5.01
Maidstone & Tunbridge Wells NHS Trust	1	1.41	1.49
The Medway NHS Trust	3	2.9	5.14
Ashford & St Peters NHS Trust	N/A	N/A	1.12
Frimley Park Hospital NHS Foundation Trust	1	2.56	0.74
Royal Surrey County Hospital NHS Trust	1	0.66	0.06
Surrey & Sussex Healthcare NHS Trust	1	1.52	1.84
Brighton & Sussex University Hospitals NHS Trust	N/A	0.42	2.6
East Sussex Hospitals NHS trust	3	2.37	2.21
Royal West Sussex NHS Trust	6	N/A	3.46
Worthing & Southlands Hospitals NHS Trust	3	6.10	5.32
<b>Average</b>	<b>2.3</b>	<b>2.7</b>	<b>2.59</b>

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%. Within South East Coast there are 2 units with initiating rates below 65% and 8 units with 70% 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 follow the ten steps for breastfeeding incorporated in their guidelines.



## Ten steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

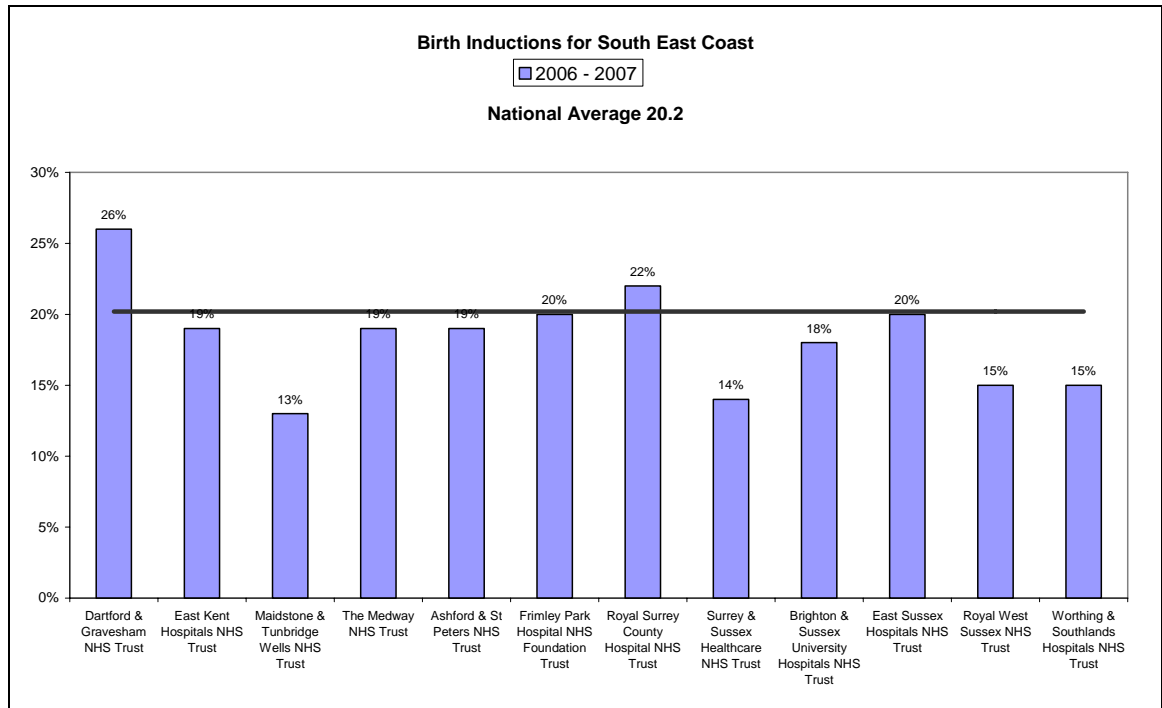
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

**Source:** *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF (WHO 1989) statement published by the World Health Organization and 'The Global Criteria for the WHO/UNICEF Baby-Friendly Hospital Initiative' (UNICEF, 1992)

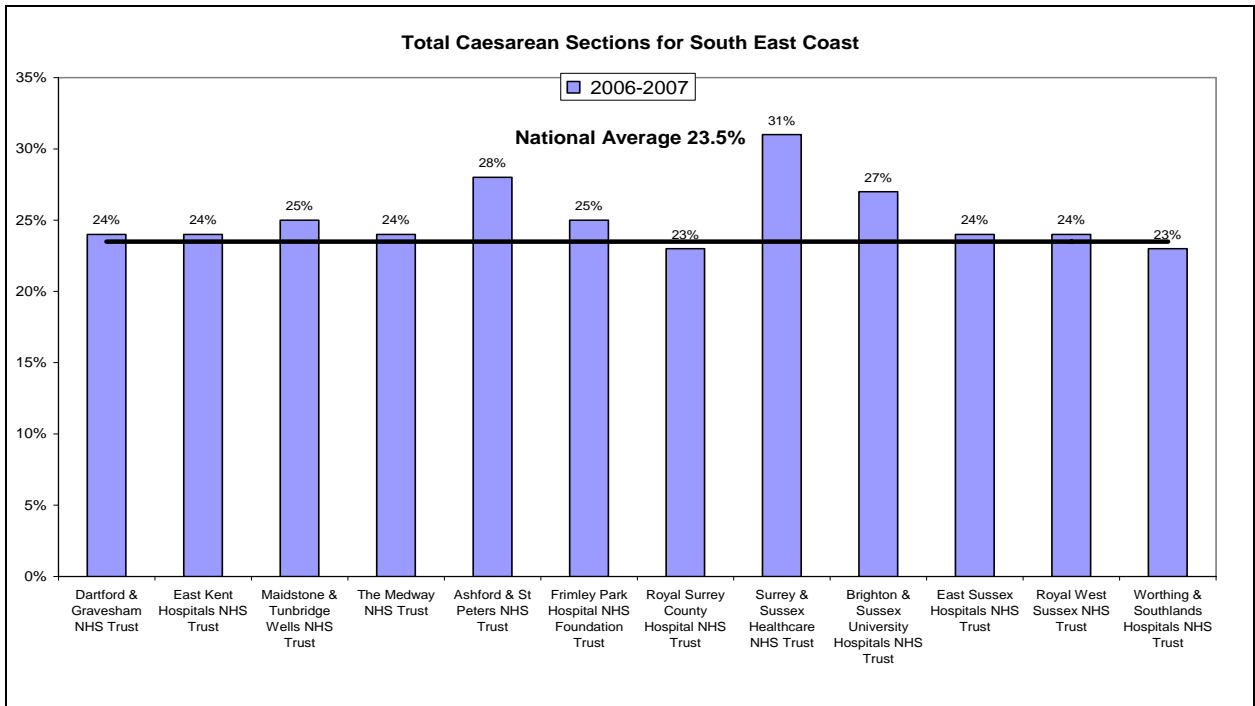
Smoking (Choosing Health 2004) – target to reduce adult smoking rates from 26% to 21% or less by 2010. Data was available from 11 of the 12 Trusts the figures are for women smoking at time of delivery. The 2006 / 2007 range is from 8 – 21%. These figures are very similar to the previous years some have slight increase / decreases. All units are 21% or less.

<b>% Women Smoking at time of Birth</b>	<b>2004/ 2005</b>	<b>2005/ 2006</b>	<b>2006/ 2007</b>
Dartford & Gravesham NHS Trust	20	19.08	18.86
East Kent Hospitals NHS Trust	N/A	17.17	20.80
Maidstone & Tunbridge Wells NHS Trust	20	15.15	13.10
The Medway NHS Trust	22	21.84	19.67
Ashford & St Peters NHS Trust	N/A	N/A	10.16
Frimley Park Hospital NHS Foundation Trust	10	10.38	9.30
Royal Surrey County Hospital NHS Trust	10	10.73	10.30
Surrey & Sussex Healthcare NHS Trust	17	8.59	6.96
Brighton & Sussex University Hospitals NHS Trust	2	N/A	N/A
East Sussex Hospitals NHS trust	23	20.26	20.12
Royal West Sussex NHS Trust	12	9.55	8.91
Worthing & Southlands Hospitals NHS Trust	13	12.86	12.39
<b>Average</b>	<b>14.9</b>	<b>14.56</b>	<b>13.69</b>

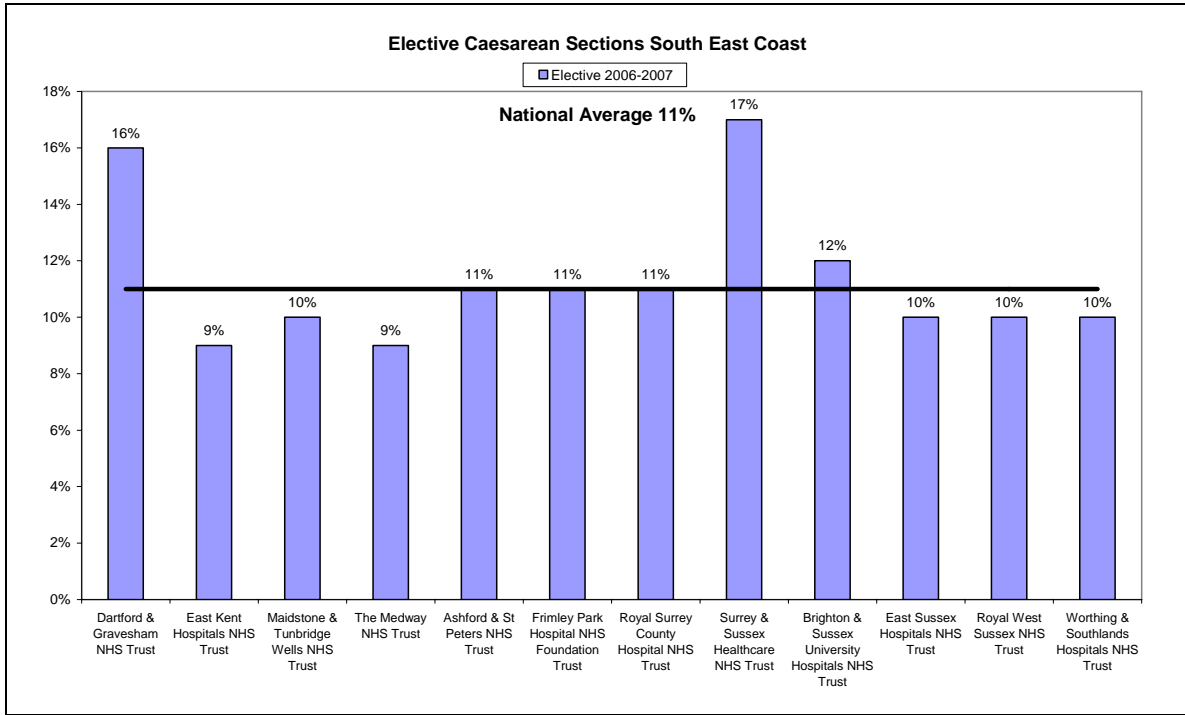
The national average for induction of labour is 20.2% (England 2005-06). 10 units are 20% or lower, 4 units are over 20% the highest being 25.79%.



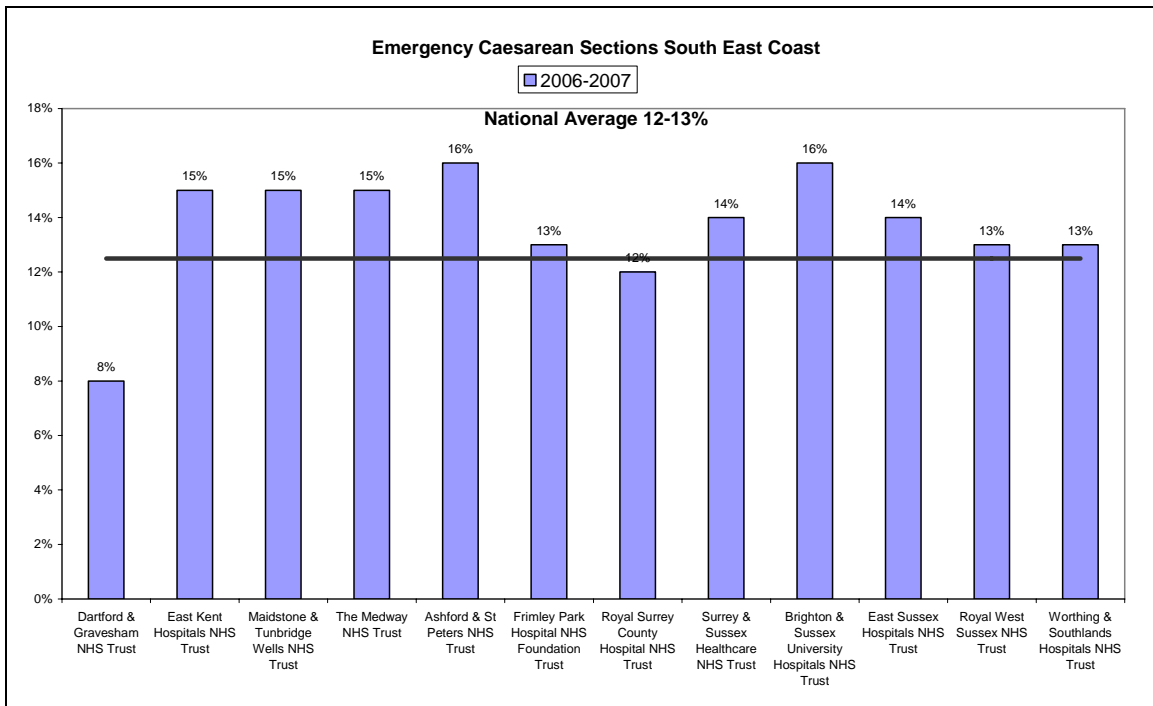
The national average for caesarean section rate is 23.5% (England 2005-06). These figures need to be reviewed with caution as those with Neonatal Intensive care units have many high-risk women transferred to them for care. 10 Trusts are higher than 22.7% however of those 3 have Level 3 neonatal Units.



The national average for elective caesarean section rate is 11% (England 2005-06). 3 of the 12 Trusts have a higher rate than 11% the highest being 17.49%.



The national average for emergency caesarean section rate is 12-13%; again caution is needed regarding neonatal services. 7 of the 12 Trusts are higher than 13%, 3 Trusts are under 14%, 1 = 14%, 2 =15% and 2 =16%. Of the 3 regional neonatal services 1 is 15% and 2 are 16%.



The graphs on the previous pages show the Trusts rates against national averages for induction of labour, total caesarean sections, elective and emergency caesarean sections. The graphs clearly reflect some variance between the units and with the national average. The Maternity Matters Programme will be looking at clinical outcomes and intervention rates. It is anticipated that the local facilitators will work with multi-professional teams within each Trust to review the clinical outcomes, pathways of care and clinical evidence to ensure they are providing safe and appropriate care for women and their babies.

## 20. Manpower

On the 31<sup>st</sup> March 2007 the vacancies varied from 0 to 17 whole time equivalent (wte) with a total vacancy factor of 69.93 wte. This is a little higher to the previous year of 53.86 wte. Vacancy rates were calculated as the difference between funded whole time equivalent midwives and midwives actually in post. These posts have been filled and more recent vacancies are being filled by student midwives.

Trusts are having difficulty in offering jobs to all student midwives who are expected to qualify in September 2007. Some students are offered part time work to enable all newly qualified midwives to have some working hours to help consolidate their training. Other units are having midwives working in a pool so that they cover sickness and maternity leave. As contracted hours become available these are offered to these midwives through the usual recruitment process.

The Nursing & Midwifery Council have undertaken a consultation reviewing midwifery education and consideration was given to extending the current 18 month post-graduate course to two years. Currently this has not been agreed. The South East Coast is one of the few areas that continue to offer the 18 month programme.

<b>Midwife WTE Vacancies South East Coast by Trust 31/3/07</b>	<b>2003 – 2004</b>	<b>2004 – 2005</b>	<b>2005 - 2006</b>	<b>2006 - 2007</b>
Dartford & Gravesham NHS Trust	15	11	0	1.25
East Kent Hospitals NHS Trust	14.67	10	6.34	6.71
Maidstone & Tunbridge Wells NHS Trust	N/A	26.71	13.84	13.63
The Medway NHS Trust	8	14.91	12.8	0
Ashford & St Peters NHS Trust	10	0	N/A	17
Frimley Park Hospital NHS Foundation Trust	0	0	3.64	5.86
Royal Surrey County Hospital NHS Trust	7.5	6.8	3.91	0.8
Surrey & Sussex Healthcare NHS Trust	11.03	17.09	5.9	4.38
Brighton & Sussex University Hospitals NHS Trust	10.75	13	2.5	13.75
East Sussex Hospitals NHS Trust	7.54	11.87	0.74	1
Royal West Sussex NHS Trust	0	0	0.16	2.73
Worthing & Southlands Hospitals NHS Trust	1.4	3.93	4.03	2.82
<b>Total</b>	<b>85.89</b>	<b>115.31</b>	<b>53.86</b>	<b>69.93</b>

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.

'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.

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.

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.

<b>Additional midwife posts required following Birth-Rate Plus review</b>	<b>Year</b>	<b>Vacancies WTE</b>
Dartford & Gravesham NHS Trust	2006	12
East Kent Hospitals NHS Trust	2007	41
Maidstone & Tunbridge Wells NHS Trust	2007	30.28
The Medway NHS Trust	2006	16.4
Ashford & St Peters NHS Trust	2002	50
Frimley Park Hospital NHS Foundation Trust	2005	13.11
Royal Surrey County Hospital NHS Trust	2002	34
Surrey & Sussex Healthcare NHS Trust	2007	31
Brighton & Sussex University Hospitals NHS Trust	2001	44
East Sussex Hospitals NHS trust	2003	11.5
Royal West Sussex NHS Trust	2001	0
Worthing & Southlands Hospitals NHS Trust	2005	7.82
<b>Total</b>		<b>291.11</b>

Midwifery staffing levels will need to be considered when the results of the Health Care Commission 2007/2008 review of women's experiences of maternity services are published. Fit For the Future review within South East Coast may also propose some

new configurations for maternity services. Midwifery staffing levels will need to be carefully considered in the plans for how future services are provided. Maternity Matters includes increased access to services and more availability of choice including midwifery led care and homebirths.

