SOUTH EAST COAST LOCAL SUPERVISING AUTHORITY

Annual Report to the Nursing and Midwifery Council

1 April 2007 – 31 March 2008

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1. 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 supervisors of midwives 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.

The birth rate continues to rise and has reached 52179 (1st April 2007 to 31 March 2008) an increase of 1236 on the previous year. Since 2002/2003 the birth rate has risen by 8399 (9.3%). The predictions are that the birth rate will continue to rise by at least 1% a year. 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.

This year has seen the development of an alongside midwifery led unit and a further increase in homebirths and out of hospital births reflecting the development of more choice for women regarding their place of birth.

Maternity units within South East Coast are actively participating in early adopter's programmes. This includes the development of a perinatal mental health network, while two units are involved in reducing caesarean section rates. There are several active forums where shared learning takes place to enable good practice to be shared through all units.

On the 31st March 2008 there appeared to be more vacancies than the previous year, however these have been recruited to and all student midwives who wanted jobs have been appointed. 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 and receive the support they need. The preceptorship programmes for newly qualified staff and induction programmes for new staff appear to be really making a difference in the 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 28% of midwives currently in post aged 50 or over and 14% over 55. A recent workforce paper calculated that an additional 500 midwives were required for South East Coast to support the increase in activity and expected further increases if midwifery staffing is to meet the recommended ratio of 1:28.

The Healthcare Commission's survey of maternity services, which included information from women, staff and data from maternity services was published in January 2008. Five trusts were identified as least well / fair performing and six trusts better / best performing. Further work has been undertaken to ensure the two least well performing trusts have made improvements.

The key issues for 2007/2008 were continuing to work towards the recommendations in Maternity Matters, the 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, ensuring lessons were learnt from the Health Care Commission reports on maternity services.

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 PCTs especially as commissioners of services.

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2 Introduction

This report covers the period from 1st April 2007 to 31st March 2008 and was produced in order to meet the requirements of Rule 16, 'The midwives rules and standards' (2004). A more detailed LSA report will be available on the LSA website and is anticipated to be published at the same time. The appendices in this report contain information related to activity of the LSA.

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).

Within the South East Coast Strategic Health Authority area there are 12 Trusts providing Maternity care in 19 units. Maternity services are commissioned by 8 Primary Care Trusts (PCT's) see appendix 2.

The maternity units range in size and number per trust. The smallest single site is at the Royal West Sussex NHS Trust, where there are an average 2600 births a year. Across East Kent Hospitals NHS Trust there are over 7000 births annually, with 2 units supported by maternity teams and 2 birth centres.

There are twenty-nine midwives who are self-employed or practise independently mainly within the South East Coast region, some of whom work in small groups.

Statutory supervision covers all midwives practising within the Local Supervising Authority, which includes those employed in the NHS those employed by agencies the private sector, prisons and general practitioners and those in higher education and independent practice. 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 the Gibraltar Health Authority.

Demographics

The South East Coast SHA serves a population of 4.2 million people and covers a large geographical area of 3,600 square miles. The demographics vary considerably from urban (20%) to rural (80%) and from very affluent to areas to areas of deprivation. Some areas with asylum seekers face additional issues around language barriers, while substance misuse, poor housing, women's prisons and a number of Sure Start projects are an issue in other areas.

Health infrastructure needs to adapt to changing needs and the population forecasts for the South East Coast region, as indicated by regeneration and the planned construction of around 58,000 new homes in West Sussex by 2026 and the development of the North Thames Gateway in the next 15 years.

Public Health Profile

The South East is one of the healthiest regions in England (The South East England Health Strategy February 2008). A boy born today can expect to live to 78.5 years whilst a girl can expect to live to 82.4 years (ONS 2004-6). These are the highest and second highest figures in England and are significantly better than the national average. However, the regional variations of life expectancy are enormous across the South East – the life expectancy of a male in Hastings is 5.2 years less than for those born in Hart and females in Hastings can expect to live 4.1 years less than those in Epsom & Ewell. These inequalities in health are strongly linked to deprivation and signal that the generally good health of the region is not shared equally by all (appendix 3).

In February 2008 the first Health Strategy for South East England was published including a clear vision, aims and objectives that will;

- Improve the health and wellbeing of all the population
- Addressing the underlying causes of ill-health in a sustainable way
- Reducing the inequalities in health that exist between different geographical areas and groups of people across the region.

Health is determined by a wide range of constitutional, lifestyle, cultural, economic, environmental and other factors. The strategy focuses on six themes where partners working together can make the most difference;

1. Reducing health inequalities
2. Promoting a sustainable region
3. Promoting safer communities
4. Increasing the positive relationship between employment and health
5. Improving outcomes for children and young people
6. Improving outcomes later in life

To ensure the PSA Targets are met information regarding teenage pregnancy, breastfeeding and smoking at time of birth is collected by maternity services;

Teenage pregnancy - (Choosing Health 2004– reduce the under 18 conception rate by 50% by 2010). The 2007 / 2008 range is from 0.28 to 5.31% of women giving birth. These figures clearly identify higher rates in some areas. Further work needs to be undertaken to review what support and education is in place. Some trusts have named midwives to support pregnant teenagers. Providing support to teenagers when they are pregnant will possibly only reduce future pregnancies but is too late to influence the first pregnancy. Teenage pregnancy will be included in the Maternity Matters Programme.

% Women under 18 years of age at time of birth	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
Dartford & Gravesham NHS Trust	2	1.59	2.12	1.83
East Kent Hospitals NHS Trust	N/A	4.48	5.01	4.72
Maidstone & Tunbridge Wells NHS Trust	1	1.41	1.49	1.10
The Medway NHS Trust	3	2.9	5.14	4.46
Ashford & St Peters NHS Trust	N/A	N/A	1.12	1.08
Frimley Park Hospital NHS Foundation Trust	1	2.56	0.74	2.78
Royal Surrey County Hospital NHS Trust	1	0.66	0.06	0.55
Surrey & Sussex Healthcare NHS Trust	1	1.52	1.84	0.28
Brighton & Sussex University Hospitals NHS Trust	N/A	0.42	2.6	2.50
East Sussex Hospitals NHS trust	3	2.37	2.21	2.38
Royal West Sussex NHS Trust	6	N/A	3.46	3.20
Worthing & Southlands Hospitals NHS Trust	3	6.10	5.32	5.31
Average	**2.3**	**2.7**	**2.59**	**2.52**

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 2007/2008 there are 3 units with initiating rates below 65% and 8 units with over 70%.

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 and 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 all units follow the WHO/UNICEF ten steps for breastfeeding incorporated in their infant feeding guidelines.

% Women initiating breastfeeding at birth	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
Dartford & Gravesham NHS Trust	20	57	54	50
East Kent Hospitals NHS Trust	49	96	68	58
Maidstone & Tunbridge Wells NHS Trust	72	78	76	78
The Medway NHS Trust	61	68	67	62
Ashford & St Peters NHS Trust	74	75	75	78
Frimley Park Hospital NHS Foundation Trust	78	81	81	83
Royal Surrey County Hospital NHS Trust	80	81	64	78
Surrey & Sussex Healthcare NHS Trust	72	78	81	76
Brighton & Sussex University Hospitals NHS Trust	90	90	N/A	N/A
East Sussex Hospitals NHS trust	74	73	74	74
Royal West Sussex NHS Trust	79	81	73	83
Worthing & Southlands Hospitals NHS Trust	82	82	83	82
Average	**69**	**72**	**59**	**73**

Royal Surrey County Hospital have the Baby-Friendly Hospital Initiative award although the majority of maternity units within South East Coast have chosen not to be assessed by the Baby-Friendly Hospital Initiative. This is partially due to the cost and assessment process. The important aspect is that the WHO/UNICEF ten steps are followed and that breastfeeding is supported and the numbers of women breastfeeding increases. To support this and ensure there is shared learning across South East Coast a peer group for breastfeeding is being established. It is anticipated there will be peer audit review and the ability to share best practice across the region.

The smoking target is to reduce adult smoking rates from 26% to 21% or less by 2010 (Choosing Health 2004). Data was available from all 12 trusts and the figures are for women smoking at time of birth. The 2007 / 2008 range is from 8 – 19%. These figures are very similar to the previous years. Ten trusts have a slight reduction, Royal West Sussex and Worthing & Southlands are slightly higher. All units are less than 21%, however we cannot be complacent as there is still a need for further improvement.

% Women Smoking at time of Birth	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
Dartford & Gravesham NHS Trust	20	19	19	17
East Kent Hospitals NHS Trust	N/A	17	21	19
Maidstone & Tunbridge Wells NHS Trust	20	15	13	12
The Medway NHS Trust	22	22	20	19
Ashford & St Peters NHS Trust	N/A	N/A	10	9
Frimley Park Hospital NHS Foundation Trust	10	10	9	9
Royal Surrey County Hospital NHS Trust	10	11	10	8
Surrey & Sussex Healthcare NHS Trust	17	9	7	12
Brighton & Sussex University Hospitals NHS Trust	2	N/A	N/A	7
East Sussex Hospitals NHS trust	23	20	20	18
Royal West Sussex NHS Trust	12	10	9	10
Worthing & Southlands Hospitals NHS Trust	13	13	12	13
Average	**14.9**	**14.56**	**13.69**	**13**

3 Each local supervising authority will ensure their 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 Clinical & Workforce Director and will be presented to the Executive Team, Clinical Governance Team and SHA Board. The LSA Midwifery Officer meets with the Chief Executive to discuss the annual report prior to its signing and submission to the Nursing & Midwifery Council .

The report will be circulated (as per the circulation list at the end of the report) by 27th October 2008. 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 it with all local staff and user groups.

The report is placed in the public domain on the South East Coast LSA website www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityoftheSouthEastCoast.asp and the NMC website.

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.

During the last year the LSA Annual Report has been referred to in numerous documents and forums regarding maternity services. This includes discussions the maternity and newborn clinical pathway group established as part of the NHS Next Stage Review and reference to maternity services in documents supporting the *Creating and NHS* Fit For the Future programme for the future of health services within South East Coast.

4 Numbers of supervisor of midwives appointments, resignations and removals

The number of designated supervisor of midwives on 31st March 2008 within South East Coast was 175.

Supervisors of Midwives	**31.3.05**	**31.03.06**	**31.3.07**	**31.3.08**
Designated Supervisors	142	162	176	175
New Appointments	18	24	25	21
Resignations	1	4	11	22
Removals	0	0	0	0
Suspensions	0	0	0	0
Undertaking preparation	17	26	14	8

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)”.

SOM Ratio by Trust – South East Coast (31/3/08)	2004/5	2005/6	2006/7	2007/8
Dartford & Gravesham NHS Trust	11	14	13	12
East Kent Hospitals NHS Trust	10	10	10	11
Maidstone & Tunbridge Wells NHS Trust	**18**	**20**	**17**	**18**
The Medway NHS Trust	11	12	11	12
Ashford & St Peters NHS Trust	14	13	9	10
Frimley Park Hospital NHS Foundation Trust	14	15	15	14
Royal Surrey County Hospital NHS Trust	**16**	**17**	13	10
Surrey & Sussex Healthcare NHS Trust	**17**	15	**16**	14
Brighton & Sussex University NHS Trust	13	15	**17**	**17**
East Sussex Hospitals NHS Trust	13	13	10	12
Royal West Sussex NHS Trust	12	11	9	10
Worthing & Southlands Hospitals NHS Trust	15	**16**	**21**	**16 (23)**
Overall ratio	**14**	**14**	**13**	**14**

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. Trusts are being encouraged to aim for a maximum of 1:14 to enable some flexibility. The ratio for trusts varied from 1:10 to 1:23. Four year trends for the ratios of supervisor of midwives can be seen in appendix 4.

Worthing & Southlands Hospitals NHS Trust had three trainees on the preparation course (October 2007), but one withdrew and three other supervisors have left. In August 2008 two new supervisors were appointed and three supervisors from other trusts have been supporting the supervisors with on-calls and supervision support for midwives this gives an adjusted ratio of 1:16.

South East Coast supervisors of midwives see appendix 5.

Preparation for supervisors of midwives

The fifth Preparation of Supervisors of Midwives course is due to start in October 2008, including a meeting with trainees and mentors on 7th October. The LSA Midwifery Officer is a member of the course board and actively contributes to the course.

During the last year the preparation course was validated for NMC approval which required several meetings to ensure that all the evidence required was available. The approval event for the preparation for supervisors of midwives programme was held on 18th June 2007. This was only the second course to be validated against the new standards by the NMC and all went well with approval given.

The feedback from the course continues to be very positive. October 2007 trainees were the first group to have a different assessment process – to develop a portfolio which demonstrates the role and competencies of a supervisor (NMC 2006). The portfolios were of a high standard and clearly demonstrated that they understood the role.

The mentors say that the trainees are more prepared to be able to undertake the role on appointment and the trainees feel they are ready to undertake the role. Newly appointed supervisors 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 the LSA Conference.

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 – updated September 2008.

Trainee Supervisors of Midwives South East Coast	**October 2006**	**October 2007**	**October 2008**
Dartford & Gravesham NHS Trust	0	0	2
East Kent Hospitals NHS Trust	1	0	0
Maidstone & Tunbridge Wells NHS Trust	**3**	0	3
The Medway NHS Trust	0	**2**	**1**
Ashford & St Peters NHS Trust	0	0	1
Frimley Park Hospital NHS Foundation Trust	1	**2**	**0**
Royal Surrey County Hospital NHS Trust	0	0	3
Surrey & Sussex Healthcare NHS Trust	**2**	0	0
Brighton & Sussex University Hospitals NHS Trust	2	**3**	**4**
East Sussex Hospitals NHS Trust	0	0	2
Royal West Sussex NHS Trust	0	0	0
Worthing & Southlands Hospitals NHS Trust	**2**	**3**	**2**
Overseas (British Forces and Gibraltar Health Authority)	3	0	0
Total	**14**	**10**	**18**

All midwives are given a choice as to their supervisor of midwife and this is reviewed on a regular basis, often when changes occur 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 1st, 2nd and 3rd choices. Where possible 1st choices are given with 2nd 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.

5 Details of how midwives are provided with 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 2007 – 2008.

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.

Student midwives are supported through statutory supervision either by each cohort having a named supervisor or individual supervisors. Some supervisors offer group supervision for students enabling them to discuss any issues that may be of concern for them and any additional support that is required.

More supervisors are clinical midwives which enables them to have greater contact with student midwives. The greater contact during the training period helps with a smooth transition of becoming a midwife on the register.

Ashford & St. Peter's Hospitals NHS Trust are also offering group supervision as an additional support for newly qualified midwives during the preceptorship period. For the first six months they meet on a monthly basis. This has helped with newly qualified midwives gaining confidence, staying in midwifery and retention of midwives.

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. In several trusts supervisors are phoned for management issues as usually there is not a manager on-call.

6 Details of how the practice of midwifery 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) see appendix 6 – updated September 2008. This was sent electronically to all Contact Supervisors of Midwives and is now available from the LSA website so is accessible to all supervisors, midwives, women and the public.

www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityoftheSouthEastCoast.asp

Supervisors of Midwives supervise midwives locally by;

- Receiving ITP from their midwives, sign and enter onto LSA database
- Check the NMC website to ensure information is correct
- Annual review with all midwives agreeing development plan and entering objectives on LSA database
- Attendance at local meetings

- Undertake supervisory investigations where appropriate and support development plan / 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 LSA annual audit visit.

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 7)

- **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 8. 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 third 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

1.1 Supervisors of Midwives participate in 'Maternity User forums' to ensure that the views and voice of service users inform the development of maternity services.

Ensure that all supervisors are participating encouraged to use several different formats for involving users of the service.

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

The majority of units have information in the women's hand held notes and on notice board and pregnancy books given out at booking. Some units have a leaflet to give to women regarding supervision of midwifery. One Trust is still waiting to have their new notes printed.

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

Some units need to update there working philosophy.

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 31st March 2008. Units that did not meet the ratio have trainees on the course completed in July 2008. Each year numbers are planned to achieve the target but on occasions plans change due to supervisors moving on. Worthing & Southlands Hospitals NHS Trust has had several supervisors leave so arrangements were made for other supervisors from near by to help support the supervisors and midwives.

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

Remind supervisors that guidelines are available. Raise awareness of the LSA website.

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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 continues to have difficulties with storage of records and has been reminded that supervisory records must be kept in a safe and secure place.

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 2008- 2011 This was launched at the National Conference April 2008 and which has been circulated to all trusts and all Supervisors of Midwives. The Link Supervisors of Midwives are developing 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.*

Several supervisors reminded to send in evidence of updating. From April 2008 all supervisors need portfolio to reflect they have met the NMC standards NMC 2006. (From 1st 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.*

Several Trusts did not have any dedicated administrative support however many are supported by the head of midwifery administration support.

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. There is nearly 100% compliance with Supervisors of Midwives questionnaires being returned to the LSA Midwifery Officer for review. From April 2008 will be submitting a portfolio demonstrating that competencies are met.

Standard 3 – Leadership

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

This last year several supervisors have been involved in the Lord Darzi review – and as part of maternity and newborn clinical pathway group. Supervisors are also working with maternity matters facilitators to ensure the four choice guarantees are implemented.

Standard 4 - Equity of Access to Statutory Supervision of Midwives

4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.

Ensure when midwives are new to organisation they realise they have options to change. Supervisors to ensure all new midwives to organisations receive an introduction letter including information that they may change to another supervisor.

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.

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.

4.7 Student midwives are supported by the supervisory framework.

Most units offer individual or group supervision to student midwives. One trust has developed supervision to compliment the preceptorship programme so they meet on a regular basis with their supervisor of midwives. This has seen an increase in retention of the trust's newly qualified midwives.

Standard 5 - Midwifery Practice

5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.

Ensure that all supervisors have opportunities to be involved.

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

This audit had been undertaken by most of the units and has revealed some concerns regarding clinical practice. All were pleased they had undertaken the audit and systems had been changed as a result and there is a plan to re-audit.

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.

A report is written following each LSA Audit reporting good practice and areas for further development. An action plan is then developed by the supervisor to enable them to meet the recommendations. The action plan is followed up at the next audit or sooner if serious concerns are identified.

Communication

Supervisors access the LSA Midwifery Officer by phone and e-mail to discuss various issues. The LSA Midwifery Officer ensures timely communication of information via the following forums;

Communication forums within South East Coast;

- meetings contact supervisors of midwives
- meetings with representative supervisors of midwives
- Quarterly meetings with Link supervisors – developing guidance, planning conferences
- Quarterly meetings with Head of Midwifery and LME network
- Bi-annual meetings with contact supervisors, independent midwives and their supervisors
- Teaching on preparation of supervisors course
- Member course board for preparation of supervisors of midwives
- Quarterly meetings with local universities LME/HOM forums
- meetings of Director of Nursing network

National communication forums;

- Bi-monthly LSA Midwifery Officer Forum UK
- Quarterly Nursing and Midwifery Council
- Bi-annual Royal College of Midwives
- Annual Chief Nursing Officer
- Midwifery Adviser - Department of Health
- Annual Health Care Commission
- Annual Kings Fund
- Annual NHS Litigation Authority

LSA conferences

During 2007/2008 there were two LSA conferences on Root Cause Analysis supported by the Patient Safety Manager. The feedback from these conferences was excellent and the LSA Midwifery Officer has been asked to host some more as those attending felt that all supervisors of midwives should attend. See appendix 9 for the programme and evaluation of training. Over the last three years we have focused on undertaking supervisory investigations, using a supervised practice template and more recently root cause analysis training.

The number of trusts now supporting remuneration for supervisors of midwives is 11/12 which is an improvement on the previous year. Negotiations with the 12th organisation are still in progress.

The reporting of Serious Untoward Incidents (SUI's) is patchy. Some organisations are very good, others take longer or after prompting do share information. There is now the facility to enter an SUI onto the LSA database. Depending on the incident and the experience of the supervisor I may receive a supervisory report with the recommendations others will phone for advice and support regarding the process. Supervisors frequently remind the trust clinical governance co-ordinators that they need to advise the SHA of an SUI.

All outcomes of supervisory investigations are discussed with the LSA midwifery officer and recommendations agreed. If the midwife is to undergo a period of supervised practice then the LSA Midwifery Officer agrees the template and objectives.

7 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.

The Midwives rules and standards (2004) Rule 13 - guidance when discussing the LSA Midwifery Officer's audit of a 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 service

users all enjoyed the opportunity and have been encouraged to write up the feedback they received on the day form midwives, students and women.

The LSA Midwifery Officer asked the users whether they would be interested in visiting other maternity services and several voiced an interest. The process is currently being reviewed. The expectation would be for service users to be involved with the formal audits recognising that their time is valuable. This last year service user involvement was less than previous years 4/12 LSA Audits. A greater emphasis was put on meeting women on the day and the Chairs of the MSLC were invited to send written comments. The views of women were in general very positive and where service users did speak to the women they fed back very good accounts.

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

8 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education

There are four universities provide training of midwives at degree level within South East Coast;

- University of Greenwich
- Canterbury and Christchurch University
- University of Brighton
- University of Surrey

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 undergraduate 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.

The trainee supervisors felt there was a lot of academic work to be achieved for the course. The standards for the preparation and practice of supervisors of midwives (NMC 2006) presented an opportunity to review how the academic aspect was going to be presented. This is now in a portfolio presentation to demonstrate that the competencies section 5, have been met. This links the practice of supervision and the academic requirement together. Reflective models are used to demonstrate how these competencies have been met. The feedback at the end of the course was more positive regarding the academic expectations.

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 was assessed for NMC validation for the first time to ensure the programme complies with the 'Standards for the preparation of supervisors of midwives' (NMC 2006). The validation took place on 18th 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 supervisors of midwives in the trusts. This is either individually or as a group. Supervisors provide teaching sessions on the 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.

The four lead midwives education attend the South East Coast Head of Midwifery network where valuable discussions take place regarding education commissions, issues from both pre and post graduate courses and future developments. Many of the meetings are held within the SHA so several staff attend the network. This enables good communications between workforce staff, education commissioning staff, the Director of Clinical & Workforce Development and the SEC Academy.

9 Details of any new policies related to the supervision of midwives

The Standards and Guidance for Supervisors of Midwives, South of England were published in April 2005. 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. To ensure all criteria are addressed a self assessment against the midwives rules and standards was undertaken (see appendix 10). 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.

The Standards and Guidance were 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

www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityoftheSouthEastCoast.asp

The LSA Midwifery Officer Forum UK has been updating guidelines with the aim of having more national guidance. The majority of these have now been completed, but some work is still underway. The national guidelines can be found at www.midwife.org.uk and see appendix 11.

The updated LSA guidelines published in September 2008 are in three sections;

1. Guidance to support midwives rules and standards
2. Statutory guidance
3. Local guidance – South of England

Section 1 refers to the national guideline where possible

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

Link Supervisors of Midwives

In recognition that the role of the LSA Midwifery Officer continues to increase and that guidelines and system development is a continual process four Link Supervisors of Midwives have been nominated.

Link Supervisors;

- Melvyn Dunstall – Surrey
- Karen Jones – Sussex
- Lindsey Stevens – Kent
- Anne Heseltine – Academic support

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

- Annual report template - updated
- Audit of controlled drugs
- Template for supported and supervised practice - updated.
- Local Strategy for Supervision of Midwives – updated
- Guidance for travellers
- Guidance for supporting non-midwives
- Maternal death report template
- Reviewing South of England LSA Guidance (April 2005)

The Link supervisors also support conference planning, assist supervisors supporting supervised practice programmes and identify new guidelines to be developed. The Link supervisors also provide local cover arrangements for when the LSA Midwifery Officer is on leave.

10 Evidence of developing trends affecting midwifery practice in the local supervising authority

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 throughout the year.

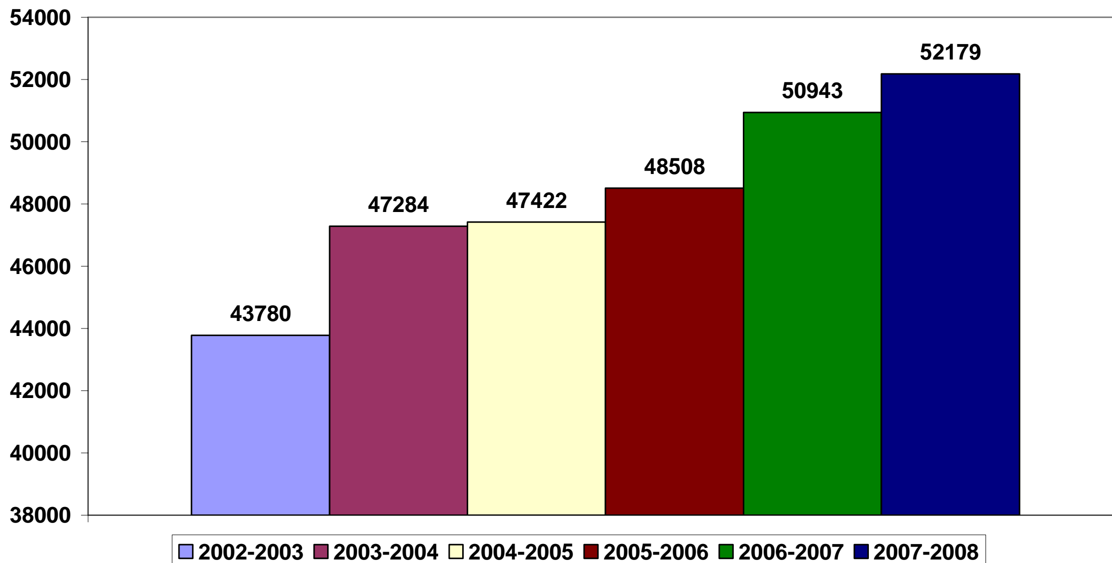
The Midwifery Practice Audit Form asks for details of;

- Contact details for Supervisors of Midwives
- Supervisors working within the trusts
- Clinical statistics-
- Women who have given birth
- Babies born
- Home births
- Midwife – led care
- Maternity outcomes data
- Obstetric interventions
- Staffing establishment
- Additional information e.g. sickness rates, neonatal facilities, reports benchmarked against

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

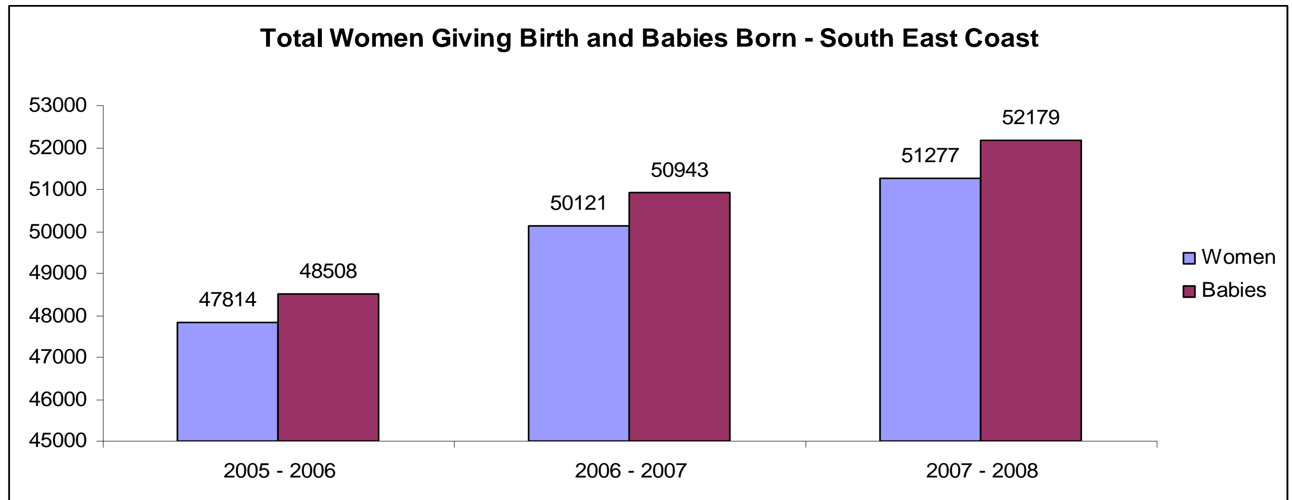
Clinical Activity

In South East Coast there has been a further increase in clinical activity in ten out of twelve trusts. A breakdown of full clinical statistics can be found in Appendix 12 and 13.