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.

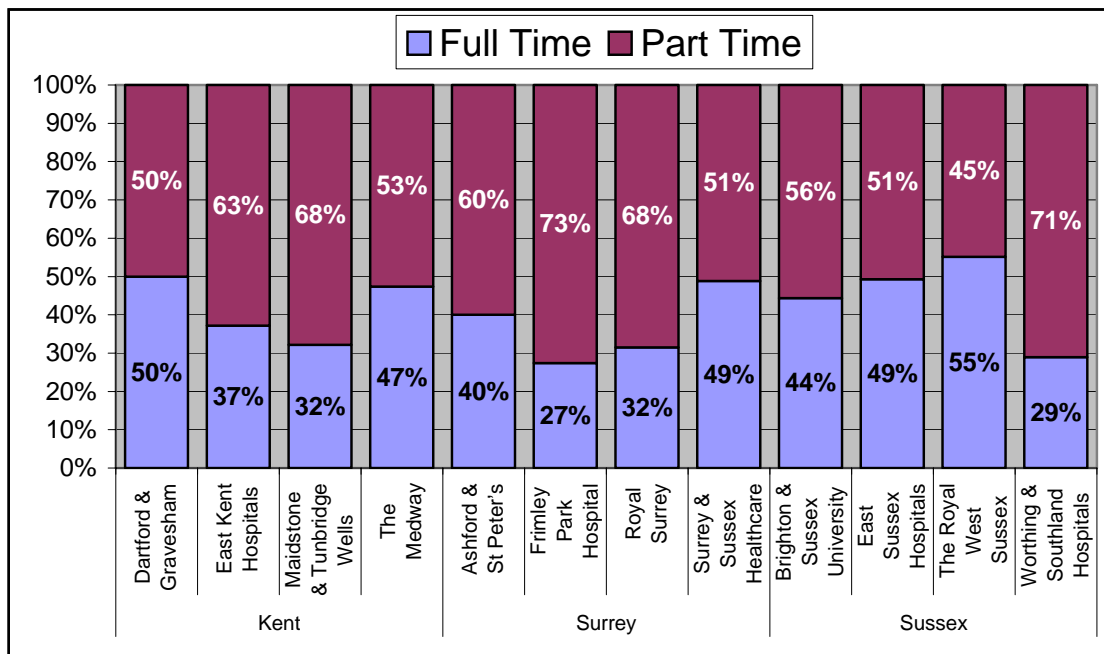
The ratios for some Trusts have improved due to some midwifery increases but 7 Trusts are above 1:35 ratio. It needs to be recognised that these are birth ratios. Some Trusts care for over 500 women during the antenatal and postnatal period but they give birth in another Trust and this is not reflected in these numbers.

<b>Midwife to Birth Ratio South East Coast by Trust 31/3/07</b>	<b>2003 – 2004</b>	<b>2004 - 2005</b>	<b>2005 - 2006</b>	<b>2006 - 2007</b>
Dartford & Gravesham NHS Trust	01:40	01:38	01:46	01:36
East Kent Hospitals NHS Trust	01:35	01:35	01:35	01:37
Maidstone & Tunbridge Wells NHS Trust		01:39	01:32	01:35
The Medway NHS Trust	01:39	01:43	01:33	01:38
Ashford & St Peters NHS Trust	01:50	01:41	01:35	01:44
Frimley Park Hospital NHS Foundation Trust	01:38	01:38	01:33	01:34
Royal Surrey County Hospital NHS Trust	01:49	01:42	01:39	01:39
Surrey & Sussex Healthcare NHS Trust	01:35	01:44	01:40	01:41
Brighton & Sussex University Hospitals NHS Trust	01:42	01:36	01:33	01:34
East Sussex Hospitals NHS Trust	01:32	01:29	01:28	01:32
Royal West Sussex NHS Trust	01:28	01:31	01:31	01:34
Worthing & Southlands Hospitals NHS Trust	01:35	01:37	01:33	01:37
<b>Average</b>	<b>01:38</b>	<b>01:38</b>	<b>01:35</b>	<b>01:37</b>

The LSA database has enabled more detail to be gained regarding the midwifery work force - in particular the number of full / part time midwives.

The need to recruit midwives and employment guidance has meant that many more midwives are working part time and this is clearly reflected in the table on the next page. The flexibility of part time working has meant that the vacancy issues have been addressed.

Trusts have to provide the same amount of training to a part time midwife so more resources are required to support that. Part time staff are often able to offer more flexibility in that if able they will often work additional shifts to provide cover for sick/ maternity leave.



The last year has seen several changes to Heads of Midwifery. Recent appointments have been made at Royal West Sussex and Ashford & St. Peters. Currently (September 2007) there are three units with Acting Heads of Midwifery – East Sussex, Brighton & Sussex, and Medway. Worthing & Southlands have recently appointed a substantive Head of Midwifery.

Supporting / buddy arrangements with an experienced Head of Midwifery have been put in place for Acting and newly appointed Heads of Midwifery. Discussions have taken place at the Strategic Health Authority regarding Leadership development and the inclusion into the South East Coast Academy for Heads of Midwifery and future Heads of Midwifery.

Further manpower information may be found at appendices 11 – 14

## 21. Nursing and Midwifery Council – Rule 16

### Report is made available to the public

The Local Supervising Authority Midwifery Officer's Annual Report is agreed within the Strategic Health Authority. This report is reviewed by the Director Clinical & Workforce, will be presented at the Clinical Governance Board. The report will be submitted to the Chief Executive for a meeting with the LSA Midwifery Officer and signing.

The report will be circulated as per circulation list at the end of the report by 31<sup>st</sup> October 2007. 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 Contact and Link Supervisors will be asked to share with all local staff and user groups.

The Annual Report is also available in hard copy and can be obtained by contacting the LSA Co-ordinator – no hard copies were requested last year.

### **Supervisor of midwives appointment, resignations and removals**

The number of designated supervisor of midwives on 31<sup>st</sup> March 2007 within South East Coast is 176.

<b>Supervisors of Midwives</b>	<b>31<sup>st</sup> March 2005</b>	<b>31<sup>st</sup> March 2006</b>	<b>31<sup>st</sup> March 2007</b>
Designated Supervisors	142	162	176
New Appointments	18	24	25
Resignations	1	4	11
Removals	0	0	0
Suspensions	0	0	0
Undertaking preparation	17	26	14

Age profiles of Supervisors of Midwives within South East Coast.

<b>Age</b>	<b>Number of Supervisors</b>	<b>Percentage %</b>
Under 21	0	0 %
21 to 25	0	0 %
26 to 30	0	0 %
31 to 35	5	3 %
36 to 40	12	7 %
41 to 45	47	27 %
46 to 50	55	31 %
51 to 55	38	21 %
56 to 60	17	10 %
61 to 65	2	1 %
Over 65	0	0 %
<b>TOTAL</b>	<b>176</b>	<b>100%</b>

The total number of midwives who notified their intention to practise within South East Coast during April 2006 – March 2007 was 1873. There is a slight reduction from last year (2018) but this may be due to the transfer onto the LSA database.

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 1:9 to 1:21 (see section 7 and appendix 6).

The fourth Preparation of Supervisors of Midwives course is due to start in October 2007, with an introduction meeting with trainees and mentors on 20th September. The LSA Midwifery Officer is a member of the course board and actively contributes to the course.

The Preparation course is also held at other venues in London and around the country. Midwives may attend a course out of area if they wish. 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 and programme leader representing the University. There are selection and appointment guidelines in the South of England Guidance for Supervisors of Midwives April 2005.

All midwives are given a choice as to their supervisor of midwife and this is reviewed on a regular basis often with increases or decreases in supervisory teams. The contact supervisor of midwives would write to all the midwives listing all the supervisor's names asking for them to make a 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices. Where possible 1<sup>st</sup> choices are given with 2<sup>nd</sup> choice where it is not possible. New midwives to a trust are given introduction letters to the supervisory team and details of whom their supervisor is. When they have been in the organisations for a while they will be given the option to change.

Supervisor of Midwives ensure that all their supervisees are aware of how to contact them and how to contact the on-call supervisor of midwives. This is monitored through the midwives questionnaire as part of the LSA annual audit review.

### **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 2006 – 2007.

Some units cover one night others do seven nights, a week, at a time and some units do a combination of the two. It has been agreed locally that Supervisor of Midwives cannot be on night duty and on-call as a supervisor of midwives at the same time as this is often when advice is sought.

Midwives were asked on the audit questionnaire if they were aware of how to contact a supervisor of midwives and all reported that they were and where the rota is kept advising who is on call.

### **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 (April 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.

Supervisors of Midwives supervise midwives locally by;

- Receiving ITP from their midwives, enter onto LSA database
- Annual review with all midwives agreeing development plan
- Attendance at local meetings
- Undertake supervisory investigations where appropriate and support supported / supervised practice programmes

Supervisors of midwives are members of other forums where issues regarding practice may be discussed which may trigger the supervisor to review / investigate issues. Meetings where supervisors are represented;

- Labour ward forum
- Risk management meetings
- Clinical guideline forums
- Maternity Services Liaison Committee
- Mandatory training programmes
- Forums with universities

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. The audit visit is 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 two conferences for supervisors to maintain their requirement to update (Appendix 16).

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 continues to be concern from the supervisors of midwives regarding the 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. Six of the twelve Trusts within the area are making payments to supervisors of midwives the other six Trusts continue in discussion.

### **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 was planned and had to be cancelled as several users were unable to attend. Another training day is being planned to help the service users have a greater understanding of Supervision of Midwives and the audit process.

All Trusts have now developed information for women regarding supervision of midwives either in a leaflet format, in the woman's hand held records, information on notice boards and information on Trust websites.

### **Engagement with higher education**

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

### **New policies related to the supervision of midwives**

The new Standards and Guidance for Supervisors of Midwives, South of England were launched in April 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.

[www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp](http://www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityof theSouthEastCoast.asp)

The UK National LSA Midwifery Officer forum is currently updating guidelines with the aim of having more National guidance. Some have been approved but have not been included in this report as it was after 1<sup>st</sup> April 2007 when they were published.

The three LSA Midwifery Officers in South of England are planning to review their guidance to incorporate the new National guidance.

### **Developing trends affecting midwifery practice in the LSA**

See section 7 – Contemporary issues

In April each year a 'Midwifery Practice Audit Form' is sent to Contact Supervisors of Midwives to complete. The completed form is returned to the LSA Co-ordinator and the data entered onto spreadsheets and used to present the evidence in this Annual Report and for several presentations through the year.

The Midwifery Practice Audit Form asks for details of;

- Contact details for supervisors of midwives
- Supervisors working within the Trusts

- Clinical statistics-
- Women given birth
- Babies born
- Home births
- Midwife – led care
- Maternity outcomes data
- Obstetric interventions
- Staffing establishment
- Additional information – sickness rates, neonatal facilities, reports benchmarked against

The LSA Midwifery Officer is supported by the LSA Co-ordinator 25 hours a week.

### **Complaints regarding the discharge of the supervisory function**

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

The LSA Midwifery Officer received a letter regarding breach of confidentiality of a midwife who was estranged from her partner. The case was not proven, but was taken by the complainant to the Data Protection Commission and Nursing & Midwifery Council Fitness to Practice who also found no case to answer.

The LSA Midwifery Officer received several letters from women regarding the provision of homebirths in Brighton. The homebirth rate for Brighton was 8%. There was difficulty in providing safe staffing for two obstetric units and then often there would be five homebirths taking place at the same time each requiring two midwives and the staffing could not be stretched any further. An active homebirth support group was set up by some local women. At the LSA Midwifery Audit in 2006 this issue was discussed in great depth, a member of the Maternity Service Liaison Committee (MSLC) was also present. The recommendation from that meeting was that Supervisors of Midwives would meet with the local homebirth group and work together to find a solution. In May 2007 at the Royal College of Midwives annual conference the Head of Midwifery and the user member of the MSLC presented how they had worked together with local women to find a solution. Women realise that Brighton is supportive of homebirths on the rare occasion that all areas are very busy then women will come in and use a newly developed home from home room. The LSA Midwifery Officer has not received a letter of concern for several months regarding the provision of a home birth service in Brighton.

The user member has been asked to come and share this experience with the preparation of supervisors of midwives course to share how women and supervisors can work together to enable each other to have a better understanding of maternity services and that solutions can be found with good communication.

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.

## Local supervisory investigations undertaken during the year

See section 10 - Investigations of allegations of professional misconduct

## 22. Areas of Good Practice

The Supervisors of Midwives within South East Coast work hard to ensure practice continually develops. This involves working in a multi-professional team and with multi-agencies.

Supervisors are involved in supporting many aspects of maternity services the development of clinical evidence based guidelines, working towards CNST assessments, clinical governance, risk management, investigations of clinical incidents, development of maternity records, auditing of records, planning and supporting professional development and training.

The following are some areas of good practice within South East Coast which have had supervision involvement;

- Working in partnership with professionals and agencies
- Midwifery supported care
- Sainsbury's – antenatal clinic
- County Mall – Shopping Mall postnatal drop in centre
- Clinical pathways of care
- Standardised booking risk assessment
- Multidisciplinary guidelines and training
- Home births
- Birth centres (stand alone / alongside)
- Continuity of care
- Focusing on Normal Birth – NHS Institute tool kit
- Home / Hospital / Birth centre
- Children's centres
- Sure Start
- Maternity Support Workers
- Breastfeeding & parenting skills
- Clinical Skills Facilitators
- Maternity Support Workers
- Hydrotherapy in labour 35%
- Water birth's 15% (52% Birth centre)
- Breast feeding initiation rates 80 – 87%
- Vaginal Birth After Caesarean (VBAC) 80 - 87% success
- Combined antenatal screening
- CHAPS – communication handover tool
- Triage
- Sure Start / Teenage pregnancy
- Domestic violence – training for all staff, all women asked, notices in women's toilets
- Integrated teams (hospital / community)
- Maternity projects / Midwives - awards BJM, SEC,
- Sharing experiences at conferences
- Birth reflections / de-briefing
- Active Birth parent education / workshops

- Maternity Matters Programme
- Proactive Supervision of Midwives
- Governance / Risk Management
- Committed staff
- MSLC / user involvement
- Willow Project – extended postnatal care to 6 weeks
- Designated clinical workshops – suturing, cannulation
- Fathers only Parent education
- Antenatal screening information sessions
- Standardisation of equipment
- Lone worker devices

### **23.Conclusion**

The birth rate has increased again this year there has been some additional funding for midwifery staffing but not in all units. Despite this the supervisors of midwives and midwives are developing and introducing new initiatives to support the public health agenda, more choice and increased access for women to continually improve the care for women within South East Coast.

The number of supervisory investigations and midwives undertaking supervised practice has increased therefore increasing the workload of the supervisors of midwives. The supervised practice programmes and midwifery suspensions are very time consuming and involve the writing of several reports.

The maternity units are full of dedicated staff providing good care for the local women and their families. The additional activity has given difficulties with capacity on several occasions.

The remuneration for Supervisors of Midwives has been agreed in six of the twelve Trusts.

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. The proposed reconfigurations may offer more choice for women. We all have a responsibility to ensure that safe maternity services are maintained as the changes are planned and take place.

Supervisors of Midwives are striving to support midwives and women to address national strategies and local priorities

*Candy Morris Sue Webb*

*Helen O'Dell*

Candy Morris  
Chief Executive

Sue Webb  
Director Clinical & Workforce

Helen O'Dell  
LSA Midwifery Officer

South East Coast  
Strategic Health Authority  
September 2007

South East Coast  
Strategic Health Authority  
September 2007

South East Coast  
Strategic Health Authority  
September 2007

### **Distribution**

Clinical Governance Board – November 2007

Sue Webb Director Clinical & Workforce South East Coast Strategic Health Authority -  
17/9/07

Candy Morris Chief Executive South East Coast Strategic Health Authority – 26/9/07

Nursing and Midwifery Council 28th September 2007

By 31/10/07;

Yvonne Doyle – Director of Public Health South East Coast Strategic Health Authority

Heads of Midwifery

Link Supervisors of Midwives

Contact Supervisors of Midwifery

Lead Midwives for Education

Chairs Maternity Services Liaison Committees

LSA Website

Workforce Development

## **Appendices**

- Appendix 1 - Contact details: Chief Executive, Director Clinical & Workforce and LSA Midwifery Officer
- Appendix 2 - Self assessment against the midwives rules and standards (NMC 2004)
- Appendix 3 - Standards of Supervision
- Appendix 4 - Audit Process
- Appendix 5 - Midwifery Age Profiles South East Coast
- Appendix 6 - Supervisory Ratios South East Coast
- Appendix 7 - HEI's offering Supervisor of Midwives Course and Return to Practice
- Appendix 8 - Detailed Breakdown of Clinical Activity South East Coast
- Appendix 9 - Four-Year Delivery Trends, South East Coast
- Appendix 10 - Four-Year Caesarean Section Rate South East Coast
- Appendix 11 - Vacancy Factor South East Coast
- Appendix 12 - Supervisors of Midwives South East Coast
- Appendix 13 – Heads of Midwifery South East Coast
- Appendix 14 - Consultant Midwives South East Coast
- Appendix 15 - LSA Guidelines - Contents Pages for each Guideline Section
- Appendix 16 – LSA Conference Programme



# South East Coast Strategic Health Authority

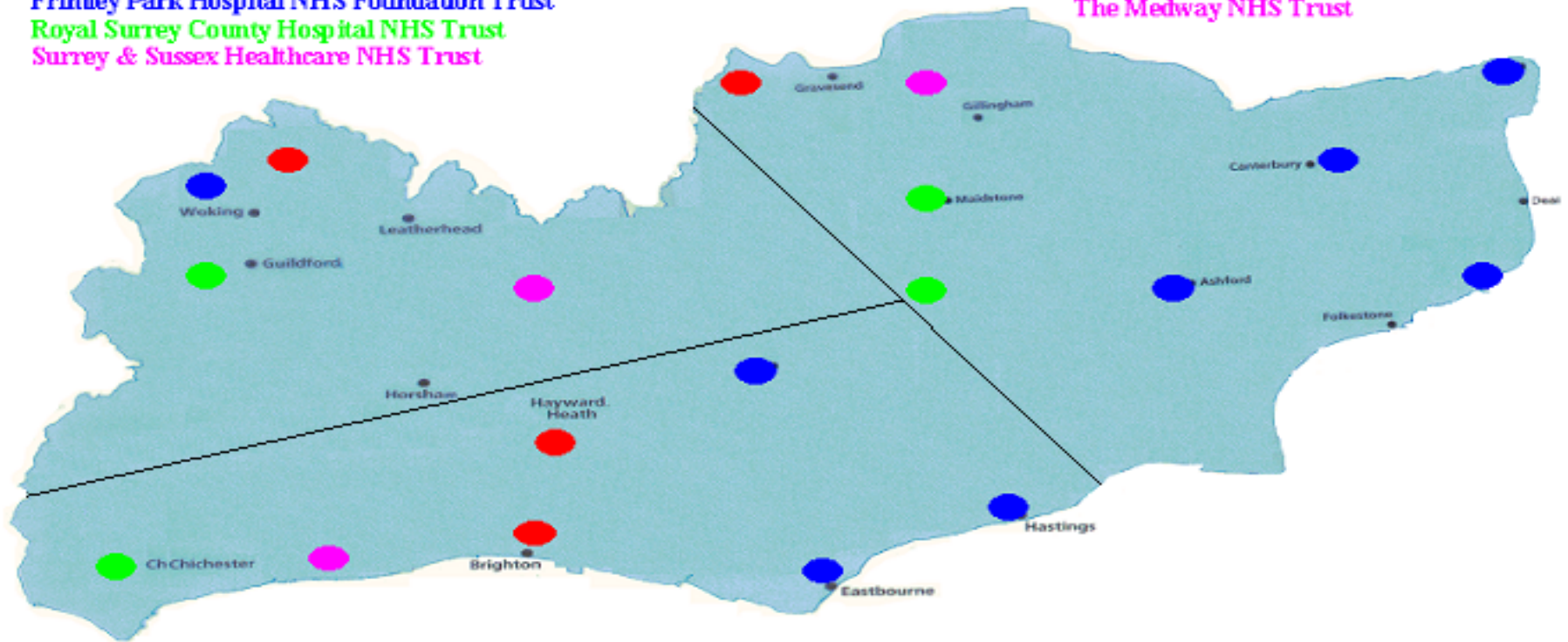
## Maternity Units

### 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

## Appendices

Appendix		Page
1	Contact details: Chief Executive, Director Clinical & Workforce and LSA Midwifery Officer	1
2	Self assessment against the midwives rules and standards (NMC 2004)	2
3	Standards of Supervision	11
4	Audit Process	15
5	Midwifery Age Profiles South East Coast	19
6	Supervisory Ratios South East Coast	25
7	HEI's offering Supervisor of Midwives Course and Return to Practice	26
8	Detailed Breakdown of Clinical Activity South East Coast	27
9	Four-Year Delivery Trends, South East Coast	31
10	Four-Year Caesarean Section Rate South East Coast	36
11	Vacancy Factor South East Coast	37
12	Supervisors of Midwives South East Coast	40
13	Heads of Midwifery South East Coast	41
14	Consultant Midwives South East Coast	42
15	LSA Guidelines - Contents Pages for each Guideline Section	43
16	LSA Conference Programme	48

**Contact details of Chief Executive, Director Clinical & Workforce and  
LSA Midwifery Officer**

<b>Chief Executive</b>
<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: <a href="mailto:candy.morris@Southeastcoast.nhs.uk">candy.morris@Southeastcoast.nhs.uk</a></p>
<b>Director of Clinical &amp; Workforce Development</b>
<p>Sue Webb Director of Clinical &amp; Workforce Development South East Coast Strategic Health Authority York House 18 – 20 Massetts Road Horley Surrey RH6 7DE Telephone: 01293 777030 Email: <a href="mailto:sue.webb@southeastcoast.nhs.uk">sue.webb@southeastcoast.nhs.uk</a></p>
<b>LSA Midwifery Officer</b>
<p>Helen O'Dell LSA Midwifery Officer South East Coast Strategic Health Authority York House 18 – 20 Massetts Road Horley Surrey RH6 7DE Telephone: 01293 789428 Email: <a href="mailto:helen.odell@nhs.net">helen.odell@nhs.net</a></p>

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
<b>RULE 4 - NOTIFICATIONS BY LOCAL SUPERVISING AUTHORITY</b>			
In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will;			
<ul style="list-style-type: none"> <li>Publish annually the name and address of the person to whom the notice must be sent;</li> </ul>	<b>Yes</b>		Guidance sent annually LSA Guidelines
Publish annually the date by which it must be receive intention to practise forms from midwives in its area;	<b>Yes</b>		Guidance sent annually LSA Guidelines
Ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 <sup>th</sup> April each year;	<b>Yes</b>		LSA Database uploads automatically to NMC
Ensure intention to practise notifications, given after the annual submission are delivered to the NMC by 20 <sup>th</sup> of each month	<b>Yes</b>		LSA Database uploads automatically weekly to NMC Feedback verification from NMC
<b>RULE 5 – SUSPENSION FROM PRACTICE BY A LOCAL SUPERVISING AUTHORITY</b>			
To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife’s impaired fitness to practise, and a local supervising authority will:			
<ul style="list-style-type: none"> <li>Publish how it will investigate any alleged impairment of a midwife’s fitness to practise</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Publish how it will determine whether or not to suspend a midwife from practice</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority</li> </ul>	<b>Yes</b>		In place, demonstrated in case files

<b>Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor</b>	<b>Met</b>	<b>Partially Met</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Publish the process for appeal against any decision</li> </ul>	<b>Yes</b>		LSA Guidelines
<b>RULE 9 – RECORDS</b>			
To ensure the safe preservation of records transferred to it in accordance with the Midwives rules8, a local supervising authority will:			
<ul style="list-style-type: none"> <li>Publish local procedures for the transfer of midwifery records from self-employed midwives</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity</li> </ul>	<b>Yes</b>		LSA Guidelines LSA Audit
<ul style="list-style-type: none"> <li>Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years</li> </ul>	<b>Yes</b>		LSA Guidelines LSA Audit
<ul style="list-style-type: none"> <li>Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years</li> </ul>	<b>Yes</b>		Archive system at LSA office and locally in each Trust
<ul style="list-style-type: none"> <li>Publish local procedures for retention and transfer of records relating to statutory supervision</li> </ul>	<b>Yes</b>		LSA Guidelines
<b>RULE 11 – ELIGIBILITY FOR APPOINTMENT AS A SUPERVISOR OF MIDWIVES</b>			
In order to ensure that supervisors of midwives meet the requirements of Rule 11 (see above) a local supervising authority will:			

<b>Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor</b>	<b>Met</b>	<b>Partially Met</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Publish their policy for the appointment of any new supervisor of midwives in their area</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Maintain a current list of supervisors of midwives</li> </ul>	<b>Yes</b>		LSA Annual Report LSA Database
<ul style="list-style-type: none"> <li>Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period</li> </ul>	<b>Yes</b>		6 monthly conferences LSA Annual Report
<b>RULE 12 – THE SUPERVISION OF MIDWIVES</b>			
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:			
<ul style="list-style-type: none"> <li>Publish the local mechanism for confirming any midwife's eligibility to practise</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Implement the NMC's rules and standards for supervision of midwives</li> </ul>	<b>Yes</b>		LSA Audit review
<ul style="list-style-type: none"> <li>Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)</li> </ul>		<b>Yes</b>	LSA Audit – reviewed annually LSA Annual Report Not all units comply
<ul style="list-style-type: none"> <li>Enable student midwives to be supported by the supervisory framework.</li> </ul>	<b>Yes</b>		LSA Audit
To ensure a communication network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:			
<ul style="list-style-type: none"> <li>Set up systems to facilitate communication links</li> </ul>	<b>Yes</b>		E-mail

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
between and across local supervising authority boundaries.			National LSA Midwifery officer newsletter Meetings – Link, Contact, Representative
<ul style="list-style-type: none"> <li>• Enable timely distribution of information to all supervisors of midwives.</li> </ul>	Yes		E-mails to Contact supervisor of Midwives
<ul style="list-style-type: none"> <li>• Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.</li> </ul>	Yes		E-mails
<ul style="list-style-type: none"> <li>• Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.</li> </ul>	Yes		Meetings planned annually with Link, Contact and Representatives.
To ensure there is support for the supervision of midwives the local supervising authority will:			
<ul style="list-style-type: none"> <li>• Monitor the provision of protected time and administrative support for supervisors of midwives</li> </ul>	Yes		LSA Audit review
<ul style="list-style-type: none"> <li>• Promote woman-centred, evidence-based midwifery practice</li> </ul>	Yes		LSA Audit review Meeting
<ul style="list-style-type: none"> <li>• Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.</li> </ul>	Yes		LSA Audit review LSA Database

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
A local supervising authority shall set standards for supervision of midwives that incorporate the following broad principles:			
<ul style="list-style-type: none"> <li>Supervisors of midwives are available to offer guidance and support to women accessing maternity services</li> </ul>	Yes		LSA Audit reviewed
<ul style="list-style-type: none"> <li>Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice</li> </ul>	Yes		LSA Audit review
<ul style="list-style-type: none"> <li>Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives</li> </ul>	Yes		LSA Audit review and preparation of supervisors of midwives
<ul style="list-style-type: none"> <li>Supervisors of midwives provide professional leadership</li> </ul>	Yes		LSA Audit review, discussion at meetings
<ul style="list-style-type: none"> <li>Supervisors of midwives are approachable and accessible to midwives to support them in their practice</li> </ul>	Yes		LSA Audit review – midwives asked 24 hour rotas available
<b>RULE 13 – THE LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER</b>			
In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			



Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
<ul style="list-style-type: none"> <li>Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</li> </ul>	Yes		Verification available from SHA and NMC on appointment of current LSA Midwifery officer
<ul style="list-style-type: none"> <li>Involve a NMC nominated and appropriate experienced midwife in the selection and appointment process</li> </ul>	Yes		Verification available from SHA and NMC on appointment of current LSA Midwifery officer
<ul style="list-style-type: none"> <li>Manage the performance of the appointed local supervising authority midwifery officer</li> </ul>	Yes		Appraisal through SHA LSA Annual Report
<ul style="list-style-type: none"> <li>Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function</li> </ul>	Yes		LSA Co-ordinator in post (25 hours)

<ul style="list-style-type: none"> <li>• Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.</li> </ul>	<b>Yes</b>		LSA Annual Report
<b>RULE 15 – PUBLICATION OF LOCAL SUPERVISING AUTHORITY PROCEDURES</b>			
To ensure incidents that cause serious concern in its area relating to maternity care of midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:			
<ul style="list-style-type: none"> <li>• Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents</li> </ul>	<b>Yes</b>		LSA Guidelines Meet with Independent Midwives
<ul style="list-style-type: none"> <li>• Publish the investigative procedure</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>• Liaise with key stakeholders to enhance clinical governance systems</li> </ul>	<b>Yes</b>		LSA Guidelines Work closely with Clinical Governance at SHA
To confirm the mechanisms for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives			
<ul style="list-style-type: none"> <li>• Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives.</li> </ul>	<b>Yes</b>		LSA Guidelines LSA Annual Report

<ul style="list-style-type: none"> <li>Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment</li> </ul>	<b>Yes</b>		SHA policy LSA Guidelines
<ul style="list-style-type: none"> <li>Publish the process for appeal against the decision to remove</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Ensure that a local supervising officer of supervisor of midwives is informed of the outcome of any supervising authority investigation of poor performance, following its completion</li> </ul>	<b>Yes</b>		LSA Guidelines
<ul style="list-style-type: none"> <li>Consult the NMC for advice and guidance in such matters.</li> </ul>	<b>Yes</b>		Contact Professional leads at the NMC
<b>RULE 16 – ANNUAL REPORT</b>			
<p>A written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council, by the 1<sup>st</sup> of June each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:</p>			
<ul style="list-style-type: none"> <li>Numbers of supervisor of midwives appointments, resignations and removals</li> </ul>	<b>Yes</b>		LSA Annual Report
<ul style="list-style-type: none"> <li>Details of how midwives are provided with continuous access to a supervisor of midwives</li> </ul>	<b>Yes</b>		LSA Annual Report LSA Guidelines
<ul style="list-style-type: none"> <li>Details of how the practice of midwifery is supervised</li> </ul>	<b>Yes</b>		LSA Annual Report LSA Guidelines
<ul style="list-style-type: none"> <li>Evidence that service users have been involved in monitoring supervision of users and assisting the</li> </ul>	<b>Yes</b>		LSA Annual Report

local supervising authority midwifery officer with the annual audits.			
<ul style="list-style-type: none"> <li>Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.</li> </ul>	<b>Yes</b>		LSA Annual Report Meetings with 4 Higher Education Institution's
<ul style="list-style-type: none"> <li>Details of any new policies related to the supervision of midwives</li> </ul>	<b>Yes</b>		LSA Annual Report LSA Guidelines E-mails, Website
<ul style="list-style-type: none"> <li>Evidence of developing trends affecting midwifery practice in the local supervising authority</li> </ul>	<b>Yes</b>		LSA Annual Report
<ul style="list-style-type: none"> <li>Details of the number of complaints regarding the discharge of the supervisory function</li> </ul>	<b>Yes</b>		LSA Annual Report
<ul style="list-style-type: none"> <li>Reports on all local supervising authority investigations undertaken during the year</li> </ul>	<b>Yes</b>		LSA Annual Report

### 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.



## **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.

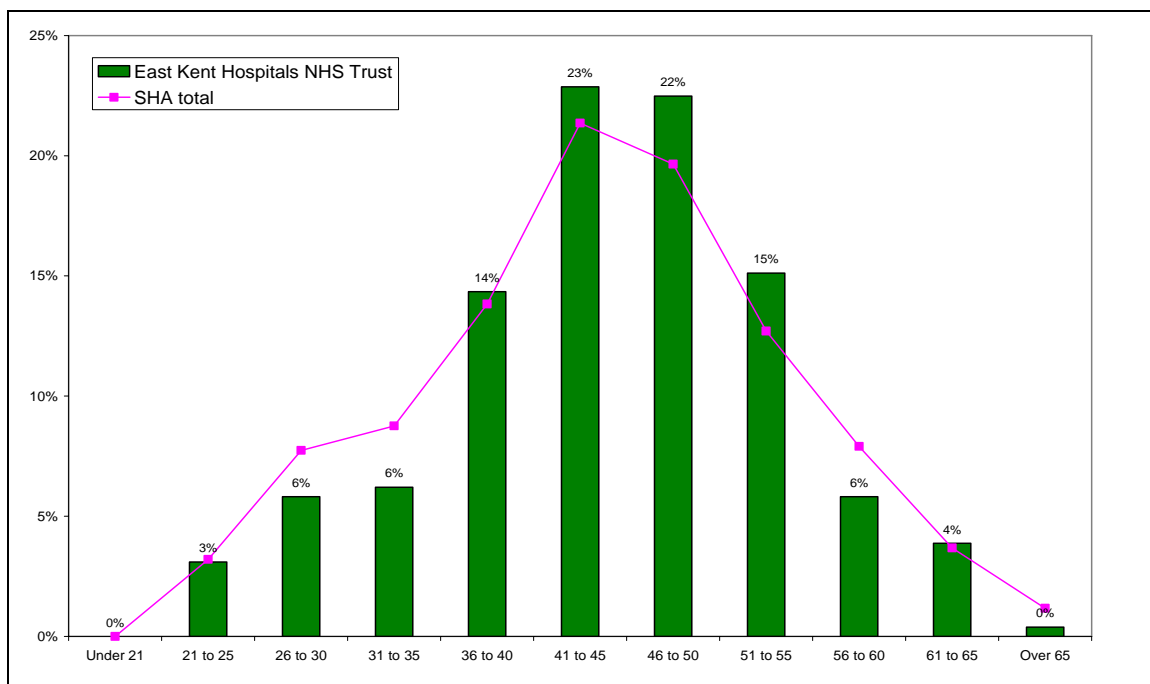
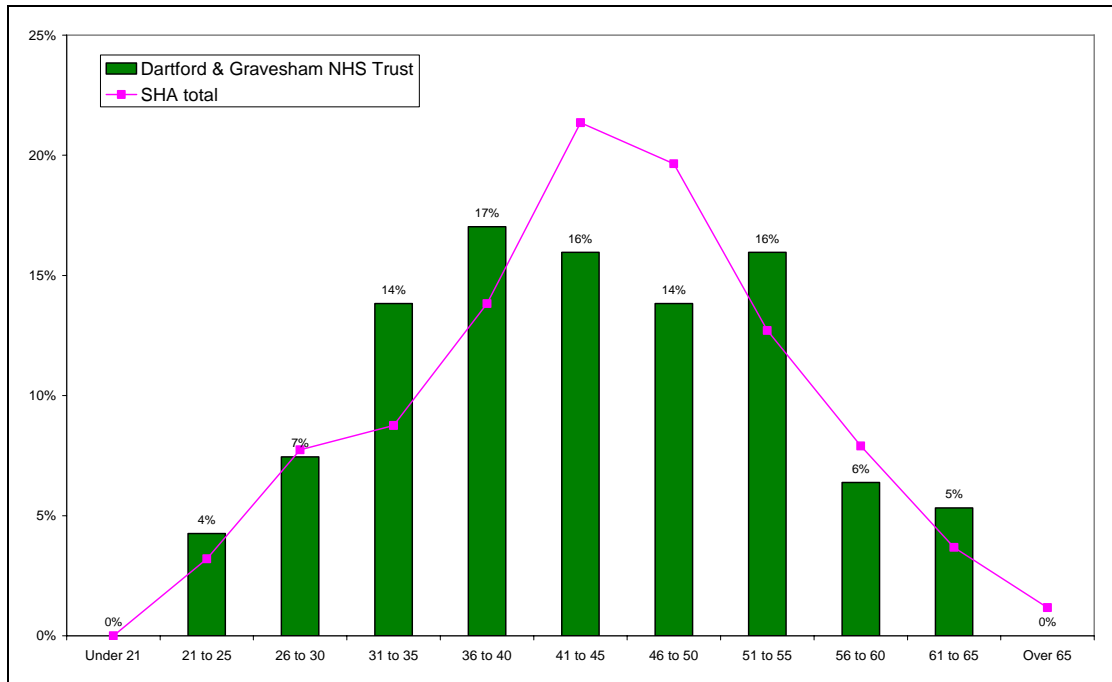
## **After the Audit Visit**