Total babies born April - March	2003-4	2004-5	2005-6	2006-7	2007-8
Dartford & Gravesham NHS Trust	2640	2659	2944	3059	3260
East Kent Hospitals NHS Trust	6462	6477	6671	7080	7100
Maidstone & Tunbridge Wells NHS Trust	4975	4784	4962	5233	5164
The Medway NHS Trust	4280	4554	4275	4565	4657
Ashford & St Peter's NHS Trust	3457	3626	3872	4102	4229
Frimley Park Hospital NHS Trust	3985	4118	4016	4278	4634
Royal Surrey NHS Trust	3415	3166	3159	3320	3472
Surrey & Sussex Healthcare	4131	3982	4074	4224	4246
Brighton & Sussex University Hospitals NHS Trust	5671	5589	5627	5565	5775
East Sussex Hospitals NHS Trust	3796	3716	3908	4020	4121
The Royal West Sussex NHS Trust	2017	2145	2396	2625	2603
Worthing & Southland Hospitals NHS Trust	2455	2606	2604	2872	2918
TOTAL	**47284**	**47422**	**48508**	**50943**	**52179**
% Increase		**+0.3%**	**+2%**	**+5%**	**+2%**

The last four years has seen an increase of 4895 births, or 9.3% across South East Coast. The national increase in births between 2005/2006 and 2006/2007 was 2.9%. The increase in South East Coast for the same period was 5%.



The increase in births continues to put pressure on maternity services which results in diverts from one unit to another and closures. On occasions there have been multiple closures of units placing additional stress on women and the service.

To reduce the incidence of capacity pressures four units have developed a triage service where women are able to phone to receive support and can be seen for assessment to determine whether they are able to go home or to the labour ward when they are in labour. This has improved services for women in that they are not waiting for a long time to be seen as a midwife is dedicated to triage. The midwives on labour wards are therefore free to care for women in labour enabling more women to receive one to one care.

Units that have developed triage;

- Medway (9am – 8pm)
- Ashford & St. Peter's (24 hours)
- Surrey & Sussex (8am – 8pm)
- Brighton & Sussex (24 hours Royal Sussex County site)

Several other units are considering developing a triage service.

Trusts that have more than one site often divert women from one site to another because of staffing or capacity issues. Some women are given a choice to attend another site so that an induction of labour post dates may still take place or they may wait if all is well with the woman and her pregnancy.

Closures / diverts	Diverts 2006/07	Closures 2006/07	Diverts 2007/08	Closures 2007/08
Dartford & Gravesham NHS Trust	0	0	0	0
East Kent Hospitals NHS Trust	6	0	5	0
Maidstone & Tunbridge Wells NHS Trust	30	0	70	1
The Medway NHS Trust	0	0	0	0
Ashford & St Peters NHS Trust	0	5	0	5 restricted
Frimley Park Hospital NHS Foundation Trust	0	2	0	0
Royal Surrey County Hospital NHS Trust	0	0	0	0
Surrey & Sussex Healthcare NHS Trust	0	0	0	6 neonatal
Brighton & Sussex University Hospitals NHS Trust	64	1	N/A	4
East Sussex Hospitals NHS Trust	58	0	70	2
The Royal West Sussex NHS Trust	0	0	0	2
Worthing & Southlands Hospitals NHS Trust	0	0	0	1
Total	**158**	**8**	**145**	**21**

Before looking at the clinical activity in more detail when reviewing maternity figures it is also important to clarify which figures we are using i.e. women have one labour but one, two or more babies may be born so the births are always higher than the number of women giving birth.

Before looking at caesarean sections it is important to focus on the normal births as these are the greatest number. The Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and The National Childbirth Trust worked together to produce the 'Making normal birth a reality' consensus statement from the Maternity Care Working Party (2007).

Why normal birth matters

With appropriate care and support the majority of healthy women can give birth with a minimum of medical procedures and most women prefer to avoid interventions, provided that their baby is safe and they feel they can cope.

Members of the Maternity Care Working Party are concerned about rising intervention rates and wide variations between different services in terms of planned and unplanned caesarean sections. Operative births, as these procedures are known to be associated with both physical and psychological morbidity. We all want mothers and babies to come through birth healthy and well-prepared for the changes, demands and emotional growth that follows.

Procedures used during labour which are known to increase the likelihood of medical interventions should be avoided where possible. For example, continuous electronic fetal monitoring during labour in low-risk women is associated with an increase in emergency caesarean section but no long term health gain, and use of epidural anaesthetic in labour increases the need for forceps or ventouse delivery. However, it is important that women's needs and wishes are respected and they should be able to make informed decisions about their care (Making normal birth a reality 2007)".

The report recommends that maternity services should aim to increase their normal birth rates towards a realistic objective of 60% by 2010.

Normal delivery includes;
"Women whose labour starts spontaneously, progresses spontaneously without drugs, and who give birth spontaneously;

and women who experience any of the following:

- augmentation of labour
- artificial rupture of membranes (ARM) if not part of medical induction of labour
- entonox
- opioids
- electronic fetal monitoring
- managed third stage of labour
- antenatal, delivery or postnatal complications (including post partum haemorrhage, perineal tear, repair of perineal trauma, admission to SCBU or NICU)

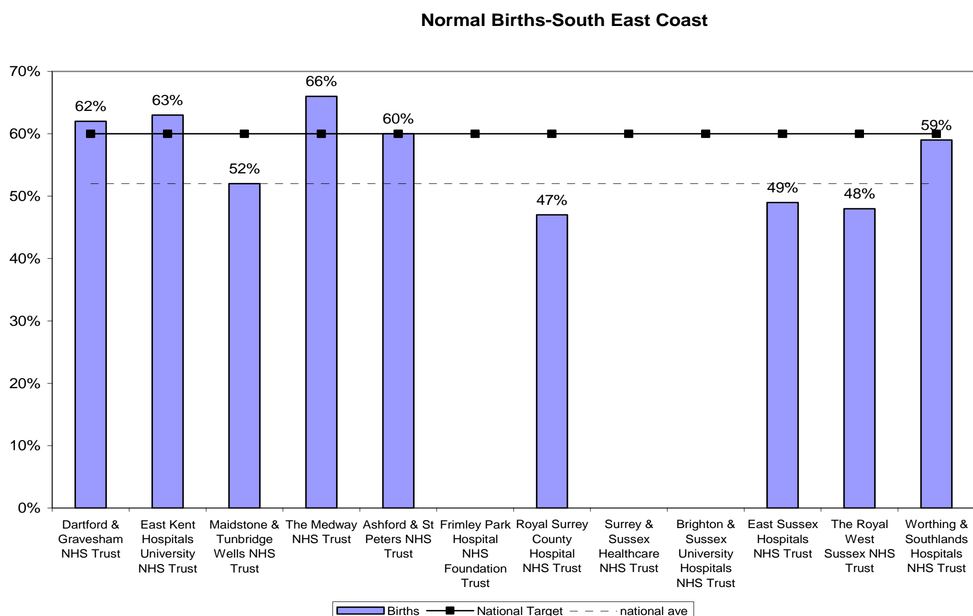
Normal delivery excludes;
Women who experience any one of the following:

- Induction of labour (with prostagladins, oxytocics or ARM)
- Epidural or spinal
- General anaesthetic
- Forceps or ventouse
- Caesarean section
- Episiotomy"

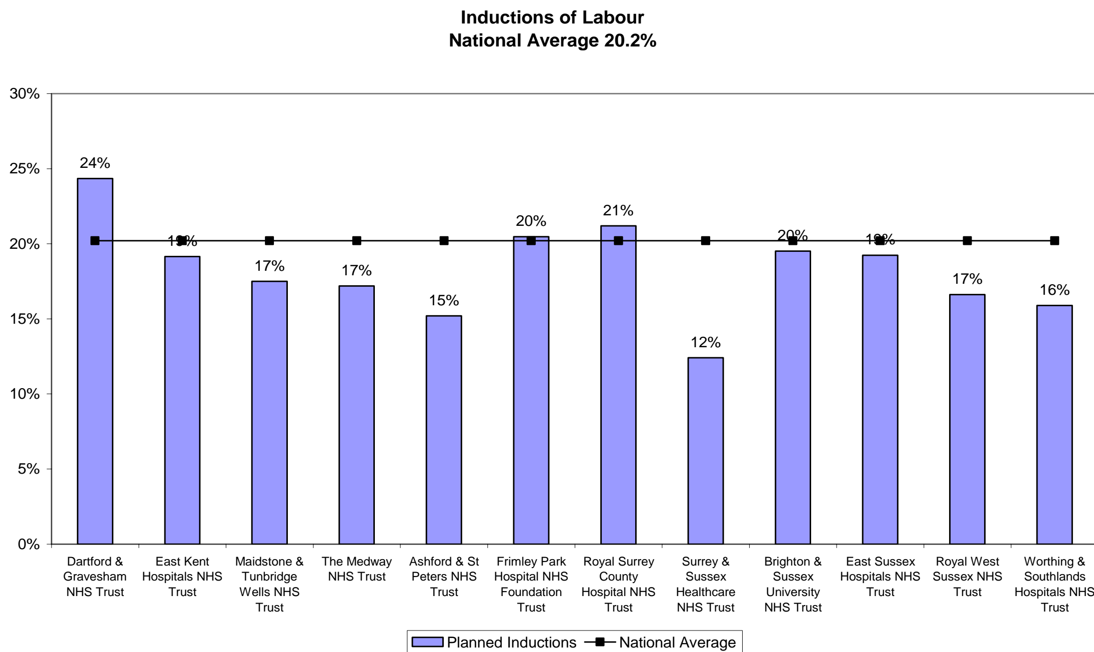
The units have been asked to use this definition but it may take another year before we can be sure the criteria are fully used.

The NHS information Centre reported an estimated 52 % of deliveries were 'normal deliveries' in 2006-2007.

5 units within South East Coast are above the national average.



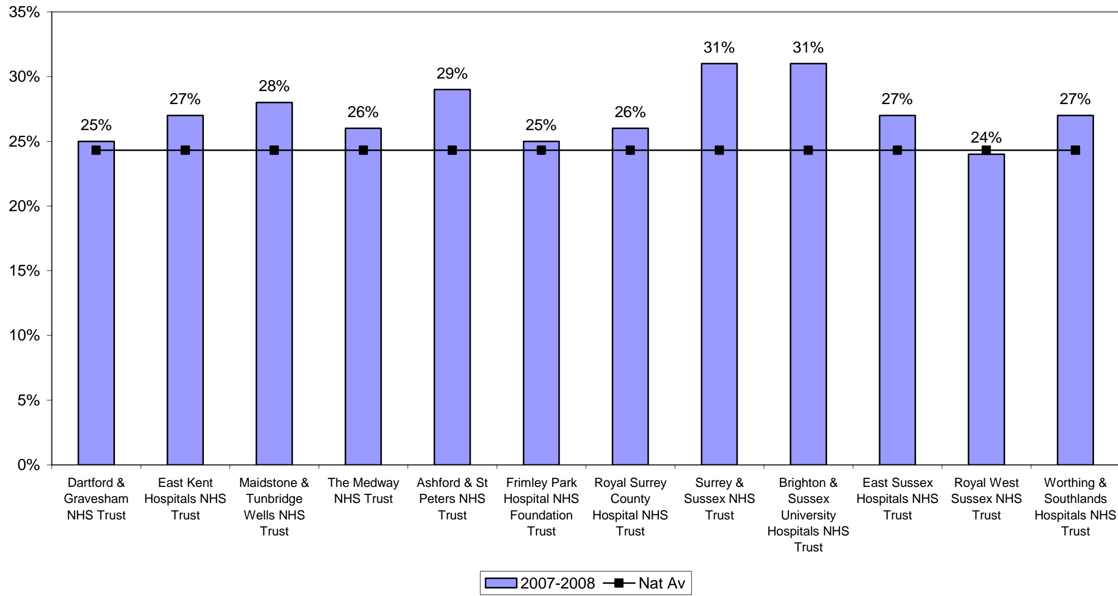
The national average of induction of labour is over 20% (England 2006-2007). With the South East Coast region 2 trusts are higher than the national average.



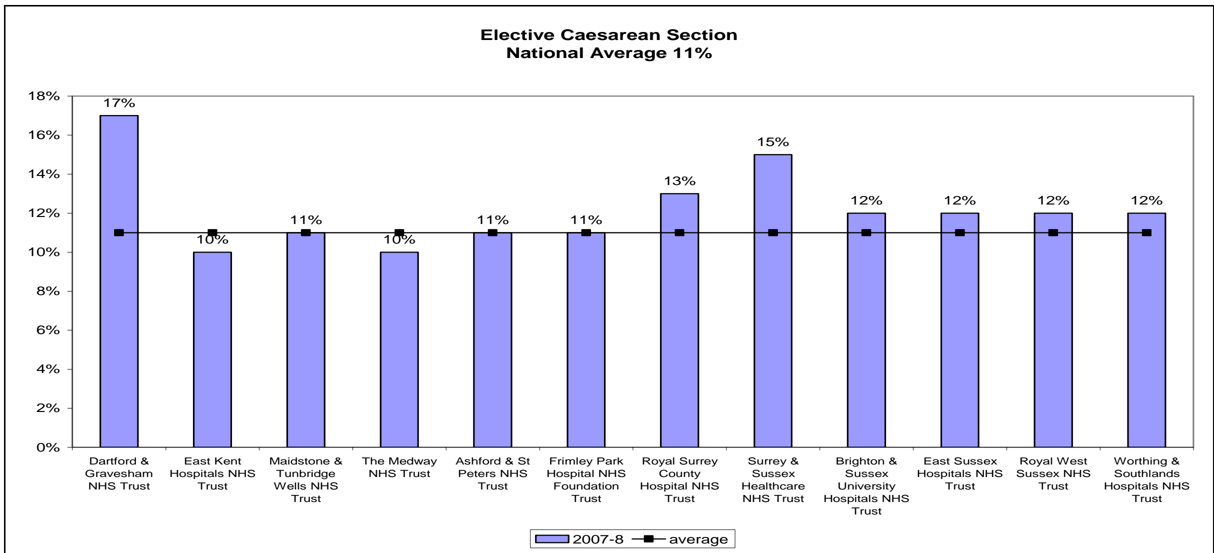
The national average for caesarean section rate is 24.3% (England 2006-2007). Within the South East Coast region 11 of 12 trusts have caesarean section rates above the national average, with the Brighton & Sussex Universities Hospitals NHS Trust and Surrey & Sussex Healthcare NHS Trust having a 31% average.

Two trusts (Royal West Sussex NHS Trust and Surrey & Sussex Healthcare NHS Trust) have been accepted to work with the NHS Institute as early implementers for reducing caesarean section rates. The aim is that the work that is undertaken with these two trusts will be shared with all the units across South East Coast and nationally.

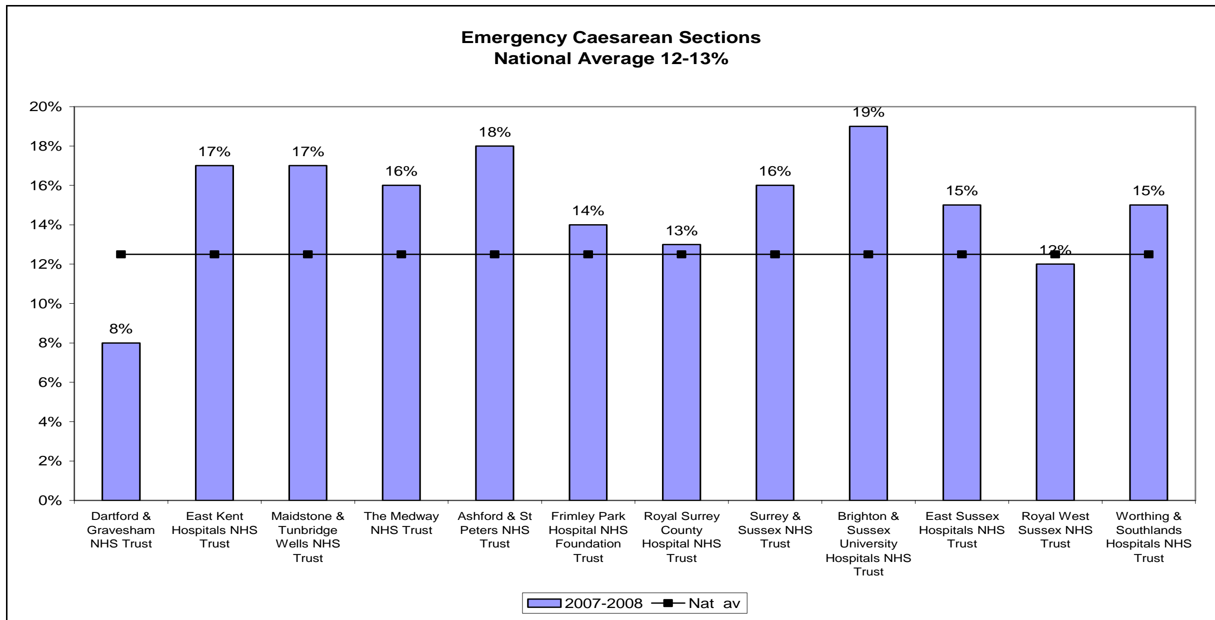
Graphs showing caesarean section trends by trust can be seen in appendix 14.



The national average for elective caesarean section rate is 11% (England 2005-2006). Seven of the twelve trusts within the South East Coast region are higher than the national average for elective caesarean sections. The elective caesarean section rate at Dartford & Gravesham NHS Trust - 17% and is the highest within South East Coast.



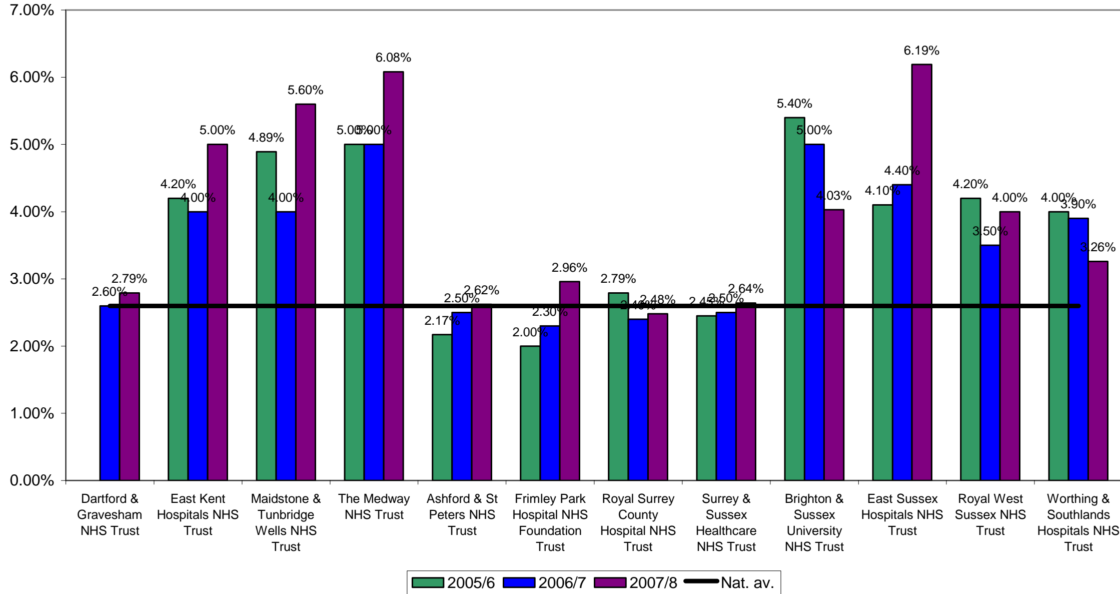
The national average for emergency caesarean section rate is 12-13% ten of the twelve trusts within this region have a higher than national average emergency caesarean section rate. Ashford & St. Peter's Hospitals NHS Trust and Brighton & Sussex Universities Hospitals NHS Trust are the two highest and this may partly be due to in-utero transfers in preparation for the Level 3 neonatal intensive care unit (NICU).



Home births 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 and alongside midwifery led units have no problems in recruiting midwives. The increase in midwifery led care and homebirths would also help with some of the local capacity issues.

Women are choosing the option of a homebirth and in 10 out of 12 trusts in the South East Coast region this has increased over the last year. The national average of homebirths is 2.6% (England 2005-06). Nine of the twelve Trusts in the region have a higher homebirth rate than the national average. Surrey has the lowest homebirth rates within South East Coast, with Royal Surrey County Hospital NHS Trust being below the national average. The other 3 units within Surrey are the same or slightly higher than the national average..

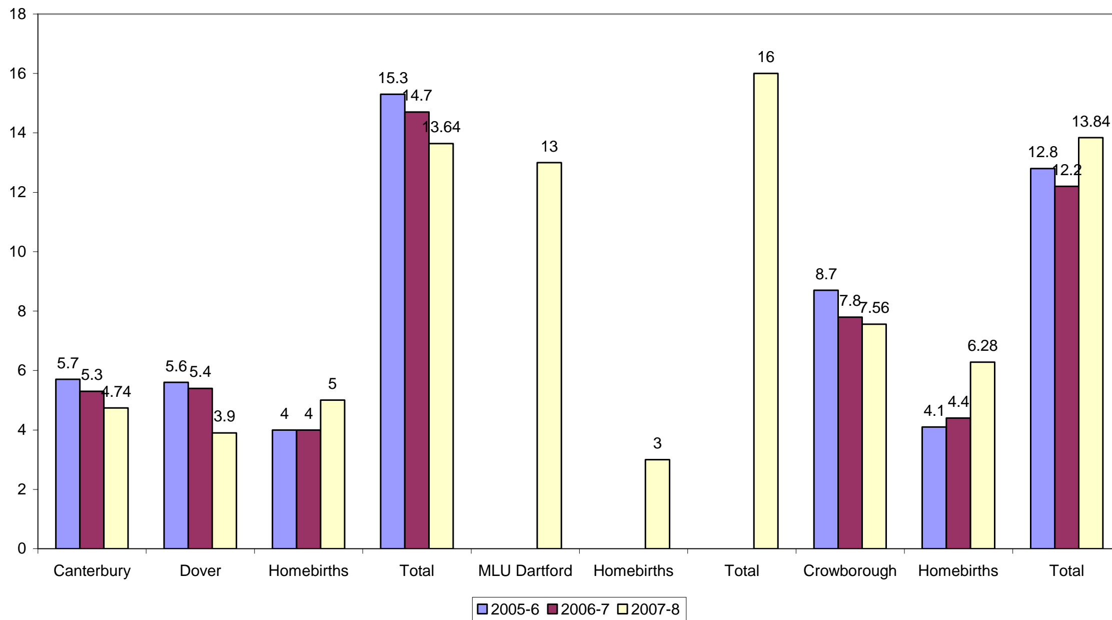


Trusts that have the choice of birth centres or alongside MLU's in addition to homebirths makes up a 10-16% of out of hospital births.

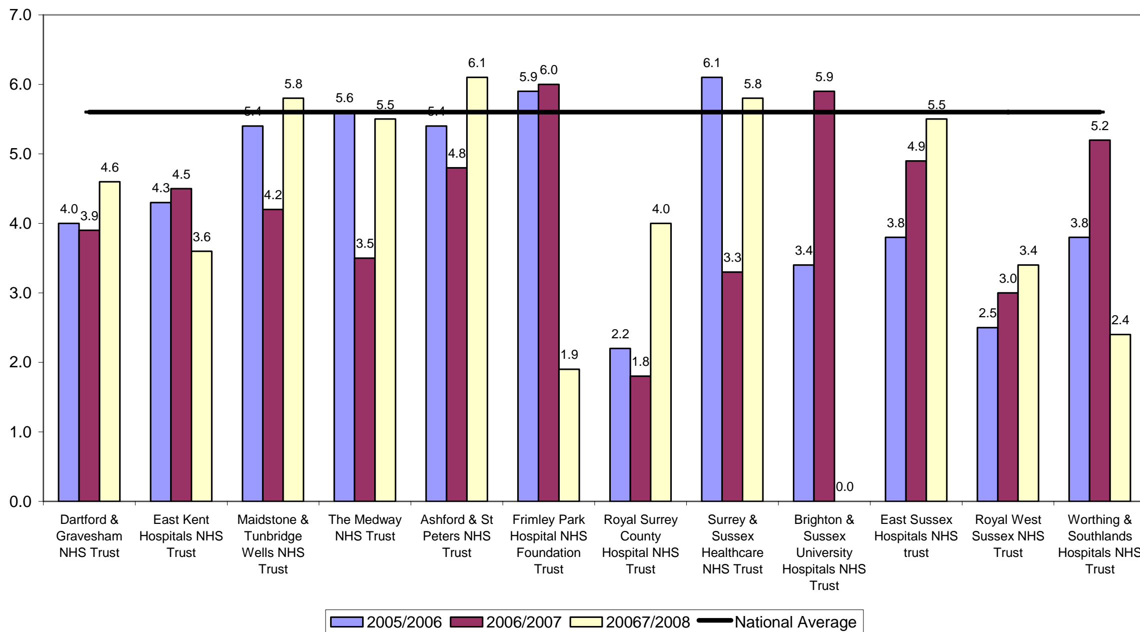
East Sussex (total births 4121) which incorporates the Crowborough Birthing Centre (births 307) and homebirths (births 255) has a total of 13.8% of births outside its consultant units. In East Kent (total births 7100) which incorporates the Dover (births 276) and Canterbury (births 331) Birthing Centres and homebirths (births 325) has a total of 10% of births take place outside area's consultant units.

Dartford & Gravesham NHS Trust opened an alongside Midwifery Led Unit in June 2007 to increase their capacity alongside the rising birth rate. From June 2007 to 31st March 2008, 9 months, there were 405 births. Total births 3260, alongside MLU 405, homebirths 90 - makes a total of 16% of births taking place outside the consultant unit.

Medway NHS Trust and Surrey & Sussex Healthcare NHS Trusts are also planning to have alongside units to support an increase in activity and increase choice for women.



Stillbirth -in-utero death birth after the 24th week of pregnancy (CEMACH April 2005). The national rate is 5.6 per 1000 live births. There are 3 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 7th day of life and before 28 completed days from the time of birth CEMACH April 2005). The national neonatal death rate (early and late) is 3.66 per 1000 live births (CEMACH 2003). The information regarding early and late neonatal deaths is incomplete as many of these services are managed by children's services.

Maternal Deaths	2004/05	2005/06	2006/07	2007/08
Dartford & Gravesham NHS Trust	1	0	1	1
East Kent Hospitals NHS Trust	1	0	2	1
Maidstone & Tunbridge Wells NHS Trust	1	1	0	2
The Medway NHS Trust	1	0	1	0
Ashford & St Peters NHS Trust	0	0	1	1
Frimley Park Hospital NHS Foundation Trust	1	0	0	1
Royal Surrey County Hospital NHS Trust	1	0	0	0
Surrey & Sussex Healthcare NHS Trust	1	1	0	1
Brighton & Sussex University Hospitals NHS Trust	4	2	0	0
East Sussex Hospitals NHS Trust	0	0	0	0
The Royal West Sussex NHS Trust	1	0	0	0
Worthing & Southlands Hospitals NHS Trust	2	0	1	0
Total	**14**	**4**	**6**	**7**
			2 Direct	**2 Direct**

Maternal deaths

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 for 2003-2005 is calculated using direct and indirect maternal deaths and the current national rate is 14 per 100,000 live births (CEMACH 2007). This would equate to approximately 7 out of every 50,000 births in South East Coast. For the year 2007/2008 there were 7 maternal deaths -2 direct and 5 indirect.

The maternal deaths are reviewed by the unit concerned and a report is sent to the LSA Midwifery Officer and the CEMACH Regional Manager. The causes of maternal deaths were varied.

The causes of maternal deaths in South East Coast 2007/2008;

- Suicide
- House fire
- Car accident
- Puerperal psychoses
- Collapse post caesarean section
- Amniotic fluid embolism
- Lupus crisis

The latest report Saving Mother Lives: Reviewing maternal deaths to make motherhood safer – 2003-2005 (December 2007) was launched on 4th December 2007 with a conference which several Heads of Midwifery and supervisors of midwives attended. All units have developed action plans to action the recommendations from this report. The action plans have been discussed at supervision meetings locally and with the LSA and at Heads of Midwifery.

This latest report makes 'top ten' recommendations under the following headings;

1. Pre-conception
2. Access to care – 2 recommendations
3. Migrant women
4. Systolic hypertension requires treatment
5. Caesarean section
6. Clinical skills
7. All clinical staff must undertake regular, written, documented and audited training
8. Early warning scoring system
9. National guidelines – the obese pregnant woman, sepsis in pregnancy and pain and bleeding in early pregnancy.

The report also identifies auditable standards for each recommendation.

Antenatal screening

Antenatal screening is essential and it is important to have early access. Antenatal screening includes:

- Fetal anomaly screening
- Infectious diseases
- Sickle cell and thalassaemia

- 'Ensure better care for all' Department of Health "(October 007) Public Service Agreement (PSA target number 19) states;

- Indicator 4 = the percentage of women who have seen a midwife or maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy

NICE updated the 'Antenatal care: routine care for the healthy pregnant woman' in March 2008. The emphasis of the guidance is for women and their partners to have information to make an informed choice;

Screening for haematological conditions
Screening for sickle cell diseases and thalassaemia should be offered to all women as early as possible in pregnancy (ideally by 10 weeks). The type of screening depends upon the prevalence and can be carried out in either primary or secondary care.

Screening for fetal anomalies
Participation in regional congenital anomaly registers and/or UK National Screening Committee-approved audit systems is strongly recommended to facilitate the audit of detection rates.

The 'combined test' (nuchal translucency, beta-human chorionic gonadotrophin, pregnancy-associated plasma protein-A) should be offered to screen for Down's syndrome between 11 weeks 0 days and 13 weeks 6 days. For women who book later in pregnancy the most clinically and cost-effective serum screening test (triple or quadruple test) should be offered between 15 weeks 0 days and 20 weeks 0 days.

The antenatal guidance also gives further guidance as to best practice;

- Each antenatal appointment should have a structure and a focus
- Appointments in early pregnancy should be longer to provide sufficient information and time for discussion about screening so that women can make informed decisions
- Staff should take the opportunity to provide public health advice on diet & lifestyle factors
- Booking appointment should ideally be performed by 10 weeks & definitely before 12 weeks and include:
    - Giving of specific information re: all antenatal screening tests including risks, benefits & consequences
    - Offering of bloods tests for blood group, antibodies, infectious diseases and haemoglobinopathies
    - Offering of screening for Down's syndrome
    - Informing women about the high prevalence of chlamydia in the under 25 age group
    - Determination of risk factors for pre-eclampsia & gestational diabetes

Benefits of early screening

Down's syndrome screening
- Combined screening in 1st trimester has a higher detection rate and lower false positive rate allowing maternity services to meet the national target
- Fewer women are designated as having a high chance of abnormality therefore less avoidable anxiety

- Fewer women exposed to invasive procedures and therefore reduced rate of procedure related loss of normal babies
- Earlier diagnosis and offer of termination of pregnancy if requested

Combined antenatal screening	Commenced	Comments
Dartford & Gravesham NHS Trust	Yes	
East Kent Hospitals NHS Trust	Yes	
Maidstone & Tunbridge Wells NHS Trust	No	Ready to start
The Medway NHS Trust	No	No confirmed date
Ashford & St Peters NHS Trust	Yes	
Frimley Park Hospital NHS Foundation Trust	Yes	
Royal Surrey County Hospital NHS Trust	No	
Surrey & Sussex Healthcare NHS Trust	No	Possibly be end of year
Brighton & Sussex University Hospitals NHS Trust	No	starting November 2008
East Sussex Hospitals NHS Trust	No	No screening co-ordinator
The Royal West Sussex NHS Trust	Yes	
Worthing & Southlands Hospitals NHS Trust	Yes	

The recent revision of the NICE clinical guideline on “Antenatal care: routine care for the healthy pregnant woman” also advises that the 1st trimester combined test is used. The evidence reviewed by the UK National Screening Committee shows that using biochemistry or ultrasound alone before 13 weeks will not meet the 2007 recommended outcome. This test (1st trimester combined) is undertaken before 13 weeks + 6 days of pregnancy and uses ultrasound Nuchal Translucency (NT) measurement, plus serum biochemistry testing to measure free beta hCG and PAPP-A. The optimal time to perform this test is between 11 weeks + 0 days to 13 weeks gestation. In this time window, blood samples can be taken from the pregnant woman at the same time as the NT can be measured.

The National Screening Committee expected combined screening to be commenced in all trusts by April 2007. The table below shows the current position within South East Coast.

Seven trusts are meeting the standard of offering combined antenatal screening for Downs Syndrome. Five still have work to do before commencing.

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 1 unit has increased by a level. Maidstone & Tunbridge Wells NHS Trust and The Medway NHS Trust are working towards Level 2.

June 2008 has seen the introduction of a pilot against the new standards that have been developed. Several trusts within South East Coast are going to be assessed against the pilot standards in the autumn of 2008.

CNST status by Trust	2004/5	2005/6	2006/7	2007/8
Dartford & Gravesham NHS Trust	1	2	2	2
East Kent Hospitals NHS Trust	1	2	2	2
Maidstone & Tunbridge Wells NHS Trust	1	1	1	1
The Medway NHS Trust	1	1	1	1
Ashford & St Peter's NHS Trust	1	2	2	2
Frimley Park Hospital NHS Trust	3	3	3	2
Royal Surrey NHS Trust	1	1	3	3
Surrey & Sussex Healthcare	2	2	2	2
Brighton & Sussex University Hospitals NHS Trust	2	2	2	2
East Sussex Hospitals NHS Trust	2	3	3	3
The Royal West Sussex NHS Trust	1	1	1	2
Worthing & Southland Hospitals NHS Trust	1	2	2	2

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.

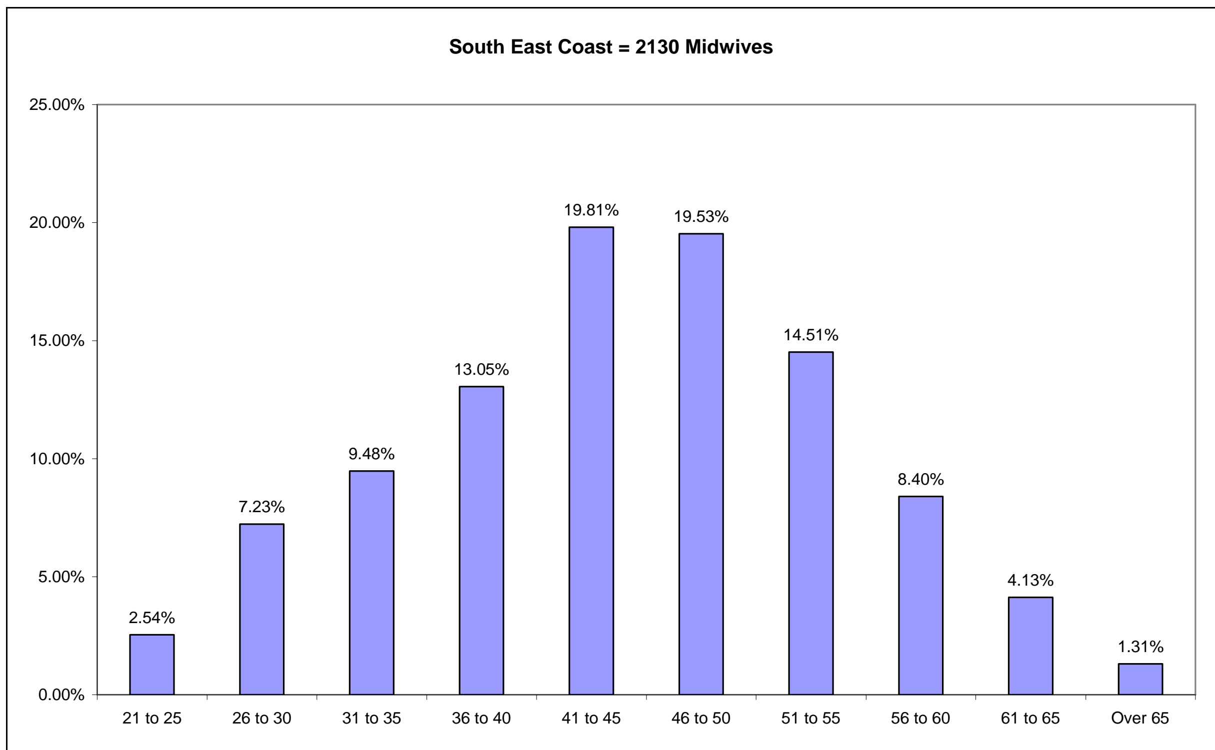
Workforce

The number of 'Intention to Practise' ITP forms received last year has increased from 1873 to 2166. This figure has been obtained from the LSA Database which has been in place now for two years. The LSA automatically uplifts encrypted data regarding ITP's received by the NMC on a weekly basis.

From the Intention to Practice forms for 2007/2008 entered onto the LSA database, it is possible to view age profiles for midwives.

The age profiles give information for future planning of maternity services. In South East Coast 27% of the midwives are age 50 or over, a 1% increase from 2004/2005 and 2005/2006. The age profiles identify that the highest group of midwives are aged 41-45, followed by 46-50 and 51-55. It is essential that these figures are used to inform recruitment strategies in the workforce development, Higher Education Institutes and local trusts. Age profiles can be seen for each trust at appendix 15.

MIDWIVES AGE PROFILE – South East Coast		
Age Groups	**Number of Midwives**	**% of Midwives**
21-25	54	2.54
26-30	154	7.23
31-35	202	9.48
36-40	278	13.05
41-45	422	19.81
46-50	416	19.53
51-55	309	14.51
56-60	179	8.4
61-65	88	4.13
Over 65	28	1.31
Total	**2130**	**100**



On the 31st March 2008 the vacancies varied from 0 to 19 whole time equivalent (wte) with a total vacancy factor of 74.14 wte. This is a little higher to the previous years rate of 69.93 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. Vacancy trends can be seen by trust in appendix 16.

Trusts are having difficulty in offering jobs to all student midwives who are expected to qualify in September 2008. 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 have 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.

Midwife WTE Vacancies South East Coast by Trust 31/3/08	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
Dartford & Gravesham NHS Trust	15	11	0	1.25	3.95
East Kent Hospitals NHS Trust	14.67	10	6.34	6.71	0
Maidstone & Tunbridge Wells NHS Trust	N/A	26.71	13.84	13.63	17.68
The Medway NHS Trust	8	14.91	12.8	0	0
Ashford & St Peters NHS Trust	10	0	N/A	17	18.78
Frimley Park Hospital NHS Foundation Trust	0	0	3.64	5.86	3.56
Royal Surrey County Hospital NHS Trust	7.5	6.8	3.91	0.8	17.68
Surrey & Sussex Healthcare NHS Trust	11.03	17.09	5.9	4.38	3.89
Brighton & Sussex University Hospitals NHS Trust	10.75	13	2.5	13.75	0
East Sussex Hospitals NHS Trust	7.54	11.87	0.74	1	1
Royal West Sussex NHS Trust	0	0	0.16	2.73	0
Worthing & Southlands Hospitals NHS Trust	1.4	3.93	4.03	2.82	7.6
Total	**85.89**	**115.31**	**53.86**	**69.93**	**74.14**

In February 2008 a report was prepared for the Department of Health to consider the current and future workforce requirements for services provided by midwifery and neonatal staff in NHS South East Coast organisations up until 2012.

The future birth rate is difficult to predict and the Office for National Statistics (ONS) forecast did not expect the rise that some of the units have seen. Workforce Review Team (WRT) predictions on future birth rates is approximately 1% over 5 years. This would seem very low considering the local picture. Last year units in the South East Coast region saw on average a 2% growth in birth rates and 5% growth in the previous year. The Department of Health's prediction is for a 5% rise in births over the next five years.

Scenario	Birth predictions	2007	2008	2009	2010	2011	2012
1	5% increase to 2012	50943	51452	51962	52471	52981	53490
2	Based on ONS 2004 SNPP birth rate projections (1% a year)	50943	50742	50611	50652	50798	51017

Year	Midwife to woman ratio	Requirements for Scenario 1	Additional Requirements for Scenario 1	Requirements for Scenario 2	Additional Requirements for Scenario 2
	Current	1361		1361	
08/09	1 to 35	1528.3	**+167.3**	1457.6	**+96.6**
09/10	1 to 30	1783.0	**+422.0**	1700.6	**+339.6**
2012	1 to 28	1910.4	**+549.4**	1822.0	**+461.0**

Taking into account the above data, consideration has been given to both scenarios calculating the required growth in midwives over the next 5 years. In addition to this working towards achieving the midwife birth ratio of 1:28, in order to support one to one care in labour has been accommodated.

This information would suggest that in South East Coast there needs to be a growth in the midwifery establishment of between 450 to 550 WTE over the next 5 years. PCT's have been given extra funding to support the implementation of 'Maternity Matters' in 2008/09 which was included in PCT baseline allocations as part of the Comprehensive Spending Review settlement.

Taking into consideration midwives in training, midwives retiring and an increase in the overall midwifery workforce and the need to provide maternity services to the appropriate standard, the existing commissions should be appropriate. In addition to this South East Coast organisations have established development programmes for maternity support workers and need to look at best practice for flexible retirement and other HR initiatives.

Following this report (February 2008), there have been additional education commissions for 18 extra places on 18 months midwifery training (commencing in September 2008), along with 6 additional 3 year midwifery training places and funding for 24 Return to Practice (RTP) midwives. This has all been acted upon for September 2008 and discussions are taking place regarding further additional commissions. The difficulty is practice placements for students. It is essential that all students receive appropriate mentoring by midwives who have met the Nursing & Midwifery Council sign-off mentor's standard. To support this additional funding has been bid for 'Clinical Facilitators'. These facilitators will be in place part time for each organisation to support newly qualified midwives in gaining confidence and additional competencies during their preceptor-ship period. In addition a further bid has been successful for two 'Return to Practice Facilitators' to support RTP midwives in placements and the consolidation of their skills following return to the register and employment.

Return to Practice programmes are available from two universities within South East Coast; the University of Brighton and University of Surrey. RTP midwives from any area within South East Coast can access these courses or the Distance Learning programme provided by the Royal College of Midwives (see appendix 17).

The Creating an NHS 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 ratios for some trusts have improved due to some midwifery increases but 7 trusts are above the 1:35 ratio. It needs to be recognised that these are birth ratios. Geography also needs to be considered when looking at midwife to woman ratios. Some trusts care for over 500 women during the antenatal and postnatal period but they then give birth in another trust and this is not reflected in these numbers.

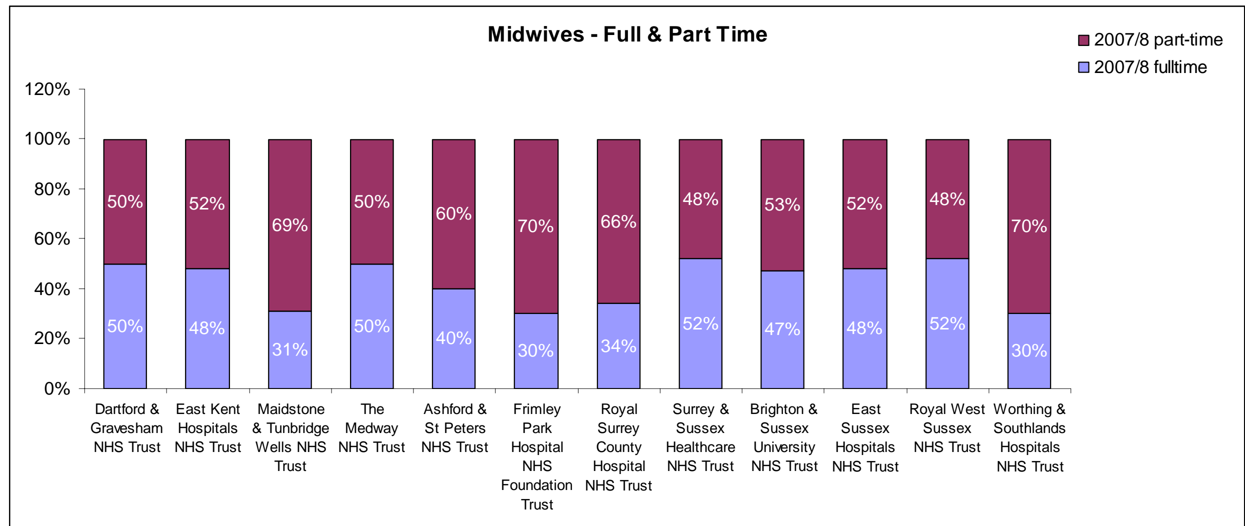
Midwife to Birth Ratio South East Coast by Trust	**2003/ 2004**	**2004/ 2005**	**2005/ 2006**	**2006/ 2007**	**2007/ 2008**
Dartford & Gravesham NHS Trust	01:40	01:38	01:46	01:36	01:37
East Kent Hospitals NHS Trust	01:35	01:35	01:35	01:37	01:33
Maidstone & Tunbridge Wells NHS Trust		01:39	01:32	01:35	01:35
The Medway NHS Trust	01:39	01:43	01:33	01:38	01.42
Ashford & St Peters NHS Trust	01:50	01:41	01:35	01:44	01:39
Frimley Park Hospital NHS Foundation Trust	01:38	01:38	01:33	01:34	01:35
Royal Surrey County Hospital NHS Trust	01:49	01:42	01:39	01:39	01:37
Surrey & Sussex Healthcare NHS Trust	01:35	01:44	01:40	01:41	01:33
Brighton & Sussex University Hospitals NHS Trust	01:42	01:36	01:33	01:34	01:40
East Sussex Hospitals NHS Trust	01:32	01:29	01:28	01:32	01:32
Royal West Sussex NHS Trust	01:28	01:31	01:31	01:34	01:37
Worthing & Southlands Hospitals NHS Trust	01:35	01:37	01:33	01:37	01:38
Average	**01:38**	**01:38**	**01:35**	**01:37**	**01:37**

The LSA database has enabled more detail to be gained regarding the midwifery workforce - 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.



Last years report indicated several changes and acting arrangements regarding Heads of Midwifery. East Sussex Hospitals NHS Trust and Brighton & Sussex University Hospitals NHS Trust now have substantive appointments, while the Head of Midwifery at Medway Hospital NHS Trust remains acting for another few months.

The Head of Midwifery at Worthing & Southlands Hospitals NHS Trust is now established in post and Royal West Sussex NHS Trust has a newly appointed Head of Midwifery who started in April 2008.

Supporting / buddy arrangements with experienced Heads of Midwifery has 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.

Consultant Midwives

There are currently four Consultant Midwives working within South East Coast;

East Kent Hospitals NHS Trust	2 – focusing on promoting normality and public health
Maidstone & Tunbridge Wells	focusing on promoting normality and public health
Ashford & St. Peter's	focusing on promoting normality and public health

The Consultant Midwives, (see appendix 18), have been supporting the development of services and midwives to increase normal births and address the public health issues.

The Safer Childbirth Report (2007) identifies that the current number of consultant midwives is low. To achieve maximum effect sufficient numbers of consultant midwives

are needed to achieve and sustain quality outcome indicators such as reducing caesarean section rates, supporting normality and reducing medical intervention. The report recommends;

- There should be one WTE consultant midwife for midwifery units
- The appropriate ratio is to move towards 1 WTE consultant midwife to 900 women based on 60% of women (total births / year) remaining at low risk and under midwifery care.

Self Employed Midwives

Communications and working arrangements continue to improve between organisations and self employed midwives. The LSA continues to facilitate bi-annual meetings between supervisors of midwives and self employed midwives who work predominately within South East Coast.

There are twenty-nine self employed midwives who mainly work within South East Coast which is an increase from previous years. In total 295 self employed midwives advised the LSA that they may work within South East Coast.

At the meetings discussions continue on how all could support each other more, communication pathways and training opportunities for self employed midwives within Trusts. All who attend these meetings really value the opportunity to network and share experiences.

One of the main agenda items continues to be Professional Indemnity Insurance (PII). Self employed midwives remain unable to get insurance cover for their roles. They are required to inform all women who book care with them that they have no Professional Insurance. The Chief Nursing Officer and Department of Health has met with self employed midwives on a regular basis to discuss progress.

Ministers decided to amend legislation to ensure that all practising health care professionals should have compulsory indemnity cover. The date for when this will be effective has still not been determined.

Maternity Support Workers

Changes to the midwifery and medical workforce have encouraged many units to review the role of the Maternity Care Assistant / Maternity Support Worker.

In 2005 the Surrey & Sussex Strategic Health Authority recognised the need to develop the role of the maternity support worker and a business case was submitted to establish a Clinical Skills Facilitators (CSF's) for each Maternity Service. This was supported as a two-year project.

The training programmes were developed to ensure a full record of training and competence was developed. This included signatures for when the competency was 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

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 completed. A final report is in draft form. This was written with the seven CSF's and reports an outline of their programmes, achievements to date and recommendations for continuing the development of support workers. The CSF's are then keen to write professional articles for the Nursing and Midwifery journals.

Several MSW's who have undertaken the development programmes have been motivated to apply for their midwifery training. The majority of trusts have been able to support the MSW's with secondments for midwifery training. The staff that approach training from this route are often those who live in the area so it is anticipated that they will continue to work locally on completion of their training.

Fit For the Future (FFF)

There continues to be service reconfigurations to meet the needs of local populations. The PFI have commenced work on building a new hospital on the Pembury site for Maidstone and Tunbridge Wells NHS Trust and it is anticipated this will be complete by 2011.

Creating an NHS Fit For the Future (FFF) is an ambitious programme 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

recommended 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 was recommended.

Consultations;

East Sussex	Consultation completed Proposal: Conquest - Obstetric Unit, Eastbourne – Midwifery led Unit, Crowborough -Birthing Centre. Health and Overview Scrutiny Committee have lodged an appeal. Independent Review Panel has reported on 4th September that they feel two consultant units should remain.
West Sussex	Proposal: Brighton & Sussex and Worthing & Southlands Obstetric units, Royal West Sussex – Midwifery led Unit. Princess Royal - Haywards Heath or another site for 2nd Midwifery led Unit.
Surrey	Still under discussion

Further information is available at www.southeastcoastfff.nhs.uk

Neonatal Services

Neonatal services are provided in all twelve trusts that provide maternity services across the South East Coast and on sixteen sites, offering varying levels of care. Following the Department of Health report of neonatal services in April 2003 the services work within Perinatal & Neonatal Networks. The trusts are covered by three such networks:

Kent & Medway Perinatal Network

Dartford & Gravesham NHS Trust
East Kent Hospitals NHS Trusts – 2 units
Maidstone & Tunbridge Wells NHS Trust – 2 units
The Medway NHS Trust

Surrey & Sussex Perinatal Network

Ashford & St Peters NHS Trust
Brighton & Sussex University Hospitals NHS Trust – 2 units
East Sussex Hospitals NHS Trusts – 2 units
Frimley Park Hospital NHS Foundation Trust
Royal Surrey County Hospital NHS Trust
Surrey & Sussex Healthcare NHS Trust
Worthing & Southlands Hospitals NHS Trust

South Central Neonatal Network

The Royal West Sussex NHS Trust

The Kent & Medway and Surrey & Sussex Perinatal Networks are hosted by the South East Coast Specialised Commissioning Group, with one network manager across the two networks and the inclusion of the South East Coast Neonatal Transfer Service. The Royal West Sussex NHS Trust is part of the South Central Neonatal Network as the natural flow for neonatal intensive care services is to Portsmouth. Clinicians from The Royal West Sussex NHS Trust have been invited to attend the Surrey & Sussex Perinatal Network Board, which has been useful to all in understanding services.

Current Designation of Neonatal Units

Units are designated for the level of care available based on the British Association of Perinatal Medicine (BAPM) Standards 2001, which are:

Level 1 Units that provide Special Care but do not aim to provide any continuing High Dependency or Intensive Care.
Level 2 Units that provide High Dependency Care and some short term Intensive Care as agreed within the network.
Level 3 Units that provide the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery.

The unit levels and cots were as follows in March 2008.

Trust	Level of care	ITU cots	HDU cots	SC cots
Dartford & Gravesham NHS Trust	1	0	2	8
East Kent Hospitals NHS Trust				
– QEQM	1	0	2	12
- William Harvey	3	7	2	16
Maidstone & Tunbridge Wells NHS Trust				
- Maidstone	1	0	0	6
- Pembury	2	3	4	5
The Medway NHS Trust	3	8	2	14
Ashford & St Peters NHS Trust	3	8	4	12
Frimley Park Hospital NHS Foundation Trust	1	2	3	8
Royal Surrey County Hospital NHS Trust	1	1	4	7
Surrey & Sussex Healthcare NHS Trust	2	2	2	12
Brighton & Sussex University Hospitals NHS Trust				
– Royal Sussex	3	8	3	11
- Princess Royal	1	0	0	8
East Sussex Hospitals NHS Trust				
–Conquest	1	0	0	6
- Eastbourne	1	0	0	7
Worthing & Southlands NHS Trust	1	0	2	9
Royal West Sussex NHS Trust	2	0	3	9
TOTAL		**39**	**33**	**150**

All units have an agreed pathway and criteria for referral to a network centre if a higher level of care is required. Since the formation of the two Perinatal Network boards in 2005, there has been data collected from trusts on all levels of neonatal care which is

reported quarterly at the board meetings. All trusts now use the Standardised Electronic Neonatal Database (SEND) which is a clinical data system with an activity reporting function. The Perinatal Networks have a full time Data & Information Clerk to report and manage this data and monthly activity reports are sent out to both networks. This is particularly useful for recording special care activity which is usually commissioned within maternity contracts and not specifically recorded within trust reporting systems.

The neonatal services are busy within South East Coast and have been increasing their workload alongside maternity services. The neonatal units used to collect data on a calendar year basis and there was a noticeable increase in work between 2005 & 2006 which was similar to the higher births recorded between 2005/6 and 2006/7. The unit data is now being recorded in financial years to make comparison easier.

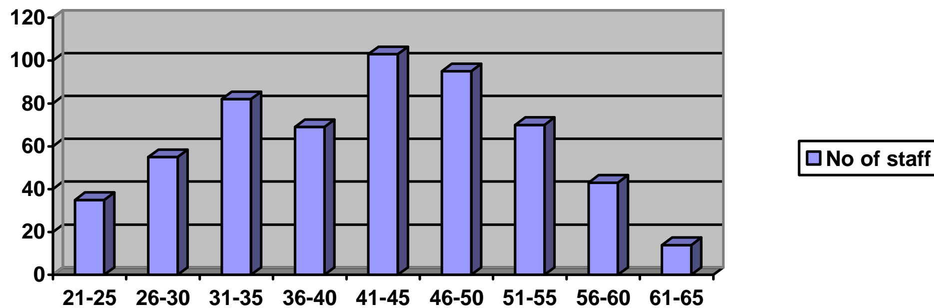
The following table shows admissions for the last two years. There appears to be an increase of around 2% which is similar to the increasing births for the region. Approximately 10% of babies require admission to neonatal services many will only ever require special care. The births v admission data is monitored and at present South East Coast matches the national average at 10%.

Admissions to neonatal units:

Trust	**06/07**	**07/08**
Dartford & Gravesham NHS Trust	300	331
East Kent Hospitals NHS Trust	618	688
Maidstone & Tunbridge Wells NHS Trust	424	447
The Medway NHS Trust	391	369
Ashford & St Peters NHS Trust	548	583
Frimley Park Hospital NHS Foundation Trust	437	443
Royal Surrey County Hospital NHS Trust	248	243
Surrey & Sussex Healthcare NHS Trust	401	444
Brighton & Sussex University Hospitals NHS Trust	737	733
East Sussex Hospitals NHS Trust	413	412
Worthing & Southlands Hospitals NHS Trust	302	319
Royal West Sussex NHS Trust	264	227
Total	**5083**	**5239**

This information will be used to assist in capacity planning for the future along with birth predictions. There are several service changes under review in the area plus likely service reconfiguration within networks alongside South East Coast so there will be a need for joint planning in the future alongside maternity services.

Neonatal Staffing



There are approximately 580 neonatal nursing staff in the South East Coast area. Over 60% are specialist trained nurses with some paediatric nurses, midwives and nursery nurses completing the workforce. The units undertook an age profile review which is shown in the above table. The highest workforce group is the 41-50 age group of which many are full time senior staff. Obviously in ten years time this group will be preparing for retirement. Those due to retire in the next five years account for about one fifth of the workforce and this will have staffing implications for some trusts. However, there is a rising group in the 31-35 age band which will hopefully be the senior nurses of the future. There are some staffing problems within the units with the level 3 units attracting the career orientated nurses. The units experiencing the most problems appear to be the level 2 units, which overall could be due to less educational support and career pathways. The nurse managers met three times a year from all units and there have been ideas for working together with joint education sessions.

Neonatal Transfer Service

This is a joint service with London which started in 2003 as the London / Kent, Surrey & Sussex (KSS) Neonatal Transfer Service. Within KSS there are three neonatal transfer teams and they have had their own dedicated vehicles since March 2006. The teams work as follows:

- Kent is based at Medway Maritime Hospital and the service operates 12 hours a day 7 days a week.
- Surrey is based at St Peters Hospital and the service operates 8 hours a day 5 days a week.
- Sussex is based at the Royal Sussex County Hospital and the service operates 12 hours a day 7 days a week.