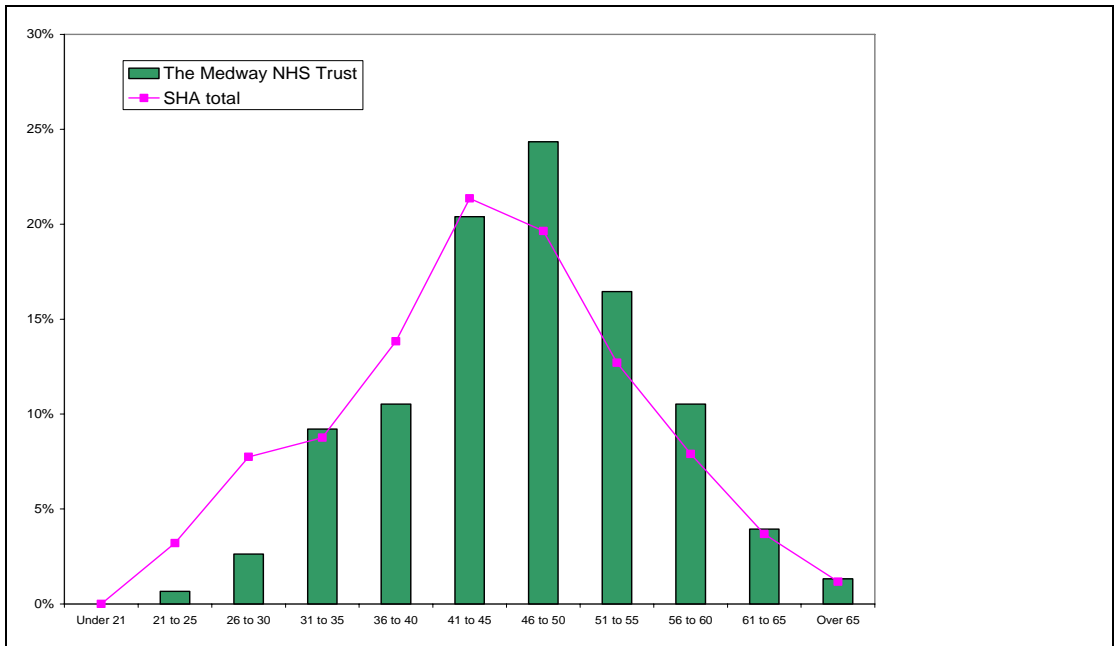
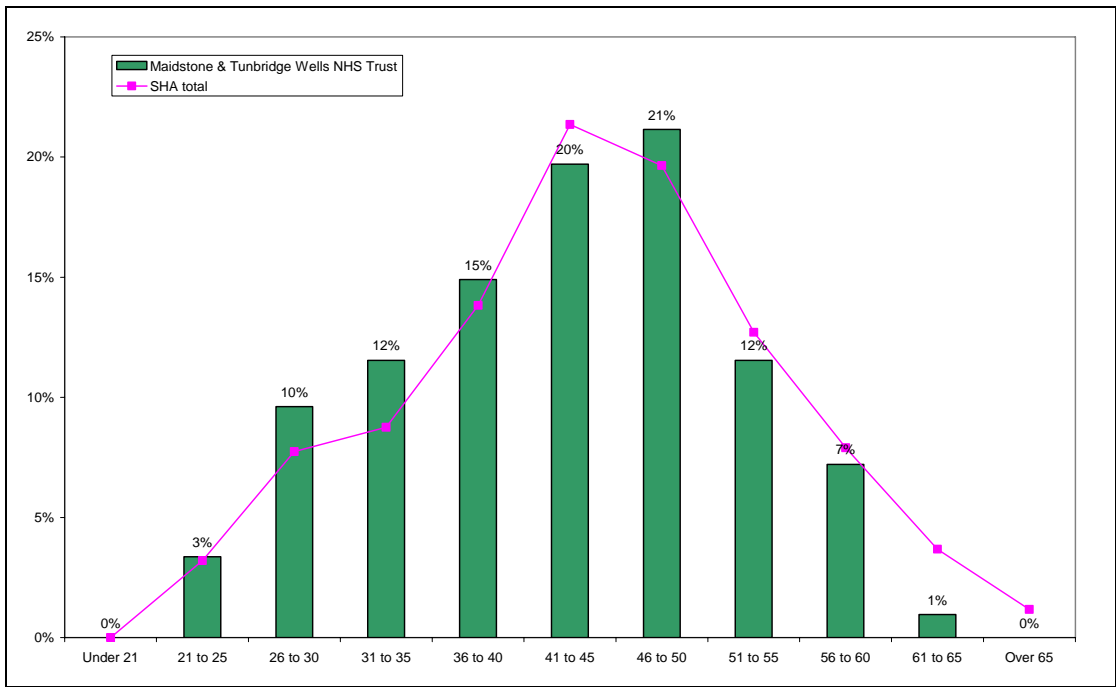
The audit process is not a pass or fail. The aim is to identify areas of good practice and areas for future development to ensure that the standards of supervision as set by the NMC (2004) are met.

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.

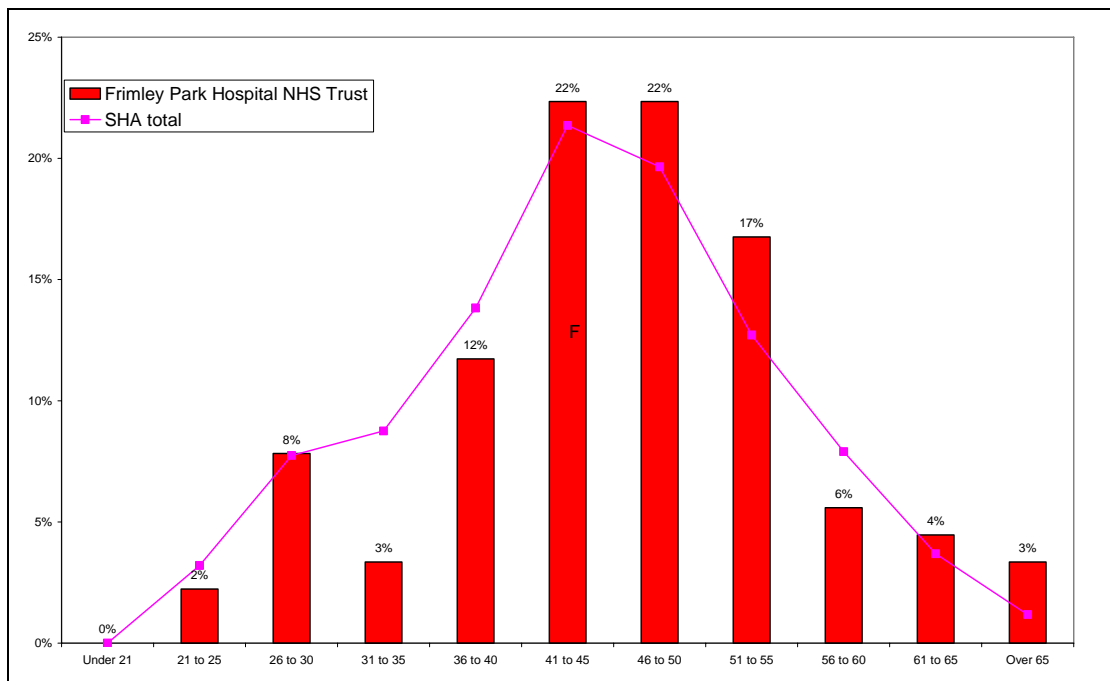
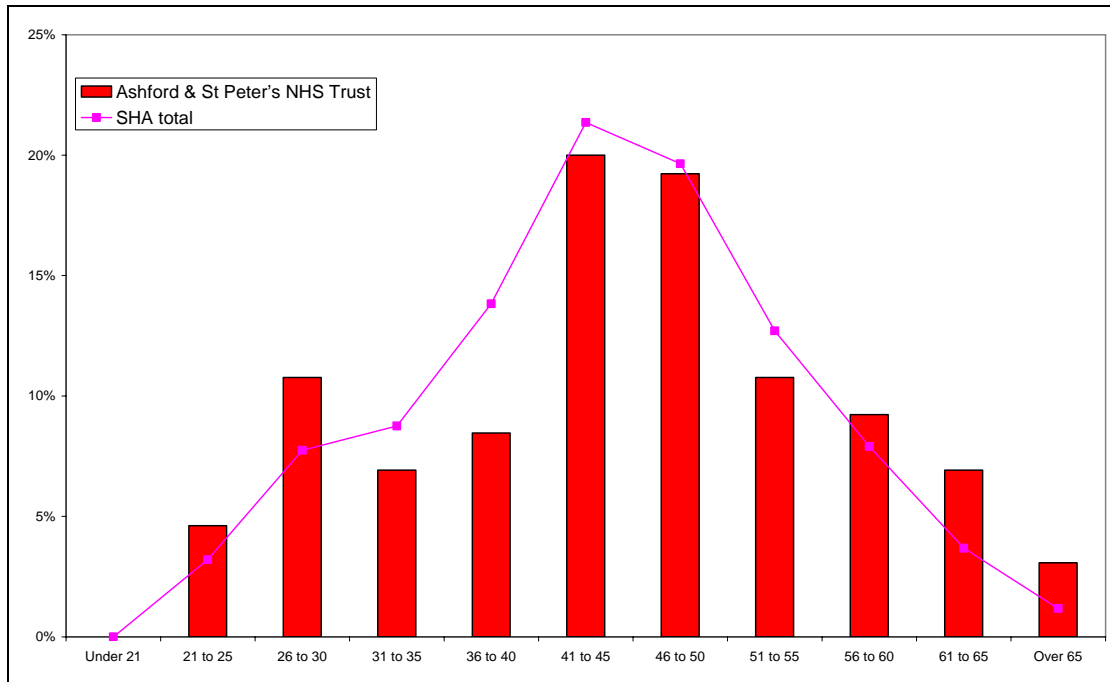
KENT

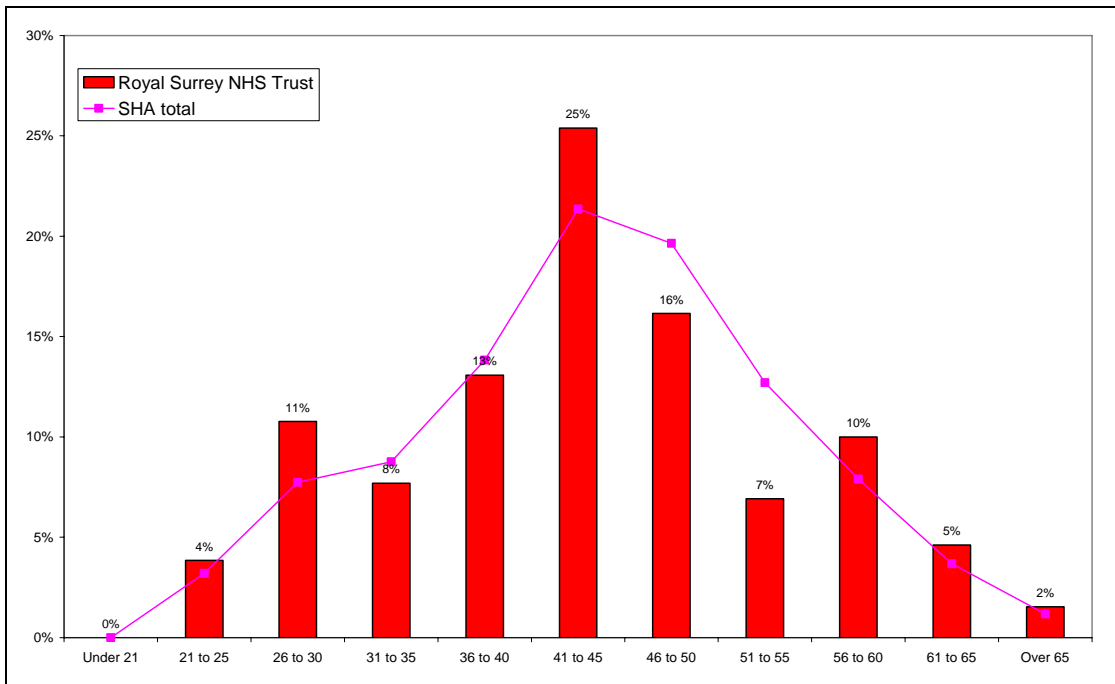
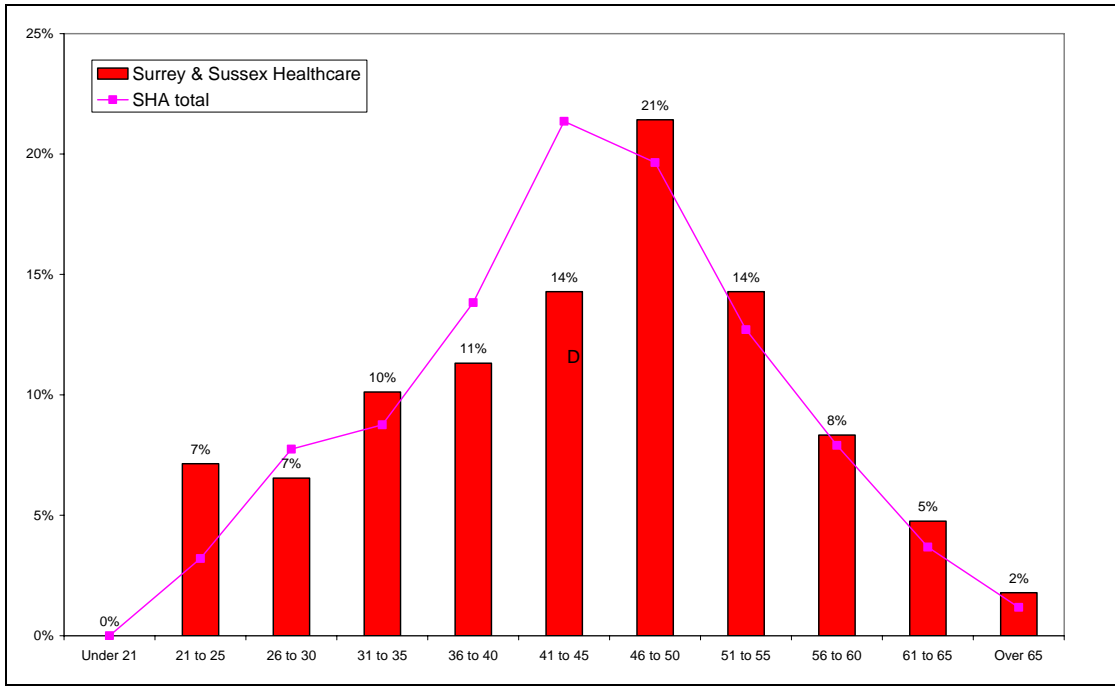