All teams undertake both planned and unplanned transfers with a dedicated team of a registrar and nurse available for these hours. All teams can operate throughout South East Coast and there are drivers rotated from the South East Coast Ambulance Service for the vehicles. The service is supported by a Service Manager which is a joint appointment with London Ambulance Service. There is monitoring by the Network Manager and Senior Commissioner for Ambulance Services in the South East Coast SCG. There are also quarterly service meetings with both clinicians and commissioners in the South East Coast area plus six monthly joint meetings with London. At present night transfers are undertaken by the London team who operate two teams - one 24 hours for unplanned transfers and one 5 days a week for planned transfers. There is a

review of the South East Coast teams to progress to a 24 hour service in the future as suggested in the National Audit Office report of December 2007.

Neonatal Transfers

	2004	2005	2006	2007
Unplanned total	317	252	375	412
Completed by KSS teams	221/70%	164/65%	228/61%	264/64%
Planned total	425	408	673	679
Completed by KSS teams	100%	100%	90%	100%
Total transfers	**742**	**660**	**1048**	**1091**

Neonatal Task-Force

Following the National Audit Office report 'Caring for Vulnerable Babies: The reorganisation of neonatal services in England' (December 2007), the Neonatal Task-Force has been established under the chairmanship of Sir Bruce Keogh. There are four working groups;

1. Transport
2. Workforce
3. Surgery
4. Data for Commissioning

These groups aim to produce minimum quality standards and a commissioning toolkit for neonatal services during 2008/09, for piloting during 2009/10.

National Service Framework – Department of Health 2004.

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 the development of and involvement in children's centres, systems to ensure midwives are the first point of contact, antenatal care in 'Sainsbury's', funded teenage pregnancy posts / a single point of referral for teenagers, midwifery links with the prison service and support for pregnant asylum seekers and substance mis-user's. Other examples of best practice include a continuing increase in the number of out of hospital births, working with fathers, developing user forums, providing smoking cessation support and the existence of robust Safe Guarding Children systems.

The NSF also has its challenges. These include the lack of a dedicated perinatal mental healthy service, the identification and response to domestic violence, the implementation of the Healthy Start programme, 1-1 care in labour, the development of maternity support workers role, development of inclusive services for women with learning and physical disabilities, the provision of effective postnatal care and increased facilities for midwife-led care and water birth.

East Sussex was awarded a Care Services Improvement Partnership (CSIP) early adopter bid for a secondment of a Specialist Midwife (Perinatal Mental Health) to develop perinatal mental health services within East Sussex.

East Sussex programme;

Perinatal mental health complications have been identified as the leading cause of maternal death and perinatal mental health risk factors are commonly under estimated or unidentified by clinicians (Confidential Enquiry into Maternal Deaths 2004).

Fewer than half of mental health trusts in England have any kind of perinatal mental health service, 75% do not have a specialist mother and baby unit, or access to one and 12% of trusts still admit mothers and babies to general adult psychiatric wards (MIND 2006).

One hundred and forty-three women, in East Sussex, were identified as having a perinatal mental health complication. This was just under half of the total amount of women requiring additional support during the financial year 2006-07.

Currently in East Sussex, there is not an established specialist perinatal mental health service and whilst limited access is available to a mother and baby unit in the Eastbourne area, it has been known for women to be admitted to general adult psychiatric wards.

The appointment of a Specialist Midwife to develop a perinatal mental health network, will effectively contribute to the maternity team and influence current service provision in order to provide women and their families with the information they require, thus ensuring they have equitable access to the whole range of more specialist perinatal mental health services and integrated care pathways.

Aims

- Investment in skills and development for staff
- Provision of robust local information to ensure women and their families have the appropriate information and advice they need in order to make informed decisions
- Formalise relevant evidence-based clinical guidelines, national standards and local protocols
- Improve access to equitable, high quality, safe maternity services which meet their individual complex needs
- Provision of integrated outreach services for socially excluded groups in alternative community locations
- Continuity of midwifery care, including ‘time to talk’ visits

Objectives

- Improve the equity and quality of healthcare
- Ensure the full range of specialist services are easily accessible for all women with mental health complications
- Establish a systematic approach to prevention, detection and successful treatment of women suffering from perinatal mental health disorders, through an integrated care pathway
- Well understood, functioning protocols for when, how and where to refer women for more specialist opinion or care

- Contribute to achieving Department of Health PSA Targets to reduce mortality from suicide and undetermined causes and to reduce health inequality rates

This secondment is coming to an end, but the PCT's in East Sussex feel the role has been very valuable and are considering how it may be maintained.

Maternity Matters

The report from the Department of Health (April 2007) - Maternity Matters: choice, access and continuity of care in a safe service provides a framework for the future development of maternity services.

The aim of the health reform in England is "to develop a patient-led NHS that uses available resources as effectively and fairly as possible to promote health, reduce health inequalities and deliver the best and safest health care". For maternity services this means providing high quality, safe and accessible services that are both women-focused and family friendly.
Maternity Matters builds on this with the commitment to meet four national choice guarantees which will be available for all women by the end of 2009. Women and their partners will have opportunities to make well-informed decisions about their care throughout pregnancy, birth and postnatally.

National choice guarantees;

1. Choice of how to access maternity care
2. Choice of type of antenatal care
3. Choice of place of birth
    - Home birth
    - Birth in local facility, including a hospital under the care of a midwife
    - Birth in hospital supported by a local maternity care team including midwives, anaesthetists, and consultant obstetricians
4. Choice of place of postnatal care

The key aim is to improve the quality of service, 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.

The South East Coast Strategic Health Authority continues to support a programme to ensure the recommendations of Maternity Matters are met. The aim of the programme is to;

> *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 has received funding to support the appointment of a Maternity Matters Programme Facilitator.

The programme is reviewing and developing;

- 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

The first year of the programme has passed and good progress has been made towards the implementation of the ambitious 4 choice guarantees before the end of 2009. The Maternity Matters facilitators all meet together once a month to share their highlights (and challenges). Some of the progress that has been made towards implementing Maternity Matters in Surrey, Sussex and Kent:

- *'We have an MCA public health role in the community'*
- *'Our breastfeeding rates have increased and smoking rates have gone down!'*

- *' a postnatal drop in clinic has started'*
- *'Our Midwives are working in the Children's Centre and are co-located with interpreters'*
- *' We are developing a strategy for women with raised BMI*
- *''We are running a Teenage antenatal clinic at the Children's Centre'*
- *'The first meeting of the Perinatal Mental Health network has taken place'*
- *'We now have a teenage 'drop-in' in the family centre'*
- *'Our Women's Focus Group is helping us design our maternity website'*
- *'We held a postnatal clinic in a police station''*
- *the facilitator role have been promoted on both sites and we have had press release in the local paper about Maternity Matters and how to contact me'*
- *'We now have 2 dedicated low risk birthing rooms on our Delivery Suite'*
- *'We are using the using the 'Productive Ward' tool to look at how we work on our ward'*
- *'We now have blanket referral to the stop smoking service.'*
- *'Our stop smoking leaflet now being packed by Bounty into our pregnancy information pack.'*
- *'Our breastfeeding peer supporters an invaluable resource on the ward.'*
- *'All women with a BMI ≥ 35 are referred for an obstetric review.'*
- *'We now have booking forms 'online' for women to self refer.'*
- *'we have employed a 'birth afterthoughts' midwife'.*
- *'we are now undertaking a research project on obesity in pregnancy, we will be able to feed in to the NICE guideline on Obesity in 2010'.*
- *'We are putting together a business plan for health trainers whose role will be health promotion.'*
- *'We are now able to provide a Pre booking clinic in the community.'*
- *'We have produced a poster to promote self referral to maternity services and our P.C.T agreed to print it for the four trusts it covers'.*
- *We provide an award winning service at the local prison.'*

- *‘We are devising a care pathway for women with a B.M.I of 30 at booking – a multi professional team of Obstetricians, Midwives, Dieticians, Moving and Handling Coordinators are working together to determine the best care’.*
- *‘We have developed a Midwife led triage service and it is working well.’*
- *‘We now have 5 Post natal clinics but women can still chose a home visit.’*
- *‘We can now refer women to an Infant mental health initiative where mothers can learn baby massage classes this helps bonding and communication between mother and baby.’*
- *‘We now provide parent education sessions in outreach centres.’*
- *‘we are working to implement all Baby Friendly policies – we have recruited an infant feeding advisor and we have changed how we provide bottled milk’.*
- *‘We are planning to start an E.C.V clinic – we are looking to recruiting a midwife with scanning skills or train a midwife to scan to support this service.’*
- *‘We are reviewing the times of our clinics to make them more accessible.’*
- *‘Our Midwifery Led Unit has been running a year now and over 15% of our births are taking place there.’*
- *‘91% of all our mothers were booked for antenatal care by 12 completed weeks’.*
- *‘We making progress on having an online booking form so that women can self refer.’*
- *‘The options for care are now being documented in Ante Natal notes.’*
- *‘We have completed the refurbishment of our Delivery suite and Pool room.’*
- *We are hoping to upgrade our IT systems so that we can capture named carers in Ante natal period so that we can review continuity of care.’*
- *‘Smoking Cessation is now part of our Mandatory training programme.’*
- *‘Breastfeeding training is now part of our Mandatory Study days and ‘skin to skin contact is being promoted on both our sites.’*
- *‘We are developing ‘Biological Nurturing’ as part of our breastfeeding support.’*
- *‘We are developing a healthy weight clinic.’*
- *‘We now identify who the lead carer is (Midwife or Obstetrician) for all women on our Delivery Suite.’*
- *‘We have started to audit of Midwifery positions in Labour – we have noticed that our Caesarean rate has dropped.’*
- *‘We have started a VBAC clinic run by our Consultant Midwife.’*
- *‘we have taken Inco sheets off the beds!’*
- *‘We now provide antenatal drop-in clinics for teenagers.’*

The facilitators are supporting and co-ordinating a lot of innovative work. Local facilitators details are available at appendix 19.

On the15th October 2007- a local launch conference was held to introduce the Maternity Matters and featured a range of speakers covering many different aspects of the programme. These included;

- Introduction to South East Coast maternity matters Programme
- Department pf health – the development of maternity matters
- The role of the Maternity Services Liaison Committee (MSLC)
- Maternity Matters –strategy and commissioning
- Maternity Matters to Heads of Midwifery
- Providing access to local maternity services
- Maternal mental health – why it matters
- Maternity Matters… Obstetric Oracle?
- Maternity Matters and Fit for the Future
- Reducing Intervention rates through clinical and organisational change.

The conference was attended by service users, lay representatives, midwives, obstetricians, paediatricians, anaesthetist, commissioners, heads of midwifery and the neonatal network lead.

Review of maternity services 2007 – Healthcare Commission

The review published in January 2008, covers the care provided from when women first access maternity services, having become pregnant, to their sign-off by the midwife - usually around 10 days after the birth. It includes: general care provided by trusts to women, such as the provision of tests and screening, antenatal appointments, birth choice options and postnatal care policies and outcomes for specific groups of women, in particular:

- services in place for women with diabetes,
- services in place for women experiencing mental health issues,
- delivery methods and outcomes for births involving twins, breech presentations and women that have had a previous caesarean section birth,
- value for money issues such as number and use of staff.

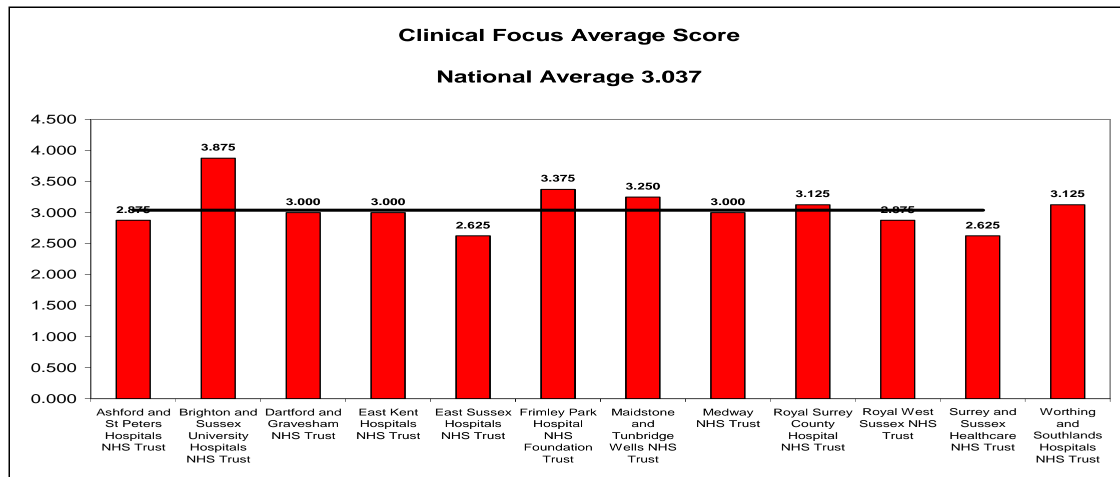
The review is based on three main sources of data:

- a web-based maternity questionnaire completed at trust level;
- a voluntary web-based supporting questionnaire for maternity staff to complete at each trust (which did not form part of the scored assessment);
- a trust-level survey of women who have recently given birth.

The key findings of the summary for South East Coast have been taken from the *Healthcare Commission's Report (2007) of women's experiences of maternity care in the NHS* and has been compared to the national average.

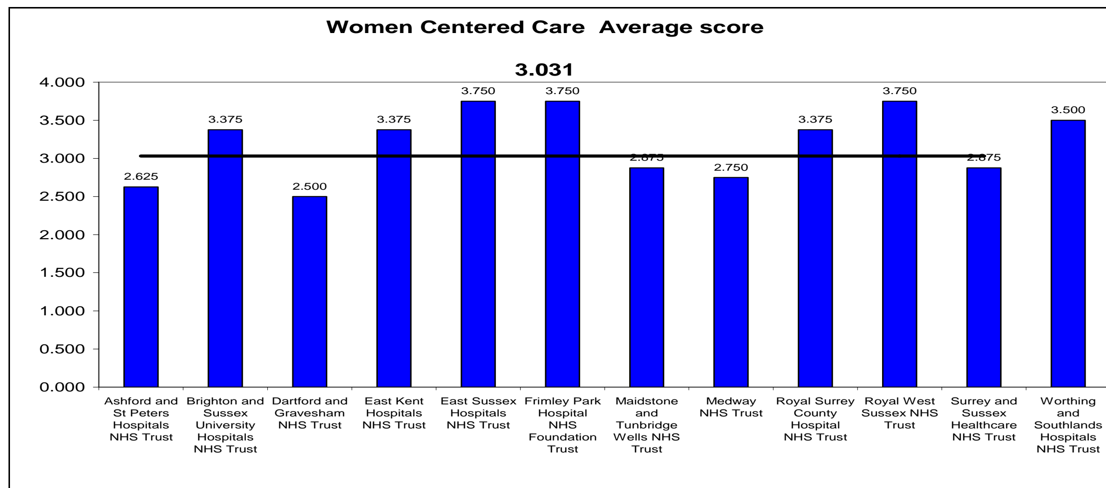
The research is based on scored indicators set within an assessment framework and grouped under three terms, Clinical Focus, Women Centred Care and efficiency and capability. The data is scored on a scale of 1 to 5, with 1 representing poor performance and 5 the best performance.

Clinical Focus



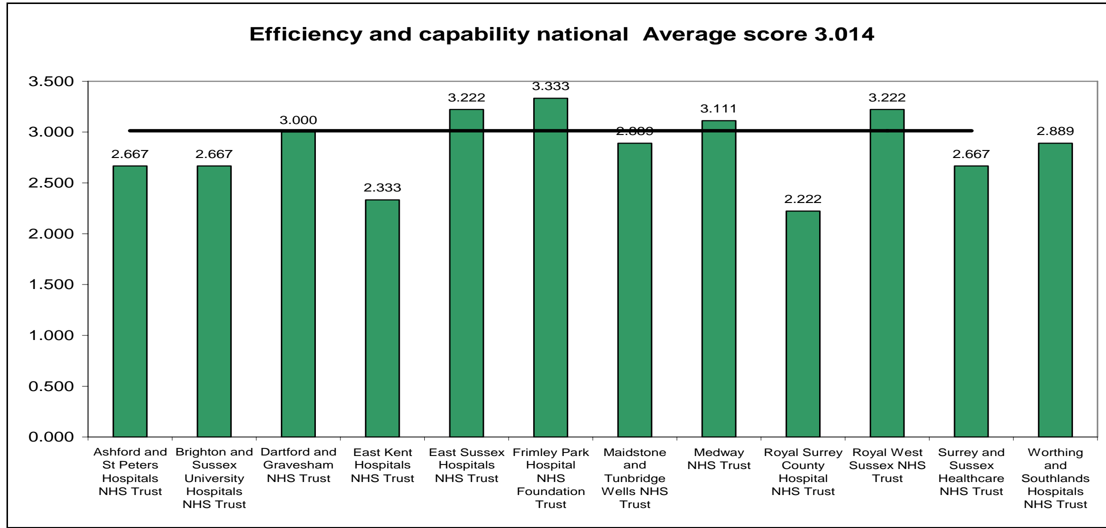
- Clinical Focus looks at the practices and processes of a trust which ensure an effective delivery of service.
- Seven out of the 12 trusts scored 3 or above the national average (3.037).

Women Centred Care



- Women centred care looks at how women are informed and counselled to ensure that they have a positive experience in hospital.
- Seven out of 12 trusts scored above the national average (3.031).

Efficiency and Capability



- Efficiency and capability looks at the financial capacity of the trust in terms of management structure and improvement of services.
- 7 out of South East Coast trusts operated below average.

Overall Performance

Trust	Least Well Performing	Fair Performing	Better Performing	Best Performing
Dartford and Gravesham NHS Trust		■		
East Kent Hospitals NHS Trust		■		
Maidstone and Tunbridge Wells NHS Trust			■	
Medway Hospitals NHS Trust		■		
Ashford and St Peters Hospitals NHS Trust	■			
Frimley Park Hospital NHS Foundation Trust				■
Royal Surrey County Hospital NHS Trust		■		
Surrey and Sussex Healthcare NHS Trust	■			
Brighton and Sussex University Hospitals NHS Trust				■
East Sussex Hospitals NHS Trust			■	
Royal West Sussex NHS Trust				■
Worthing and Southlands Hospitals NHS Trust			■	

Following this report the two least well performing Trusts – Ashford & St. Peter's Hospital NHS Trust and Surrey & Sussex Healthcare NHS Trust have developed action plans which have been agreed by the trust's and PCT Chief Executive and returned to the Health Care Commission. The Health care Commission have also worked with both organisations to ensure their action plans reflected the required standard. Both trust's have undertaken further women's survey's which show a marked improvement on how women felt who used the services.

Maternity Reports

2007/2008 has since an increase in the number of reports that have published in relation to maternity services;

- Maternity Matters: Choice. Access and continuity of care in a safe service Department of Health April 2007
- Review of Maternity Services – 2007 Health Care Commission January 2008
- Safer Childbirth October Royal Colleges 2007
- Making normal birth a reality November Royal Colleges 2007
- Intrapartum care NICE September 2007
- Antenatal and postnatal mental health NICE (reissued) April 2007
- Diabetes in pregnancy; caring for the baby after birth. Findings of a national enquiry – September 2007
- Perinatal Mortality 2005 – April 2007
- Saving Mother' Lives: Reviewing maternal deaths to make motherhood safer- 2003-2005 December 2007
- Safe Births: Everybody's business. Kings Fund February 2008
- Antenatal care: routine care for the healthy pregnant woman (NICE) March 2008
- Standards for maternity care Royal Colleges June 2008

The above reports are all relevant for developing maternity services and improving clinical care. All the reports contain recommendations and several implementation plans are developed. One of the more recent reports 'Standards for maternity care' brings the majority of those recommendations together for ease and identifies clear areas for auditing practice.

Healthier people, excellent care – A vision for the South East Coast

The challenge set by Lord Darzi is how the NHS can ensure that the patient is at the heart of the work we do and that we make sure we provide a service that fits with the person not just the illness or the condition they live with. The review has created a unique opportunity for clinicians to play a role in shaping health services that meet the aspirations of the public, patients and staff working in the NHS.

Eight clinical pathways groups were established and following meetings and regular communication a report from each pathway group. The recommendations from each clinical pathway group informed the new regional vision for the future of healthcare In South East Coast over the next ten years - *Healthier people, excellent care*.

For maternity and newborn care, the vision makes a series of key recommendations. These were that;

- By 2011 90% of pregnant women will see a midwife within 12 weeks to discuss their individual needs and preferences about how and where to give birth. We will focus in particular on making early contact with women from 'hard to reach' groups
- By 2010 there will be a consultant present on the labour ward for at least 60 hours of every week in every obstetric unit
- By 2010 all women will be individually supported by a healthcare professional through out their labour and birth
- By 2010 we will ensure that all mothers and babies receive high quality postnatal care, including support with breastfeeding for at least 6 weeks
- By 2010 all women will be able to make an informed choice in the knowledge that the NHS will be able to meet her preference for a home birth, birth in a midwife led unit or birth in a consultant unit
- By 2011 all mothers who have recently given birth will be able to get the help they need with mental health problems

The full report can be found on www.southeastcoast.nhs.uk

The consultation period for comments and feedback regarding the report was open until 15th September 2008.

11 Details of the number of complaints regarding the discharge of the supervisory function

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

There continue to be concerns from the supervisors of midwives that they are not having protected time to carry out supervision and this concern is becoming more apparent with more supervisors having clinical roles. They have also raised concerns at the lack of support they have to attend supervision meetings and conferences. This continues to be closely monitored.

12 Reports on all local supervising authority investigations undertaken during the year

The LSA Midwifery Officer undertook eight new investigations during the year 2007/2008. There were an additional five 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 the two programmes from 2005/2006 that carried over one has completed, delayed in starting and the second midwife has been suspended.

From investigations 2006/07 to this year seven midwives were undertaking development / Supervised Practice programme, three are still ongoing due to period of absences.

During the year 2007/2008 thirteen midwives have undertaken a period of supervised practice the LSA Midwifery Officer reviews all objectives and has been directly involved with eight programmes. Three midwives were suspended and referred to the Nursing & Midwifery Council with regards to their Fitness to Practice -- two midwives did not complete the supervised practice programme to the required standard.

Profile of midwife	Practice issues	Action	Outcome
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Failed to complete suspended referred to NMC
Overseas	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Suspended	Referred to NMC
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Health	Suspended	Referred to NMC
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Ongoing

Profile of midwife	Practice issues	Action	Outcome
NHS employed	Breach of Rules & Code of Conduct	Suspended	Referred to NMC
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Completed
NHS employed	Breach of Rules & Code of Conduct	Supervised practice 450 hours	Delayed start

Three cases have been referred to the Nursing and Midwifery Council by the LSA Midwifery Officer in 2007/2008. One midwife was referred to the Nursing and Midwifery Council by a woman.

Two midwives were referred to the NMC in 2005 by a woman and the hearing was in April 2008. One midwife has been removed from the NMC register and the other midwife has a caution for 5 years.

In March 2008 there were a total of seven midwives referred to the NMC by the LSA and four referred by women awaiting NMC hearings.

Profile of midwife	Practice issues	LSA suspension	Woman referral	Current position
NHS employed	Breach of Rules & Code of Conduct		Yes	NMC hearing – removed from register
NHS employed	Breach of Rules & Code of Conduct		Yes	NMC hearing – caution
NHS employed	Breach of Rules & Code of Conduct	Yes 26/7/06		Interim suspension hearing planned 2008
NHS employed	Breach of Rules & Code of Conduct	Yes 9/11/07		Waiting to hear
NHS employed	Breach of Rules & Code of Conduct	Yes 1/11/06		Interim suspension order
NHS employed	Breach of Rules & Code of Conduct	Yes 8/9/06		Interim suspension order
NHS employed	Health	Yes 17/10/06		Interim suspension order
NHS employed	Breach of Rules & Code of Conduct	Yes 25/2/08		Further investigations by NMC
NHS employed	Breach of Rules & Code of Conduct	Yes 4/9/07		Interim suspension order
NHS employed	Breach of Rules & Code of Conduct		Yes	Waiting hearing

Profile of midwife	Practice issues	LSA suspension	Woman referral	Current position
NHS employed	Breach of Rules & Code of Conduct		Yes	Waiting hearing
NHS employed	Breach of Rules & Code of Conduct		Yes	Waiting hearing
Self employed	Breach of Rules & Code of Conduct		Yes	Waiting to here

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

Emerging themes

Competency in relation to CTG interpretation, poor communication, poor record keeping, failure to ask for assistance / support. Professional behaviour and accountability have also been identified in several investigations.

Areas of concern regarding clinical practice are discussed at LSA audit visits and LSA meetings with supervisors of midwives. Supervisors are also asked to take issues back to local meetings.

The LSA database is now being used to record development programmes and supervised practice programmes, enabling easier trend analysis in the future.

South East Coast supervision has a template for development / supervised practice programme to ensure continuity and equity of standards. It has been updated in light of 'Standards for supervised practice' (NMC October 2007). One of the Link Supervisors presented the template at the LSA National Forum UK Conference in April 2008.

The template was developed by the Link Supervisors of Midwives and contains relevant information and guidance for supervisors when developing a programme and 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

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.

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.

13 Conclusion

This has been a busy year which has seen the profile of maternity services raised. The increase in clinical activity and clinical dependency / complexity continues to be a challenge. Supervisors of midwives are successfully supporting midwives and women with high risk pregnancies and caring for an additional number of immigrant families moving into the area.

A further increase in birth rate has been seen, demonstrating an upward trend of 9.3% over the last four years. The predictions are for the birth rate to continue rising by at least 1% a year for the next four year.

Supervisors of midwives are working harder than ever with an increasing number of investigations and supporting midwives undertaking supervised practice programmes. Supervisors of midwives have been supportive and instrumental in implementing many of the changes taking place to meet the choice guarantees of maternity matters.

The maternity units are full of very committed staff providing good care for local women and their families. On occasions the increase in activity has given difficulties with the capacity and staffing levels.

Creating an NHS Fit For the Future includes maternity services and models of care in all Primary Care Trusts and considerable midwifery time is involved in the discussions of the configuration of future services.

This next year will see some further challenges and supervisors of midwives need to be at the forefront of this, supporting women and midwives in embracing the opportunities from Professor Lord Darzi's work – the NHS Next Stage Review and more locally the Healthier people, excellent care vision.

Supervisors of midwives are striving to support midwives and women to address the national and local priorities to ensure a safe high quality maternity service.