## MIDWIFERY AGE PROFILES

### SURREY

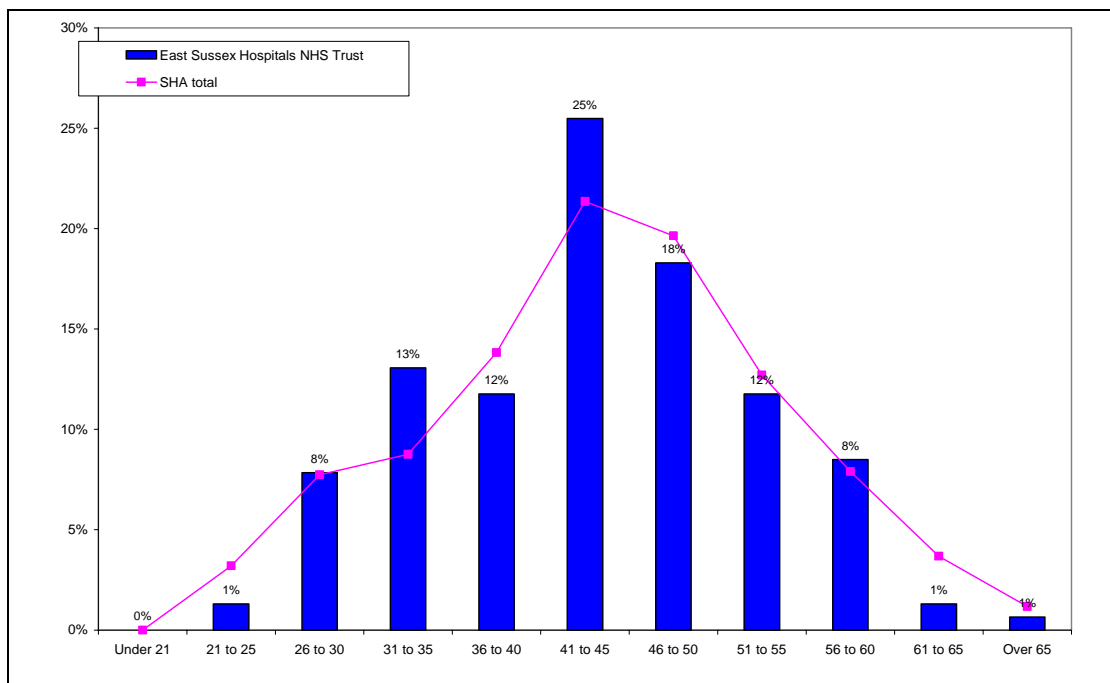
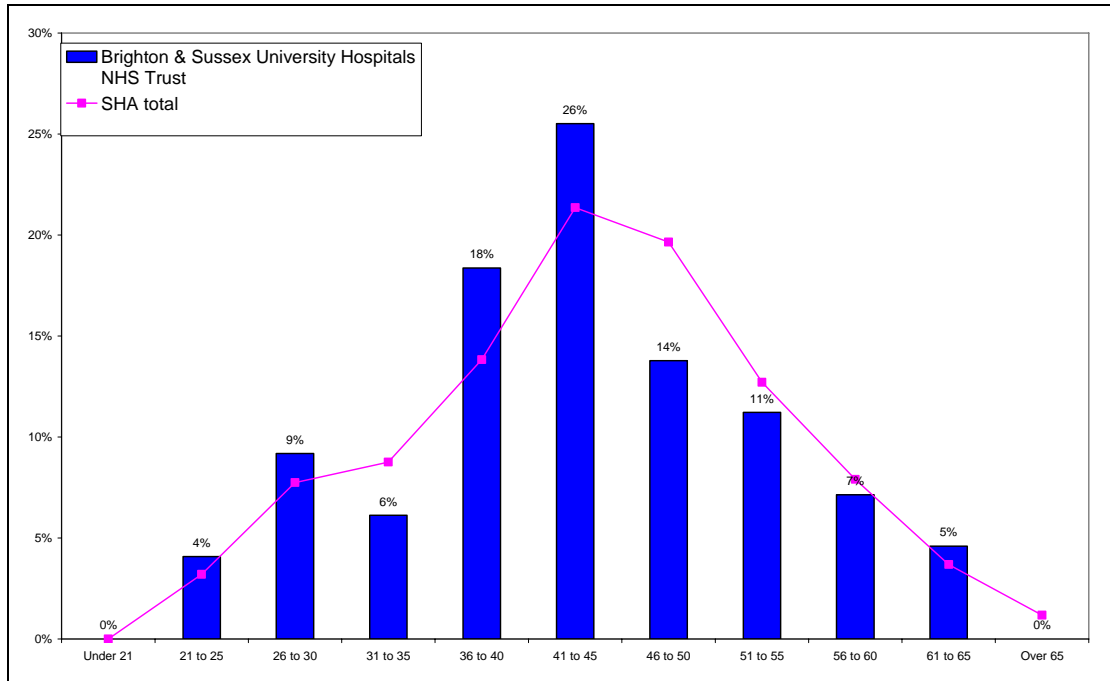


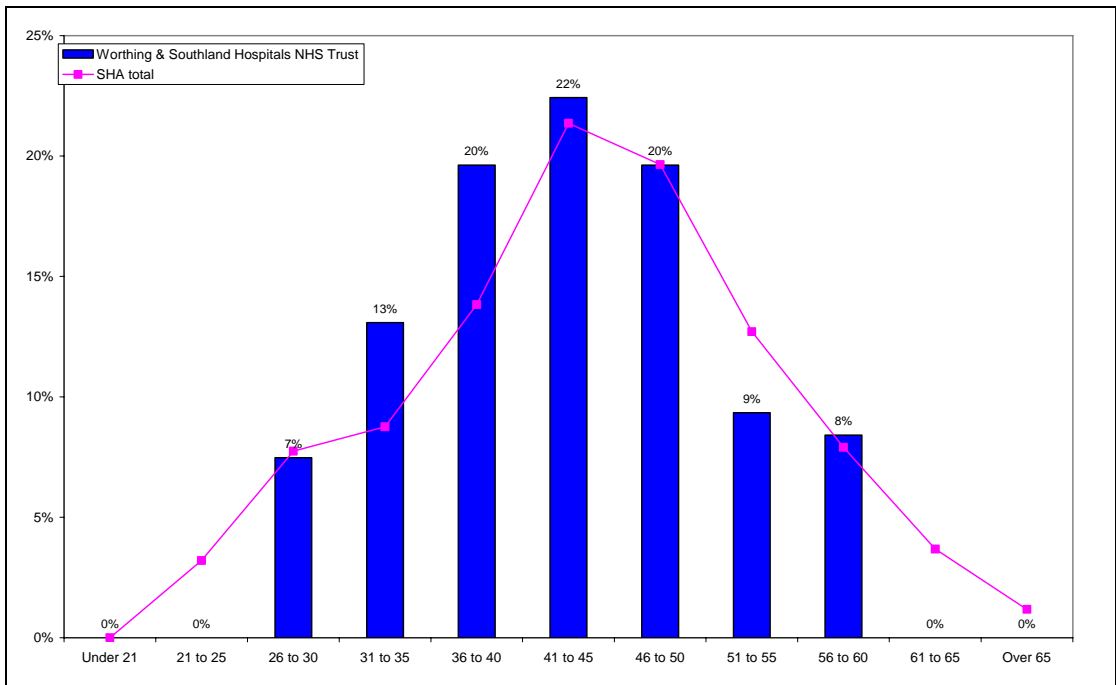
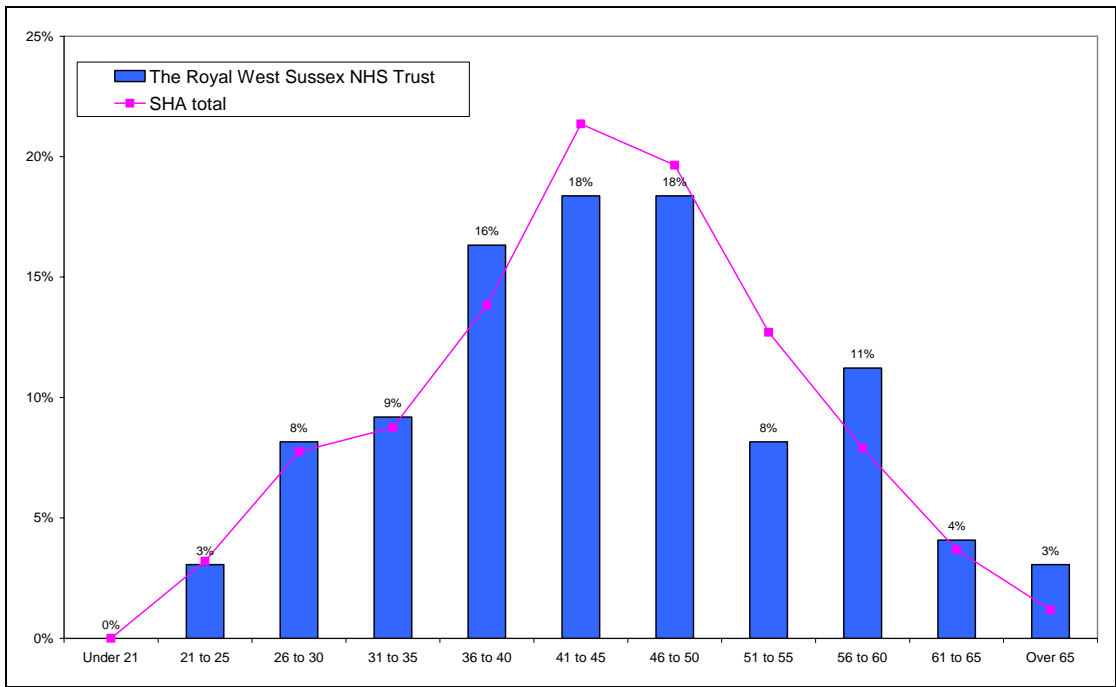




## MIDWIFERY AGE PROFILES

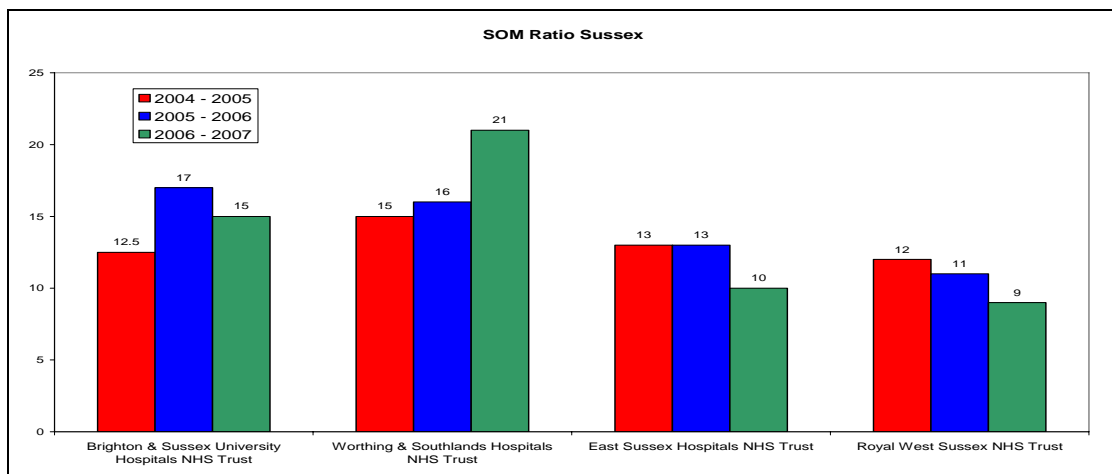
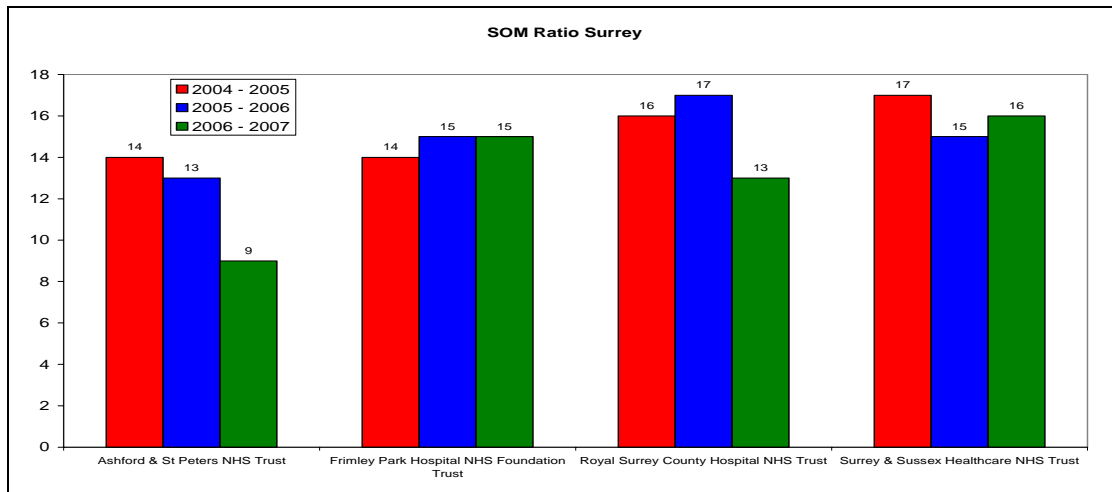
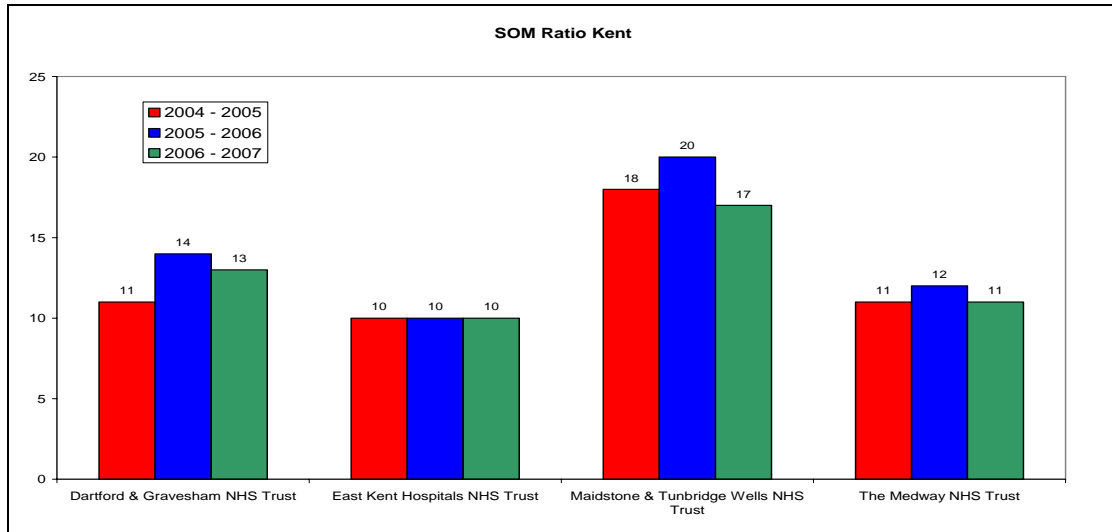
### SUSSEX





**SUPERVISORY RATIO BY SOUTHEASTCOAST**

**APPENDIX 6**



**HIGHER EDUCATION INSTITUTES UNDERTAKING MIDWIFERY TRAINING /  
RETURN TO PRACTICE**

University of Surrey	University of Brighton
<p><b>Denise Skidmore</b> Senior Lecturer - Midwifery Director of Studies Pre Registration Midwifery European Institute of Health &amp; Medical Sciences Duke of Kent Building University of Surrey Guildford GU2 7TE 01483 686713 <a href="mailto:d.skidmore@surrey.ac.uk">d.skidmore@surrey.ac.uk</a></p> <p><b>Sharon Rust</b> Midwifery Lecturer Practitioner Return to Practice (Midwifery) European Institute of Health &amp; Medical Sciences Duke of Kent Building University of Surrey Guildford GU2 7TE 01483 684639 <a href="mailto:s.rust@surrey.ac.uk">s.rust@surrey.ac.uk</a></p>	<p><b>Peggy Stevens</b> Senior Lecturer – Midwifery Return to Midwifery Practice Co-ordinator University of Brighton Institute of Nursing &amp; Midwifery Education centre Eastbourne District General Hospital Kings Drive Eastbourne BN21 2UD 01323 417400 Ext 4389 <a href="mailto:P.A.Stevens@bton.ac.uk">P.A.Stevens@bton.ac.uk</a></p>
Canterbury Christ Church University College	Greenwich University
<p><b>Judith Nabb</b> Senior Lecturer – Midwifery Department of Midwifery and Child Health Studies Canterbury Christ Church University College Canterbury Kent CT1 1QU 01227 767700 <a href="mailto:judith.nabb@canterbury.ac.uk">judith.nabb@canterbury.ac.uk</a></p> <p>Helen Muscat 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 <a href="mailto:helen.muscat@canterbury.ac.uk">helen.muscat@canterbury.ac.uk</a></p>	<p><b>Mary Billington</b> Senior Lecturer – Midwifery Return to Practice – Midwifery School of Health &amp; Social care University of Greenwich Mansion Site Bexley Road Eltham London SE9 2PQ 02083 318067 <a href="mailto:M.A.Billington@greenwich.ac.uk">M.A.Billington@greenwich.ac.uk</a></p>

**DETAILED BREAKDOWN OF CLINICAL ACTIVITY SOUTHEAST COAST**

**APPENDIX 8**

<b>Trust Name</b>	<b>Total Women Given Birth in Hospital</b>	<b>Births in Midwife Led Centres</b>	<b>Births in Home</b>	<b>Total Women Giving Birth</b>	<b>Maternal Deaths</b>	<b>Total Babies Born</b>	<b>Stillbirths</b>	<b>Early Neonatal Deaths</b>	<b>Late Neonatal Deaths</b>
Dartford & Gravesham NHS Trust	2932	0	81	3013	1	3059	12		
East Kent Hospitals NHS Trust	5745	882	329	6956	2	7080	32	19	19
Maidstone & Tunbridge Wells NHS Trust	4907	0	219	5126	0	5233	22	7	0
The Medway NHS Trust	4258	0	235	4493	1	4565	16	9	6
Ashford & St Peters NHS Trust	3909	0	104	4013	1	4102	20	13	4
Frimley Park Hospital NHS Foundation Trust	4139	0	96	4235	0	4278	26	5	0
Royal Surrey County Hospital NHS Trust	3210	0	79	3290	0	3320	6		
Surrey & Sussex Healthcare NHS Trust	4041	0	106	4147	0	4224	14	2	0
Brighton & Sussex Hospitals NHS Trust	5291	0	274	5464	0	5565	34		
East Sussex Hospitals NHS Trust	3482	314	176	3972	0	4020	20	6	0
Royal West Sussex NHS Trust	2496	0	92	2588	0	2625	8	2	0
Worthing & Southlands Hospitals NHS Trust	2711	0	113	2824	1	2872	15	1	