Candy Morris
Chief Executive

South East Coast
Strategic Health Authority
September 2008

Sue Webb
Director Clinical & Workforce

South East Coast
Strategic Health Authority
September 2008

Helen O'Dell
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September 2008

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Candy Morris Chief Executive – 25/9/08
Nursing and Midwifery Council 30th September 2008

By 27/10/08;

Director of Public Health
PCT CEs
NHS / Foundation Trust CEs
Directors of Nursing
Heads of Midwifery
Link Supervisors of Midwives
Contact Supervisors of Midwives
Lead Midwives for Education
Chairs Maternity Services Liaison Committees
Maternity Commissioning Leads PCTs
LSA Website
Workforce Development

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5	Supervisors of Midwives South East Coast
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7	Standards of Supervision
8	Audit Process
9	LSA Conference Programme & evaluation
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Appendix 1

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

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APPENDIX 2

HEADS OF MIDWIFERY SOUTH EAST COAST

Ashford & St Peter's Hospital NHS Trust	Worthing & Southland Hospitals NHS Trust
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Fax: 01233 616755

Canterbury Birth Centre
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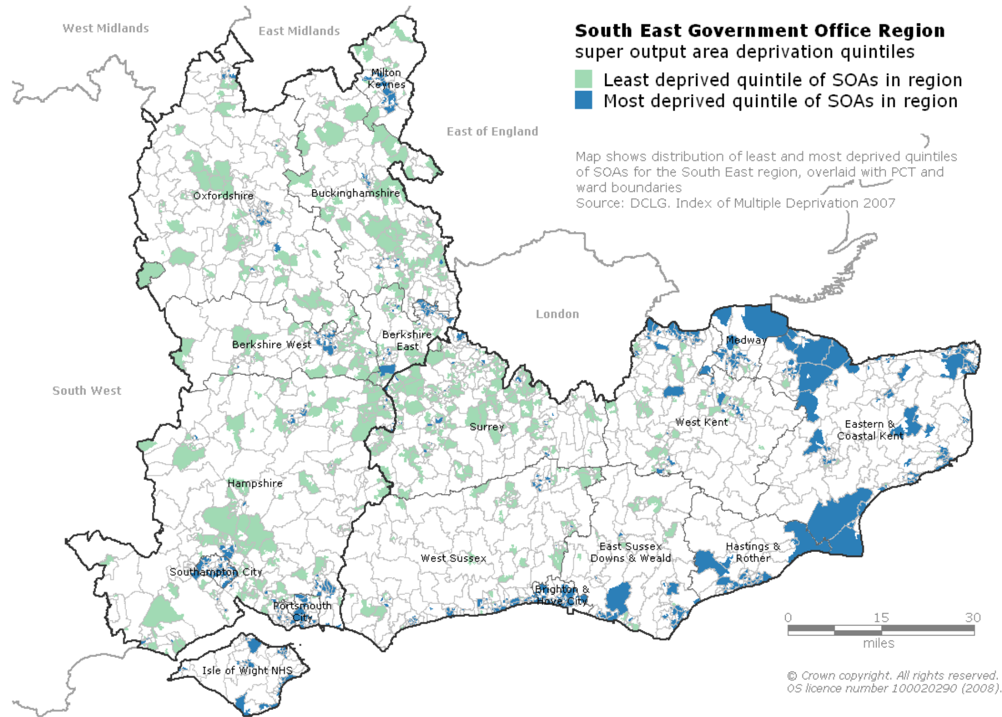
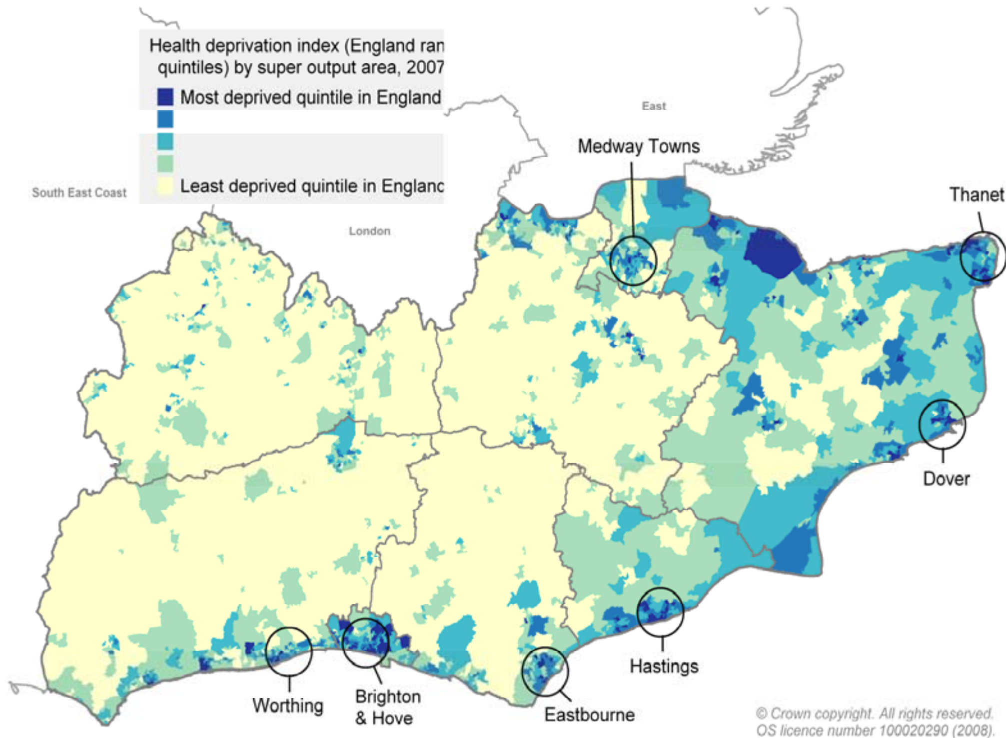
Canterbury
Kent
CT1 3NG
Direct Line
01227 783105

Dover Family Birthing Centre
Buckland Road
Coombe Valley Road Hospital
Dover
CT17 0HD
Tel: 01304 201624
Fax: 01304 203565

Indices of Multiple Deprivation South East Region (IMD 2007)



Health Deprivation Index South East Coast (IMD 2007)



Number of live births by PCTs in South East Coast 2002 to 2006

PCT	2002	2003	2004	2005	2006	% Change 2002 to 2006
Brighton and Hove City PCT	2,740	3,043	2,901	3,045	3,100	13.1%
East Sussex Downs and Weald PCT	2,916	3,145	3,156	3,110	3,150	8.0%
Eastern and Coastal Kent PCT	7,307	7,478	7,601	7,835	8,205	12.3%
Hastings and Rother PCT	1,614	1,626	1,655	1,673	1,839	13.9%
Medway Teaching PCT	3,259	3,261	3,265	3,225	3,257	-0.1%
Surrey PCT	11,538	12,232	12,191	12,232	13,004	12.7%
West Kent PCT	7,169	7,437	7,558	7,687	8,075	12.6%
West Sussex PCT	7,586	7,909	8,218	8,050	8,452	11.4%
South East Coast SHA	**44,129**	**46,131**	**46,545**	**46,857**	**49,082**	**11.2%**

Source: National Statistics

General Fertility rate per 1,000 female population aged 15-44, 2006

PCT	Female population aged 15-44 (Denominator)	Live births aged 11-49 (Numerator)	Birth rate per 1,000 female population aged 15-44	RateLL (95% CI)	RateUL (95% CI)
Brighton and Hove City PCT	61,295	3,100	50.6	48.9	52.3
East Sussex Downs and Weald PCT	56,774	3,150	55.5	53.6	57.4
Eastern and Coastal Kent PCT	139,772	8,205	58.7	57.5	60.0
Hastings and Rother PCT	29,836	1,839	61.6	59.0	64.4
Medway Teaching PCT	53,758	3,257	60.6	58.6	62.6
Surrey PCT	214,840	13,004	60.5	59.5	61.6
West Kent PCT	131,376	8,075	61.5	60.2	62.8
West Sussex PCT	141,115	8,452	59.9	58.7	61.1
South East Coast SHA	**833,085**	**49,163**	**59.0**	**58.5**	**59.5**
England	10,536,747	635,748	60.3	60.2	60.5

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Total Period Fertility Rate (TPFR) maternal ages 11-49, 2006

PCT	TPFR maternal ages 11-49	RateLL (95% CI)	RateUL (95% CI)
Brighton and Hove City PCT	1.5	1.4	1.5
East Sussex Downs and Weald PCT	1.8	1.8	1.9
Eastern and Coastal Kent PCT	1.9	1.8	1.9
Hastings and Rother PCT	2.1	2.0	2.2
Medway Teaching PCT	1.9	1.8	2.0
Surrey PCT	1.8	1.8	1.9
West Kent PCT	2.0	1.9	2.0
West Sussex PCT	1.9	1.9	2.0
South East Coast SHA	**1.9**	**1.8**	**1.9**
England	1.9	1.9	1.9

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Notes:
The TPFR is the average number of live-born children that would be born per woman if women experienced the age-specific fertility rates of this year throughout their child bearing life span.
The total period fertility rate is calculated as the sum of the age-specific fertility rates (five-year age groups) between ages 15-44, multiplied by 5. For the first and last age groups the numerators are taken as births to women aged under 20, and births to women aged 40 and over, respectively.
In calculating general fertility rates, it is assumed that births are occurring to females aged 11-49. This is because births to women over 49 are very rare.

Percentage of live births in NHS Hospitals, maternal ages 11-49, 2006

PCT	NHS Hospitals (%)	Non NHS Hospitals (%)	Home Births (%)
Brighton and Hove City PCT	93.3	0.1	6.5
East Sussex Downs and Weald PCT	96.0	0.1	3.5
Eastern and Coastal Kent PCT	94.8	0.0	4.8
Hastings and Rother PCT	95.3	0.0	4.5
Medway Teaching PCT	95.7	0.0	4.1
Surrey PCT	96.9	0.4	2.6
West Kent PCT	95.6	0.2	4.1
West Sussex PCT	96.4	0.1	3.4
South East Coast SHA	**95.8**	**0.2**	**3.8**
England	96.7	0.5	2.7

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Low birthweight births: Percent (%) of live and still births <1500 and <2500 grams, all maternal ages, 2006

PCT	<1500 grams (%)	<2500 grams (%)
Brighton and Hove City PCT	1.0	6.4
East Sussex Downs and Weald PCT	1.2	7.8
Eastern and Coastal Kent PCT	1.3	7.0
Hastings and Rother PCT	1.2	8.1
Medway Teaching PCT	1.5	7.5
Surrey PCT	1.1	6.5
West Kent PCT	1.1	6.8
West Sussex PCT	1.5	7.7
South East Coast SHA	**1.2**	**7.0**
England	1.5	7.9

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Mortality in infancy: Crude rates (all maternal ages), Infant ages: <1 year, <28 days, <7 days, 2004-06 (pooled)

PCT	<1 year rate per 1,000	rate per 1,000	<7 days rate per 1,000
Brighton and Hove City PCT	6.6	4.6	3.4
East Sussex Downs and Weald PCT	4.5	2.7	1.9
Eastern and Coastal Kent PCT	4.8	3.2	2.7
Hastings and Rother PCT	4.5	2.7	1.9
Medway Teaching PCT	4.8	3.2	2.4
Surrey PCT	3.0	2.1	1.7
West Kent PCT	3.5	2.3	1.4
West Sussex PCT	3.9	2.7	2.0
South East Coast SHA	**4.1**	**2.7**	**2.1**
England	5.0	3.5	2.7

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Notes:
Figures are unavailable for PCTs (highlighted in red) that are not co-terminus with LA boundaries.
Where this is the case the County figure is used as a proxy.

Stillbirths: Crude rates per 1,000, 2004-06 (pooled)

PCT	total births	stillbirths	Rate per 1,000	RateLL	RateUL
Brighton and Hove City PCT	9,095	49	5.4	4.1	7.1
East Sussex Downs and Weald PCT	14,640	57	3.9	3.0	5.0
Eastern and Coastal Kent PCT	23,822	116	4.9	4.1	5.8
Hastings and Rother PCT	14,640	57	3.9	3.0	5.0
Medway Teaching PCT	9,590	48	5.0	3.8	6.6
Surrey PCT	37,826	155	4	4	5
West Kent PCT	23,576	116	4.9	4.1	5.9
West Sussex PCT	24,838	118	4.8	4.0	5.7
South East Coast SHA	**143,387**	**659**	**4.6**	**4.3**	**5.0**
England	1,866,161	10,201	5.5	5.4	5.6

Source: National Statistics, Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (NCHOD), November 2007

Notes:
Figures are unavailable for PCTs (highlighted in red) that are not co-terminus with LA boundaries.
Where this is the case the County figure is used as a proxy.

Conception rate per 1,000 females aged 15-17, 2006 and trajectories 2009-11

	Latest data	Trajectories			% Reduction
PCT	2006	2009	2010	2011	2006-2011
Brighton & Hove City Teaching	43.1	30.6	26.4	26.4	-38.7%
East Sussex Downs & Weald	*37.2*	24.0	17.6	17.0	-54.4%
Eastern & Coastal Kent Teaching	*37.1*	26.7	23.3	23.3	-37.2%
Hastings & Rother	*37.2*	35.9	24.2	24.0	-35.5%
Medway Teaching	46.2	34.7	28.8	23.0	-50.2%
Surrey	25.4	18.8	16.6	16.0	-37.0%
West Kent	*37.1*	19.2	16.8	16.8	-54.6%
West Sussex Teaching	28.7	23.3	20.3	20.2	-29.6%
South East Coast SHA	34.5	23.8	20.2	19.6	-43.2%

Data source: Teenage Pregnancy Unit (2006 data). Vital Signs trajectories submitted by PCTs June 2008.

Notes:
Data is published is local authority based. Therefore 2006 data used is Unitary and Counties.
East Sussex CC used for ESDWPCT and H&RPCT. Kent CC used for E&CKPCT and WKPCT.

Unitary and Counties based conception rate per 1,000 females aged 15-17, 2006

LA	2006
Brighton & Hove UA	43.1
East Sussex County	37.2
Kent County	37.1
Medway Towns UA	46.2
Surrey	25.4
West Sussex	28.7

Data source: Teenage Pregnancy Unit, published February 2008

Percentage of women known to be smokers at the time of delivery

The Priorities and Planning Framework contains a national target of delivering a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy from 23% to 18% by 2005 and to 15% by 2010.

Data recording against the LDP lines for women known to be and known not be smoking at time of delivery has improved throughout 2007-08 with % smoking status unknown down to 0.4% for SEC in Q4. Whilst the recording coverage for 2007-08 improved with % status unknown for SEC at 2.9%, two PCTs failed the data quality threshold of 5% set by the DH; Brighton and Hove City (8.3% status unknown) and West Kent (5.5% status unknown) were both above the threshold for data quality.

The percentage of women known to be smokers at the time of delivery in 2007-08 was 13.3% across SEC below the LDP target of 13.6%.

% of Mothers smoking at time of delivery 2007/08 against LDP Target

PCT	**2007/08**	**LDP Target**
Brighton & Hove City	8.3%	12.7%
East Sussex Downs & Weald	14.6%	17.3%
Eastern & Coastal Kent	19.5%	20.3%
Hastings & Rother	24.6%	15.9%
Medway	18.6%	15.9%
Surrey	8.5%	8.2%
West Kent	13.6%	15.3%
West Sussex	11.7%	12.6%
South East Coast SHA	**13.3%**	**13.6%**

Source: Quarterly LDP returns on UNIFY2

Notes:
A smoker is a person who smokes any number of cigarettes. This definition includes occasional smokers. If a woman intends to give up smoking after the delivery, but was a smoker up until the delivery date, they are included.

Hastings and Rother PCT remains the outlier with almost a quarter (24.6%) of women known to be smokers at time of delivery, exceeding their LDP target of 15.9% for 2007-08. However, Hastings and Rother PCT have shown continuous improvement each quarter with 23.5% reported in Q4 compared with 25.9% in Q1 2007-08

Medway PCT also failed to meet their LDP target reporting 18.6% women known to be smokers at time of delivery against target of 15.9% for 2007-08.

East Sussex Downs & Weald PCT (1.7 percentage points) and West Sussex PCT (3.3 percentage points) both reported increases from previous year. In East Sussex Downs & Weald the number of mothers smoking at time of delivery increased from 406 in 2006-07 to 448 in 2007-08. West Sussex reported increase from 703 in 2006-07 to 983 in 2007-08 whilst Surrey PCT also reported an increase from 1,114 to 1,153 during the same period.

These increases could be partly explained by improvements in recording coverage of smoking status particularly in West Sussex's case where the percentage with status unknown improved from 16.6% to 1.6% between 06-07 and 07-08.

The lowest percentage of women known to be smokers at time of delivery was reported in Brighton & Hove City PCT and Surrey PCT (despite being just above their LDP target) with 8.3% and 8.5% respectively during 2007-08.

Mothers Initiating Breastfeeding

The percentage of Mothers initiating breast feeding across SEC was 74% during 2007-08, just below the LDP target of 75.8%. The percentage of mothers initiating breast feeding varied by PCT from highest initiation 80.3% reported by Brighton & Hove City down to 66% reported by Eastern & Coastal Kent. Only Hastings and Rother and Surrey achieved their 2007-08 LDP targets. The recording of breast feeding status has improved for SEC as a whole; 3.3% against LDP target of 7%, however both West Sussex and West Kent have a high proportion of status unknown.

	% Mothers initiating BF		% Status unknown	
PCT	**2007-08**	**LDP Target**	**2007-08**	**LDP Target**
Brighton & Hove City	80.3%	84.5%	0.0%	3.8%
East Sussex Downs & Weald	79.1%	81.2%	1.0%	1.3%
Eastern & Coastal Kent	66.0%	72.9%	0.8%	1.5%
Hastings & Rother	72.6%	54.0%	1.6%	33.3%
Medway	71.0%	72.9%	0.2%	1.4%
Surrey	79.4%	74.4%	0.3%	13.1%
West Kent	68.2%	77.5%	7.3%	1.0%
West Sussex	75.5%	82.1%	10.2%	4.3%
South East Coast SHA	**74.0%**	**75.8%**	**3.3%**	**7.0%**

Source: Quarterly LDP returns on UNIFY2

Notes:
In addition to % mothers initiating breastfeeding the PCT is required to report on the recording coverage of BF. This is shown in the % status unknown.

Breastfeeding at 6-8 weeks Vital Signs Trajectories

Table below shows the vital signs PCT plans for breastfeeding prevalence at 6-8 weeks. Data will be collected quarterly from 2008-09 onwards to monitor progress against this target. In addition to the prevalence target, PCT's are required to achieve 85% coverage (recording of breastfeeding at 6-8 weeks) in the first year rising to 95% coverage by 2010-11.

VSB11 Prevalence of Breastfeeding at 6-8 weeks Trajectories

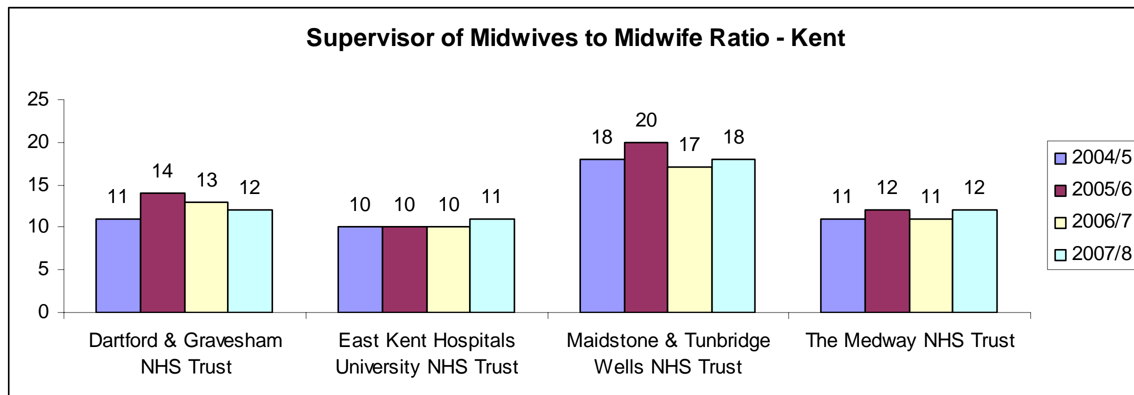
PCT	2008-09	2009-10	2010-11
Brighton & Hove City Teaching	52.9%	55.9%	59.0%
East Sussex Downs & Weald	50.7%	52.5%	54.6%
Eastern & Coastal Kent Teaching	34.0%	36.0%	38.0%
Hastings & Rother	46.5%	48.0%	50.1%
Medway Teaching	39.9%	46.1%	51.9%
Surrey	52.0%	53.0%	54.0%
West Kent	39.0%	39.0%	41.0%
West Sussex Teaching	45.9%	48.2%	50.6%
South East Coast SHA	44.9%	46.6%	48.7%

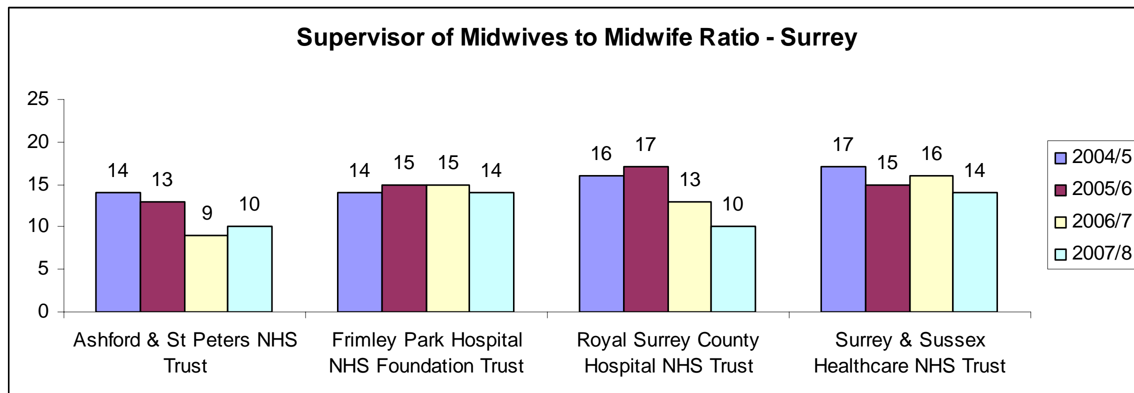
Source: Vital Signs Trajectories 2008-09 to 2010-11

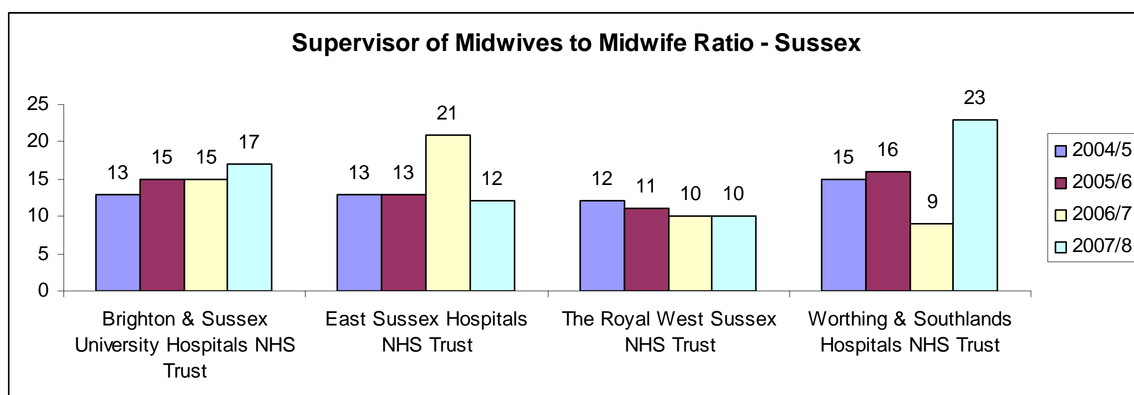
Notes:
Prevalence includes those babies totally breastfed and those partially breastfed. Totally breastfed is defined as babies who are exclusively receiving breast milk at 6 weeks of age - that is, they are NOT receiving formula milk, any other liquids or food. Partially breastfed is defined as babies who are currently receiving breast milk at 6 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as babies who are not currently receiving any breast milk at 6 weeks of age.

Appendix 4

Supervisor of Midwives to Midwife Ratio – South East Coast







APPENDIX 5

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

SOUTH EAST COAST LOCAL SUPERVISING AUTHORITY		
Royal Surrey NHS Trust		
Royal Surrey County Hospital Egerton Road Guildford Surrey GU2 5XX Switchboard: 01483 571122	**Supervisors:** **CSM: Ruth McCulloch** Jenny Hughes 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: Helen Whapshott** Michelle Chuter Melvyn Dunstall Suzanne Milford Debbie Wilde Adrienne Price 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: Jacqui Rees** Lesley Howick Helen Coleman Theresa Spink Trish Watt Maria Meechan Jane Pickett	 Dianne Casey Mary Bell Lucy Evans Chris Nelson 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 Maureen Royds-Jones 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 **Eastbourne Hospital** Kings Drive Eastbourne East Sussex BN21 2UD Switchboard: 01323 417400 **Crowborough Birthing Centre** Southview Road Crowborough Kent TN6 1HB switchboard: 01892 654080	**Supervisors**: **CSM: Anne Heseltine** Chris Cowling Beverly Quinn Terri Peirce Tracey Wood Debra Young Peggy Gaudry Jean Barcock Jenny Carapiet Nicky Mason Debbie Street Sally Morrison	 Debbie Gowers Jenny Crowe Kirsty Milward

SOUTH EAST COAST LOCAL SUPERVISING AUTHORITY	
Brighton & Sussex University Hospitals NHS Trust	
The Royal Sussex County Hospital Eastern Road Brighton Sussex BN2 5BE Switichboard: 01273 696955 **The Princess Royal Hospital** Lewes Road Haywards Heath West Sussex RH16 4EX Switchboard: 01444 441881	**Supervisors:** **CSM: Helen Pratt** Kerry Abbott Dawn Elson Maggie Rogers Kim Hill Maureen Cleland Debi Fillery Julia Banks Lisa Jury Lorraine Walker icola Van-Eerde Jane Urben Julie Sinden Anne Woodroffe
Worthing & Southlands Hospitals NHS Trust	
Worthing Hospital Lyndhurst Road West Sussex BN11 2DN Switchboard: 01903 205111	**Supervisors:** CSM: Louise Fairs Lynn Marney Myrna Mills Emma Lhur Penny Eaton Linda Mitchell
The Royal West Sussex NHS Trust	
St Richard's Hospital Spitalfield Lane Chichester West Sussex PO19 6SE Switchboard: 01243 788122	**Supervisors:** **CSM: Katie Stormont** Sarah Griffin Janice White Vivien Bell Lindy Tomsett Helen Fetcher Noamh Stanford Karen Jones Val McLaren Stephanie East Joy Nash Gail Addison Carole Garrick

September 2008

Appendix 6

LSA Guidelines - Contents Pages

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1.7 Additional Supervisory Roles

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1.8 Communication Pathways

1.9 National Guideline (England) Nomination, Selection and Appointment of Supervisors of Midwives

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Appendix B Role Description For Supervisor Of Midwives
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2.3 Audit Process

2.4 After the Audit Visit

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- Standard 1 - Women Focused Maternity Services
- Standard 2 - Supervisory Systems
- Standard 3 - Leadership
- Standard 4 - Equity of Access to Statutory Supervision of Midwives
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2.7.1 Guidance for Evidence criteria

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2.8.2 Supervisory Audit Visit – Supervisors Confidential Questionnaire

2.9 Template for user to seek views from Supervisors of Midwives

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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.

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Appendix 7

Standards for Supervision of Midwives

Standard 1 - Women Focused Maternity Services

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

Criteria

1.1 Supervisors of Midwives participate in 'Maternity User forums' to ensure that the views and voice of service users inform the development of maternity services.

1.2 Information available to women includes local arrangements for statutory supervision.

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

1.4 Supervisors support midwives promote informed decision–making about care for women and families.

1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and develop an individualised care plan.

Standard 2 - Supervisory Systems

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

Criteria

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

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

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

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

2.5 LSA guidelines and policies are accessible to midwives and the public.

2.6 Supervisors of Midwives receive the Intention to Practise (ITP) forms, check for accuracy and validity prior to forwarding them to the LSA, or entering on the LSA database, within the agreed time frames.

2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.

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

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

2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.

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

2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.

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

2.14 Each Supervisor of Midwives meets with the LSA Midwifery Officer locally and through LSA events.

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

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

Standard 3 - Leadership

Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria

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

3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.

3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.

3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.

3.5 There are supervisory mechanisms to support leadership development in a variety of ways.

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

Standard 4 - Equity of Access to Statutory Supervision of Midwives

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

Criteria

4.1 There is 24-hour access to Supervisors of Midwives for all midwives irrespective of their employment status.

4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.

4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice is reviewed and any education and development needs are identified and a written action plan agreed.

4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years, and outcomes inform the local strategy for supervision.

4.5 Confidential supervisory activities are undertaken in rooms that ensure privacy.

4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.

4.7 Student midwives are supported by the supervisory framework.

Standard 5 - Midwifery Practice

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

Criteria

5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.

5.2 Supervisors of Midwives participate in developing policies and evidence-based guidelines for clinical practice.

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

5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.

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

5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.

5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of a named Supervisor of Midwives.

5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.

5.9 The recommendation for a midwife to undertake a period of supervised practise is discussed with the LSA Midwifery Officer, who is also informed when such a programme is completed.

5.10 Allegations of serious professional misconduct are reported to the LSA Midwifery Officer together with a full written report and recommendations and these records are retained for 25 years.

5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.

5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.

5.13 The LSA Midwifery Officer is informed of any serious incident relating to maternity care or midwifery practice.

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

5.15 Supervisors support midwives participating in clinical trials ensure that the Midwives rules and standards and the Code of Professional Conduct are adhered to.

Appendix 8

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.

Appendix 9

South East Coast

ROOT CAUSE ANALYSIS CONFERENCE

Tuesday 13th November 2007	5TH December, 2007
9.30-4.00pm	9.30-4.00pm
Boardroom,	Crawley Hospital
Preston Hall,	Crawley Postgraduate Medical Centre
Maidstone	Crawley,
London Road, Aylesford	West Sussex, RH11 7DH
Kent ME20 7NJ	

Alison Prizeman
Patient Safety Manager & Facilitator, Kent

Helen O'Dell
LSA Midwife Officer for South East Coast Strategic Health Authority

Lunch will not be provided (except for tea & coffee), so please bring your own sandwiches.