**DETAILED BREAKDOWN OF CLINICAL ACTIVITY SOUTH EAST COAST**

<b>Trust Name</b>	<b>Total Women Given Birth in Hospital</b>	<b>Births in Midwife Led Centres</b>	<b>Births in Home</b>	<b>Total Women Giving Birth</b>	<b>Maternal Deaths</b>	<b>Total Babies Born</b>	<b>Stillbirths</b>	<b>Early Neonatal Deaths</b>	<b>Late Neonatal Deaths</b>
Dartford & Gravesham NHS Trust	97%	0%	3%	100%	0.03%	100%	0.4%		
East Kent Hospitals NHS Trust	82%	13%	5%	100%	0.02%	100%	0.4	0.2	0.2
Maidstone & Tunbridge Wells NHS Trust	96%	0%	4%	100%	0%	100%	0.4%	0.1%	0%
The Medway NHS Trust	95%	0%	5%	100%	0.02%	100%	0.3%	0.2%	0.1%
Ashford & St Peters NHS Trust	97%	0%	3%	100%	0.02%	100%	0.5%	0.3%	0.1%
Frimley Park Hospital NHS Foundation Trust	98%	0%	2%	100%	0%	100%	0.6%	0.1%	0%
Royal Surrey County Hospital NHS Trust	98%	0%	2%	100%	0%	100%	0.2%		
Surrey & Sussex Healthcare NHS Trust	97%	0%	3%	100%	0%	100%	0.3%	0.04%	0%
Brighton & Sussex University NHS Trust	96%	0%	5%	100%	0%	100%	0.6%		
East Sussex Hospitals NHS Trust	88%	8%	4%	100%	0%	100%	0.5%	0.1%	0%
Royal West Sussex NHS Trust	96%	0%	4%	100%	0%	100%	.0.3%	0.1%	0%
Worthing & Southlands Hospitals NHS Trust	96%	0%	4%	100%	0.03%	100%	.0.5%	0.03%	

**STATISTICAL BREAKDOWN OF CLINICAL ACTIVITY SOUTH EAST COAST**

<b>Trust Name</b>	<b>Gave Birth Under 18 Years Old</b>	<b>Initiating Breast Feeding</b>	<b>Breast Feeding On Discharge to the Health Visitor</b>	<b>Smoker at Time of Delivery</b>	<b>Planned Inductions</b>	<b>Accelerated Labours</b>	<b>Planned Caesarean Sections</b>	<b>Emergency Caesarean Sections</b>	<b>Forceps Deliveries</b>	<b>Ventouse Deliveries</b>	<b>Vaginal Breech Deliveries</b>
Dartford & Gravesham NHS Trust	65	1637	1821	577	789	947	499	230	96	136	21
East Kent Hospitals NHS Trust	359	4825	4272	1473	1343	2637	660	1048	316	435	42
Maidstone & Tunbridge Wells NHS Trust	78	3962	3113	686	963	1840	520	792	213	444	7
The Medway NHS Trust	235	3055	1947	898	852	713	401	685	183	227	30
Ashford & St Peters NHS Trust	46	3063	2518	417	787		437	671	196	368	27
Frimley Park Hospital NHS Foundation Trust	32	3460	3222	398	863	859	463	565	188	289	26
Royal Surrey County Hospital NHS Trust	2	2110	2549	342	733	71	351	407	137	372	24
Surrey & Sussex Healthcare NHS Trust	78	3421	3095	294	610	597	739	584	131	403	12
Brighton & Sussex University NHS Trust	146		4953		995	1063	645	895	211	565	17
East Sussex Hospitals NHS Trust	89	2981	2386	809	815	1217	398	549	136	193	17
Royal West Sussex NHS Trust	91	1922	1764	234	404		255	332	126	164	7

**STATISTICAL BREAKDOWN OF CLINICAL ACTIVITY SOUTH EAST COAST**

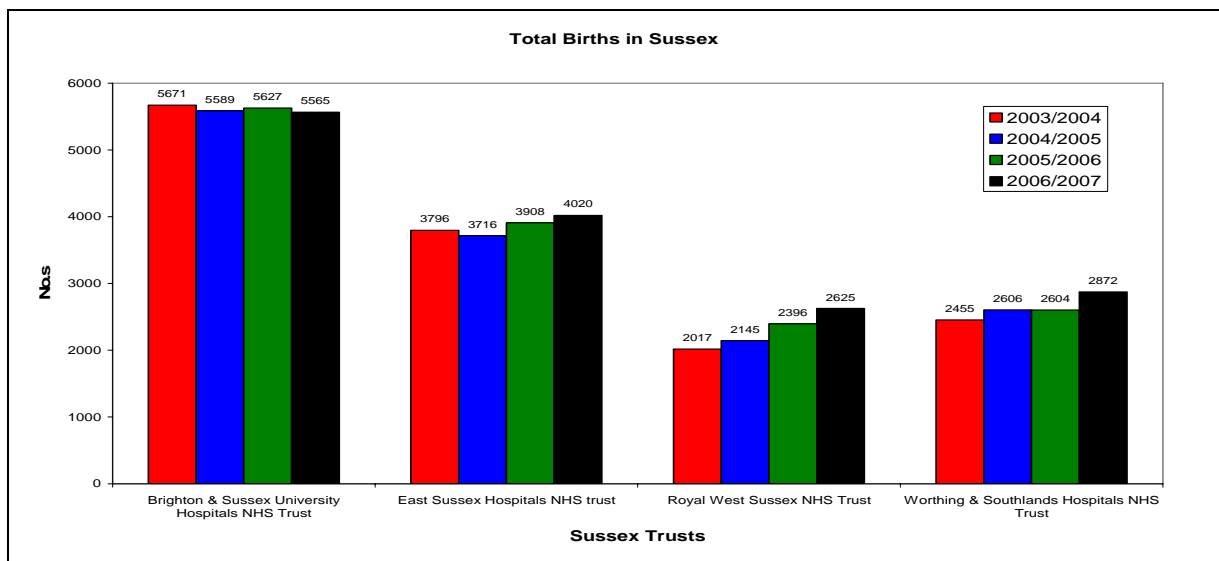
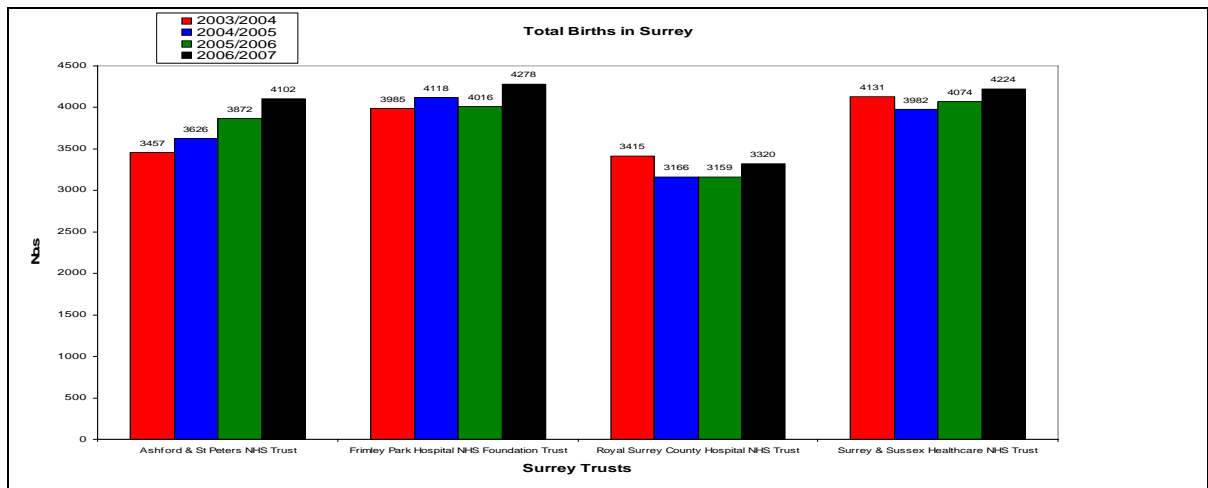
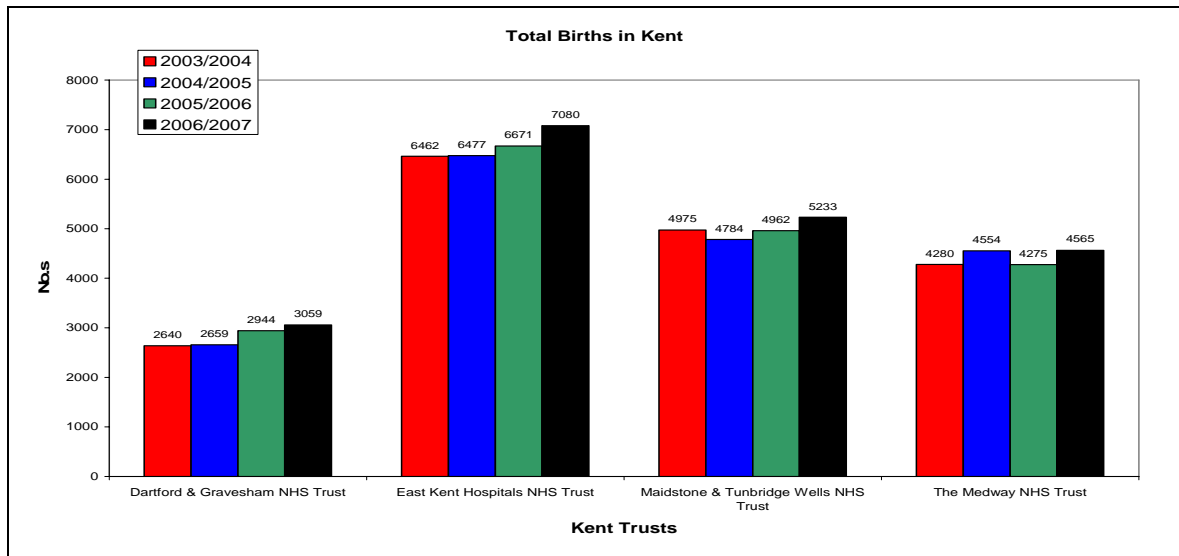
<b>Trust Name</b>	<b>Gave Birth Under 18 Years Old</b>	<b>Initiating Breast Feeding</b>	<b>Breast Feeding On Discharge to the Health Visitor</b>	<b>Smoker at Time of Delivery</b>	<b>Planned Inductions</b>	<b>Accelerated Labours</b>	<b>Planned Caesarean Sections</b>	<b>Emergency Caesarean Sections</b>	<b>Forceps Deliveries</b>	<b>Ventouse Deliveries</b>	<b>Vaginal Breech Deliveries</b>
Dartford & Gravesham NHS Trust	2.12%	53.51%	59.52%	18.86%	25.79%	30.95%	16.31%	7.51%	3.13%	4.44%	0.68%
East Kent Hospitals NHS Trust	5.01%	68.14%	60.13%	20.80%	18.96%	37.24%	9.32%	14.82%	4.46%	6.14%	0.59%
Maidstone & Tunbridge Wells NHS Trust	1.49%	75.71%	59.48%	13.10%	13.24%	35.16%	9.93%	15.13%	4.07%	8.48%	0.13%
The Medway NHS Trust	5.14%	66.92%	42.65%	19.67%	18.66%	15.61%	8.78%	15.00%	4.00%	4.97%	0.65%
Ashford & St Peters NHS Trust	1.12%	74.67%	61.38%	10.16%	19.18%		10.65%	16.35%	4.77%	8.97%	0.65%
Frimley Park Hospital NHS Foundation Trust	0.74%	80.87%	75.31%	9.30%	20.17%	20.28%	10.82%	13.20%	4.39%	6.75%	0.60%
Royal Surrey County Hospital NHS Trust	0.06	63.55%	76.77%	10.30%	22.07%	2.13%	10.57%	12.25%	4.12%	11.20%	0.03%
Surrey & Sussex Healthcare NHS Trust	1.84%	80.98%	73.27%	6.96%	14.44%	14.13%	17.49%	13.82%	3.10%	9.54%	0.28%
Brighton & Sussex University NHS Trust			89%		18.21%	19.45%	11.8%	16.3%	3.86%	10.3%	
East Sussex Hospitals NHS Trust	2.21%	74.15%	59.35%	20.12%	20.22%	30.27%	9.90%	13.65%	3.38%	4.80%	0.42%
Royal West Sussex NHS Trust	3.46%	73.21%	67.20%	8.91%	15.39%		10%	12.64%	4.80%	6.24%	0.26%
Worthing & Southlands Hospitals NHS Trust	5.32%	82.79%		12.39%	14.97%		9.74%	12.77%	3.89%	8.84%	0.52%

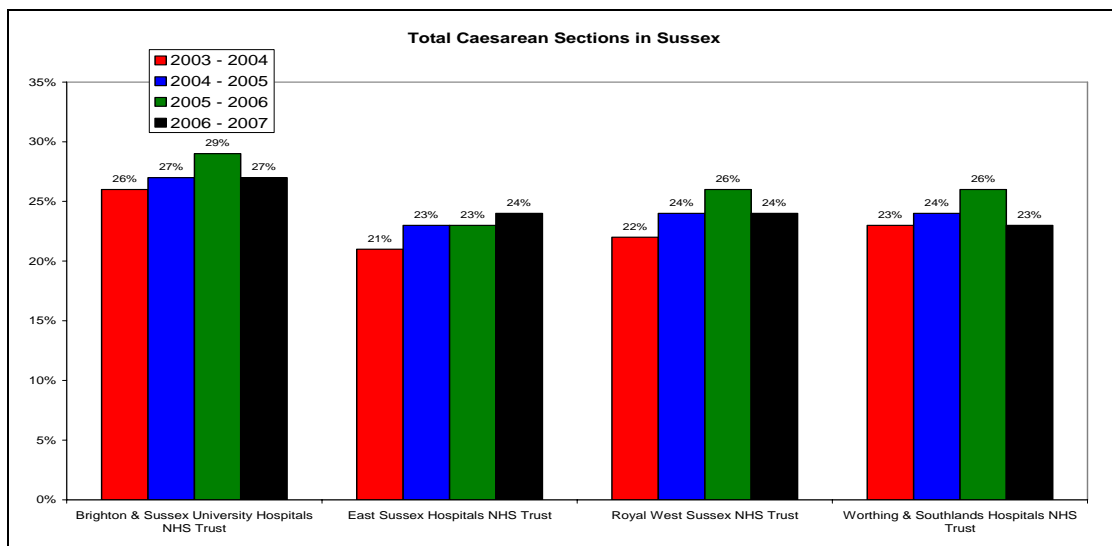
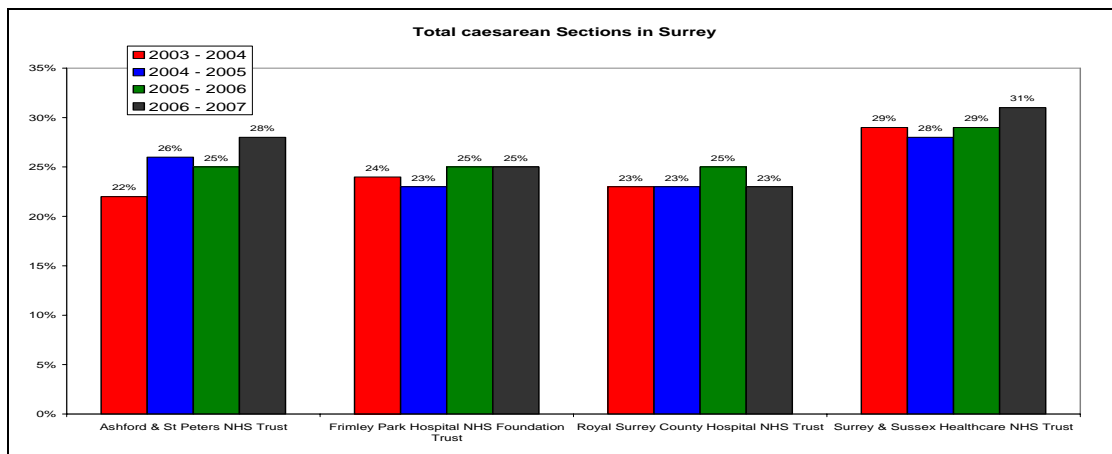
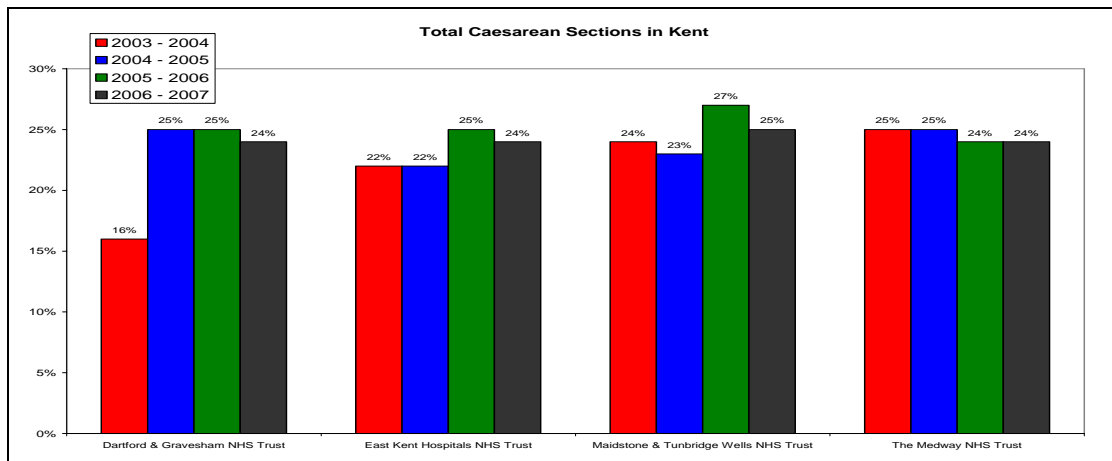
App 8-4



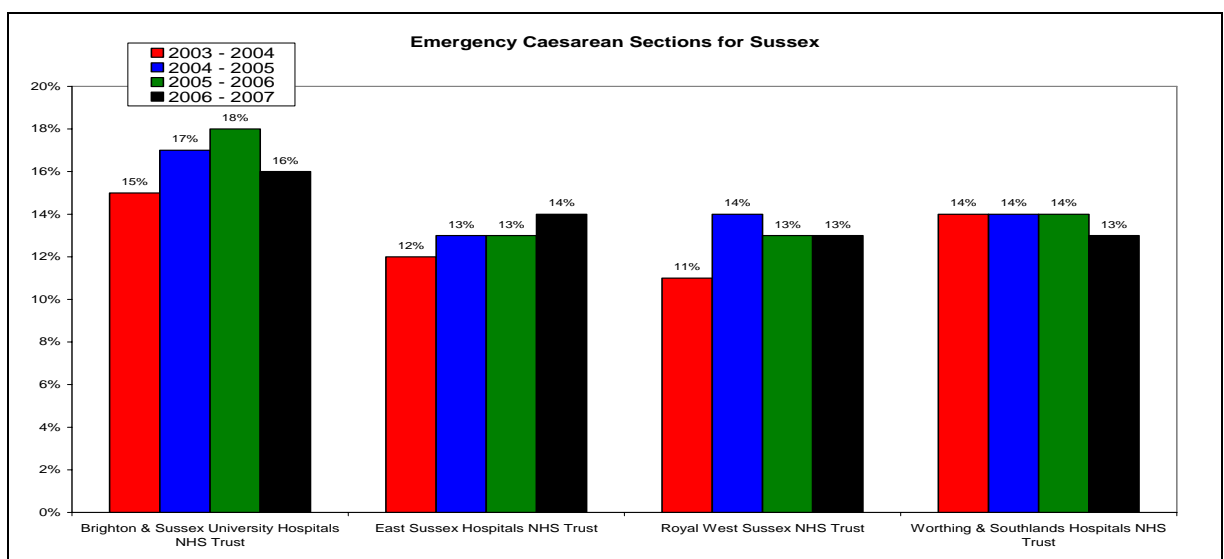
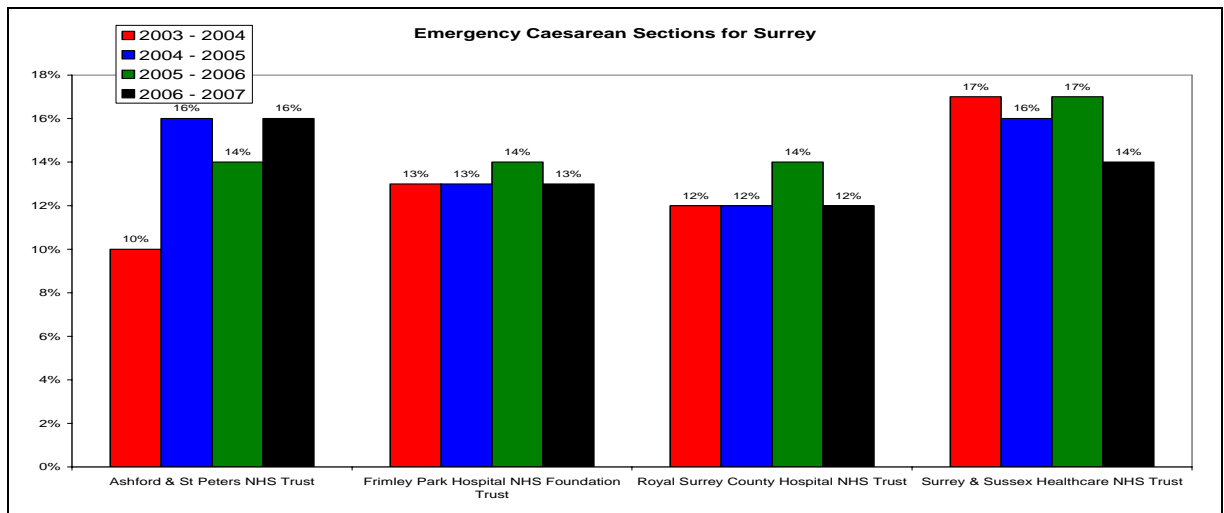
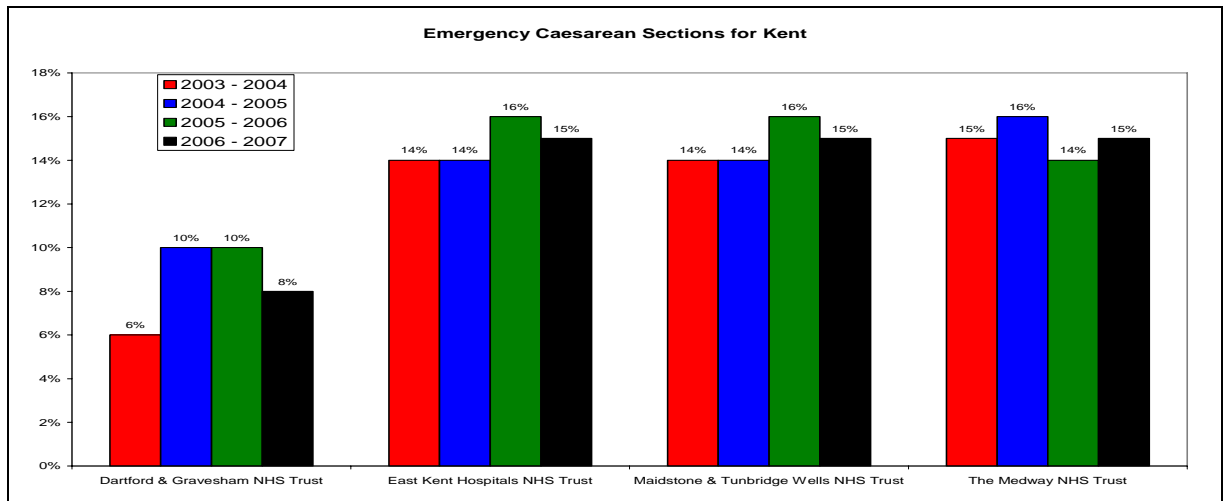
**DELIVERY TRENDS IN SOUTHEAST COAST**

**APPENDIX 9**

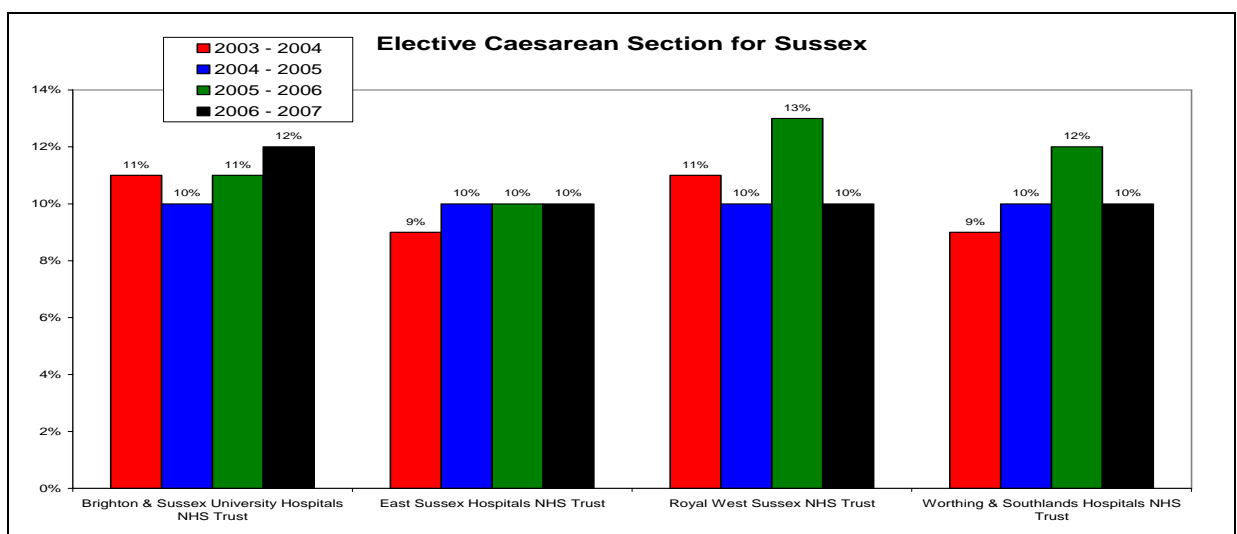
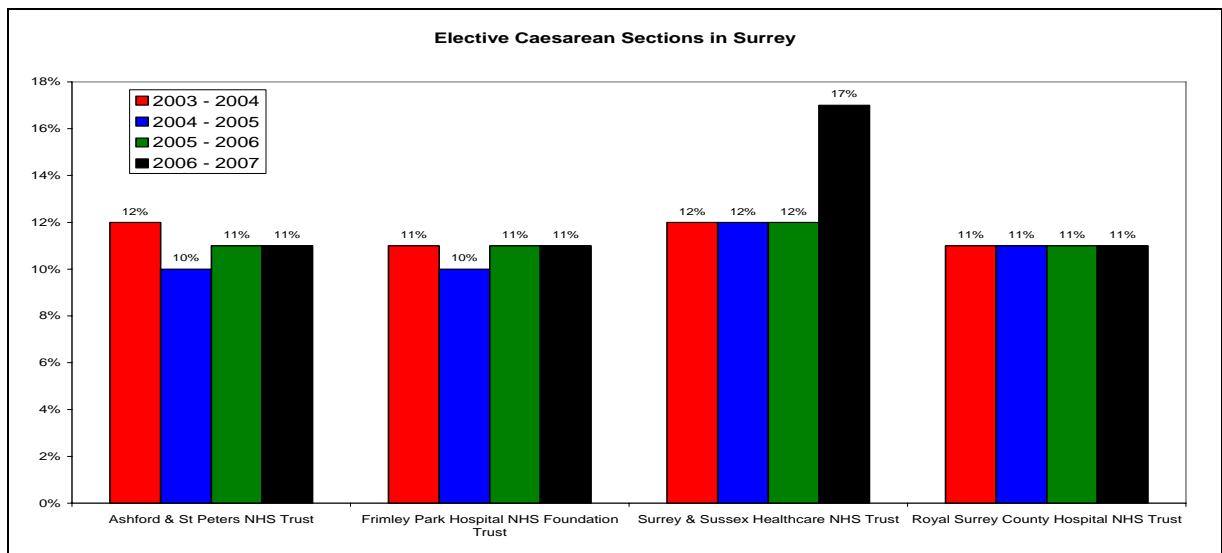
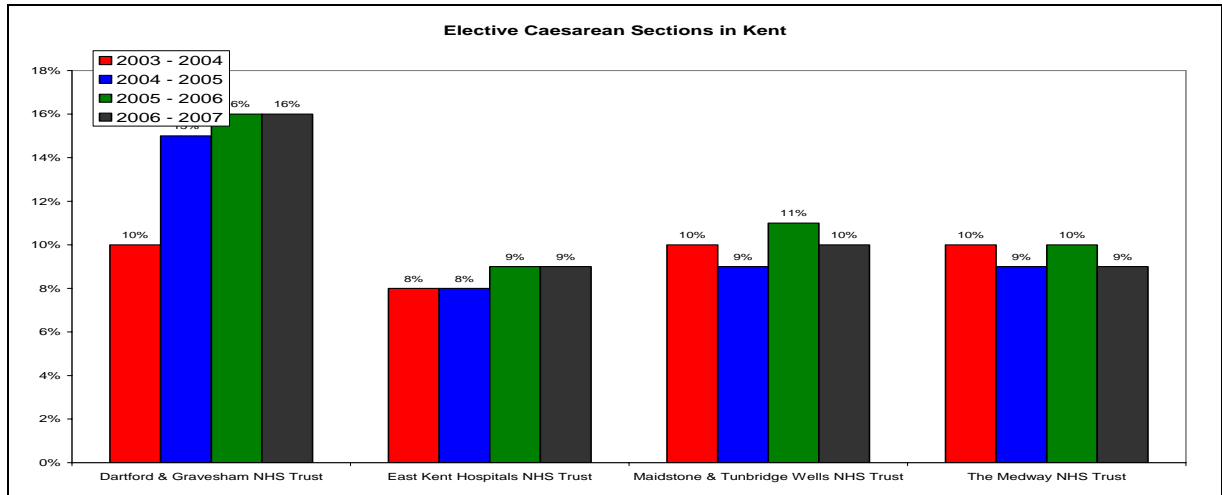


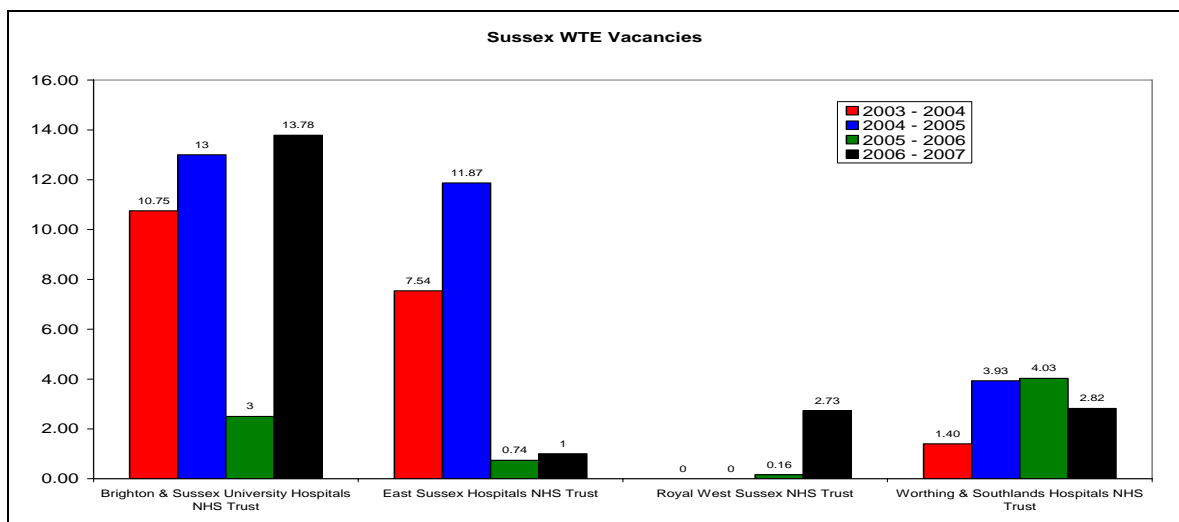
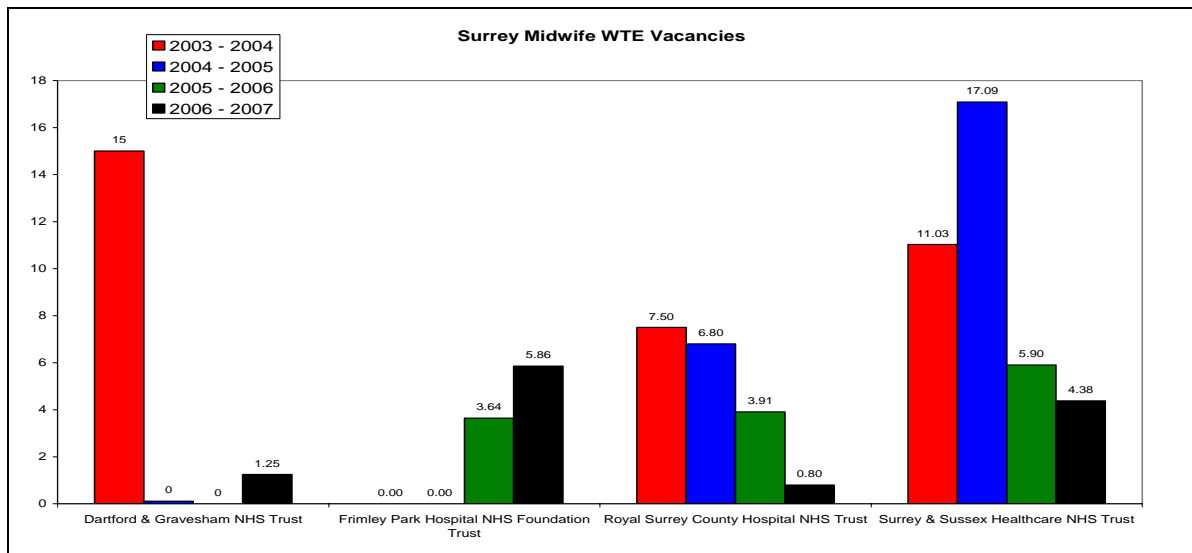
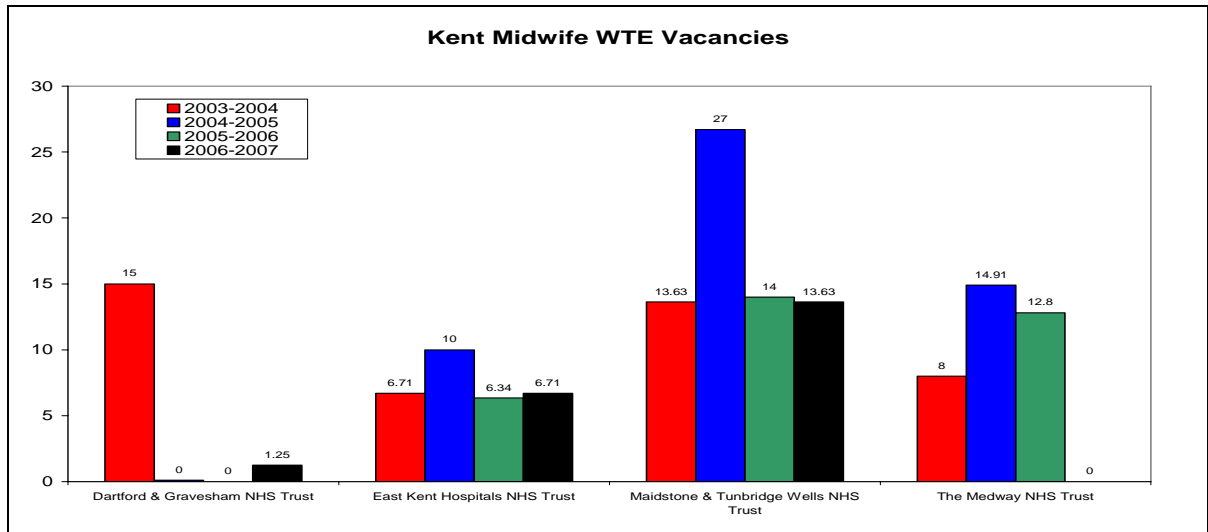