……………………………………………………………………………………………………

I wish to attend the Root Cause Analysis Conference ☐

Name (Block Capitals)………………………………Title/Designation…………………………

Unit……………………………………………..Date…………………………

Email……………………………………………

Places are limited to 30 people, so please make your booking early if you wish to attend. Please contact:

Claire Scott
LSA Co-ordinator
South East Coast Strategic Health Authority
18-20 York House
Horley, Surrey, RH6 7DE
Claire.scott@southeastcoast.nhs.uk

Evaluation of Training

Event content

	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
Event content				22%	78%

Pace of Event

	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
Pace of Event		2%	9%	45%	45%

Workshop Duration

	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
Workshop Duration		2%	7%	53%	38%

Event Organisation

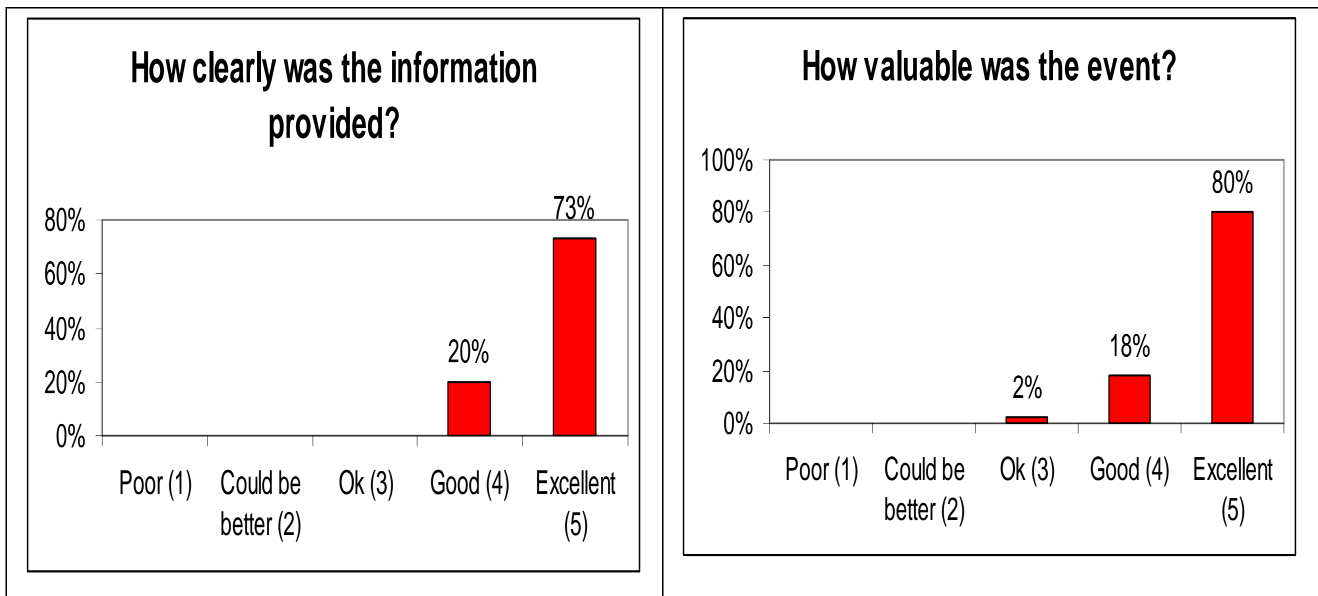
	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
Event Organisation			11%	47%	40%

How well did the event match your expectations?

	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
How well did the event match your expectations?			4%	72%	56%

How well did the presenter know her subject?

	Poor (1)	Could be better (2)	Ok (3)	Good (4)	Excellent (5)
How well did the presenter know her subject?				9%	89%



Aim of Evaluation

The aim of this evaluation is to assess the feedback from the events in order to improve the quality of future events.

The root cause analysis programme was provided in two locations within South East Coast -Kent and Sussex on 13th November and 5th December 2007. In total, forty five supervisors of midwives attended the course (45 questionnaires were handed out and all were returned).

Purpose of the Root Cause Analysis

The purpose of this training is to provide supervisors of midwives with the understanding of Root Cause Analysis practice and theory. It also aimed to provide supervisors with the necessary skills to undertake effective investigation methods, using RCA tools and techniques in a training setting.

Results

- The event content received a high score amongst most of the supervisors of midwives; 90% rated the pace of the programme as between good and excellent

- Most of the supervisors (53%) felt that the duration of the workshop fits within a sufficient timescale, although a few thought it could have been slightly shorter. The organisational score was rated between good and excellent (47% and 40% respectively)

- 72% of the supervisors questioned believed that the event matched their expectations in terms of content and information; whilst 80% found the course valuable and felt that they would be able to use these techniques in a workplace environment.

Conclusion

The majority of supervisors of midwives found the training day constructive and helpful. They enjoyed the content of and pace of the event and believed it to be positive and beneficial to their role. It managed to establish clear and comprehensive guidelines when dealing with serious incidents and provided a theoretical and practical approach to patient safety investigations. Other comments from the midwives included:

- Fascinating and helpful
- Clear information & insightful
- Well presented
- Good group work activity
- Excellent way to brainstorm using tools of investigative methods

Although the event scored highly across the majority of the categories; only 40% of the members rated the organisation of event as excellent. In order to improve the quality of future LSA events, and conferences this topic will be reviewed between the LSAMO and the LSA Coordinator accordingly.

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
RULE 4 - NOTIFICATIONS BY LOCAL SUPERVISING AUTHORITY			
In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will;			
• Publish annually the name and address of the person to whom the notice must be sent;	**Yes**		(K) Guideline for the completion of the Intention to Practise from by a registered midwife See www.midiwfe.org.uk National Guidelines Annually a letter is sent electronically to all Contact Supervisors of Midwives giving guidance to all Supervisor of Midwives the date that all ITP's have to be entered onto the LSA Database
• Publish annually the date by which it must be receive intention to practise forms from midwives in its area;	**Yes**		(K) Guideline for the completion of the Intention to Practise from by a registered midwife See www.midiwfe.org.uk National Guidelines
• Ensure accurate completion and timely delivery of intention to practise data to the NMC by 20th April each year;	**Yes**		(K) Guideline for the completion of the Intention to Practise from by a registered midwife See www.midiwfe.org.uk National Guidelines South East Coast, South Central, South West LSA's all use LSA Database weekly electronic uplifts to the NMC
• Ensure intention to practise notifications, given after the annual submission are delivered to the NMC by 20th of each month	**Yes**		(K) Guideline for the completion of the Intention to Practise from by a registered midwife See www.midiwfe.org.uk National Guidelines

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
			South East Coast, South Central, South West LSA's all use LSA Database weekly electronic uplifts to the NMC
RULE 5 – SUSPENSION FROM PRACTICE BY A LOCAL SUPERVISING AUTHORITY			
To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, and a local supervising authority will:			
• Publish how it will investigate any alleged impairment of a midwife's fitness to practise	**Yes**		(L & I) Guideline for Investigation of a midwife's fitness to practise See www.midiwfe.org.uk National Guidelines
• Publish how it will determine whether or not to suspend a midwife from practice	**Yes**		(I) Guidance for supervisors on suspension of midwives from practice. See www.midiwfe.org.uk National Guidelines
• Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	**Yes**		(I) Guideline for Investigation of a midwife's fitness to practise See www.midiwfe.org.uk National Guidelines
• Publish the process for appeal against any decision	**Yes**		(I) Guideline for Investigation of a midwife's fitness to practise See www.midiwfe.org.uk National Guidelines
RULE 9 – RECORDS			
To ensure the safe preservation of records transferred to it in accordance with the Midwives rules8, a local supervising authority will:			
• Publish local procedures for the transfer of midwifery records from self-employed midwives	**Yes**		Ownership and sharing of midwifery records (H) Procedure for the transfer of Midwifery records from

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
			self employed midwives See www.midiwfe.org.uk National Guidelines
• Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	**Yes**		LSA Audit & LSA Database Controlled Drug Audit template
• Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	**Yes**		(B) Guidance for the retention and transfer of records relating to statutory supervision See www.midiwfe.org.uk National Guidelines
• Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	**Yes**		(Guidance for the retention and transfer of records relating to statutory supervision See www.midiwfe.org.uk National Guidelines
• Publish local procedures for retention and transfer of records relating to statutory supervision	**Yes**		(B) Guidance for the retention and transfer of records relating to statutory supervision See www.midiwfe.org.uk National Guidelines
RULE 11 – ELIGIBILITY FOR APPOINTMENT AS A SUPERVISOR OF MIDWIVES			
In order to ensure that supervisors of midwives meet the requirements of Rule 11 (see above) a local supervising authority will:			
• Publish their policy for the appointment of any new supervisor of midwives in their area	**Yes**		(C) Guideline for the nomination, selection and appointment of supervisors of midwives See www.midiwfe.org.uk National Guidelines

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
• Maintain a current list of supervisors of midwives	**Yes**		South East Coast, South Central, South West LSA's use the LSA database where an up-to date list is maintained. All appointments, resignations, de-selections, periods of absence are recorded and stored electronically.
• Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period	**Yes**		South East Coast, South Central, South West LSA's report in the LSA Annual Report the LSA conferences to support continuing professional development
RULE 12 – THE SUPERVISION OF MIDWIVES			
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:			
• Publish the local mechanism for confirming any midwife's eligibility to practise	**Yes**		(J) Guideline for the completion of the Intention to Practise from by a registered midwife See www.midiwfe.org.uk National Guidelines
• Implement the NMC's rules and standards for supervision of midwives	**Yes**		LSA Audit Supervisory investigations Supervisors of midwives reviews
• Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)		**Yes**	(C) Guideline for the nomination, selection and appointment of supervisors of midwives See www.midiwfe.org.uk National Guidelines LSA Audit LSA Annual Report – succession plans to meet ratio

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
• Enable student midwives to be supported by the supervisory framework.	**Yes**		LSA Audit – questionnaire
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:			
• Set up systems to facilitate communication links between and across local supervising authority boundaries.	**Yes**		2.5.6 Communication pathway Standards and Guidance for Supervisors of Midwives in the South of England
• Enable timely distribution of information to all supervisors of midwives.	**Yes**		2.7 Additional supervisory role Link and Contact Supervisors of Midwives
• Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	**Yes**		2.5.6 Communication pathway Standards and Guidance for Supervisors of Midwives in the South of England All supervisors have e-mail addresses and contact details of LSAMO
• Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.	**Yes**		2.5.6 Communication pathway Standards and Guidance for Supervisors of Midwives in the South of England Meetings / informal audit planned throughout the year for all supervisors.
To ensure there is support for the supervision of midwives the local supervising authority will:			
• Monitor the provision of protected time and administrative support for supervisors of midwives	**Yes**		LSA Audit / Annual Report
• Promote woman-centred, evidence-based midwifery	**Yes**		LSA Audit / Annual Report

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
practice			Contact supervisor of midwives meeting
• Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	**Yes**		LSA Audit / Annual Report LSA database
A local supervising authority shall set standards for supervision of midwives that incorporate the following broad principles:			
• Supervisors of midwives are available to offer guidance and support to women accessing maternity services	**Yes**		LSA Audit / Annual Report 24 hour on-call cover via rota NMC website information LSA websites
• Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	**Yes**		LSA Audit / Annual Report
• Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	**Yes**		LSA Audit / Annual Report
• Supervisors of midwives provide professional leadership	**Yes**		LSA Audit / Annual Report
• Supervisors of midwives are approachable and accessible to midwives to support them in their practice	**Yes**		LSA Audit / Annual Report

Self assessment against the 53 standards- Midwives rules and standards (NMC 2004) Rule Descriptor	Met	Partially Met	Comments
RULE 13 – THE LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER			
In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			
• Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	**Yes**		Core criteria within job descriptions. NMC guidance 12/2007
• Involve a NMC nominated and appropriate experienced midwife in the selection and appointment process	**Yes**		Core criteria within job descriptions. NMC guidance 12/2007
• Manage the performance of the appointed local supervising authority midwifery officer	**Yes**		Local SHA guidance Annual review IPR / PDP Regular meetings with line manager
• Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	**Yes**		Local SHA

• Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.	**Yes**		LSA Audits / Annual Report LSA Audit guidance
RULE 15 – PUBLICATION OF LOCAL SUPERVISING AUTHORITY PROCEDURES			
To ensure incidents that cause serious concern in its area relating to maternity care of midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:			
2. Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents	**Yes**		SHA Serious Incident Reporting Supervisory reporting mechanisms
3. Publish the investigative procedure	**Yes**		(L) Guideline for Investigation of a midwife's fitness to practise See Rule 5 See www.midiwfe.org.uk National Guidelines
2. Liaise with key stakeholders to enhance clinical governance systems	**Yes**		LSAMO Forum UK stakeholders- HCC, NMC, RCM, NPSA DH Minutes HEI's meetings NMC/LSA Strategic Reference Group RTP letters SHA Communication briefings SHA governance forums HOM/LSA meetings Supervisor of midiwves meetings

To confirm the mechanisms for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives			
3. Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives.	**Yes**		(G) Process for the notification and management of complaints against a supervisor of midwives or an LSA midwifery officer, including appeals See www.midiwfe.org.uk National Guidelines
• Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment	**Yes**		(D) Guidance for poor performance and de-selection of supervisors of midwives See www.midiwfe.org.uk National Guidelines LSA Midwifery Officer – SHA employment policies
• Publish the process for appeal against the decision to remove	**Yes**		(D) Guidance for poor performance and de-selection of supervisors of midwives See www.midiwfe.org.uk National Guidelines
• 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	**Yes**		(D) Guidance for poor performance and de-selection of supervisors of midwives See www.midiwfe.org.uk National Guidelines
• Consult the NMC for advice and guidance in such matters.	**Yes**		(D) Guidance for poor performance and de-selection of supervisors of midwives
RULE 16 – ANNUAL REPORT			
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 1st 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:			
• Numbers of supervisor of midwives appointments, resignations and removals	**Yes**		LSA Annual Report LSA database
• Details of how midwives are provided with continuous access to a supervisor of midwives	**Yes**		LSA Annual Report LSA Audit LSA Guidelines
• Details of how the practice of midwifery is supervised	**Yes**		LSA Annual Report LSA Audit LSA Guidelines
• Evidence that service users have been involved in monitoring supervision of users and assisting the local supervising authority midwifery officer with the annual audits.	**Yes**		LSA Audit LSA Annual Report
• Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.	**Yes**		LSA Annual Report Meetings with Higher Education Institution's
• Details of any new policies related to the supervision of midwives	**Yes**		LSA Annual Report LSA Guidelines E-mails, Website
• Evidence of developing trends affecting midwifery practice in the local supervising authority	**Yes**		Trusts Annual Supervision Report LSA Annual Report
• Details of the number of complaints regarding the discharge of the supervisory function	**Yes**		LSA Annual Report (G) Process for the notification and management of

			complaints against a supervisor of midwives or an LSA midwifery officer, including appeals (See Rule 15)
• Reports on all local supervising authority investigations undertaken during the year	**Yes**		LSA Annual Report

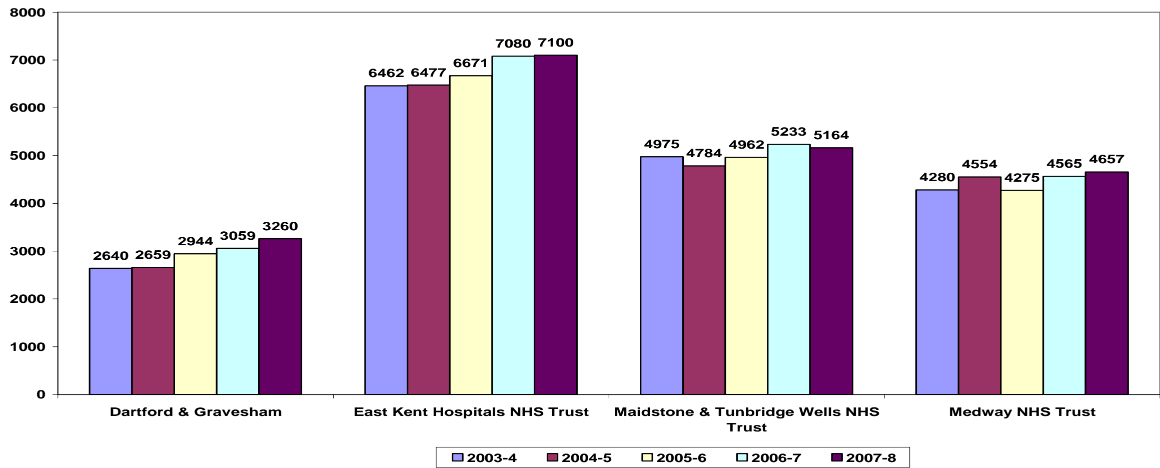
Appendix 11

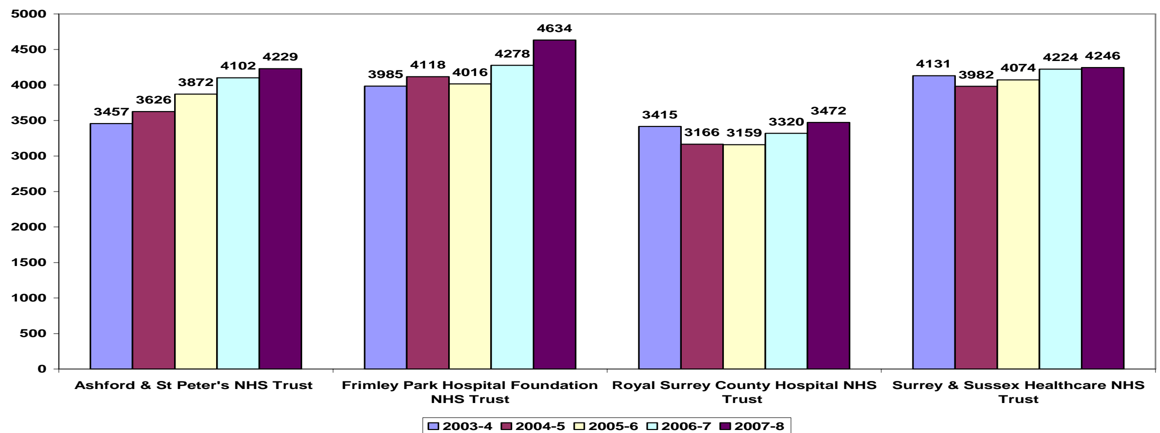
National Guidelines (UK) for Supervisors of Midwives
Contents
(latest version 01.11.07)

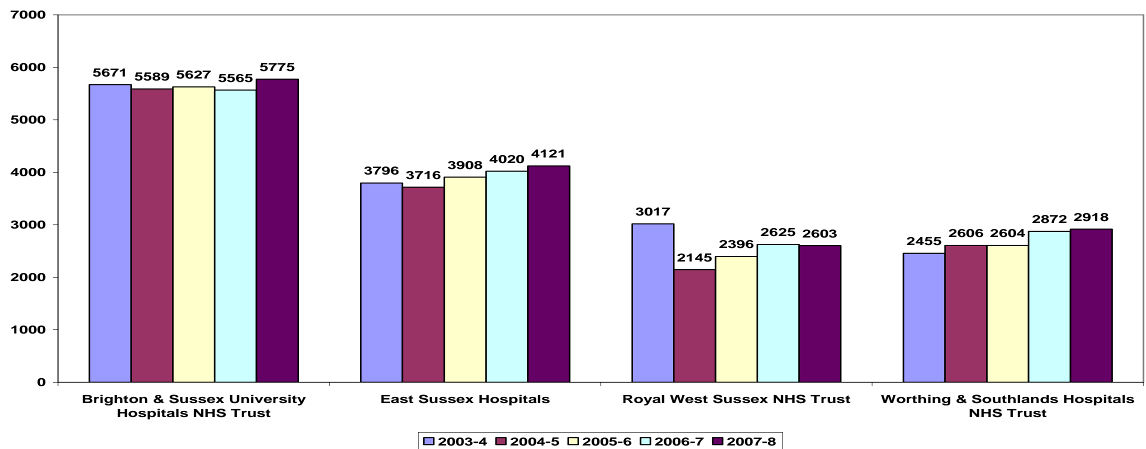
	Guideline	Date Prepared	Revised	Review
A	Supervised practice programmes	Archived October 2007 Replaced by NMC 32/2007 “Standards for the supervised practice of midwives” http:/www.nmc-uk.org/aArticle.aspx?ArticleID=59		
B	Retention and transfer of records relating to statutory supervision	Jan 2003	Nov 2004 July 2007	Nov 2007 July 2010
C	Nomination, selection and appointment of supervisors of midwives in England	March 2003	Nov 2004 July 2007	Nov 2007 July 2010
D	Poor performance and de-selection of supervisors of midwives	March 2003	Nov 2004	Nov 2007
E	Voluntary resignation from the role of supervisor of midwives	Oct 2003	Nov 2004	Nov 2007
F	National Guideline Preparation Process	Dec 2006		Dec 2009
G	Process for the notification and management of complaints against a supervisor of midwives or an LSA Midwifery Officer, including appeals	March 07		March 2010
H	Transfer of midwifery records from self employed midwives	July 2007		July 2010
I	Suspension of midwives from practice	July 2007		July 2010
J	Confirming midwives eligibility to practise	July 2007		July 2010
K	Guideline for the completion of the Intention to Practise form by a registered midwife	November 2007		November 2010
L	Investigation of a midwife’s fitness to practise	November 2007		November 2010

Appendix 12

Five Year Birth Trends







Appendix 13

Clinical Activity South East Coast

Trust Name	Total Women Given Birth in Hospital	Births in Midwife Led Centres	Births in Home	Total Women Giving Birth	Maternal Deaths	Total Babies Born	Stillbirths	Early Neonatal Deaths	Late Neonatal Deaths
Dartford & Gravesham NHS Trust	2729	405	90	3224	1	3260	15	2	0
East Kent Hospitals University NHS Trust	6044	607	325	6976	1	7100	26	21	5
Maidstone & Tunbridge Wells NHS Trust	4774	0	289	5063	2	5164	30	3	3
The Medway NHS Trust	4284	0	283	4567	0	4657	26	15	4
Ashford & St Peters NHS Trust	4048	0	111	4159	1	4229	26	16	1
Frimley Park Hospital NHS Foundation Trust	4431	0	137	4568	1	4634	9	6	0
Royal Surrey County Hospital NHS Trust	3135	182	86	3403	0	3472	14	4	1
Surrey & Sussex Healthcare NHS Trust	4069	0	112	4181	1	4246	25	2	2
Brighton & Sussex University Hospitals NHS Trust	5433	0	233	5779	0	5775	34	N/A	N/A
East Sussex Hospitals NHS Trust	3498	307	255	4060	0	4121	23	6	0
The Royal West Sussex NHS Trust	2453	0	110	2563	0	2603	9	1	1
Worthing & Southlands Hospitals NHS Trust	2777	0	104	2881	0	2918	7	2	0
	47675	**1501**	**2135**	**51424**	**7**	**52179**	**244**	**78**	**17**

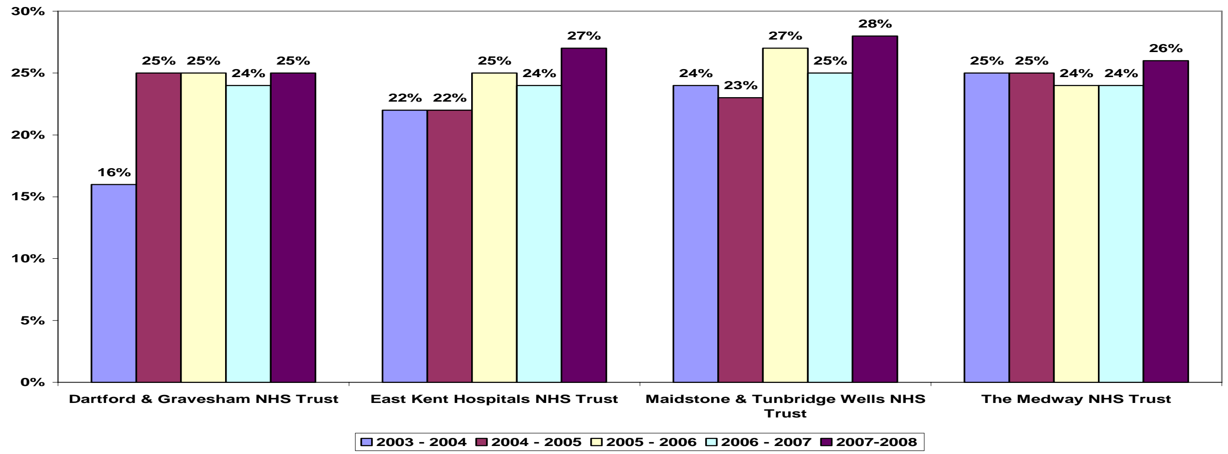
Trust Name	Total Women Given Birth in Hospital	Births in Midwife Led Centres	Births in Home	Total Women Giving Birth	Maternal Deaths	Total Babies Born	Stillbirths	Early Neonatal Deaths	Late Neonatal Deaths
Dartford & Gravesham NHS Trust	84%	13%	3%	100%	0.03%	100%	0.46%	0.06%	0
East Kent Hospitals University NHS Trust	86%	9%	5%	100%	0.01%	100%	0.37%	0.29%	0.07%
Maidstone & Tunbridge Wells NHS Trust	94%	0%	6%	100%	0.04%	100%	0.58%	0.05%	0.05%
The Medway NHS Trust	94%	0%	6%	100%	0.00%	100%	0.56%	0.32%	0.08%
Ashford & St Peters NHS Trust	97%	0%	3%	100%	0.02%	100%	0.61%	0.37%	0.02%
Frimley Park Hospital NHS Foundation Trust	97%	0%	3%	100%	0.02%	100%	0.19%	0.12%	0
Royal Surrey County Hospital NHS Trust	92%	5.00%	3%	100%	0.00%	100%	0.4%	0.11%	0.02%
Surrey & Sussex Healthcare NHS Trust	97%	0%	3%	100%	0.02%	100%	0.58%	0.04%	0.04%
Brighton & Sussex University Hospitals NHS Trust	96%	0%	4%	100%	0.00%	100%	0.59%	N/A	N/A
East Sussex Hospitals NHS Trust	86%	8%	6%	100%	0.00%	100%	0.56%	0.14%	0
The Royal West Sussex NHS Trust	96%	0%	4%	100%	0.00%	100%	0.35%	0.38%	0.38%
Worthing & Southlands Hospitals NHS Trust	96%	0%	4%	100%	0.00%	100%	0.24%	0.060%	0

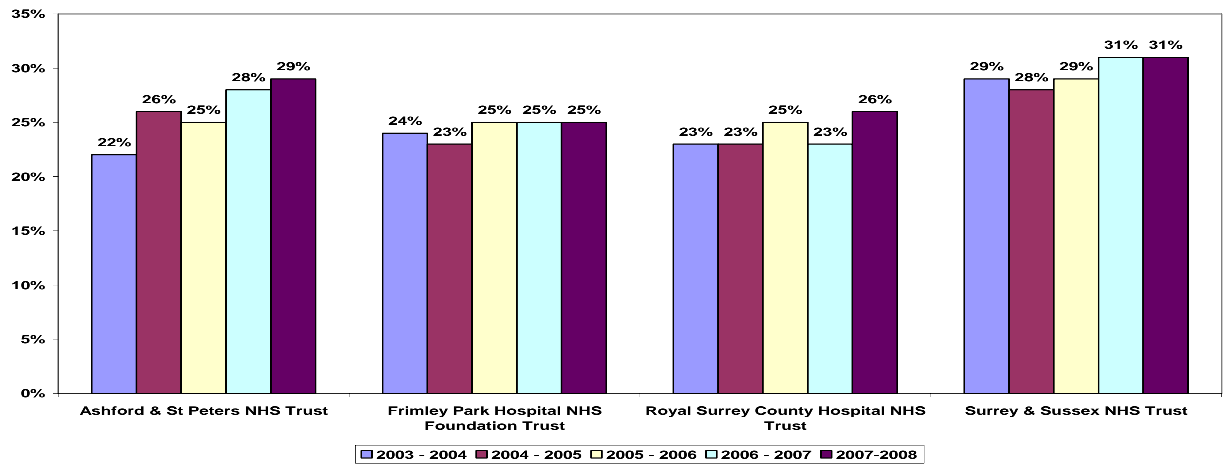
Trust Name	Gave Birth Under 18 Years Old	Initiating Breast Feeding	Breast Feeding On Discharge to the Health Visitor	Smoker at Time of Delivery	Planned Inductions	Accelerated Labours	Planned Caesarean Sections	Emergency Caesarean Sections	Forceps Deliveries
Dartford & Gravesham NHS Trust	59	1597	1927	559	785	0	526	260	92
East Kent Hospitals University NHS Trust	329	4046	4255	1327	1336	3780	663	1156	340
Maidstone & Tunbridge Wells NHS Trust	56	3962	3453	629	886	972	521	792	182
The Medway NHS Trust	204	2847	1997	875	785	0	422	698	192
Ashford & St Peters NHS Trust	45	3264	3094	388	632	0	446	711	142
Frimley Park Hospital NHS Foundation Trust	127	3772	3480	405	935	1567	481	611	210
Royal Surrey County Hospital NHS Trust	19	2640	2843	280	721	853	415	399	204
Surrey & Sussex Healthcare NHS Trust	12	3177	2842	503	519	772	605	659	128
Brighton & Sussex University Hospitals NHS Trust	146	**N/A**	**N/A**	387	1128	957	630	1057	203
East Sussex Hospitals NHS Trust	97	3006	2402	745	781	1318	417	528	173
The Royal West Sussex NHS Trust	82	2135	1918	268	426	0	304	393	179
Worthing & Southlands Hospitals NHS Trust	153	2364	**N/A**	376	458	87	333	416	136
	1000	**32810**	**28211**	**6742**	**9392**	**10306**	**5763**	**7680**	**2181**

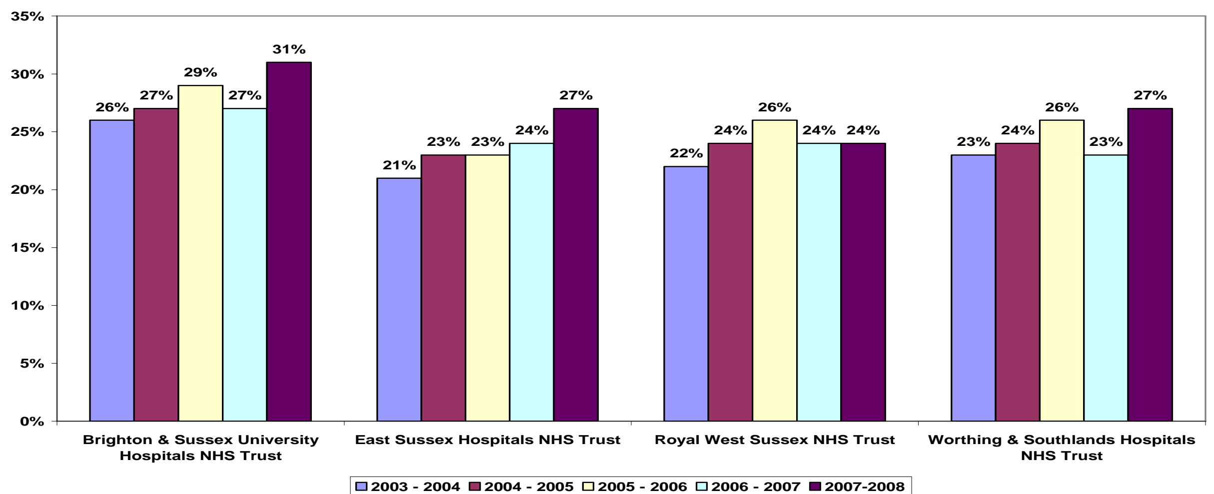
Trust Name	Gave Birth Under 18 Years Old	Initiating Breast Feeding	Breast Feeding On Discharge to the Health Visitor	Smoker at Time of Delivery	Planned Inductions	Accelerated Labours	Planned Caesarean Sections	Emergency Caesarean Sections	Forceps Deliveries
Dartford & Gravesham NHS Trust	2%	50%	60%	17%	24%	0%	17%	10%	3%
East Kent Hospitals University NHS Trust	5%	58%	61%	19%	19%	54%	10%	19%	5%
Maidstone & Tunbridge Wells NHS Trust	1%	78%	68%	12%	17%	19%	11%	17%	4%
The Medway NHS Trust	4%	62%	44%	19%	17%	0%	10%	16%	4%
Ashford & St Peters NHS Trust	1%	78%	74%	9%	15%	0%	11%	18%	3%
Frimley Park Hospital NHS Foundation Trust	3%	83%	76%	9%	20%	34%	11%	14%	5%
Royal Surrey County Hospital NHS Trust	1%	78%	84%	8%	21%	25%	13%	13%	6%
Surrey & Sussex Healthcare NHS Trust	0%	76%	68%	12%	12%	18%	15%	16%	3%
Brighton & Sussex University Hospitals NHS Trust	3%	N/A	N/A	7%	20%	17%	12%	19%	4%
East Sussex Hospitals NHS Trust	2%	74%	59%	18%	19%	32%	12%	15%	4%
The Royal West Sussex NHS Trust	3%	83%	75%	10%	17%	0%	12%	12%	7%
Worthing & Southlands Hospitals NHS Trust	5%	82%	N/A	13%	16%	3%	12%	15%	5%

Appendix 14

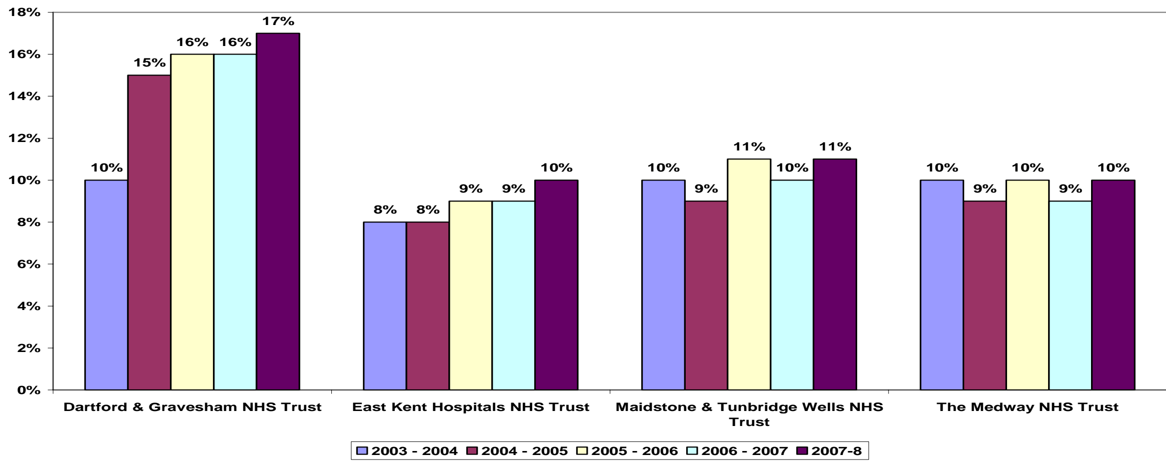
Five Year Caesarean Sections

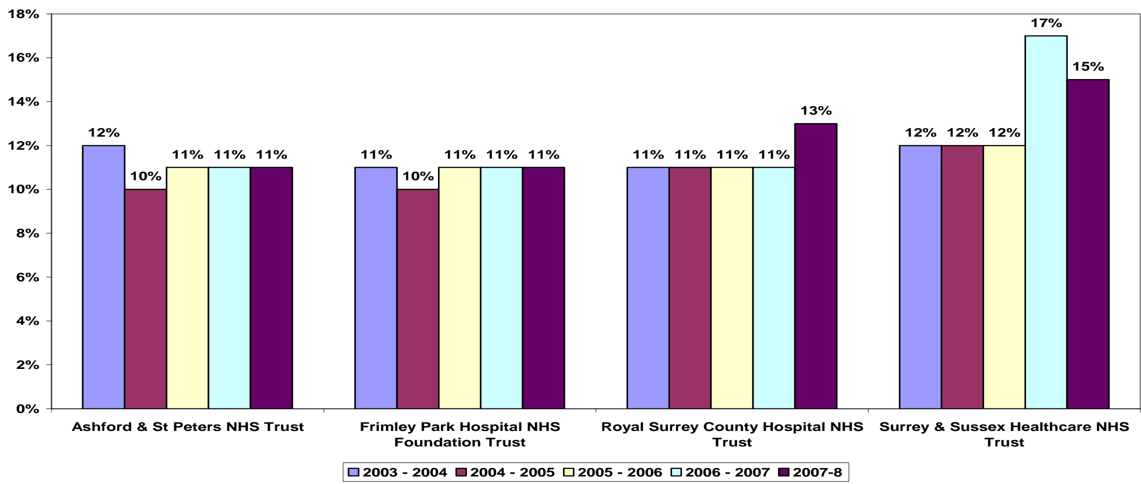


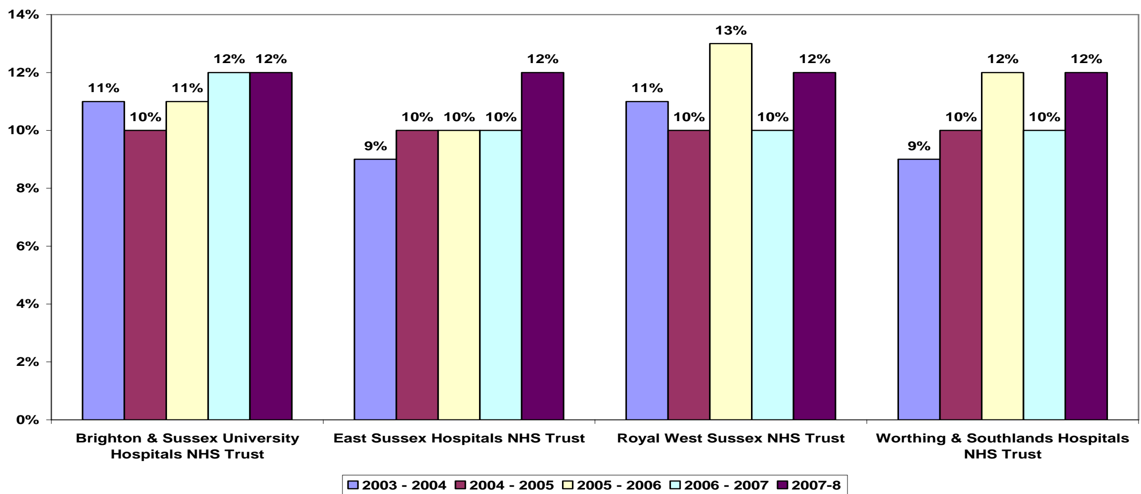




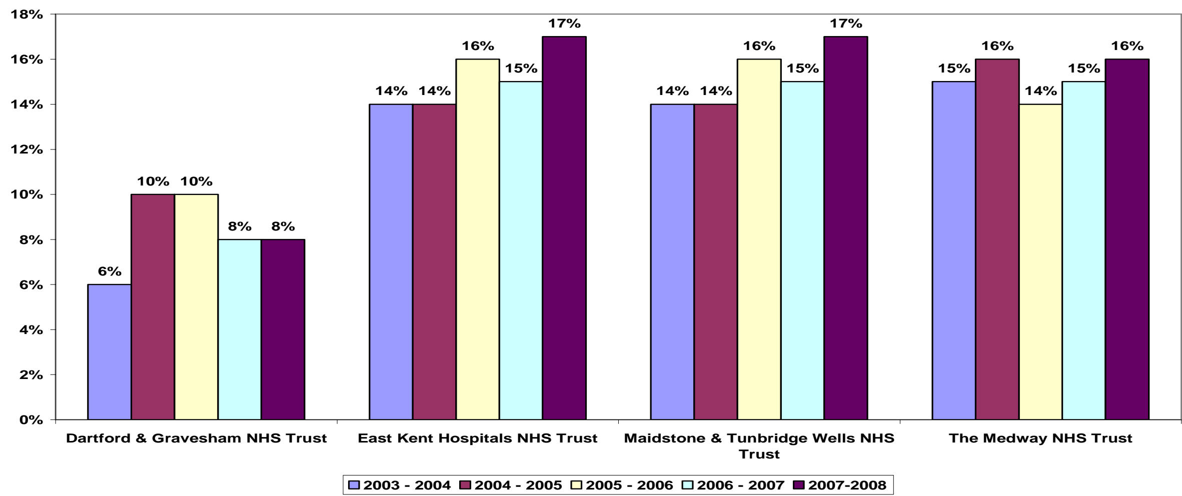
Elective Caesarean Sections

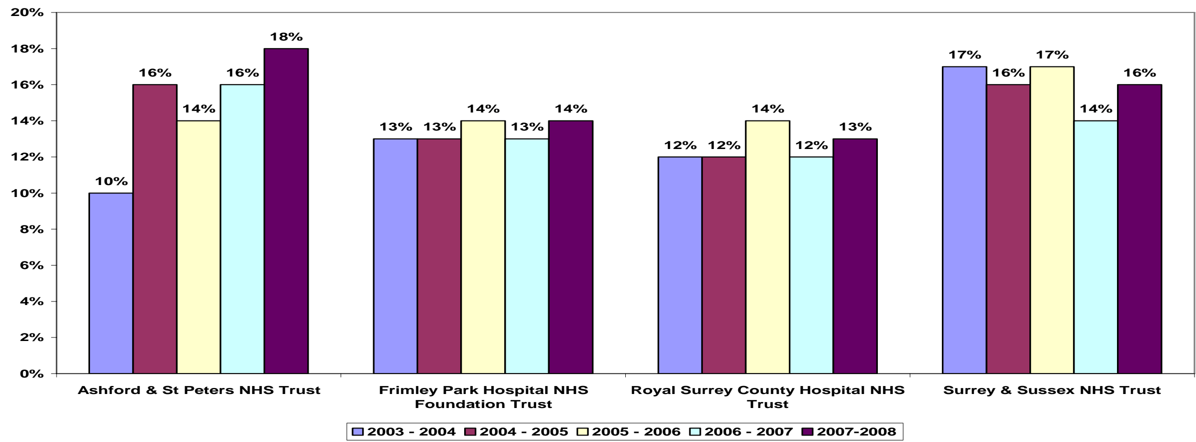


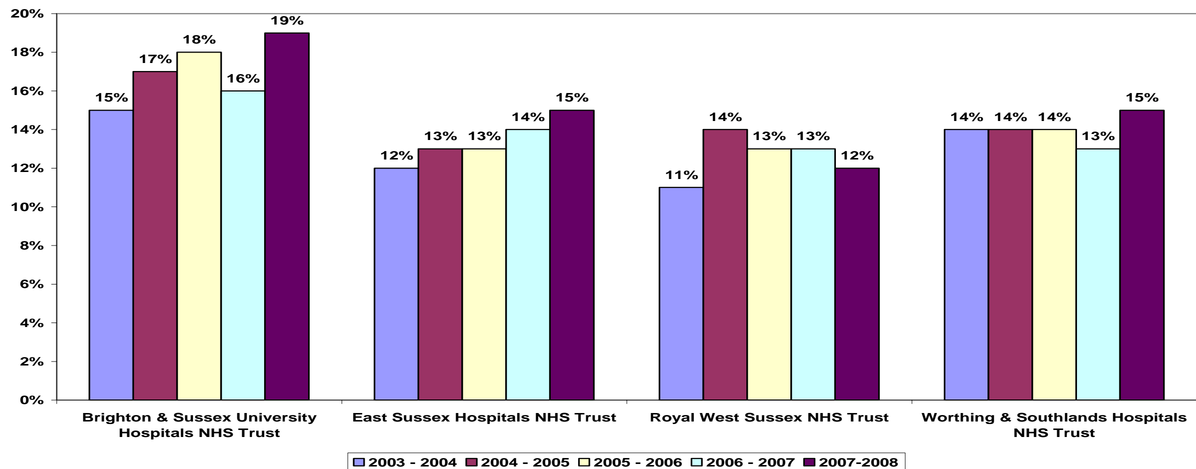




Emergency Caesarean Sections



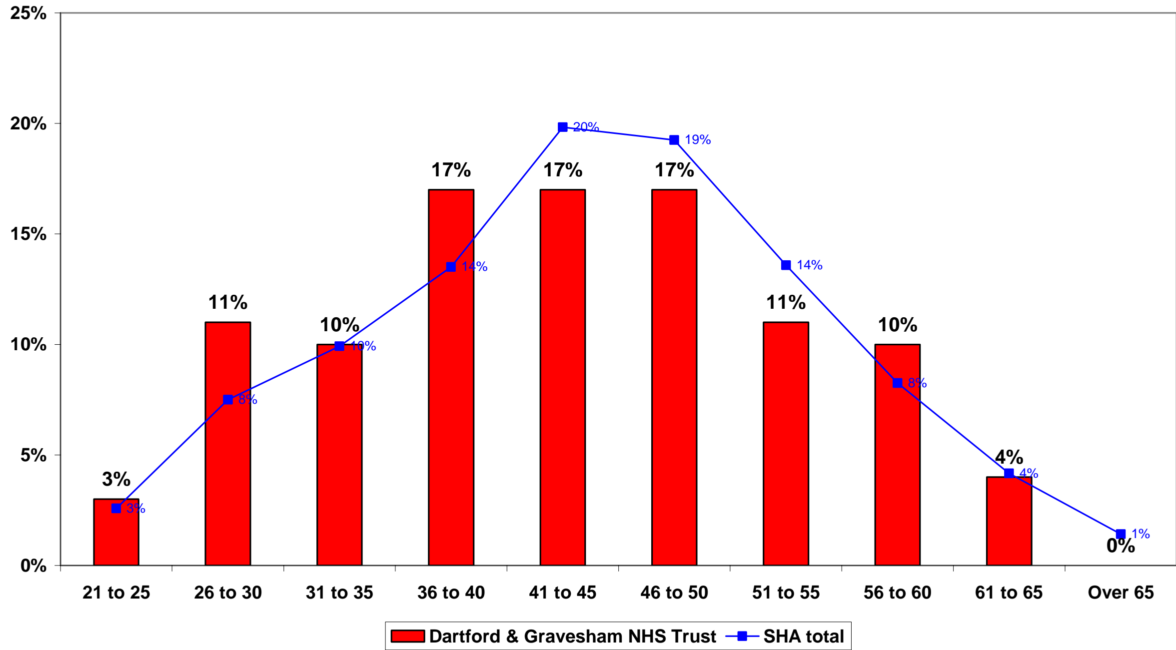


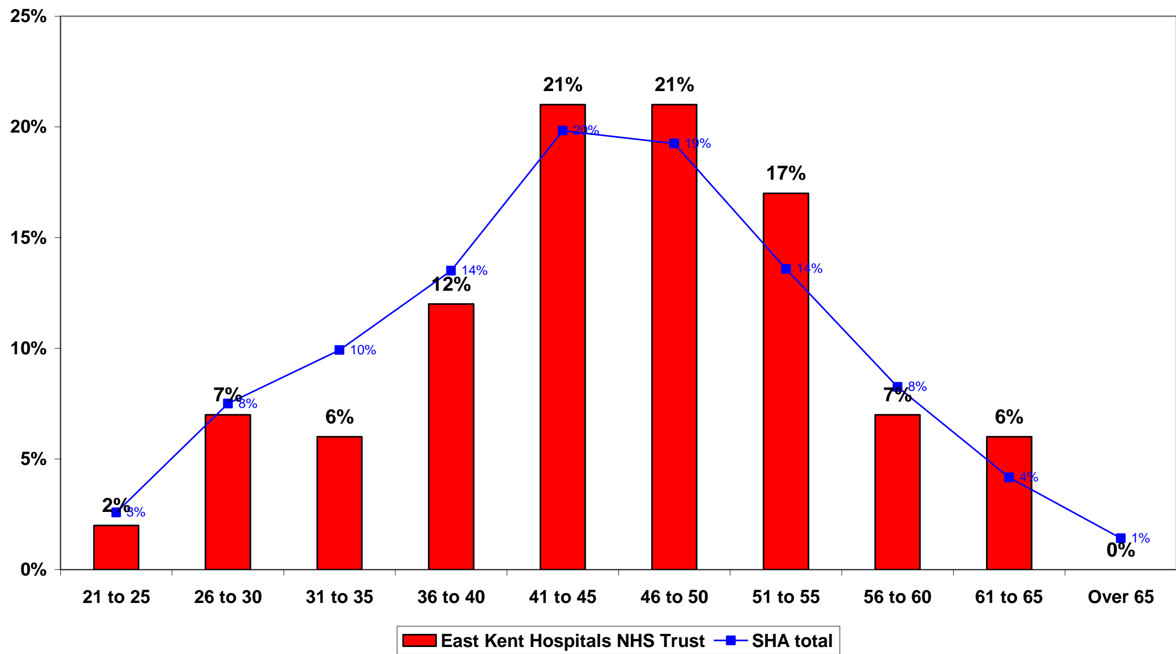


APPENDIX 15

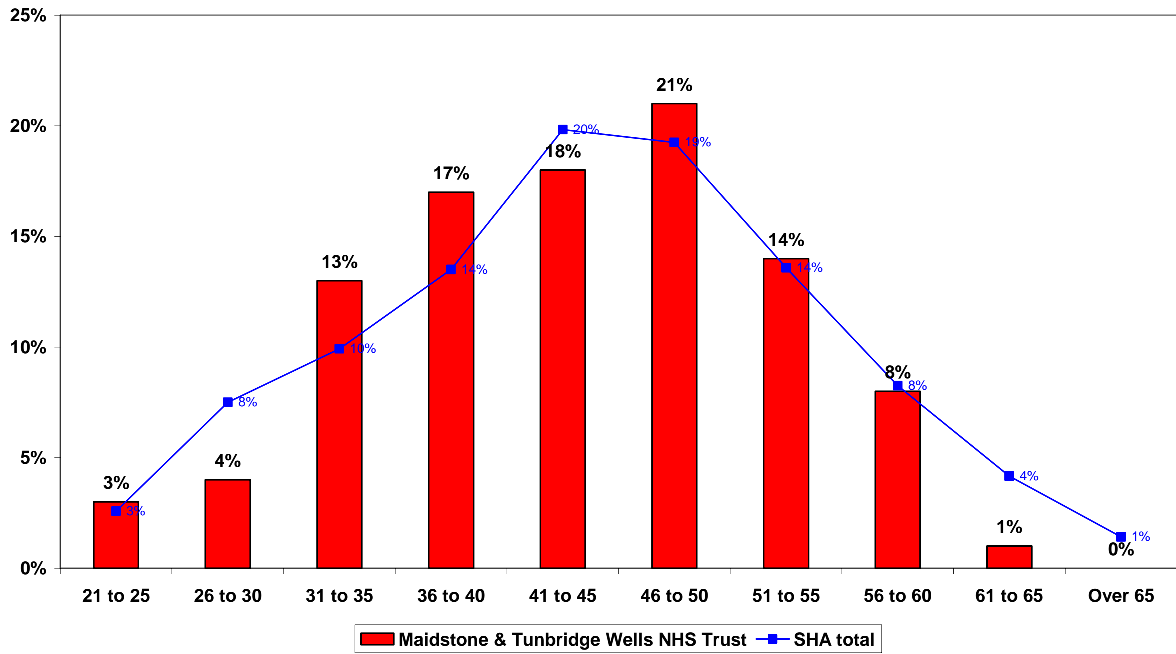
AGE PROFILES OF MIDWIVES - SOUTHEAST COAST AREA 2007/8