# EMERGENCY CAESAREAN SECTIONS FOR SOUTH EAST COAST



## ELECTIVE CAESAREAN SECTIONS IN SOUTHEAST COAST





## SOUTH EAST COAST STRATEGIC HEALTH AUTHORITY

Dartford & Gravesham NHS Trust	
<p><b>Darent Valley Hospital</b> Darenth Wood Road Dartford Kent DA2 8DA Switchboard: 01322 42810</p>	<p><b>Supervisors:</b> <b>CSM: Joanne Seymour</b> Valerie Archer Dawn Johnston Sue Sauter Marian Blankson-Van Dyck Sally-Ann Mann Vivienne Tate Debbie Johnson Sandra Hurley</p>
The Medway NHS Trust	
<p><b>Medway Maritime Hospital</b> Windmill Road Gillingham Kent ME7 5NY Switchboard: 01634 830000</p>	<p><b>Supervisors:</b> <b>CSM: Karen McIntyre</b> Ursula Clarke Ravinder Paddam Jane Scates Tina Cable Eileen Rose Wendy Crocker Diane Blake Marion Baker Dorothea Smith Sue Heaton Sue Crosbie Katrina Ashton</p>
Maidstone & Tunbridge Wells NHS Trust	
<p><b>Maidstone Hospital</b> Hermitage Lane Barming Maidstone Kent ME16 9QQ Switchboard: 01622 729000</p>	<p><b>Supervisors:</b> <b>CSM: Susan Powley</b>  Alison Mendes Heather Faloon Karen Davies Sheila Walsh Lynne Thomas Hilary Thomas Anna Mutton Susan Eberlein Pat Donovan Sarah Gregson Gillian Duffey Karen Pearson Valerie Hesketh Tracey Gilmore</p>
<p><b>Pembury Hospital</b> Tonbridge Road Pembury Tunbridge Wells Kent TN2 4QJ Switchboard: 01892 823535</p>	
East Kent Hospitals NHS Trust	
<p><b>William Harvey Hospital</b> Kennington Road Ashford Kent TN24 0LZ Switchboard: 01233 633331</p>	<p><b>Dover Family Birthing Unit</b> Coombe Valley Road Dover Kent CT17 0HD Switchboard: 01304 201624</p>
<p><b>Queen Elizabeth the Queen Mother Hospital</b> St Peter's Road Margate Kent CT9 4AN Switchboard: 01843 225544</p>	<p><b>Supervisors:</b> <b>CSM: Caroline Gibbs</b> Helen Artlett Louise Collins Kathy Carr Angelina Fellows Rosemary Bowley Karen Hammond Mary Green Pippa Jones Yvonne Usher Christine Duchemin Alison Collier</p>
<p><b>Canterbury Birth Centre</b> Ethelbert Road Canterbury Kent CT1 3NG Direct Line 01227 783105</p>	<p><b>Kent &amp; Canterbury Hospital</b> Julie Hamilton Liz Acarnley Sue Eve Stephanie Mansell Lindsey Stevens Moyra Smith Anne Hatfield Sally Moore Claire Reed Madeline Harris Susan Middleton Nicola Morgan Alison Quinn Marianne Roberts Helen Muscat</p>

**SOUTH EAST COAST STRATEGIC HEALTH AUTHORITY**

**Royal Surrey NHS Trust**

**Royal Surrey County Hospital**

Egerton Road  
Guildford  
Surrey  
GU2 5XX  
Switchboard:  
01483 571122

**Supervisors:**

**CSM: Jenny Hughes**  
Ruth McCulloch  
Andrea Anderson  
Selvamala Ratnasingam  
Louise Davies  
Caroline Eynon  
Denise Skidmore

Kathryn Jones  
Amy Stubbs  
Alison Howker  
Jacqui Tingle  
Catherine Wilkins  
Lesley Wood

**Frimley Park Hospital NHS Trust**

**Frimley Park Hospital NHS Trust**

Portsmouth Road  
Frimley  
Camberley  
Surrey  
GU16 7UJ  
Switchboard:  
01276 604604

**Supervisors:**

**CSM: Adrienne Price**  
Michelle Chuter  
Melvyn Dunstall  
Suzanne Milford  
Debbie Wilde  
Helen Whapshott  
Pat Webb  
Janet Walker  
Susan Meyjes

Susan Adams  
Wendy Dassut  
Karen Nash  
Melanie Woolman  
Julie Frohlich

**Ashford & St Peter's NHS Trust**

**Ashford and St Peter's Hospital NHS Trust**

Guildford Road  
Chertsey  
Surrey  
KT16 0PZ  
Switchboard:  
01932 872000

**Supervisors:**

**CSM: Theresa Spink**  
Lesley Howick  
Helen Coleman  
Jacqui Rees  
Trish Watt  
Maria Meechan  
Chris Nelson  
Jane Pickett

Anna Roland-Price  
Dianne Casey  
Leonita Hide  
Lucy Evans  
Chris Adamson  
Mary Bell  
Eileen Nolan

**Surrey & Sussex Healthcare**

**East Surrey Hospital**

Canada Avenue  
Redhill  
RH1 5RH  
Switchboard:  
01737 768511 ext. 6819

**Supervisors:**

**CSM: Sue Chapman**  
Michelle Cudjoe  
Sarah Cowley  
Breeda Hogan  
Janice Blythman  
Denise Newman  
Barbara Haisledean

Eileen Lanzon  
Carlie Tweddle  
Heather Dewhurst  
Hazel Potter  
Helen Rogerson  
Karen Zedgitt

**East Sussex Hospitals NHS Trust**

**Conquest Hospital**

The Ridge  
St Leonard's on Sea  
East Sussex  
TN37 7RD  
Switchboard:  
01424 755255

**Supervisors:**

**CSM: Anne Heseltine**  
Chris Cowling  
Beverly Quinn  
Terri Peirce  
Denise Smith  
Debra Young  
Peggy Gaudry  
Jean Barcock  
Jenny Carapiet  
Nicky Mason  
Debbie Street  
Maureen Royds-Jones  
Sally Morrison

Debbie Gowers  
Jenny Burton  
Kirsty Milward  
Tracey Wood

**Eastbourne Hospital**

Kings Drive  
Eastbourne  
East Sussex  
BN21 2UD  
Switchboard:  
01323 417400

**Crowborough Birthing Centre**

Southview Road  
Crowborough  
Kent  
TN6 1HB  
switchboard:  
01892 654080

**SOUTH EAST COAST STRATEGIC HEALTH AUTHORITY**

**Brighton & Sussex University Hospitals NHS Trust**

**The Royal Sussex County Hospital**

Eastern Road  
Brighton  
Sussex  
BN2 5BE  
Switchboard:  
01273 696955

**Supervisors:**

**CSM: Helen Pratt**

Jenny Cleary	Kerry Abbott
Dawn Elson	Jane Urben
Maggie Rogers	Julie Sinden
Kim Hill	Anne Woodroffe
Helen Mansfield	Maureen Cleland
Debi Fillery	
Julia Banks	
Lisa Jury	
Lorraine Walker	
Christine Reynolds	

**The Princess Royal Hospital**

Lewes Road  
Haywards Heath  
West Sussex  
RH16 4EX  
Switchboard:  
01444 441881

**Worthing & Southlands Hospitals NHS Trust**

**Worthing Hospital**

Lyndhurst Road  
West Sussex  
BN11 2DN  
Switchboard:  
01903 205111

**Supervisors:**

**CSM: Louise Fairs**

Liz Cregan  
Lynn Marney  
Myrna Mills  
Emma Lhur

**The Royal West Sussex NHS Trust**

**St Richard's Hospital**

Spitalfield Lane  
Chichester  
West Sussex  
PO19 6SE  
Switchboard:  
01243 788122

**Supervisors:**

**CSM: Stephanie East / Gail Addison**

Sarah Griffin	Val McLaren
Katie Stormont	Janice White
Vivien Bell	Joy Nash
Lindy Tomsett	
Helen Fetcher	
Noamh Stanford	
Karen Jones	

September 2007



**HEADS OF MIDWIFERY SOUTH EAST COAST**

**APPENDIX 13**

<b>Ashford &amp; St Peter's Hospital NHS Trust</b>	<b>Worthing &amp; Southland Hospitals NHS Trust</b>
<p><b>Eileen Nolan</b> Associate Director of Maternity Services St Peter's Hospital Guildford Road Chertsey Surrey KT16 0PZ E-mail: <a href="mailto:eileen.nolan@asph.nhs.uk">eileen.nolan@asph.nhs.uk</a> Tel: 01932 723110 Fax: 01932 874757</p>	<p><b>Emma Luhr</b> Head of Midwifery Worthing Hospital Park Avenue, Worthing West Sussex BN11 2DH E-mail: <a href="mailto:emma.luhr@wash.nhs.uk">emma.luhr@wash.nhs.uk</a> Tel: 01903 285133 Fax: 01903 285045</p>
<b>The Royal West Sussex NHS Trust</b>	<b>Royal Surrey County Hospital NHS Trust</b>
<p>Acting Head of Midwifery Women's &amp; Children's Directorate St Richard's Hospital Spitalfield Lane, Chichester West Sussex PO19 4SE E-mail: Tel: 01243 788122 Ext: 2807  Fax: 01243 531269</p>	<p><b>Jenny Hughes</b> Head of Midwifery Royal Surrey County Hospital Egerton Road Guildford Surrey GU2 7XX E-mail: <a href="mailto:jenny.hughes@royalsurrey.nhs.uk">jenny.hughes@royalsurrey.nhs.uk</a> Tel: 01483 406725  Fax: 01483 564584</p>
<b>Frimley Park Hospital</b>	<b>Surrey &amp; Sussex Healthcare NHS Trust</b>
<p><b>Adrienne Price</b> Head of Midwifery Frimley Park Hospital Portsmouth Road Frimley Camberley Surrey GU16 5UJ E-mail: <a href="mailto:Adrienne.price@fpr-tr.nhs.uk">Adrienne.price@fpr-tr.nhs.uk</a> Tel: 01276 604210 Fax: 01276 604156</p>	<p><b>Sue Chapman</b> Head of Midwifery East Surrey Hospital Canada Avenue Redhill Surrey RH1 5RH E-mail: <a href="mailto:sue.chapman@sash.nhs.uk">sue.chapman@sash.nhs.uk</a> Tel: 01737 768511 Ext 6820 Sec 6819 Fax 01737 231727</p>
<b>East Sussex NHS Trust</b>	<b>Brighton &amp; University NHS Trust</b>
<p><b>Jenny Carapiet</b> Acting Head of Midwifery Conquest Hospital The Ridge St Leonard's on Sea East Sussex TN37 7RD E-mail: <a href="mailto:jenny.carapiet@esht.nhs.uk">jenny.carapiet@esht.nhs.uk</a> Tel: 01424 755255 Fax: 01424 758098</p>	<p><b>Deborah Holden</b> Acting Head of Midwifery The Royal Sussex County Hospital Eastern Road Brighton Sussex BN52 5BE E-mail: <a href="mailto:Deborah.holden@bsuh.nhs.uk">Deborah.holden@bsuh.nhs.uk</a> Tel: 01273 696955 ext 4375 Fax: 01273 664795</p>
<p>Maternity Department Eastbourne District Hospital Kings Drive Eastbourne East Sussex BN21 435812 Fax: 01323 413759  Crowborough Birthing Centre Southview Road Crowborough Kent TN6 1HB Tel: 01892 654080</p>	<p>Maternity Department Princess Royal Hospital Directorate of Women's &amp; Children's Services Lewes Road Haywards Heath West Sussex RH16 4EX Tel: 01444 441881 ext 4007 Fax: 01444 415865</p>

<b>Dartford &amp; Gravesham NHS Trust</b>	<b>East Kent Hospitals NHS Trust</b>
<p><b>Dawn Johnston</b>  Head of Midwifery  Willow Wards  Darent Valley Hospital  Darenth Wood Road  Dartford  Kent DA2 8DA  E-mail: <a href="mailto:dawn.johnston@dvh.nhs.uk">dawn.johnston@dvh.nhs.uk</a>  Tel: 01322 428769  Fax: 01322 428109</p>	<p><b>Sally Moore</b>  Head of Midwifery  Queen Elizabeth the Queen Mother Hospital  St Peter's Road  Margate  Kent CT9 4AN  E-mail: <a href="mailto:sally.moore@ekht.nhs.uk">sally.moore@ekht.nhs.uk</a>  Tel: 01843 222544  Fax: 01843 234523</p>
<p><b>Maidstone &amp; Tunbridge Wells NHS Trust</b>  Gillian Duffey  Head of Nursing &amp; Midwifery  Directorate of Women's &amp; Children's Services  Maidstone Hospital  Hermitage Lane  Barming  Maidstone  Kent ME16 9QQ  E-mail: <a href="mailto:Gillian.duffey@mtw-tr.nhs.uk">Gillian.duffey@mtw-tr.nhs.uk</a>  Tel: 01622 224597  Fax: 01622 224545</p>	<p>Folkstone Ward  William Harvey Hospital  Kennington Road  Wilesborough  Ashford  Kent  TN24 0LZ  Tel: 01233 616171  Fax: 01233 616755</p>
<p>Maternity Department  Pembury Hospital  Tunbridge Road  Pembury  Tunbridge Wells  Kent TN2 4QJ  Tel: 01892 823535  Fax: 01892 824267</p>	<p><b>Canterbury Birth Centre</b>  Ethelbert Road  Canterbury  Kent  CT1 3NG  Direct Line  01227 783105</p>
<b>Medway Trust NHS</b>	<b>Dover Family Birthing Centre</b>
<p><b>Karen McIntyre</b>  Acting Head of Midwifery  Medway Maritime NHS Trust  Windmill Road  Gillingham  Kent ME7 5NY  Tel: 01634 825157  Fax: 01634 811250</p>	<p>Buckland Road  Coombe Valley Road Hospital  Dover  CT17 0HD  Tel: 01304 201624  Fax: 01304 203565</p>

**CONSULTANT MIDWIVES SOUTHEAST COAST**

**APPENDIX 14**

East Kent Hospitals NHS Trust	Ashford & St Peter's NHS Trust
<p>Madeleine Harris                      Maternity Unit                      Kent &amp; Canterbury Hospital                      Ethelbert Road                      Canterbury,                      Kent                      CT1 3NG                      E-mail: <a href="mailto:madeleine.harris@ekht.nhs.uk">madeleine.harris@ekht.nhs.uk</a>                      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: <a href="mailto:Mary.Bell@asph.nhs.uk">Mary.Bell@asph.nhs.uk</a>                      Tel: 01932 872000 Ext 2369</p>
<p>Stephanie Mansell                      Maternity Unit                      Kent &amp; Canterbury Hospital                      Ethelbert Road                      Canterbury,                      Kent                      CT1 3NG                      E-mail:  <a href="mailto:stephanie.mansell@ekht.nhs.uk">stephanie.mansell@ekht.nhs.uk</a>                      Tel: 01227 766877 Ext 74830</p>	<p style="text-align: center;"><b>Maidstone &amp; Tunbridge Wells NHS Trust</b></p> <p>Sarah Gregson                      Women &amp; Children's Dept                      Maidstone Hospital                      Hermitage Lane                      Barming, Maidstone                      Kent                      ME16 9QQ                      Email:  <a href="mailto:sarah.gregson@nhs.net">sarah.gregson@nhs.net</a>                      Tel 01622 224735                      Mobile: 07659 133833                      Pager: TBA</p>

## 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**

	<b>Pages</b>
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





# SUPERVISOR OF MIDWIVES CONFERENCE

*"REVIEWING CLINICAL INCIDENTS THROUGH SUPERVISION"*

(From Initial Telephone Call  to the NMC)

17 <sup>th</sup> May 2006	21 <sup>st</sup> November 2006
<b>Rowfant House</b>  Wallage Lane Rowfant Crawley West Sussex RH10 4NG 01342 714869	<b>Kings Hill Conference &amp; Training Centre</b>  The University of Greenwich 6 Alexander Grove Kings Hill West Malling Kent 01732 872955

The cost of these study days is £55.00. Cheques made payable to "Kent & Medway (LSA Office)"

I wish to attend the Supervisor of Midwives Conference on Wednesday 17<sup>th</sup> May 2006

at Rowfant House (Please return to address below by 17<sup>th</sup> April 2006)

I wish to attend the Supervisor of Midwives Conference on Tuesday 21<sup>st</sup> November 2006

at Kings Hill Conference & Training Centre (Please return to address below by 23<sup>rd</sup> October 2006)

**IF YOU REQUIRE VEGETARIAN FOOD, PLEASE PLACE A CROSS IN THE BOX**

I enclose a cheque for £ \_\_\_\_\_ made payable to "Kent and Medway (LSA Office)"

Name (Block Capitals).....

Unit.....Date.....

**Please return to: Peter Knowles – Health Improvement, Preston Hall, Aylesford, Kent. ME20 7NJ**



## Supervisor of Midwives

Conference 17<sup>th</sup> May 2006

9.30 – 10.00	Registration	
10.00 – 10.10	Introduction	Helen
10.10 – 11.15	Phone call Clinical case shared Prepare letters Who to interview	Working groups
11.15 – 11.35	COFFEE	
11.35 – 12.50	Rules / Code of conduct Reporting to the LSA	Working groups
12.50 – 13.20	Presentation	James Carney Huntleigh Healthcare
13.20 – 14.20	LUNCH	
14.20 – 15.30	Supervised / Supported practice framework	Melvyn Dunstall Link Supervisor of Midwives
15.30 – 15.50	TEA	
15.50 – 16.20	Documentation for supervised practice	Melvyn Dunstall Link Supervisor of Midwives
16.20 – 16.45	Question Time Evaluation	