KENT

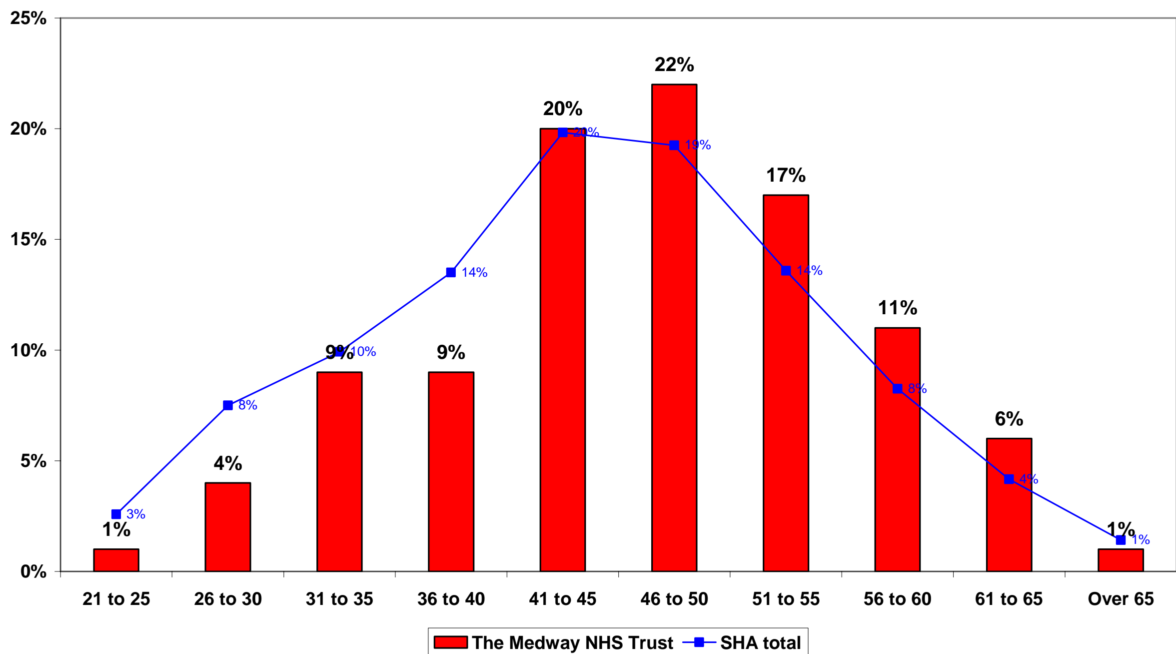




Maidstone & Tunbridge Wells NHS Trust

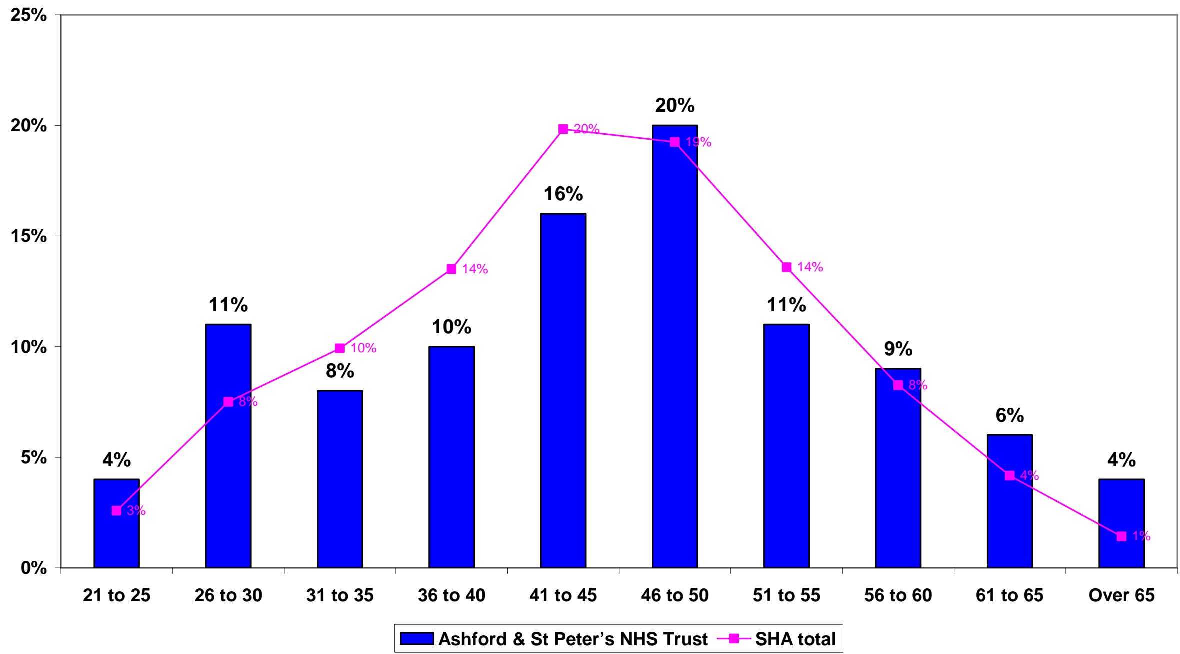


The Medway NHS Trust

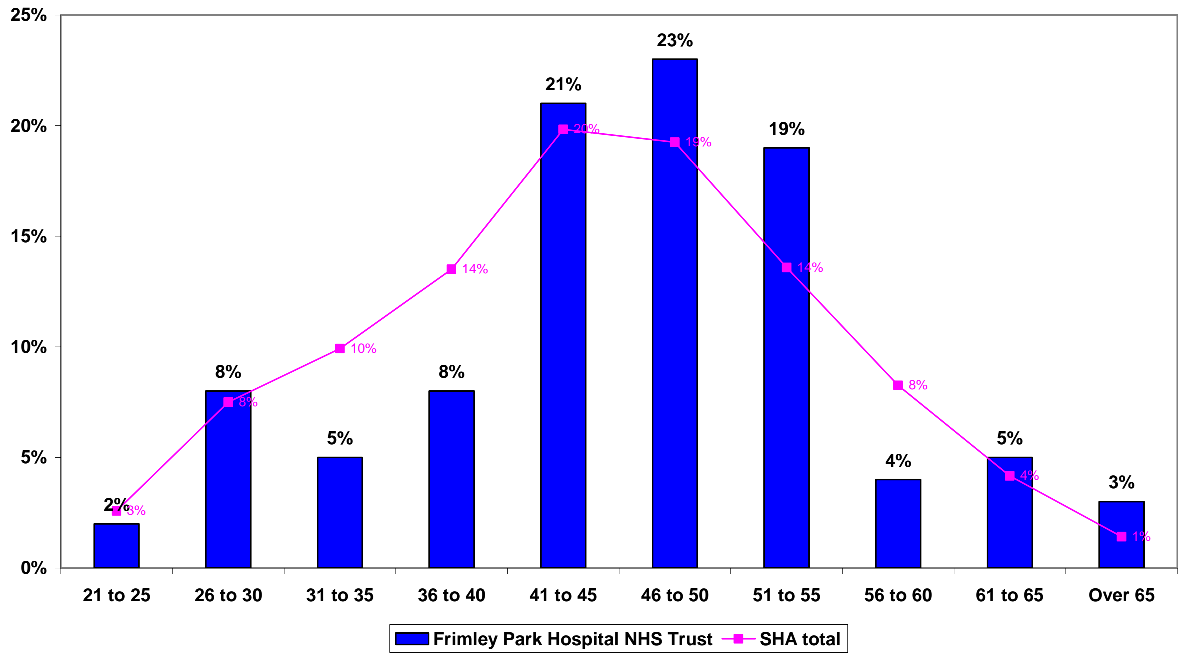


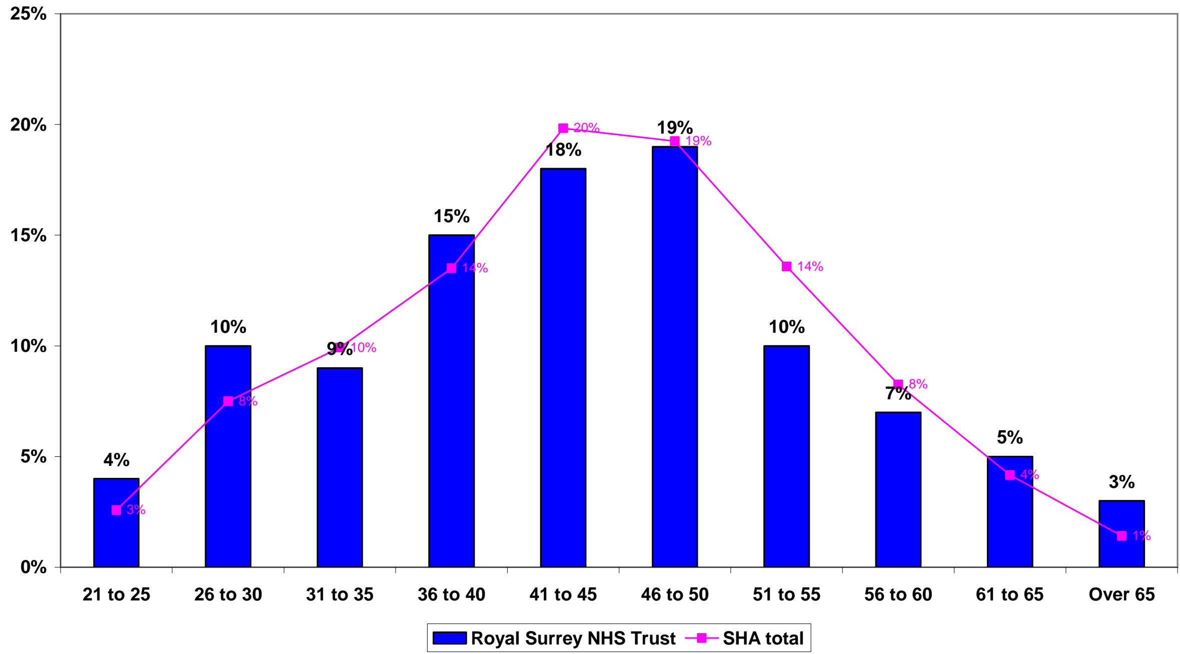
SURREY

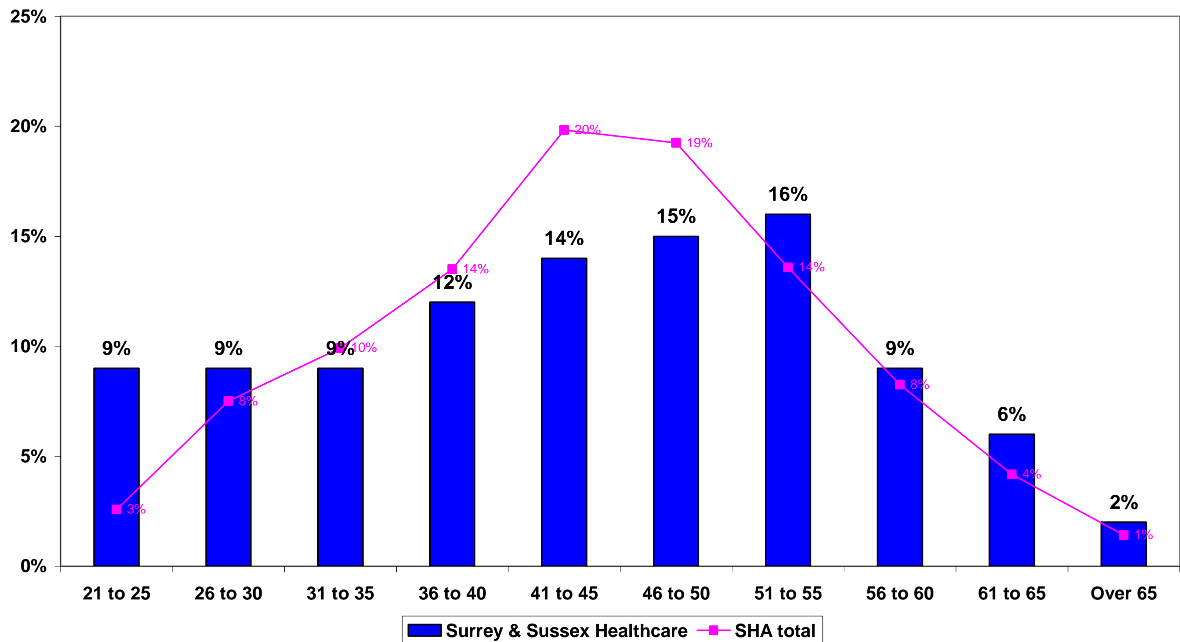
Ashford & St Peter's Hospitals NHS Trust



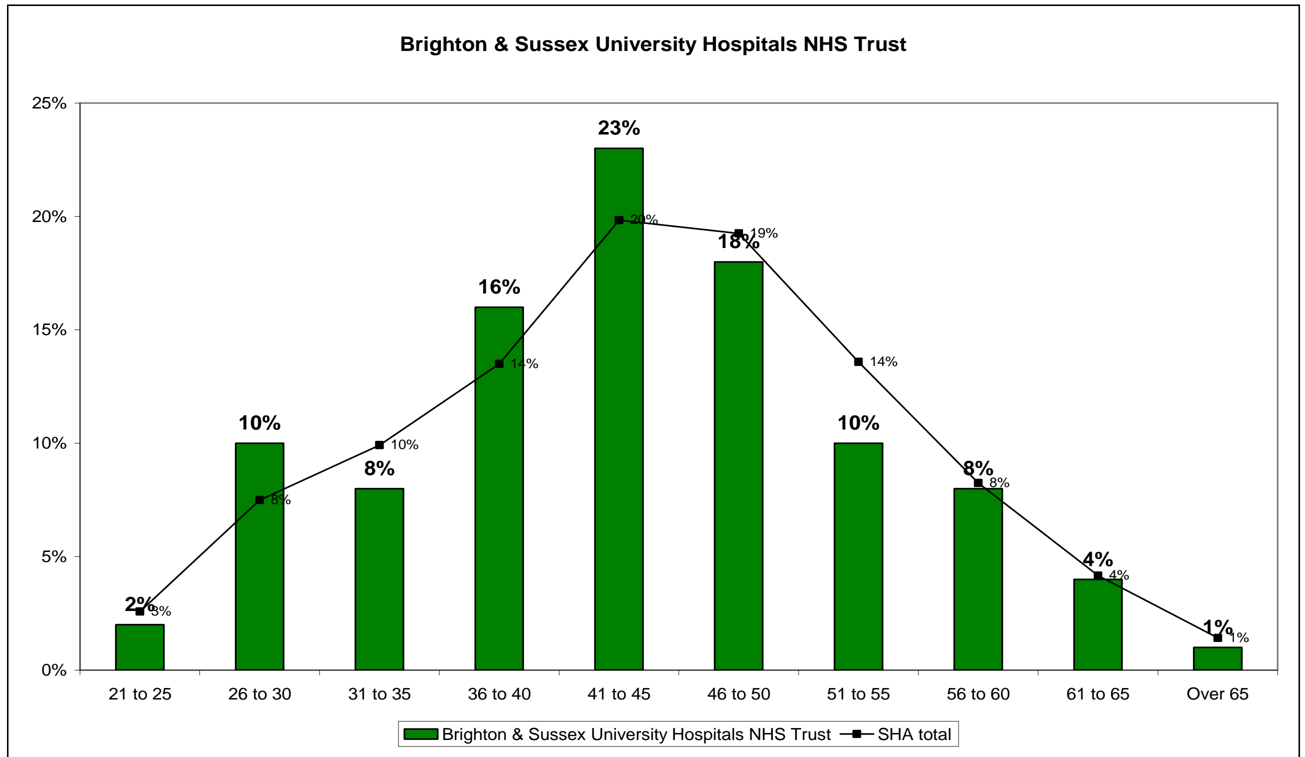
Frimley Park Hospital NHS Foundation Trust

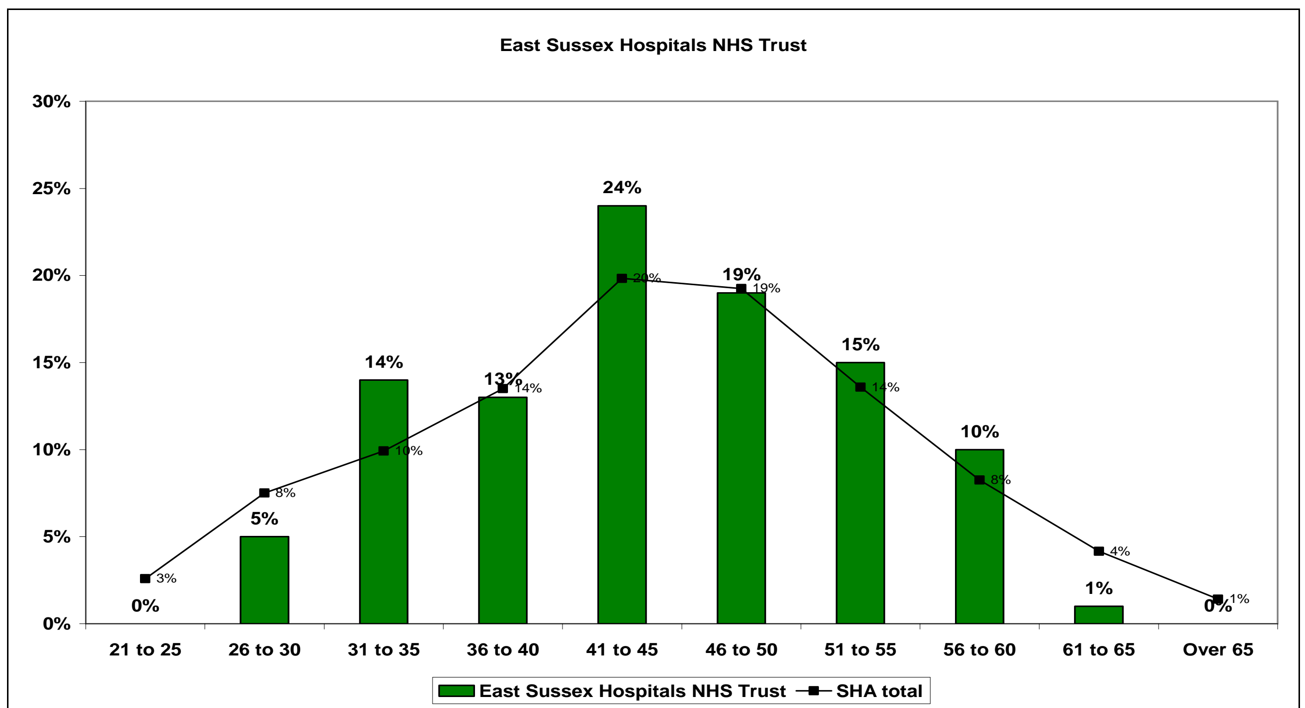


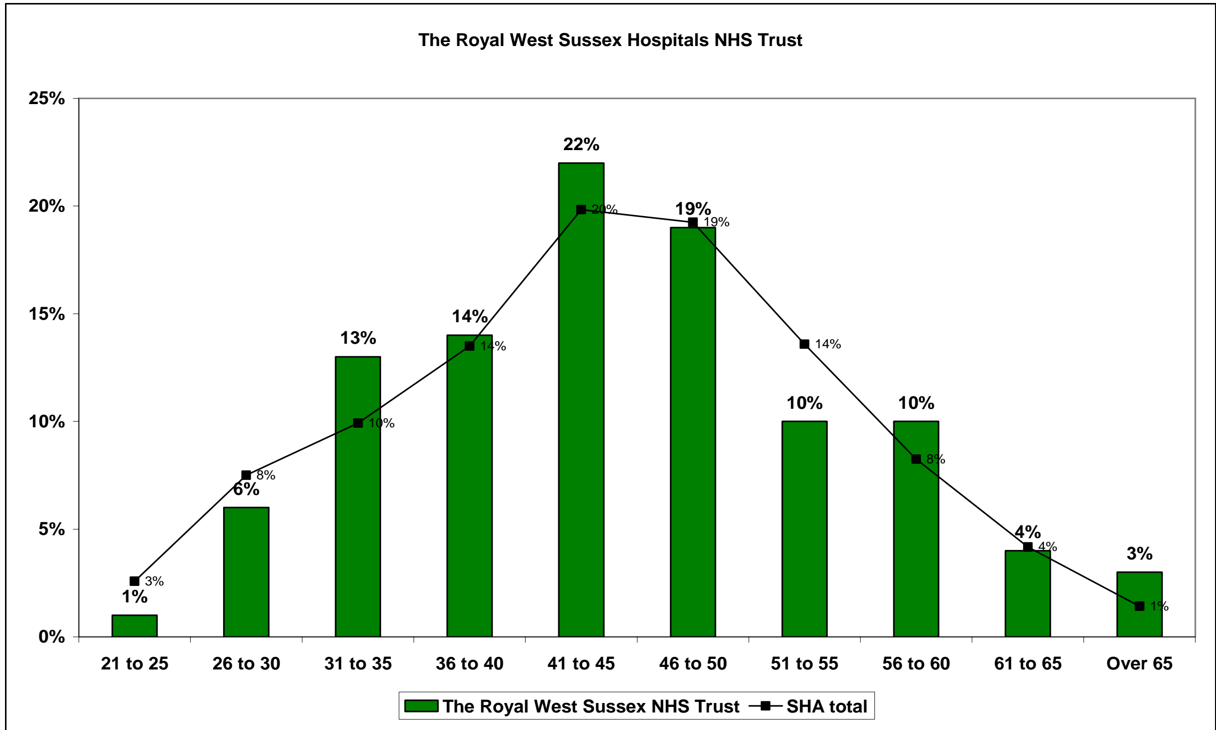

Royal Surrey County Hospital NHS Trust
25%
20%
15%
10%
5%
0%
4%
10%
9%
15%
18%
19%
10%
7%
5%
3%
3%
8%
10%
14%
20%
19%
14%
8%
4%
1%
21 to 25
26 to 30
31 to 35
36 to 40
41 to 45
46 to 50
51 to 55
56 to 60
61 to 65
Over 65
Royal Surrey NHS Trust
SHA total

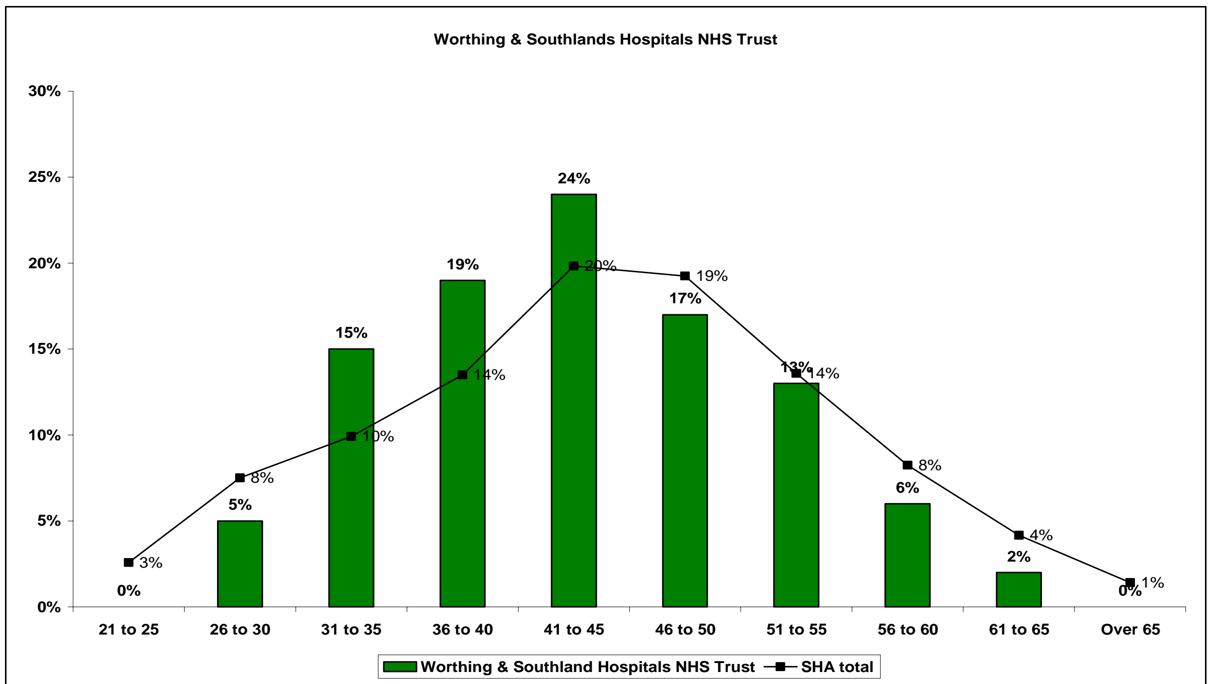

Surrey & Sussex Healthcare NHS Trust
25%
20%
15%
10%
5%
0%
9%
9%
9%
12%
14%
15%
16%
9%
6%
2%
3%
8%
10%
14%
20%
19%
14%
8%
4%
1%
21 to 25
26 to 30
31 to 35
36 to 40
41 to 45
46 to 50
51 to 55
56 to 60
61 to 65
Over 65
Surrey & Sussex Healthcare
SHA total

SUSSEX



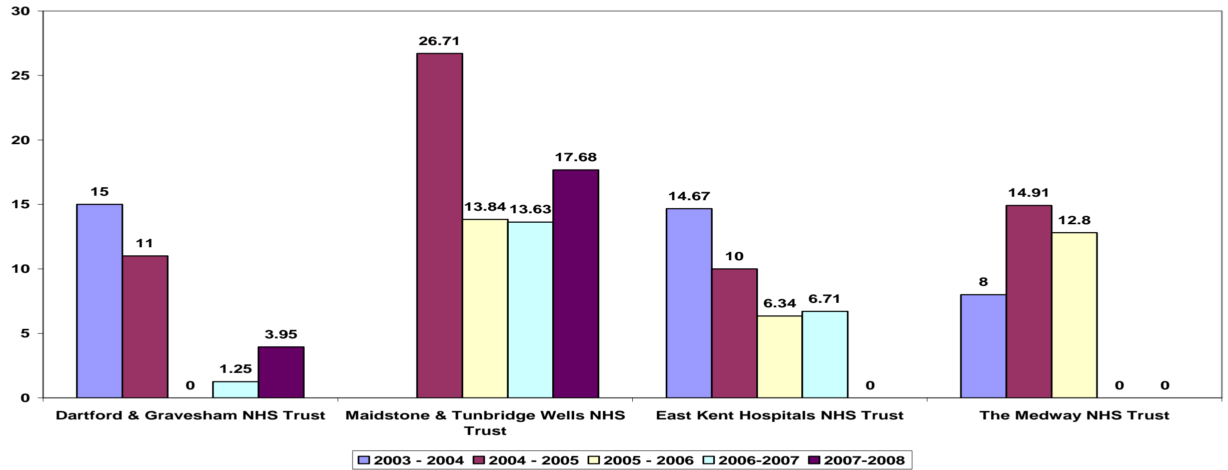


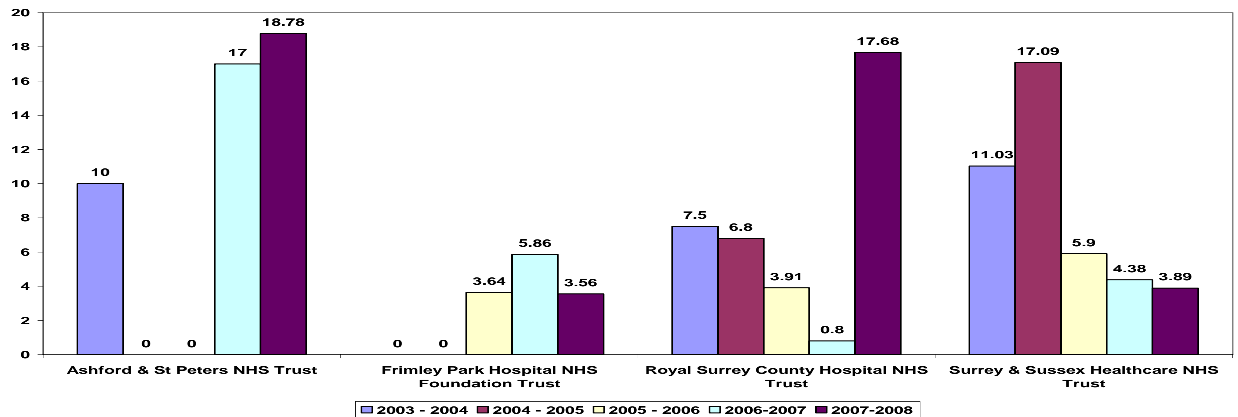

The Royal West Sussex Hospitals NHS Trust
25%
20%
15%
10%
5%
0%
22%
19%
14%
13%
10%
10%
6%
4%
3%
1%
20%
19%
14%
14%
10%
8%
8%
4%
3%
1%
21 to 25
26 to 30
31 to 35
36 to 40
41 to 45
46 to 50
51 to 55
56 to 60
61 to 65
Over 65
The Royal West Sussex NHS Trust
SHA total

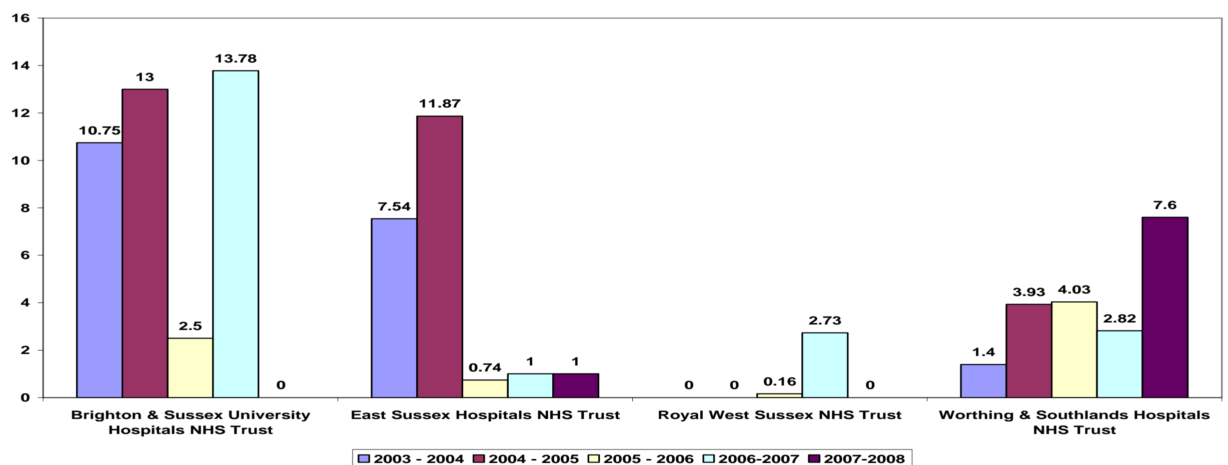

Worthing & Southlands Hospitals NHS Trust
30%
25%
20%
15%
10%
5%
0%
24%
19%
17%
15%
13%
6%
5%
2%
0%
0%
20%
19%
14%
14%
10%
8%
8%
4%
3%
1%
21 to 25
26 to 30
31 to 35
36 to 40
41 to 45
46 to 50
51 to 55
56 to 60
61 to 65
Over 65
Worthing & Southland Hospitals NHS Trust
SHA total

Appendix 16

Midwifery Whole Time Equivalent Vacancies







Appendix 17

LEAD MIDWIVES FOR EDUCATION AND RETURN TO PRACTICE

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

* Canterbury & Greenwich University do not offer Return to Practice (RTP) courses but will support RTP programmes facilitated by the Royal College of Midwives.

APPENDIX 18

CONSULTANT MIDWIVES SOUTH EAST COAST

<table>
<tr><th>East Kent Hospitals NHS Trust</th><th>Ashford & St Peter’s NHS Trust</th></tr>
<tr><td rowspan="3">Madeleine Harris
Maternity Unit
Kent & Canterbury Hospital
Ethelbert Road
Canterbury,
Kent
CT1 3NG
E-mail: madeleine.harris@ekht.nhs.uk
E-mail:
Tel: 01227 766877 Ext 74830

Stephanie Mansell
Maternity Unit
Kent & Canterbury Hospital
Ethelbert Road
Canterbury,
Kent
CT1 3NG
E-mail:
stephanie.mansell@ekht.nhs.uk
Tel: 01227 766877 Ext 74830</td><td>Mary Bell
ANC,
Abbey Wing
St Peter’s Hospital
Guildford Road
Chertsey
KT16 0PZ
E-mail: Mary.Bell@asph.nhs.uk
Tel: 01932 872000 Ext 2369</td></tr>
<tr><th>Maidstone & Tunbridge Wells NHS Trust</th></tr>
<tr><td>Sarah Gregson
Women & Children's Dept
Maidstone Hospital
Hermitage Lane
Barming, Maidstone
Kent
ME16 9QQ
Email:
sarah.gregson@nhs.net
Tel 01622 224735
Mobile: 07659 133833</td></tr>
</table>

Appendix 19

Maternity Matters Facilitators

Name	Trust base	Local PCT/s	Contact email
Julia Lidderdale	Ashford and St Peter's Hospitals NHS Trust	Surrey PCT	Julia.lidderdale@asph.nhs.uk
Jaime Sutherland	Frimley Park NHS Foundation Trust	Surrey PCT	Jaime.sutherland@fph-tr.nhs.uk
Jackie Gray	Royal Surrey County Hospital NHS Trust	Surrey PCT	Jacqueline.gray@royalsurrey.nhs.uk
Sally Watmore	Surrey and Sussex Healthcare NHS Trust	Surrey PCT, West Sussex PCT	Sally.Watmore@sash.nhs.uk
Dawn Elson	Brighton and Hove University Hospitals NHS Trust	Brighton and Hove Teaching PCT, West Sussex PCT East Sussex Downs and Weald	Dawn.elson@bsuh.nhs.uk
Kelly Pierce	Royal West Sussex NHS Trust	West Sussex PCT	Kelly.pierce@nhs.net
Debbie Lewis	Worthing and Southlands Hospitals NHS Trust	West Sussex PCT	Debbie.lewis@wash.nhs.uk
Alison Newby	East Sussex Hospitals NHS Trust	East Sussex Downs and Weald PCT Hastings and Rother PCT	Alison.Newby@esht.nhs.uk
Julie Coppin	Maidstone and Tunbridge Wells NHS Trust	West Kent Primary Care Trust	jcoppin@nhs.net
No appointment at present	Dartford and Gravesham NHS Trust	West Kent Primary Care Trust	
Karen Hammond	East Kent Hospitals NHS Trust	Eastern and Coastal Kent Primary Care Trust	karen.hammond@ekht.nhs.uk